Wichita State University
College of Health Professions
Department of Physician Assistant

STUDENT HANDBOOK

316/978-3011
physician.assistant@wichita.edu

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Director, Office of Equal Employment Opportunity
Wichita State University
1845 Fairmount
Wichita, Kansas 67260-0205
Telephone (316) 978-6791

Please Note: The content of this handbook is as accurate and complete as possible at the time of distribution and is subject to revision/clarification by faculty at any time during student enrollment in the PA Program. Students will be notified of significant changes which may affect the educational experience. A current version of the handbook is available on Blackboard (Student Information page).

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TABLE OF CONTENTS

WSU PA Program Overview & History ......................................................................................... 4
  History of the Physician Assistant Profession ......................................................................... 4
  History of the WSU PA Program ............................................................................................ 5
  Our Vision, Mission and Guiding Principles ........................................................................... 5
  Faculty and Staff ..................................................................................................................... 6
WSU PA Program Curriculum ...................................................................................................... 7
Student Competencies / Curriculum / Evaluation Crosswalk .................................................... 8

General Student Performance Expectations ............................................................................ 10
  Student Code of Conduct ........................................................................................................ 10
  Academic Honesty and Standards of Professional Conduct .................................................. 12
  Attendance Expectations ......................................................................................................... 13
  Student Dress Code ................................................................................................................ 14
  Guidelines for Use of Social Media .......................................................................................... 15
  Working during the Program .................................................................................................... 16
  Advising and Counseling .......................................................................................................... 16
WSU PA Student Society & Class Officers ................................................................................ 16
Enrollment/Tuition and Fees ...................................................................................................... 16
Commencement .......................................................................................................................... 16

Formative & Summative Student Evaluation & Remediation .................................................. 17
  Student Evaluation – Didactic Year .......................................................................................... 17
  Student Evaluation – Clinical Year .......................................................................................... 17
  Unsatisfactory Clinical Evaluation/Probation .......................................................................... 18
  Academic Warnings/Probation/Remediation .......................................................................... 18
  Professional Warnings/Probation ............................................................................................. 19
  Student Responsibilities Regarding Progression/Remediation ............................................. 19
  Formative and Summative Student Evaluations ..................................................................... 19
  Standards of Academic and Professional Performance ......................................................... 22
  Accommodation for Learning and/or Physical Disability ....................................................... 21

Student Withdrawal, Leave of Absence, Deceleration, Dismissal, & Appeals ......................... 22
  Voluntary Withdrawal ............................................................................................................... 22
  Leave of Absence ..................................................................................................................... 22
  Voluntary Deceleration ............................................................................................................ 22
  Mandatory Deceleration .......................................................................................................... 23
  Delayed Graduation .................................................................................................................. 23
  Dismissal ................................................................................................................................. 23
  Program Appeal Policy ............................................................................................................ 24
  WSU Graduate School Grievance Procedure ......................................................................... 24

PA Program Office Policies ...................................................................................................... 26
  PA Department Office Policy .................................................................................................. 26
  Faculty Office Hours ............................................................................................................... 26
  Faculty as Personal Medical Providers .................................................................................... 26
  Student Contact Information .................................................................................................. 26
  Communication with Program and Faculty ............................................................................ 26

Campus & Student Safety ......................................................................................................... 27
  Building Access after Normal Hours ...................................................................................... 27
History of the Physician Assistant Profession

In 1965, Dr. Eugene Stead of Duke University founded the first PA training program. Soon after, similar programs were started in other states, and by 1971 over 50 PA programs had been established in colleges, universities, and medical centers across the country. Existing financial support from the government was expanded in 1971 with passage of the Comprehensive Health Manpower Act and continued into the 1980s in the form of categorical grants funded under the authority of the Health Professions Educational Assistance Act.

The medical establishment joined in early efforts to solidify the PA profession. In 1970, the American Medical Association (AMA) House of Delegates encouraged states to amend medical practice acts to allow physicians to delegate tasks to qualified PAs. The following year, the AMA took steps, through its Council on Medical Education, to recognize and accredit the rapidly growing number of PA training programs.

The founders of the PA concept believed that the key to success was a close relationship with physicians. Therefore, efforts to legally sanction PA practice were aimed at modifying existing laws to allow physicians to delegate a wide variety of medical tasks to PAs. PAs performed duties previously performed only by physicians—obtain medical histories, perform physical examinations and procedures, order treatments, provide preventive and health maintenance services, diagnose diseases, prescribe medication, order and interpret diagnostic tests, refer patients to specialists as required, and assist in surgery.

A physician-collaborative role affords PAs a large amount of responsibility and autonomy without usurping the ultimate authority of physicians. Thus, the legal basis for PA practice is built upon physician collaboration, a relatively unique arrangement among health care providers. For more information, refer to the American Academy of Physician Assistant (AAPA) Policy Manual available at http://www.aapa.org under policies HP-3100.2 & HP-3100.3.

To insure the competence of PAs entering medical practice, the AMA and the PA profession worked with the National Board of Medical Examiners to develop a national competency examination. In 1975, the National Commission on Certification of Physician Assistants (NCCPA), in conjunction with the National Board of Medical Examiners, was created to administer an entry-level examination as well as periodic recertification exams.

The AAPA, established in 1968, serves the interests of graduate and student PAs in areas such as government affairs, public education, and professional development, while its chapters work to advance the profession on the state level. A closely related organization, the Physician Assistant Education Association (PAEA), represents the interests of PA educational programs (See Appendix B).

Currently there are over 100,000 PAs who work in a variety of primary care and specialty practices. PAs practice medicine in all 50 states as well as internationally, and have been authorized to prescribe medications throughout the 50 states, in the District of Columbia, and in the Territory of Guam. The number of PA programs has grown from just over 50 programs in the early 1970s to the over 200 programs which exist today. PAs were recognized as one of three primary health care providers in the Affordable Care Act.

Most states have academies that advocate for PA-positive laws and regulations to allow for the highest level of patient care within the state. In Kansas, the Kansas Academy of Physician Assistants (KAPA) serves in this role. For more information regarding professional PA organizations (See Appendix B).
History of the WSU PA Program

The WSU PA Program opened its doors in the fall of 1972 and started its first class of 12 students in January, 1973. At that time, the Program was housed at the VA Medical Center. In 1980, the Program moved to Ahlberg Hall on the WSU campus. It is the only PA Program in Kansas and is one of the older and larger programs in the U.S.

Prior to 1989, PA graduates were given a Certificate of Completion or a Bachelor of Health Science (BHS) if they met University requirements for the degree. Starting in 1989, all graduates received a Bachelor of Science – Physician Assistant. Following adoption of a graduate degree, students entering the Program beginning in 2004 began receiving a Master of Physician Assistant (MPA) degree following successful completion of the Program. The Program has graduated over 1,500 PAs.

In 1995, the Kansas Health Foundation provided a 1.3 million dollar grant to increase the size of the Program by 50%, with the primary goal of increasing the number of PAs practicing in underserved rural Kansas communities. Admissions to the Program increased from 60 to 90 students over a two-year period. The grant included funds to renovate and enlarge the classroom, provide multimedia instructional capability, add two faculty positions, and increase the Program’s infrastructure in the area of instructional resources. Also included in the grant were funds for faculty salary enhancement, which were intended to strengthen faculty recruitment and retention.

The PA Program has been fully accredited by the Accreditation Review Commission on Education for Physician Assistants (ARC-PA) since its inception.

The WSU PA Program is a member of the Physician Assistant Education Association (PAEA). In addition, it has a long history of support for and cooperation with the Kansas Academy of Physician Assistants (KAPA).

Our Vision, Mission and Guiding Principles

Vision: Excellence in physician assistant education

Mission: Transform students into highly competent physician assistants

Guiding principles:
- Foster an enthusiastic learning environment committed to student success
- Promote patient-centered collaborative care
- Model and cultivate compassion
- Respond to the need for primary care providers in Kansas
- Encourage health care for rural and underserved populations
- Emphasize evidence-based practice and promote lifelong learning

It is the intent of the Program that the education and training received within the Master of Physician Assistant (MPA) degree will prepare and encourage students to provide primary care in areas where the need is greatest. Service and clinical education in underserved and rural areas and with minority populations is emphasized. Therefore, students will have exposure to rural and underserved health care sites as part of their clinical rotations.
Faculty and Staff

Program Director
Kim Darden, M.Ed., PA-C
Program Director / Department Chair

Faculty:
Gina Brown, MPAS, PA-C
Associate Professor / Graduate Coordinator / Director of Didactic Ed.

LaDonna Hale, PharmD
Professor / Director of Assessment

Ronda Hanneman, MPH, PA-C
Assistant Clinical Professor

Kayla Keuter, MPH, PA-C
Assistant Professor

Sue Nyberg, MHS, PA-C, DFAAPA
Professor / Director of Clinical Education

Corey Rogers, PA-C
Assistant Educator

Michelle Wallace, MPAS, PA-C
Associate Clinical Professor / Research Coordinator

Medical Director:
Garold Minns, MD

Basic Science Faculty:
Garold Minns, MD (Pathophysiology)

Lisa Garcia, MS (Anatomy)
Associate Teaching Professor

Support Staff:
Melanie Bayles
Clinical Coordinator / Business Manager

Debra Purdy
Admissions Director / Office Manager

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Information:
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Phone: 316-978-3011
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physician.assistant@wichita.edu

Office Hours:
Monday-Friday:  8 a.m.-12 p.m. and 1 p.m.-5 p.m.
Voicemail is available 24 hours a day.
# WSU PA Program Curriculum

## First Year / Academic Year (approximately 13 Months)

### Summer Semester
- PA 789 Clinical Anatomy (5 hours)
- PA 789L Clinical Anatomy Lab (1 hour)
- PA 717 Professional Issues (1 hour)

### Fall Semester
- PA 700 Clinical Practice I (3 hours)
- PA 700L Clinical Practice I Lab (1 hour)
- PA 716 Clinical Laboratory (2 hours)
- PA 718 Clinical Medicine Cardiology (3 hours)
- PA 727 Preventive Medicine (2 hours)
- PA 729 Clinical Behavioral Medicine (2 hours)
- PA 731 Clinical Medicine Dermatology (2 hours)
- PA 732 Clinical Medicine EENT (2 hours)
- HP 800 Research Methods for Evidence-Based Practice (2 hours)
- HS 710 Applied Clinical Pharmacology (3 hours)

### Spring/Summer Semester
- PA 719 Clinical Medicine Pulmonology (3 hours)
- PA 722 Clinical Medicine Gastroenterology (3 hours)
- PA 724 Clinical Medicine OB/GYN (3 hours)
- PA 728 Clinical Medicine Endocrinology (2 hours)
- PA 730 Clinical Medicine Musculoskeletal (2 hours)
- PA 734 Clinical Medicine Neurology (2 hours)
- PA 736 Clinical Practice II (2 hours)
- PA 736L Clinical Practice II Lab (2 hours)
- HP 801 Interprofessional Evidence-Based Practice (1 hour)
- HS 711 Pharmacologic Management of Acute and Chronic Diseases (3 hours)

## Second Year / Clinical Year (approximately 13 Months)

### Summer Semester
- PA 721 Clinical Medicine Genitourinary Renal (2 hours)
- PA 801 Advanced Clinical Rotation I (4 hours)

### Fall Semester
- PA 802 Advanced Clinical Rotation II (4 hours)
- PA 803 Advanced Clinical Rotation III (4 hours)
- PA 804 Advanced Clinical Rotation IV (4 hours)
- PA 896 Directed Study in Research I (2 hours)

### Spring Semester
- PA 805 Advanced Clinical Rotation V (4 hours)
- PA 806 Advanced Clinical Rotation VI (4 hours)
- PA 807 Advanced Clinical Rotation VII (4 hours)
- PA 897 Directed Study in Research II (2 hours)
- PA 850 Experiential Learning: Professionalism, Service, Research & Interprofessional (1 hour)

### Summer Semester
- PA 899 Advanced Clinical Rotation VIII (7 hours)

# 93 Graduate Credit Hours
Student Competencies / Curriculum / Evaluation Crosswalk

The WSU PA Program is a 26-month course of study designed to prepare you for safe and effective practice as a PA with a Master of Physician Assistant (MPA) degree. To achieve this goal, all competencies and educational objectives necessary for a beginning practicing professional are incorporated into the Program curriculum. Competences are based on the NCCPA’s Competencies for the PA Professions available at: http://www.nccpa.net/Uploads/docs/PACOMPETENCIES.pdf. To successfully complete and meet all graduation requirements, you must meet minimum evaluation requirements. Formative and summative evaluations occur throughout the Program, see section on Formative and Summative Evaluations.

<table>
<thead>
<tr>
<th>Principal Learning Outcomes (Expected Competencies)</th>
<th>Curricular Component used to Gain this Competency</th>
<th>Assessment Tool / Evaluation for this Competency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Demonstrate medical knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Apply knowledge of anatomy, pathophysiology, epidemiology, etiology, &amp; risk factors</td>
<td>Anatomy &amp; Pharmacology courses All Clinical Medicine courses Clinical Rotations</td>
<td>Didactic Course Exams Overall Didactic Course Grades End of Rotation (EOR) Exams PACKRAT Exams Program Summative Exams Y1 Summative OSCEs Program Summative OSCEs Clinical Rotation Performance Clinical Performance Evals</td>
</tr>
<tr>
<td>b. Identify signs/symptoms of medical conditions &amp; differentiate between normal/abnormal findings</td>
<td>All Clinical Medicine courses Clinical Practice I &amp; II courses Clinical Rotations</td>
<td></td>
</tr>
<tr>
<td>c. Select and interpret laboratory and diagnostic tests</td>
<td>Clinical Laboratory All Clinical Medicine courses Preventive Medicine course Pharmacology courses Clinical Rotations</td>
<td></td>
</tr>
<tr>
<td>d. Formulate differential diagnoses</td>
<td>All Clinical Medicine courses Clinical Rotations</td>
<td></td>
</tr>
<tr>
<td>e. Prescribe/monitor pharmacotherapy</td>
<td>Pharmacology courses All Clinical Medicine courses Clinical Rotations</td>
<td></td>
</tr>
<tr>
<td>f. Demonstrate problem-solving / critical thinking skills</td>
<td>All Didactic Courses Clinical Rotations</td>
<td></td>
</tr>
<tr>
<td><strong>2. Demonstrate patient care that is effective, safe, high quality, and equitable</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Perform medical history/physical exams</td>
<td>Clinical Practice I &amp; II courses All Clinical Medicine courses Clinical Rotations</td>
<td>Didactic Course Exams Overall Didactic Course Grades EOR and PACKRAT Exams Program Summative Exams Y1 Summative OSCEs Program Summative OSCEs Clinical Skills Checklist Clinical Rotation Performance Clinical Performance Evals</td>
</tr>
<tr>
<td>b. Formulate/implement evidence-based treatment and preventive care plans</td>
<td>Preventive Medicine course All Clinical Medicine courses Pharmacology courses Clinical Rotations</td>
<td></td>
</tr>
<tr>
<td>c. Provide equitable, patient-centered, collaborative care</td>
<td>Interprofessional Evid-Based Pract course Clinical Rotations</td>
<td>Overall Didactic Course Grades Clinical Rotation Performance Clinical Performance Evals</td>
</tr>
<tr>
<td>d. Perform medical/surgical procedures</td>
<td>Clinical Practice I &amp; II courses Clinical Rotations</td>
<td>Overall Didactic Course Grades Clinical Skills Checklist Clinical Rotation Performance Clinical Performance Evals</td>
</tr>
</tbody>
</table>
### Principal Learning Outcomes (Expected Competencies)

<table>
<thead>
<tr>
<th>Curricular Component used to Gain this Competency</th>
<th>Assessment Tool / Evaluation for this Competency</th>
</tr>
</thead>
</table>

#### 3. Demonstrate **interpersonal & communication** skills resulting in effective information exchange with patients, families, physicians, professional associates, and other individuals within the healthcare system.

<table>
<thead>
<tr>
<th>(Principal Learning Outcomes)</th>
<th>Curricular Component used to Gain this Competency</th>
<th>Assessment Tool / Evaluation for this Competency</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Adapt communication to patient and healthcare team members</td>
<td>Clinical Practice I &amp; II courses, Preventive Medicine course, Interprofessional Evid-Based Pract course, Clinical Rotations</td>
<td>Didactic Course Exams, Overall Didactic Course Grades, Y1 Summative OSCEs, Program Summative OSCEs, Clinical Rotation Performance, Clinical Performance Evals</td>
</tr>
<tr>
<td>b. Maintain demeanor of respect / compassion toward patient &amp; health team</td>
<td>Professional Issues course, Interprofessional Evid-Based Pract course, Clinical Rotations</td>
<td>Didactic Course Exams, Overall Didactic Course Grades, Y1 Summative OSCEs, Program Summative OSCEs, Clinical Rotation Performance, Clinical Performance Evals</td>
</tr>
<tr>
<td>c. Show sensitivity to patients’ culture, age, gender, and disabilities</td>
<td>Professional Issues course, Interprofessional Evid-Based Pract course, Experiential Learning Passport, Clinical Rotations</td>
<td>Didactic Course Exams, Overall Didactic Course Grades, Y1 Summative OSCEs, Program Summative OSCEs, Passport Self-Reflection, Clinical Rotation Performance, Clinical Performance Evals</td>
</tr>
<tr>
<td>d. Document medical record to meet site requirements</td>
<td>Clinical Practice I &amp; II courses, Clinical Rotations</td>
<td>Didactic Course Exams, Overall Didactic Course Grades, Clinical Rotation Performance</td>
</tr>
<tr>
<td>e. Provide accurate/concise oral presentation</td>
<td>Clinical Practice I &amp; II courses, Interprofessional Evid-Based Pract course, Clinical Rotations</td>
<td>Didactic Course Exams, Overall Didactic Course Grades, Clinical Rotation Performance</td>
</tr>
</tbody>
</table>

#### 4. Acknowledge **professional** and personal limitations and demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population, and adherence to legal and regulatory requirements.

<table>
<thead>
<tr>
<th>(Principal Learning Outcomes)</th>
<th>Curricular Component used to Gain this Competency</th>
<th>Assessment Tool / Evaluation for this Competency</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Maintain confidentiality of patient interactions and health records</td>
<td>Professional Issues course, Clinical Rotations</td>
<td>Didactic Course Exams, Overall Didactic Course Grades, Number Professional Warnings, Clinical Rotation Performance, Clinical Performance Evals</td>
</tr>
<tr>
<td>b. Follow instructions, accept responsibility, take initiative, exhibit dependability, and modify behavior following criticism</td>
<td>All Didactic Year courses, Clinical Rotations</td>
<td>Didactic Course Exams, Overall Didactic Course Grades, Number Professional Warnings, Clinical Rotation Performance, Clinical Performance Evals</td>
</tr>
<tr>
<td>c. Seek interprofessional interactions and understand appropriate referrals</td>
<td>Professional Issues course, Interprofessional Evid-Based Pract course, Clinical Rotations</td>
<td>Didactic Course Exams, Overall Didactic Course Grades, Number Professional Warnings, Clinical Rotation Performance, Clinical Performance Evals</td>
</tr>
<tr>
<td>d. Maintain professionalism in behavior, dress, and student identification</td>
<td>Professional Issues course, Clinical Rotations</td>
<td>Didactic Course Exams, Overall Didactic Course Grades, Number Professional Warnings, Clinical Rotation Performance, Clinical Performance Evals</td>
</tr>
</tbody>
</table>

#### 5. Engage in critical analysis of their own practice experience, the medical literature, and other information resources for the purposes of learning and self- and practice-improvement.

<table>
<thead>
<tr>
<th>(Principal Learning Outcomes)</th>
<th>Curricular Component used to Gain this Competency</th>
<th>Assessment Tool / Evaluation for this Competency</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Recognize personal limitations in knowledge/ability and exhibit appropriate self-confidence</td>
<td>Interprofessional Evid-Based Pract course, Clinical Rotations</td>
<td>Didactic Course Exams, Overall Didactic Course Grades, Clinical Rotation Performance, Clinical Performance Evals, Prof Development Self-Assmnt</td>
</tr>
<tr>
<td>b. Initiate learning and self-improvement</td>
<td>Interprofessional Evid-Based Pract course, Research Methods for EBP course, Experiential Learning Passport, Clinical Rotations</td>
<td>Didactic Course Exams, Overall Didactic Course Grades, Passport Self-Reflection, Master’s Research Project, Clinical Rotation Performance, Clinical Performance Evals</td>
</tr>
</tbody>
</table>

#### 6. Demonstrate awareness of and responsiveness to larger **system of healthcare** to provide patient care that balances quality and cost, while maintaining the primacy of the individual patient.

<table>
<thead>
<tr>
<th>(Principal Learning Outcomes)</th>
<th>Curricular Component used to Gain this Competency</th>
<th>Assessment Tool / Evaluation for this Competency</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Respond to larger healthcare system (e.g. funding, social services, etc.)</td>
<td>Professional Issues course, Interprofessional Evid-Based Pract course, Experiential Learning Passport, Clinical Rotations</td>
<td>Didactic Course Exams, Overall Didactic Course Grades, Passport Self-Reflection, Clinical Rotation Performance, Clinical Performance Evals</td>
</tr>
<tr>
<td>b. Understand and practice within the role of a PA</td>
<td>Professional Issues course, Interprofessional Evid-Based Pract course, Experiential Learning Passport, Clinical Rotations</td>
<td>Didactic Course Exams, Overall Didactic Course Grades, Passport Self-Reflection, Clinical Rotation Performance, Clinical Performance Evals</td>
</tr>
</tbody>
</table>

*All Clinical Medicine courses: refers to Clinical Medicine courses in cardiology, behavioral medicine, dermatology, EENT, pulmonology, genitourinary renal, gastroenterology, OB/GYN, endocrinology, musculoskeletal, neurology, and preventive medicine.*
General Student Performance Expectations

Student Code of Conduct

The purpose of the WSU Student Code of Conduct is to set forth comprehensive and informational guidelines relative to student conduct and related procedures. WSU is a learning community comprised of students, faculty and staff where freedom of inquiry and freedom of expression are valued. Important aspects of attending the University as a student are having respect for the rights of others in the community, conducting oneself in a manner that is compatible with the University’s mission and taking responsibility for one’s actions. In addition to exhibiting appropriate maturity and self-control, students, as members of the University community, are expected to conduct themselves in accordance with established standards of behavior and social interaction.

To fulfill its functions of promoting and disseminating knowledge, the University has authority and responsibility for maintaining order and for taking appropriate action. As members of the WSU community, students should:

- Accept responsibility for personal behavior and appropriately challenge the behavior of others
- Respect individual differences
- Behave in a manner that is honest and upholds the standards of WSU
- Be an engaged member of the WSU community

The educational process is ideally conducted in an environment that encourages reasoned discourse, intellectual honesty, openness to constructive change and respect for the rights and responsibilities of all individuals. This Code of Conduct is designed for the promotion and protection of such an environment.

The WSU Student Code of Conduct governs individual and group student behavior that occurs on WSU premises or at WSU-sponsored or related events, on shuttle busses or stat vehicles, off-campus, if that conduct seriously threatens the safety or well-being of other WSU students, faculty, or staff; conduct that occurs while earning any type of academic credit (e.g. clinical rotations) and conduct that occurs during a student’s enrollment at WSU.

The WSU Student Code of Conduct provides guidelines and further definitions relative to a variety of behaviors/actions including but not limited to:

1. Physical abuse, verbal abuse, threats, intimidation, coercion, bullying, stalking, domestic violence, retaliation, discrimination and/or other conduct which threatens or endangers the health or safety of another person.
2. Abuse of the Code procedures or processes
3. Academic dishonesty in any form (see full WSU policy online)
4. Alcohol possession or use on WSU premises. Refer to the full Code online regarding alcohol and student organizations and advertisement/sponsorship of activities, events or programs involving alcohol by student organizations.
5. Assisting, hiring or encouraging another person to commit an act that violates the Code.
6. Bribery, attempted bribery, acceptance of a bribe or failure to report a bribe
7. Committing acts of dishonesty: cheating, plagiarism, forgery, tampering with elections, attempting to represent the University or organization without permission, using an ID card that does not belong to you and/or allowing someone to use your ID card.
8. Cruelty to animals
9. Damage or destruction of property
10. Participating in a campus demonstration in contravention of University policies on First Amendment activities.
11. Demonstrating intent to harm yourself or otherwise posing a danger causing psychological or physical harm to yourself or others.
12. Disruptive behavior that unreasonably interferes with classroom or other University activity or with the legitimate activities of any member of the University community.
13. Manufacture, possession, use, delivering, selling or distributing of any controlled substance or drug paraphernalia.
14. Falsifying, forging, defacing, altering, or mutilating in any manner official University documents or representation thereof.
15. Committing acts of arson, creating a fire hazard, or possessing or using, without proper authorization, inflammable materials or hazardous substances on University property including acts which endanger the property of the University such as altering or misusing fire or safety equipment and making false reports of dangerous conditions, failing to report a fire, and interfering with University/municipal response to emergency situations.
16. Conducting, organizing, or participating in any illegal gambling activity on University property.
17. Harassment, an intentional act or series of acts which is extreme, outrageous, or calculated to cause severe embarrassment, humiliation, shame or fright, or which is intended to intimidate or ridicule.
18. Hazing in any form
19. Posting, affixing, or otherwise attaching written or printed messages or materials on or in unauthorized places.
20. Refusal to comply with an order from authorized officials to leave University premises or cease behavior that violates the Code.
21. Possessing, duplicating, or using keys to any University building or facility without authorization by appropriate officials or committing an act of unauthorized entry into or use of University building or facilities.
22. Knowingly withholding information or giving false information verbally or in any document or materials submitted to any member of the University community.
23. Misuse of University computers or any violation of computer lab policies. (See WSU Acceptable Use Policy and the WSU Information Technology Systems Relative to E-mail Policy)
24. Use of communication technology to harass or threaten any person or to disrupt normal University operations or unauthorized use of communication technology.
25. Sexual misconduct or sexual harassment.
26. Engaging in the use of any tobacco product or device including, but not limited to, cigarettes, cigars, e-cigarettes, vaping, hookah, or chewing tobacco within University facilities or campuses.
27. Engagement in unauthorized canvassing or solicitation.
28. Attempted or actual theft of any property owned or maintained by the University, any person on campus, or any person attending a University-sponsored event.
29. Violation of federal or state laws or county or city ordinances.
30. Violation of Program and Department policies, rules, or regulations.
31. Engaging or participating in unauthorized possession or use of explosives, firearms, weapons, or other hazardous objects or substances

More detailed description of what constitutes violations of the Student Code of Conduct, definitions for various terms, how to report an incident and the process for student disciplinary procedures may be found in the WSU Policies & Procedures Manual 8.05/Student Code of Conduct (http://webs.wichita.edu/inaudit/ch8_05.htm). Sanctions for violations of the Code include but are not limited to expulsion, suspension, probation, referral for alcohol or drug counseling, and restitution of damage.
Academic Honesty and Standards of Professional Conduct

Due to the nature of this Program, academic dishonesty is not tolerated. As stated in the WSU Academic Honesty Policy, “A standard of academic honesty, fairly applied to all students, is essential to a learning environment. Students who compromise the integrity of the classroom are subject to disciplinary action by the instructor, the department, the college, and/or the University. Violations of classroom standards of academic honesty include, but are not limited to:

- Cheating in any form, whether in formal examinations or elsewhere.
- Using or submitting the work of others as one’s own without assigning proper credit to the source.
- Misrepresentation of any work done in or out of the classroom or in preparation for class.
- Falsification, forgery, or alteration of any documents pertaining to academic records.
- Colluding with others in an effort to obtain a grade or credit not truly reflective of what the student knows or has learned.

Students violating such standards must accept the consequences and appropriately assessed penalties, which may include reprimand, a failing grade, suspension, or dismissal from an academic program or the University. Students accused of abridging a standard of academic honesty will be provided with mechanisms for review and appeal of decisions regarding allegations of academic misconduct. The fundamental responsibility for the maintenance of the standards of academic honesty rests with each student. It is each student's responsibility to be familiar with University policy on academic honesty and to uphold standards of academic honesty at all times and in all situations.”

As a health care professional, the PA must be sensitive to the value of human dignity. This value is manifested in behaviors which demonstrate sensitivity to the well-being of others and honesty in all endeavors. Specific behaviors which support these values include maintenance of confidentiality and honesty concerning personal, academic, and patient care information and demonstration of respect for the psychological welfare of others.

A student enrolled in the PA Program must demonstrate behaviors consistent with these standards in all areas of the Program. Failure to demonstrate professional behavior may result in a professional warning and/or dismissal from the PA Program. Appendix D describes AAPA Code of Ethics and Appendix E describes the AAPA Guidelines for Ethical Conduct for the PA. Behavior that reflects the professional conduct expected of students is evidenced by:

1. Demonstrating respect and value of others.
2. Ethical conduct and academic honesty.
3. Recognition of moral, ethical, and legal implications of actions.
4. Integrity in all personal and professional actions.
5. Recognition of patients’ and providers’ rights and restrictions.
7. Appreciation of and respect for cultural and value system differences among various groups within the population.
8. Appropriate value judgments with respect to interpersonal relationships with peers, faculty, preceptors, and other health care personnel (i.e., unprofessional behavior includes dating faculty or preceptors while in the Program and talking about classmates and/or faculty with preceptors and other persons).
9. Appearance and hygiene consistent with a clinical professional.
10. Punctual attendance at all Program scheduled activities and adherence to deadlines set by faculty regarding tests/assignments.
11. Recognition of the inappropriateness of substance use/abuse (e.g., casual or regular use of marijuana, alcohol, or other intoxicating/illegal substances).
12. Continuing to learn. Learning is a lifelong process that requires being self-directed and motivated to continually increase knowledge and competency as a PA.
Attendance Expectations

Because of the integrated and fast-paced learning environment of the PA curriculum, it is imperative that students understand the need to be in class or on clinical rotation in order to take full advantage of all learning opportunities which are offered; therefore:

1. **Designated State/University holidays:** University holidays are not guaranteed during the clinical year. Students are generally scheduled to be off during normal University designated holidays during the didactic year (e.g. Thanksgiving, Christmas); however, during clinical rotations, students are expected to be at the clinical rotation site for any days surrounding holidays when the rotation site is in operation. If the clinic/office is closed the day prior to the holiday and the preceptor will not be available, you may be given the day off as well. Students will be given rotation schedules to include Program approved holiday breaks for Thanksgiving and Christmas prior to starting second year clinical rotations (See Bb for the Clinical Rotation Schedule).

2. **Expected deviations from the University schedule:** Scheduled courses and activities within the Program are expected to fall **outside** the typical University semester start/stop dates – semester start dates may be earlier than printed in the University course catalog and semester end dates may be extended.

3. Attendance at all scheduled classes, activities, clinical skills workshops, and clinical rotation days is required.

4. **Notification of absences:** Expected absences must be cleared in advance with the course instructor of any missed classes. During the clinical year, expected absences must be cleared in advance with the Dir. of Clinical Education and your preceptor. Failure to adequately inform the Dir. of Clinical Education and preceptor can result in automatic failure of the rotation and possible dismissal from the Program. Call the Program office as soon as possible if you are unable to attend class, clinical rotations, or another Program-related activity because of significant personal illness or family emergency during both the didactic and clinical year. During the clinical year, you should also notify your preceptor as soon as possible.

5. **Absence Notification Form:** You must complete an absence notification form (See Bb for the WSU PA Program Student Absence Notification Form) for all missed class or rotation time/activities. This form should be completed in advance if the absence is planned or completed within 3 days of returning from an unexpected absence. Failure to submit the form in a timely manner may result in a professional warning. While on rotation, the form should be completed, signed by the preceptor and submitted to the Director of Clinical Education via e-mail.

6. Faculty have the right to request specific medical release for an illness-related absence or documentation related to any other absence.

7. Some course curriculum material (e.g. clinical skills workshops, simulation labs) is pass/fail or cannot be repeated and therefore **attendance is mandatory.**

8. Requested attendance to fulfill civil obligations or military duty can generally be delayed until after graduation. Students will be excused if needed; however, time away from rotation may be required to be made up following the end of this commitment.

9. **Excessive absences during the didactic curriculum,** regardless of the reason, will result in review by the PA Admissions and Progressions Committee. Excessive absences may result in a professional warning, repeating course material, and/or dismissal from the program. Excessive absences during the didactic curriculum are defined as **> 3 days in a single course or > 5 cumulative days over the didactic curriculum.**

10. **Excessive absences during the clinical year,** regardless of the reason, will result in review by the PA Admissions and Progressions Committee. Excessive absences may result in a professional warning, making up the missed time at the current site or a different site selected by the Dir. of Clinical Education, and/or dismissal from the program. Making up missed time may postpone the Program completion date resulting in delayed graduation. Excessive absences during the clinical year are defined as **> 3 days on a single rotation or > 5 days over the entire clinical year (including classroom absences on EOR days or during review weeks).**

    a. **EOR Days:** As with all class activities, attendance on EOR days and during review weeks is also expected and any absences will be counted toward the cumulative clinical year absences. Students
will receive “zero” credit for graded activities missed during an EOR day during an unexcused absence.

b. **Vacation**: Students do not get vacation time off. Even if your preceptor is on vacation or out of the office, another preceptor will need to supervise you. The Director of Clinical Education must be notified of the preceptor’s vacation and change in supervision.

c. **Conferences**: Time-off for attending board-preparatory / certification conferences is not allowed. Attendance at national or state conferences is encouraged, but must be approved by the Dir. of Clinical Education and your preceptor prior to registering for the conference.

d. **Job and/or Fellowship Interviews**: Time off for attending an interview, must be approved by the Dir. of Clinical Education and then your preceptor prior to the interview. You need to provide the name, clinical site, time, and location of the interview to the Dir. of Clinical Education. Days absent for interviews will be included in calculation of total days absent during the clinical year.

**Student Dress Code**

The WSU PA Program is unique as compared to other degrees and training you already have. Health care professionals from across Kansas enter the classroom to participate in your education. Part of becoming a health care professional is to dress, talk, and act like a health care professional. Before you ever perform a physical exam or take a medical history, your patients, your preceptors and your instructors will know if you’re there as a “college student” or as a health care professional in training. Treat your classroom and clinical rotation sites as the learning labs they are. Make sure your first impression is that of a health care professional in training.

**Classroom Setting:**

Here are examples of clothing health care professionals in training **DO NOT** wear to work or to a classroom:

- Hats or caps
- T-shirts with suggestive, inflammatory or vulgar print/pictures
- Clothing that exposes breast/buttock cleavage or the abdominal midriff (when standing or bending over)
- Sheer clothing or clothing that reveals undergarments such as bra straps or underwear
- Tank or halter tops
- Spaghetti strap or backless shirts/dresses
- Ripped or excessively faded clothing
- Shirts with sleeves or necks intentionally cut out
- Skirts and dresses that do not reach the top of the knee when standing
- Form-fitting pants (including spandex/Lycra or leather)
- Exercise attire such as yoga pants or sweat pants
- Shorts

**Clinical Practice Labs:**

As part of the learning the process, students will be asked to perform physical examinations on classmates. For these exams, women should wear a t-shirt over a sports bra and men should wear a t-shirt. Both men and women should wear loose-fitting, mid-thigh length shorts with an elastic waist. Form-fitting pants, shorts, or shirts (including bicycle shorts, spandex/Lycra) do not allow for appropriate physical exam technique. Students will need to change into appropriate lab attire before the lab begins and then change back when lab ends.

**Clinical Setting:**

An even higher standard of dress is expected when in the clinical setting. This includes clinical rotations, standardized patient exams and observational experiences during the didactic year. In addition to the classroom guidelines above, the following should also be observed:

- **During the clinical year, your short, white jacket must be worn with your name badge attached to the upper half of your jacket so that it can be seen when shaking hands.**
- Acceptable dress for women includes blouses/sweaters and slacks or knee-length skirts/dresses.
• Acceptable dress for men includes dress shirt, tie and slacks.
• When asked to wear surgical “scrubs” all students must wear the standard grey scrub uniform with the WSU PA Program logo. A white, grey, or black crew neck t-shirt should be worn under the scrub uniform as this maintains your professional dress. You should not expect to wear scrubs unless you are specifically asked to by the rotation preceptor.
• Clothing with “shed” potential (e.g. sequins, fur, glitter) is not allowed.
• All shoes worn in a clinical setting must be closed-toe. Tennis shoes are only allowed when wearing scrubs. Boots should not be worn over pant legs and high heels are discouraged.
• Capri pants above ankle length are not allowed.
• Many of your patients will be put off by visible tattoos - do your best to cover them.
• Jewelry should not be excessive. Visible studs are limited to two per ear, other visible studs in the face, tongue, lips, etc. are not permitted.
• Avoid perfume or cologne.
• Make-up should not be excessive or overdone (e.g. no “smoky eyes”, avoid bright lipstick or bright eye-shadow).
• Artificial nails are not allowed in the clinical setting as they have been documented to be a source of potential infection. Keep your nails clean and trimmed short and nail polish should be clear or light in color.
• Mustaches, goatees and beards are to be neatly trimmed. Facial hair stubble is not permitted except during initial growth of the beard.
• Women with long hair should not wear it hanging loose about the shoulders and face, but have it pulled back in a professional ponytail, bun or braid.
• Hair color should be natural looking.
• Chewing gum, eating, and drinking are not allowed in clinical settings.

Keep in mind that students who are not properly attired will be sent home from the classroom or clinical rotation and will receive a professional warning.

This list of dress code examples and violations is not comprehensive. The final determination of appropriate or inappropriate dress is at the discretion of the faculty and Program Director.

Guidelines for Use of Social Media
As a student beginning your professional career, you should remember that social networking sites are public forums and whatever information you share will be viewed by others, including other students, faculty, preceptors, professional colleagues, and patients. The electronic images/information about you which can be found on the Internet reflect your values, morals, ethics, and professionalism. All laws and ethical guidelines related to privacy, confidentiality, and HIPAA apply to posts on social media sites. The following guidelines are applicable:

• You should not post material that is profane, libelous, obscene, threatening, abusive, harassing, hateful, defamatory, or potentially embarrassing to another person or entity (including a fellow student, the university, Program, faculty, preceptors, rotation sites)
• At no time should you discuss a patient outside of clinical conversations, even if you think that the patient, patient’s family, preceptor, or facility could not be identified or even if the patient, patient’s family, preceptor or facility has given you verbal consent.
• At no time should you take a picture and/or post to social media of a patient, patient’s family, or body parts, even if the patient, patient’s family, preceptor or facility has given you verbal consent.
• You should NOT post any reference to your rotation schedule, preceptors/employers, patients, facilities, etc.

Failure to follow these guidelines will result in a professional warning at a minimum and may result in dismissal from the Program.
**Working during the Program**

Students should not expect to be able to work while in the Program. Students who choose to work typically have difficulty keeping up with their coursework and have a significantly increased risk of academic difficulties. PA students must not accept payment for “moonlighting” as a PA while on rotation. Students who are foreign-trained physicians are not allowed to pursue medical residency while concurrently enrolled as a PA student.

**Advising and Counseling**

During the first fall semester, you will be assigned a faculty member who will serve as your academic faculty advisor throughout the Program. Faculty advisors meet with their assigned advisees at various times throughout the Program and provide assistance regarding academic, clinical, and professional issues. Your faculty advisor will also monitor your progress throughout the curriculum. In the event that an issue would arise concerning your academic or professional performance, you will be asked to meet with your assigned faculty advisor (and/or course instructor), and a written record of such will be maintained in your academic file. In addition, a plan for remediation of identified issues will be recommended, if appropriate. Policies regarding standards of academic and professional performance, honesty, and academic warning/probation can be found in separate sections of this handbook. In addition to meeting individually with faculty advisors, time may be allocated for students and faculty to meet together as a group to discuss Program issues.

The **WSU Counseling & Testing Center** provides professional, academic, and mental health counseling services to students. The center also offers test preparation workshops and presents programs on topics promoting personal and professional growth. Services are low cost and confidential. They are located in room 320 of Grace Wilkie Hall, and their phone number is (316) 978-3440. The Counseling & Testing Center is open on all days that the University is officially open. If you have a mental health emergency during the times that the Counseling & Testing Center is not open, please call COMCARE Crisis Services at (316) 660-7500.

**WSU PA Student Society & Class Officers**

The WSU PA Student Society is credentialed with the American Academy of Physician Assistants (AAPA) and enjoys a close association with the Kansas Academy of Physician Assistants (KAPA). Students are encouraged to join and support both KAPA and AAPA since these professional organizations represent both practicing and student clinicians. For more information on these professional organizations, see Appendix B. The WSU Student Government Association also recognizes the PA Student Society as a student organization.

Students will meet early in the fall semester of the first year to elect class officers. Class officer positions include President, Vice President, Secretary, Treasurer, Historian, Director of Student Communications and two SAAPA/KAPA Representatives. Information about specific job duties, Society purpose, membership, and class officer duties can be found in the Society’s Constitution and Bylaws. Class Officers must keep the faculty advisor informed of planned meetings and activities.

**Enrollment/Tuition and Fees**

Students will be notified of the specific classes scheduled for each semester. Students are responsible for their own enrollment each semester. Students who do not enroll will not be allowed to continue attending class or will be withdrawn from the clinical rotation site. Tuition rates/fees are subject to change. Current information regarding exact tuition and fees is available in the PA Information Packet, Graduate Catalog, or on the WSU Tuition and Fees website. (http://www.wichita.edu/tuition)

**Commencement**

PA students may participate in WSU commencement activities at the end of the spring semester of their 2nd year even though they do not complete the Program until the end of the summer semester. You are required to complete an online application for degree early in the spring prior to the University graduation ceremony.
Formative & Summative Student Evaluation & Remediation

Student Evaluation – Didactic Year

Learning objectives act as a guide for course content and should be considered as a baseline of required information. Although evaluation of learning will be based on the objectives, it will not necessarily be limited to these. Exceptional performance, as indicated by the grades of A and B, will require additional research, study, integration, and application by the student beyond the learning objectives. Evaluation of learning will be determined utilizing various formats (e.g., objective testing, case studies, homework, oral presentations, small group work, and performance of clinical skills).

Generally, grades will be assigned using the following scale:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Range</th>
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<tbody>
<tr>
<td>A</td>
<td>92.00 – 100%</td>
</tr>
<tr>
<td>A-</td>
<td>90.00 – 91.99%</td>
</tr>
<tr>
<td>B+</td>
<td>88.00 – 89.99%</td>
</tr>
<tr>
<td>B</td>
<td>82.00 – 87.99%</td>
</tr>
<tr>
<td>B-</td>
<td>80.00 – 81.99%</td>
</tr>
<tr>
<td>C+</td>
<td>78.00 – 79.99%</td>
</tr>
<tr>
<td>C</td>
<td>72.00 – 77.99%</td>
</tr>
<tr>
<td>C-</td>
<td>70.00 – 71.99%</td>
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<tr>
<td>D+</td>
<td>68.00 – 69.99%</td>
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<tr>
<td>D</td>
<td>62.00 – 67.99%</td>
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<tr>
<td>D-</td>
<td>60.00 – 61.99%</td>
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<tr>
<td>F</td>
<td>&lt; 60%</td>
</tr>
</tbody>
</table>

Rounding does NOT apply. For example, a score of 91.997 will result in a C-, not an A. To receive an A, students must achieve 92.00 or above.

**Grades earned at a “C-” or lower in any course may NOT be used to satisfy Program requirements, thus a single grade of “C-” or lower in any course will result in dismissal from the program.**

Student evaluation and grade determination are the responsibility of the course instructor. Faculty reserve the right to review all student concerns regarding evaluation and will determine the final outcome.

If a student wishes to contest a particular test question, the question must be submitted in writing to the course instructor and include acceptable logic and references.

Student Evaluation – Clinical Year

Students will receive a grade for each rotation reflecting the various components of the clinical year evaluation process. These components include but are not limited to clinical performance evaluations (CPE) completed by the preceptors, end of rotation (EOR) examinations, objective structured clinical evaluations (OSCE), summative examination, simulation activities, completion and submission of all required clinical data (includes electronic data), and submission of clinical site/preceptor evaluations and surveys. All components of the evaluation process must be successfully completed to be eligible for graduation from the WSU PA Program.

Grades will be determined based on the following categories:

- preceptor evaluations of student
- exam score (EOR exam, Summative Exam, and/or OSCE)
- clinical experience logging data & other documentation
- EOR assessment activities

If there is a question regarding grade assignment, you have the right to contact the Dir. of Clinical Education regarding the specific factors which may have affected your grade. **You may NOT contact the preceptor following completion of the rotation to discuss the rotation evaluation. Doing so will result in a professional warning.** If you do not agree with the grade, an appeal with supporting rationale should be submitted in writing to the Program Director.
**Unsatisfactory Clinical Evaluation/Probation**

A student who 1) receives an overall rotation grade of “C-” or lower, **OR** 2) is asked to leave a rotation by the preceptor or Program faculty as the result of poor or inadequate clinical/professional performance, **OR** 3) fails the preceptor evaluation of student component (see syllabus for criteria), **OR** 4) fails the EOR exam (see syllabus for specific requirements regarding the EOR exams) will be required to meet with the Director of Clinical Education (DCE). The DCE may contact the site preceptor by phone or in person to gather additional information and insight into the situation. The DCE may determine that the student should meet with the faculty Admission and Progression Committee (APC) to discuss performance and make a decision regarding progression in the Program. Consideration for progression include reasons for the unsatisfactory grade, performance on other rotations, past academic performance and student potential for improvement, and successful completion of the Program. Actions resulting from this meeting may include any one or combination of the following:

1. Receipt of an academic and/or professional warning.
2. Development of a remediation plan which may include but is not limited to repeating a clinical rotation, repeating an EOR exam or other assessment, additional study in specific content areas, referral to a faculty member for review of deficit areas, referral to the WSU Counseling & Testing Center, or
3. Dismissal from the Program.

The student will be informed in writing by the Program Director of the APC’s decision within 10 business days. A student who disagrees with an APC decision may initiate a formal written appeal. Note that the remediation plan may extend the program beyond the 26 months and may result in delayed graduation.

**Academic Warnings/Probation/Remediation**

In order to successfully practice in the medical field, PA students must demonstrate superior medical knowledge and critical thinking skills as well as the ability to comprehend and synthesize large quantities of new knowledge quickly and accurately. Academic problems have a way of multiplying themselves and making repercussions felt in other courses in a cumulative way. If a student is having academic difficulties it should be addressed promptly. Under all circumstances, it is the student’s responsibility to notify the Program of any academic problems and initiate procedures to obtain academic or other assistance. Because the PA Program is charged with determining which students can successfully practice medicine, the academic assessment of each student not only includes assessment of overall course grades, but assessment of performance on individual exams.

1. **GPA requirements:** Students must maintain a cumulative Program GPA of 3.0 during all phases of the Program. Failure to do so will result in academic probation with the Program and with the Graduate School.
2. **Failing performance:** A student who demonstrates failing academic performance (<72%) on any course examination will receive an academic warning and must contact the course instructor to identify the deficiencies. The student will be required to complete a remediation process. The type and extent of remediation as well as what constitutes satisfactory completion is at the discretion of the course instructor and is described in each course syllabus. Other designated assessments (e.g. research model, OSCE, simulation, etc.) may also be subject to academic warnings for failing performance and may require remediation at the discretion of the course instructor as described in the course syllabus. Completion of this remediation will not change the original score and will not rescind the academic warning.
3. **Low performance:** A student who demonstrates low performance (< 80%, but ≥ 72%) on any course examination must contact the course instructor to identify the deficiencies. The student will be required to complete a remediation process. The type and extent of remediation as well as what constitutes satisfactory completion is at the discretion of the course instructor and is described in each course syllabus.
4. **PA Program Academic Probation:** A student will be placed on academic probation with the Program as a result of chronic low performance or failing academic performance defined as receipt of three (3) academic warnings at any point during the Program.
5. **Dismissal:** A student will be dismissed from the Program as a result of a single course grade earned at or below “C-” **OR** as a result of unacceptable low/failing academic performance defined as receipt of four (4) academic warnings at any point during the Program, even if the student passes the overall courses. (See policies on Student Dismissal for complete list.)
Professional Warnings/Probation

The Program expects all PA students to model professional behavior, in both the classroom and clinical setting. Examples of professional behaviors and conduct include:

- Making a commitment to your education
- Showing up on time every day ready to learn
- Demonstrating flexibility, accountability and reliability
- Being respectful of your colleagues, faculty, guest speakers, Program and University
- Being friendly and welcoming – promoting a team environment
- Listening and seeking to understand the perspectives of others
- Being known for your manners and courtesy
- Maintaining your personal image
- Appropriately balancing time management and stress management
- Critical thinking skills
- Developing good problem-solving skills
- Focusing on a positive outlook, adaptability, and good communication skills
- Maintaining required documentation for the PA Program, such as immunizations, absences, disabilities, etc.

Examples of unprofessional behavior are discussed in the section entitled Academic Honesty and Standards of Professional Conduct. A student who demonstrates unacceptable professional conduct will be required to meet with his/her faculty advisor. This meeting is documented in the student’s record and constitutes a “professional warning.” The purpose of the meeting is to discuss the student’s performance and implications for continued progress and to develop a plan for remediation if appropriate. The student is informed of the professional warning and the Program Director is notified.

During the Program, a student will be placed on Departmental professional probation as a result of receiving two professional warnings. (This policy does not exclude other policies regarding probation).

During the Program, a student will be considered for dismissal as a result of receiving three professional warnings. (This policy does not exclude other policies regarding dismissal).

Student Responsibilities Regarding Progression/Remediation

All your efforts must be directed toward completion of the requirements for graduation from the Program. To graduate, all courses must be taken and successfully completed in their regularly scheduled sequence without gaps in enrollment (refer to schedule of courses in this handbook). Program requirements will not be waived for any person. Likewise, experiential credit toward professional coursework or advanced standing (e.g., credit for domestic or foreign medical coursework/residency/degrees) will not be granted. It is your responsibility to be aware of academic and other problems which may develop over the course of the Program. You should make every effort to correct any problem before it results in a low or failing grade. It is better to request assistance from the faculty than to let a problem progress until it is too late to correct. It is particularly important that a PA student be capable of recognizing both strengths and weaknesses in his/her academic and clinical backgrounds, education, and training. Any student having academic difficulty should meet with the course instructor to identify problem areas and appropriate resources and/or methods of resolving them.

Formative and Summative Student Evaluations

*Ongoing formative evaluation during the Program:* Ongoing formative components of student evaluation during the *didactic year* include, but are not limited to, monitoring performance on individual course exams and remediation outcomes, Y1 PACKRAT, and simulation activities. Ongoing formative components of student evaluation during the *clinical year* include, but are not limited to, monitoring performance on end-of-rotation exams and remediation outcomes, Y2 PACKRAT, preceptor evaluations of student, and reviews of clinical experience logging data. As soon as issues are identified, the student must contact the appropriate faculty
member(s) for counseling, feedback, and/or a plan of remediation (see sections on academic warnings and evaluation of clinical year performance.)

**Y1 Didactic Summative Evaluation:** Following completion of the didactic year, each student will receive a Y1 Didactic Summative Evaluation by the PA Admission and Progression Committee (APC) which includes an overall assessment of the student’s cognitive and clinical skills, interpersonal skills, and professionalism to verify that each student is prepared to enter clinical rotations. The components of this summative evaluation may include (but are not limited to) the following:

1. Didactic year GPA and performance within each course
2. Performance on individual exams and remediation outcomes
3. Performance on key clinical components: Y1 OSCE, ACLS megacode/exam, other simulation
4. Professionalism
5. Review of student’s 1st year Professional Development Passport
6. Review of student’s Profession Development Self-Assessment
7. Y1 PACKRAT (Note: As part of this Y1 Summative Evaluation, PACKRAT is being used for individual student self-assessment and to facilitate a discussion of student strengths and weaknesses with the faculty advisor. It is not being used as a marker of passing or failing the Y1 Summative Evaluation)

Due to the increased level of obligation to patient safety during clinical training, students with potential academic or professional deficits cannot be allowed to provide care to patients, even in a supervised, educational environment. Therefore, any student not meeting minimum standards in items 1-6, may be subject to additional remediation, delayed graduation, or dismissal from the Program. When remediation is deemed appropriate, a targeted remediation plan will be developed by the APC. The student may be required to enroll in an additional remediation course. The remediation plan may or may not result in delayed graduation. Where severe deficiencies exist, dismissal may be deemed appropriate.

**Y2 Program Summative Evaluation:** Within the final four months of the Program, students will receive a Y2 Program Summative Evaluation by the APC which includes an overall assessment of the student’s cognitive and clinical skills, interpersonal skills, patient care skills, and professionalism to verify that each student is prepared to enter clinical practice. The components of this summative evaluation include the following:

1. Program Summative Exams
2. Program Summative OSCEs
3. Summative review of all rotation scores for each of the six PA competency areas: 1) medical knowledge, 2) interpersonal skills, 3) patient care skills, 4) professionalism, 5) practice-based learning, and 6) system-based practice
4. Clinical Performance Evaluations
5. Review of student’s 2nd year Professional Development Self-Assessment
6. Review of student’s final Professional Development Passport
7. Master’s research project (paper and oral defense)
8. Y2 PACKRAT and end-of-rotation (EOR) exams (Note: As part of this Summative Evaluation, PACKRAT and EOR exams are being used for individual student self-assessment and to facilitate a discussion of strengths and weaknesses with the faculty advisor. They are not being used as a marker of passing or failing the Summative Evaluation.)

Any student not meeting minimum standards in items 1-7, may be subject to additional remediation, delayed graduation, or dismissal from the Program. When remediation is deemed appropriate, a targeted remediation plan will be developed by the APC. The student may be required to enroll in an additional remediation course. The remediation plan may or may not result in delayed graduation. Where severe deficiencies exist, dismissal may be deemed appropriate.
Standards of Academic and Professional Performance

All grading and evaluation is based on the student’s ability to attain the competencies within the objectives outlined for each area of study. It should be emphasized that, although standards of academic performance are based upon the attainment of minimum competencies, most students perform at a level that exceeds these minimum standards. A student whose performance falls below the minimum acceptable standard for that area of study will be notified by the faculty instructor or Program Director as soon as evidence of such sub-standard performance is available. If appropriate, a personalized remediation plan will be developed by a faculty member(s) in consultation with the student. Failure to comply with conditions of the remediation plan or continued poor academic performance, regardless of individual course grades or cumulative Program GPA, will result in the student being placed on academic probation, recommended for mandatory deceleration, or being dismissed from the Program.

Accommodation for Learning and/or Physical Disability

Reasonable accommodation of a physical (includes psychological or psychiatric) or learning disability will be provided if the PA Department is notified in writing with appropriate documentation of the disability and approval by the WSU Office of Disability Services (ODS).

If you have a physical, psychiatric/emotional, or learning disability that may impact your ability to carry out assigned course work, you are encouraged to contact ODS; Grace Wilkie Annex, room 150, (316) 978-3309 (voice/tty) (316-854-3032 videophone). ODS will review your concerns and determine, with you, what academic accommodations are necessary and appropriate for you. All information and documentation of your disability is confidential and will not be released by ODS without your written permission.

According to the WSU ODS, “in order to qualify for services, students must present written evidence from a qualified professional verifying their disability to the Director of ODS. All documentation received is confidential and will be kept in the Director’s office. The federal definition is as follows:

“A person with a disability (handicap):
1. has a mental or physical impairment which substantially limits one or more of such person's major life activities,
2. has a record of such an impairment; or
3. is regarded as having such an impairment.

‘Major life activities’ includes functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.”

ODS requires differing types of documentation based on the specific disability or disabilities. Detailed eligibility guidelines as well as documentation guidelines adopted by the Kansas Association of Higher Education and Disability are available on the ODS website. (http://webs.wichita.edu/?u=disserv&p=/servicepolicies1)

Due to the nature of activities performed in many clinical settings, adequate accommodation may not be possible in all clinical or practical activities/settings for all documented disabilities and will be determined by the PA faculty on a case-by-case basis. It is the student’s responsibility to request a consideration of accommodation by contacting WSU Office of Disability Services.
Withdrawal, Leave of Absence, Deceleration, Dismissal, & Appeals

**Voluntary Withdrawal**
Students may voluntarily withdraw from the Program at any time. The student must notify the Program Director in writing of their request to withdraw from the Program. All voluntarily withdraws are effective at the time the request is received. Any student who voluntarily withdraws from the Program will not automatically be readmitted at a later date. To be considered for possible readmission, the student must reapply through CASPA.

**Leave of Absence**
A leave of absence may be requested due to extenuating circumstances such as illness, pregnancy, personal or family issues, military leave, etc. The student must submit a written request for a leave of absence to the Program Director. Approval of the leave of absence and how it will affect future matriculation in the Program will be decided by the APC and depends upon the academic standing of the student at the time of the request, length of the requested absence and timing of the absence in relation to the curriculum.

**Didactic Year**: *A leave of absence during the didactic phase is considered to be ≤ 2 weeks in duration.*
The student is responsible for all missed lectures, assignments, exams, and clinical skill activities during that time. Only two (2) leave of absences will be approved during the didactic year and no more than one (1) per didactic semester. Because the curriculum is rigorous, fast-paced, and sequential, the student will not be able to make up missed work from a leave of absence > 2 weeks in duration. In this situation, the student must request a voluntary deceleration into the next cohort in order to remain enrolled in the Program. The student will not be allowed to begin clinical rotations until all missed coursework has been completed. This may result in delayed graduation.

**Clinical Year**: Because of the short duration of each clinical rotation and required number of contact hours, a leave of absence during the clinical year is not available. If the student needs to take a leave of absence, the rotation will be cancelled and rescheduled which may result in delayed graduation. See Attendance Expectations for more information regarding absences during the clinical year.

**Voluntary Deceleration**
Voluntary deceleration may be requested due to extenuating circumstances such as illness, pregnancy, personal or family issues, military leave, etc. that will impact successful progress through the curriculum. The student must submit a written request for voluntary deceleration to the Program Director. Approval of deceleration and how it will affect future matriculation in the Program will be decided by the APC. Voluntary deceleration is considered a proactive decision on the part of the student before experiencing academic difficulty and is only granted when extenuating circumstances justify the deceleration. The PA curriculum is designed as an integrated, cumulative, lockstep program where students begin and end the Program as a single cohort. Therefore, approval of deceleration allows the student to restart the Program with the next cohort of students. The decelerated student must comply with any revisions in curricular requirements, changes in fees/tuition, and changes to the Student Handbook of their new graduating cohort. A student voluntarily decelerating from the didactic year will repeat the full curriculum, including any components and courses already successfully completed, and is expected to pay full tuition for the repeated components. A student voluntarily decelerating
from the clinical year will repeat the full clinical year, including any components and rotation courses already successfully completed, and is expected to pay full tuition for the repeated components.

**Mandatory Deceleration**

The APC may require deceleration as a means to remediate deficiencies and as a preventative measure to avoid further academic or professional difficulty. The PA curriculum is designed as an integrated, cumulative, lockstep program where students begin and end the Program as a single cohort. Therefore, a recommendation of deceleration requires the student to re-enter the Program with another cohort of students. The decelerated student must comply with any revisions in curricular requirements, changes in fees/tuition, and changes to the Student Handbook of their new graduating class. The student has the right to appeal the APC’s decision, see Program Appeal Policy.

- A recommendation of deceleration during or at the conclusion of the didactic year requires the student to restart the Program with the next cohort of incoming students. The decelerated student will repeat the full curriculum, including any components and courses already successfully completed, and is required to pay full tuition for the repeated components.
- A recommendation of deceleration during or at the conclusion of the clinical year may require the student to re-enter the Program with the next cohort of incoming students beginning their clinical year. The decelerated student will repeat the full clinical year, including any components and rotation courses already successfully completed, and is required to pay full tuition for the repeated components. Where significant deficiencies exist that are determined to require not only repetition of the clinical year but also the didactic year to rebuild clinical skills as well as the foundational knowledge for those skills, the APC may require deceleration into the didactic year of the incoming cohort of students. The decelerated student will repeat the full curriculum, including any components and courses already successfully completed, and is required to pay full tuition for the repeated components.

**Grounds for mandatory deceleration include (but are not limited to):**

- A single final grade of “C-” or lower on any didactic or clinical year course.
- Excessive academic warnings regardless of individual course grades or cumulative Program GPA.
- Failure to meet minimum performance standards for Y1 Didactic Summative Evaluation.
- Failure to meet minimum performance standards on multiple clinical rotations.
- Failing to complete remedial work as required within a prescribed time period or if quality of remedial work is unsatisfactory as determined by the APC.
- *Note:* The Program reserves the right to bypass mandatory deceleration and proceed with dismissal when significant deficiencies exist. See dismissal policy below.

**Delayed Graduation**

Delayed graduation most often occurs as a result of a leave of absence or the need for additional remediation. Delayed graduation will not be granted beyond the Fall semester of that student’s expected graduation date. Thus all required Program requirements must be completed within 30 months of starting the Program. **Failure to complete all Program requirements within 30 months of starting the Program will result in mandatory deceleration or dismissal.**

**Dismissal**

Where significant deficiencies exist and the student is deemed unsafe to practice medicine as a PA and deceleration is not deemed to be in the best interest of the Program or the PA profession, the APC may dismiss the student from the Program. The APC may dismiss a student from the Program for academic and non-academic grounds, see Formative & Summative Student Evaluation & Remediation Policy. The student will be
notified in writing by the Program Director. Any student being dismissed from the PA Program has the right to appeal the APC’s decision, see Program Appeal Policy.

Grounds for dismissal from the Program include (but are not limited to):

- Dismissal from the WSU Graduate School.
- Failing to complete remedial work as required within a prescribed time period or if quality of remedial work is unsatisfactory as determined by the APC.
- Failure to comply with Program requirements for attendance, ethical conduct, academic honesty, patient safety, academic standards, technical standards, or professionalism.
- Academic misconduct.
- Termination of a rotation by the preceptor or Program faculty as the result of poor or inadequate clinical or professional performance on the part of the student.
- Abuse of controlled substances (e.g., prescription pain medications) and alcohol; use of illegal substances (e.g., marijuana – even if legal in other states, cocaine). Rotations may require random testing for these and other substances. Student compliance is required.
- Student is deemed unsafe to provide patient care.
- Failure to complete the Program in the first voluntary or mandatory decelerated attempt, will result in dismissal from the Program.

Program Appeal Policy
Students have the right to appeal course grades, actions resulting from grades, or academic or professional warnings/probation/dismissal, which adversely affect progression in the Program. An appeal will be considered if the grade or action was:

- not in accordance with published policies,
- arbitrary or capricious, or
- determined on the basis of race, religion, color, national origin, disability, gender, age, sexual orientation, marital status, status as a veteran, or disability.

Academic disputes should begin with the course instructor. If the academic dispute cannot be resolved with the instructor, the appeal process starts at the Program level. An appeal or special request by a student is considered by the APC and others designated by the Program Director. In all cases, an appeal must be submitted in writing to the Program Director within 10 business days of receiving an appealable decision.

An appeal hearing will occur within 15 business days of receiving an appeal and actions regarding the appeal will be made within 10 business days after the appeal hearing. In cases involving dismissal, the student will generally be allowed to continue in their didactic coursework until all levels of appeal up through the level of the dean have been exhausted (except in cases where there is a reasonable concern that injury or harm may come to patients, faculty, staff, students, or the facility if the student continues in the Program – in such cases immediate suspension will occur). Because of the increased obligation to patient safety, cases involving dismissal during the clinical year, whether academic or professional, will generally result in immediate suspension, even if the student is in the appeals process.

Grade appeals that cannot be resolved at the Program and/or College level may be referred to the Court of Student Academic Appeals as described in the WSU Graduate Catalog. Programmatic appeals not resolved at the Program level may be referred to the Graduate School Dean as described in the WSU Graduate Catalog.

WSU Graduate School Grievance Procedure
The following statements are designed to provide guidance to graduate students in protesting an actual or supposed circumstance in which they feel they have been wronged. See Appendix G for more information.
LIMITATIONS: Conflicts eligible for resolution under these procedures are restricted to academic matters other than grades. Disputes about grades are resolved through the Student Court of Academic Appeals. These procedures do not include conflicts covered by other policies in the University. Grievances can be initiated for circumstances which are within one year from the time of occurrence.

STEPS IN PROCESS:
1. A student with a grievance should first consult with the faculty member or administrator perceived to be causing the circumstance which has resulted in the feeling of being wronged and attempt to resolve the conflict at that level.
2. Failure to resolve the conflict in the first step may lead to an appeal at the chairperson or college dean level, depending on who is perceived as causing the circumstance. If available, the student should attempt to resolve the grievance through discussions with the department chairperson, college dean, or through departmental structures such as a student affairs committee which may exist for this purpose.
3. If the student has exhausted the remedies provided in steps 1 and 2 without success, he/she should schedule a meeting with the Dean of the Graduate School or his/her designee (See Role of the Graduate Dean below). Grievances or appeals must be presented in writing.

ROLE OF GRADUATE DEAN: The Dean of the Graduate School or his/her designee receives complaints or protests and decides whether to take direct administrative action to resolve the conflict or refer the grievance to the Graduate Council. A decision of the graduate dean may be appealed to the Graduate Council. The decision of the Dean of the Graduate School on recommendations received from the Graduate Council is final.
PA Program Office Policies

PA Department Office Policy

- Students should check-in with the Office Staff when entering the PA Department front office and before proceeding on to faculty offices located in the PA Department front office area.
- It is requested that students avoid unnecessary interruptions of the administrative office staff, including excessive/loud conversation in the office/adjacent hallway.
- Students are not permitted to enter the mailbox/copier work area without permission.
- Personal phone calls to the Department office will not be forwarded to students except in emergency situations.
- The office copier and fax machine are not for student use in copying personal documents or class notes, etc.
- Any request for information from a student file must be made in writing and will need approval from the Program Director. Student requests for copies of information from their student file will be charged $.05/page with a minimum charge of $5.00.

Faculty Office Hours

In addition to teaching, faculty have other administrative, College, University, research, and clinical responsibilities. Time spent with faculty should be for counseling, advisement, questions, or other concerns related to Program performance. If extended time is needed, please request an appointment with the appropriate faculty member.

For students on clinical rotations, keep in mind that the Dir. of Clinical Education will be periodically away from the office on site visits/meetings/vacation, etc. If an urgent situation exists and you are not able to contact the Dir. of Clinical Education, attempt to contact the Program Director, your faculty advisor or office staff for assistance. Always leave a number where you can be reached since most rotations have multiple places where you might be (hospital, office, satellite clinic, etc.). Should an emergency arise after hours, you may call the Dir. of Clinical Education or the Program Director through their emergency contact numbers. Please reserve these calls for emergency situations only such as death of a loved one, serious illness, or other emergency situation.

Faculty as Personal Medical Providers

Faculty members are not allowed to serve as your health care providers or give personal medical advice. In the same way, asking guest lecturers for personal/family medical advice is unprofessional and not appropriate.

Student Contact Information

*It is imperative that your current telephone number, address, and emergency contact information be on file in the PA Department. If this information changes, please notify the Program with 48 hours.*

Communication with Program and Faculty

Email is a primary and important means of communicating with students during both years of the Program. All students will be assigned a WSU email account upon admission to the University. You may forward your WSU email address to a private account if desired; however, all Department communication to the students will be directed to WSU email accounts. Make sure you regularly empty your WSU email account to avoid email interruption. Students are responsible for checking email regularly and frequently. Students should communicate with faculty via email and not through text messaging, Facebook or other social media accounts.
Campus & Student Safety

Building Access after Normal Hours
You will receive an identification card to be used in conjunction with your WSU picture ID. The Old Town Health Professions building is generally open Monday through Friday from 8:00 a.m. to 9:00 p.m. during the semester periods. Campus security will maintain a PA Program generated list of students to allow for weekend access to the building, when appropriate.

Rules regarding building access after normal hours:
1. Both ID cards, departmental and WSU, must be available to gain access to Ahlberg Hall.
2. Students will need to use their WSU ID cards in order to gain access into the building through the exterior doors and also through the interior vestibule doors.
3. Guests or non-PA students are not to be in the building after hours, nor are they to be utilized for practice of physical exam skills during these hours.
4. Never prop doors open for students arriving late or without their proper WSU ID badge.
5. Students are advised not to be in the building alone after normal business hours. Be alert and aware of your surroundings and always protect your valuables from theft.
6. There must be at least two students working together in any given area when in the building after hours.
7. Students are not to be in the WSU Old Town facility after 9 p.m. Students are encouraged to use Ablah Library or the Rhatigan Student Center (RSC) on the main WSU campus for study when the Old Town location is closed.

Emergency Alert System “Shocker Alert System”
The Shocker Alert System is the quickest way on campus to transmit emergency messages. In a designated emergency or inclement weather, a message will be sent to email accounts or via text messaging. The service is free and students may sign up at http://www.wichita.edu/alert.

Tornado Emergency Shelter
Tornado WATCH: Conditions are favorable for a tornado to develop in and close to the watch area.
Tornado WARNING: A tornado has been sighted by spotters or is indicated by radar and is occurring or imminent in the warning area.

WHEN CITY SIRENS SOUND OR A TORNADO WARNING IS IN EFFECT, GO TO ROOM B128, B129 OR C124
• Quickly, but safely go to the rooms designated as emergency shelters. Take as little as possible with you as it may hinder another’s path to safety. DO NOT use cell phones while exiting. Stay focused and alert. Stay away from outside doors and windows.
• Pair up. The best way for a head count or to alert others that a rescue may be needed is for each person to have a buddy while exiting to the emergency shelter areas.
• Assist those who may be present with an obvious handicap if you are capable.

Fire Emergency or Drill
EVACUATE THE BUILDING WHEN FIRE ALARM SOUNDS
• Quickly, but safely exit the building using the nearest exterior door. Take as little as possible with you as it may hinder another’s flight to safety. DO NOT use cell phones while exiting. Stay focused and alert.
• Pair up. The best way for a head count or to alert others that a rescue may be needed is for each person to have a buddy while evacuating the building.
• Assist those who may be present with an obvious handicap if you are capable.
• Do not return to the building until the all clear has been sounded.
Earthquake Emergency Shelter

WHEN AN EARTHQUAKE OCCURS, AVOID FALLING OBJECTS BY CRAWLING UNDER A TABLE OR DESK, STANDING IN A DOORWAY, OR MOVING TO AN OPEN AREA OUTSIDE

- If you are inside, quickly, but safely, find cover to avoid falling objects. Crawl under a table or desk or stand in a doorway, away from windows, mirrors, overhead fixtures, filing cabinets, bookcases and electrical equipment.
- If you are outside, quickly, but safely, move to an open area away from buildings, trees and power lines and find cover. If you are forced to remain near a building, find cover to avoid falling objects.
- Pair up. The best way for a head count or to alert others that a rescue may be needed is for each person to have a buddy while evacuating the building.
- Be prepared for aftershocks. Make sure to open doors carefully and avoid falling objects.
- Be guided by emergency personnel. If an evacuation is ordered, proceed to the nearest clear exit.
- Assist those who may be present with an obvious handicap if you are capable. Do not move seriously injured persons unless they are in obvious immediate danger (of fire, building, collapse, etc.)

- DO NOT return to the building until the all clear has been sounded.
- DO NOT use matches or lighters.

Active Shooter

Students are encouraged to review the Armed Intruder or Active Shooter and other important information related to campus safety available online at the WSU Campus Safety homepage (http://webs.wichita.edu/?u=emergency&p=/emergency_guide/armed_shooter/).

Infectious, Occupational, and Environmental Hazards

PA students train in a variety of settings, and like the health care professionals in these settings, PA students are at risk for a number of health and safety issues including exposure to blood-borne pathogens, chemical and drug exposures, hazards associated with radioactive material, and other personal injury. The Program will inform students of written policies addressing student exposure to infectious and environmental hazards before students undertake educational activities that may place them at risk of exposure. The Program’s policy and educational materials used to inform students of these risks are in accordance with OSHA regulations. The Program will inform and educate students regarding:

a. Methods of prevention
b. Protocols for HIV post-exposure prophylaxis and procedures for care and treatment after exposure to environmental/infectious hazards
c. Students’ financial responsibility for any costs associated with environmental/infectious hazard exposure during clinical encounters/training
d. Potential effects of exposure or disability on student learning which may include (but are not limited to): 1) personal illness or injury, including long-term disability and death, 2) delayed graduation, 3) withdrawal from the Program, and 4) Financial liability for costs of personal health care
e. Requirement for students to notify PA faculty if they are known to have an infectious condition which may pose risk of serious illness to patients if accidental exposure occurs (e.g. HIV, hepatitis).
f. Existence and location of institutional policies at the rotation settings to which the student is assigned as well as the student’s responsibility to follow those policies.

The Program will communicate potential hazards and protective measures to students prior to engaging in any activities that place them at risk as follows:
a. The anatomy instructor will inform students of potential risks related to anatomy lab verbally and through the course syllabus as part of the orientation to the class.

b. The instructor of record for the clinical laboratory component will inform students of potential risks related to hands-on laboratory activities verbally and through the course syllabus as part of the orientation to the class as well as specific safety procedures prior to each new activity.

c. The Program Director/designee will inform students of potential risks related to the general health care setting during the new student orientation. Students will sign a release acknowledging that they have been informed of these potential for risks, that they were directed to written information and policies in the student handbook, and that they will receive further learning opportunities regarding universal precautions and OSHA guidelines in the future. The student handbook discusses universal precautions, protocol for needle stick or blood exposure, students’ responsibility for costs associated with exposure/injury, and the potential impact on student learning and Program completion.

d. At this time the Program Director/designee will also direct students to information regarding other WSU safety policies (e.g. inclement weather and procedure for adverse weather conditions, building evacuation, fire/medical/police services, and the Shocker Alert System).

e. Students will complete a self-paced, online tutorial covering blood-borne and infectious pathogens and universal precautions. Documentation of competency will be an online assessment with 100% accuracy. This must be completed in the didactic year, prior to beginning any observational experiences.

f. The Program will educate students regarding potential occupational and environmental exposures such as blood-borne pathogens, potential chemical and drug exposures, hazards associated with radioactive materials, and other types of personal injury with an emphasis on prevention during the clinical prep day prior to starting clinical rotations. In addition, the Program Director/designee will also discuss the existence of institutional policies at the clinical rotation settings, direct students to the information specific to their assigned rotations, and discuss the students’ responsibility to follow those policies.

Activities through which students gain knowledge and hands-on experience in the area of minimizing and/or preventing exposure through appropriate safeguard measures include: 1) Clinical skills/laboratory activities (e.g. anatomy lab, suturing, injections, IV starts, clinical laboratory), 2) Observational experiences, and 3) Clinical rotations.

**Universal Precautions**

Universal Precautions is an approach to prevent and control infection. All human blood and certain human body fluids should be treated as if known to be infectious for HIV, Hepatitis B, and other blood-borne pathogens. Blood-borne pathogens refer to pathogenic microorganisms that are present in human blood and can cause disease in humans.

Universal Precautions shall be observed in all patient care settings to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

**Hand Washing**

Any part of your body that has come into contact with blood or body fluids should be washed immediately (or as soon as possible) with soap and water after removal of gloves or other protective equipment. Splashes of blood or other potentially infectious material into the eyes, nose, or mouth should be immediately irrigated or flushed with water.

**Contaminated Needles**

Contaminated needles and other contaminated sharps should not be bent, recapped, or removed unless there is no feasible alternative. Any bending, recapping, or needle removal must be accomplished through the use of a mechanical device or a one-handed technique. Shearing or breaking of contaminated needles is prohibited. Immediately, or as soon as possible after use, contaminated sharps shall be discarded in containers that are closable, puncture resistant, leak proof on sides and bottom, and labeled or color-coded.
Procedures
All procedures involving blood or other potentially infectious materials should be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances. Specimens of blood or other potentially infectious materials should be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.

Gloves
Gloves should be worn when it can be reasonably anticipated that persons may have contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; when performing access procedures; and when handling or touching contaminated items or surfaces. Disposable (single use) gloves, such as surgical or examination gloves, should be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Gloves are required for phlebotomy when the phlebotomist has cuts, scratches, or other breaks in the skin and/or when hand contamination with blood may occur (for example, when performing phlebotomy on an uncooperative individual, or when the person performing phlebotomy is receiving training).

Masks, Eye Protection, Gowns and Caps
Masks, in combination with eye protection devices such as goggles or glasses with solid side shields or chin-length face shields, should be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated. Surgical caps or hoods and/or shoe covers or boots should be worn in instances when gross contamination can reasonably be anticipated (e.g., autopsies, orthopedic surgery, etc.). Adapted from OSHA Regulations: Blood-borne Pathogens.

Complete regulations concerning blood-borne pathogens may be found on the internet at: http://www.osha.gov/SLTC/bloodbornepathogens/index.html

Blood-borne Pathogen Exposure Procedure (Needle Stick or Blood Exposure)

See Appendix F or a copy of the Exposure Report (Sharps Injury Log. 29 CFR 1904)

Health professions students may be at a higher risk of exposure due to their inexperience. PA students should practice extreme care and universal precautions when handling any potentially contaminated instruments and needles. These blood-borne pathogens include HIV, Hepatitis B, and Hepatitis C. An exposure is generally defined as a percutaneous injury (e.g. needle stick or cut with a sharp object); contact of mucous membrane; or non-intact skin with blood, tissue, or body fluids that are contaminated with visible blood. Urgent attention is critical since initiation of post-exposure prophylaxis against HIV should ideally begin within 2 hours of exposure for optimal efficacy. You should keep the Post-Exposure Pocket Card with you at all times during patient care and observation and you should also add the associated contact numbers into your cell phone. Extra cards can be obtained from the Program office.

1. Immediately & thoroughly wash exposure site.
2. Promptly notify your supervising Preceptor.
3. Seek immediate medical attention from the staff where the exposure occurred and follow that facility's policy for treating exposures.
   a. You are not covered by Workman’s Compensation
b. Provide private health insurance card to the facility

4. **Within 1 hour** of exposure, you should contact the NCPEP Hotline at 888-448-4911 for a post-exposure evaluation that includes a risk assessment of the potential for HIV transmission based upon your specific situation and CDC guidelines. If indicated, prophylaxis with HIV medications should be started **within 2 hours** of exposure for best efficacy.

5. The facility should make arrangements to evaluate the person whose body fluid was the source of exposure.

6. Contact WSU Student Health Services 316-978-3620 for further assistance and to document the exposure.

7. Notify the PA Program 316-978-3011 for further assistance.

8. **Report incident to the Director of Clinical Education within 24 hours.**

*All expenses incurred for testing, counseling, and/or post-exposure prophylaxis that are not otherwise covered by the institution in which the exposure occurred are the responsibility of the student — not the preceptor, facility, or PA Program*

**National Clinicians’ Post-Exposure Prophylaxis (NCPEP)**

**Hotline at 888-448-4911**
Student Health & Related Rotation Requirements

Student Health Information and Insurance
Students are required to have health insurance coverage in effect throughout the entire Program. Copies of your health insurance plan must be on file with the Program and updated when expired or changed. Expenses related to any illness or injury (including needle stick or blood-borne pathogen exposure) are the responsibility of the student – not of the preceptor on rotation, facility, or the PA Program.

Physical Examination/Immunizations
Throughout the Program, students have potential contact with infectious patients and materials potentially putting them at risk for exposure/transmission of diseases, some of which are vaccine preventable. Likewise, vulnerable patients may be at risk from contact with an infected student. Maintenance of immunity and general health is therefore an essential part of infection prevention and control. All students must provide evidence of good physical health and current immunizations in congruence with Program policies and the CDC’s Advisory Committee on Immunization Practices. Students must also provide an annual physical exam showing evidence of good health, annual proof of TB screening and annual influenza vaccine. If CDC immunization requirements change, students will be notified and expected to update their immunizations accordingly. Failure to comply with these requirements may result in a professional warning and withdrawal from clinical observations or clinical rotations.

Students must also meet requirements of each assigned rotation clinical site and thus may need additional immunizations or screenings if required by that site. Students who elect an international clinical rotation may have other immunization requirements and must review the CDC traveler’s web site http://wwwnc.cdc.gov/travel to determine additional needed immunizations as well as view any travel advisories.

Background Checks / Drug Screening
Students must obtain, pay for, and successfully pass a background check (e.g., criminal, sex offender) as a condition of acceptance into the Program. Prior misdemeanor or felony convictions reported by the student will be reviewed on an individual basis. Failure to disclose appropriate information on the application may result in dismissal.

All clinical sites require students to pass background checks as a condition of participating in patient care activities. Verification of your background check may be sent to clinical sites requesting this information.

Prior to starting the clinical year, all students are required to complete and pass a 10 panel drug screen. In addition, clinical sites may also require students to undergo random serum or urine drug testing. Students are expected to fulfill these requirements in order to participate in the clinical rotation. Refusal to submit to a routine clinical site’s requested random testing will require the Program to suspend (and ultimately dismiss) the student from the Program. Furthermore, if a student is unable to fulfill the clinical experience required by the Program because of a failed background check or positive drug testing, the student may be dismissed.

Student Health Services
Student Health Services is an on-campus health care facility that provides immunizations and other primary health care services (including immunizations). All services are confidential. An appointment is required for most services. Student Health Services is located in 209 Ahlberg Hall or you may phone 978-3620. Any personal health expenses are your responsibility. Preceptors are not responsible for any expenses related to illness or injury of students on clinical rotations, including accidental injury or exposure to blood-borne pathogens.

Malpractice Insurance
Students must purchase and maintain a student malpractice insurance policy while enrolled in the Program. A student policy is available through the Program. Proof of continuation of the student’s first-year malpractice insurance is required before proceeding to the clinical year. Proof of coverage must be in the student’s file and students are expected to keep a copy of their malpractice policy with them during their clinical rotation year.
Guidelines for the Didactic Year

Student Performance of Physical Exams and Clinical Skills
First year students will be required to learn physical exam and clinical skills, including but not limited to suturing, insertion of IV lines, casting techniques, surgical scrub techniques, and injections as part of their academic coursework. Students are expected to volunteer to act as patients for their classmates (except for suturing). During these exams and clinical skills labs, students are expected to act professionally and with respect for their classmates. Attendance at these workshops is mandatory for Program completion. If a student has objections to participation as a “patient” during these exams based on religious or medical concerns, he/she should consult with the course instructor.

First Year Clinical Observational Experiences
During the fall and spring semesters of the didactic year, students attend scheduled clinical observational experiences in a variety of inpatient and outpatient settings with physicians, PAs and other members of the healthcare team.

Testing Guidelines
Students should be in their seats, with tables cleared of all textbooks, notes, computers, and cell phones, at the scheduled time of a test. There should be no talking or other distracting noises during test-taking. After completing the test, students should quietly leave the room and not re-enter until all students have finished.

Student attendance on the date/time of a scheduled test is expected. A student who is unable to take a test at the scheduled time because of significant personal illness/injury or death in the immediate family must notify the appropriate instructor prior to the test. Faculty have the right to request specific medical release for an illness-related absence or other documentation of the nature of the circumstance involved in the absence, e.g. obituary or funeral announcement.

If a student is unable to take the original test as scheduled, the “make-up test” will be given in a proctored setting such as the WSU Counseling and Testing Center through ProctorU online, or through other means arranged by faculty. Additional student fees for this proctoring may apply. Make-up tests must be taken no later than the second day of the student’s return to class. Make-up test format and degree of difficulty do not have to match the original test.

Blackboard (Bb) and Class Handouts
Faculty utilize Bb as a tool to enhance course content. Faculty will place most class handouts on Bb for students prior to lecture. You may download the handouts. Any printing of handouts is at your own expense. Guest speakers may not provide handouts or may bring their own handouts. If you wish to have a hard copy, it will be your responsibility to print handouts PRIOR to class; you should not expect to print them from the classroom printer just prior to starting class. Printers are located outside the PA classroom, Ahlberg Hall OTS, and Ablah Library. WSU uses a printing tool called “Papercut”. All WSU students have a Papercut account to which money can be added by using a debit or credit card.
Classroom Guidelines

One of the greatest assets of the Program is the strong support of the medical community across Kansas, which includes physicians, PAs, and other health care professionals who serve as the backbone of our didactic and clinical Program. Many of them volunteer to teach both 1st and 2nd year students. They volunteer to participate in PA education because they are interested in PA students, our Program, and our profession. Students should respect this commitment by being prepared to start class on time in addition to maintaining attentive and professional behavior during class.

The following guidelines should be observed for all classes:

1. Be in your seats at the time class is to begin whether or not the instructor is present.
2. Round tables at the back of the room are not to be used as desks during class.
3. Guest instructors should be greeted and assisted with AV needs.
4. Students should pay attention to presenters and thank them for their time at the end of their presentation.
5. Conversation during class should be limited to questions of the instructor or class discussion.
6. Laptops, iPads or other electronic devices are only allowed for the purpose of taking notes; not for sending instant messages, surfing the internet, emailing, etc.
7. Cell phones must be turned off during scheduled classes.
8. After completing tests, leave the classroom quietly and do not return until all have finished the test. Be quiet while standing in the hall when others are testing.
9. Eating is not allowed in the classroom except at the round tables at the back of the room. Students are encouraged to spend lunch breaks outside of the classroom in designated eating areas in the college or other sites on campus. Drinks will only be allowed in spill proof containers.
10. Students are responsible for maintaining the appearance of the classroom. Backpacks and other belongings not in use during class should be kept in lockers. There will be no sitting on tables or leaning back in chairs.
Guidelines for the Clinical Year

Goals of the Clinical Year

Clinical rotations are designed to provide students with supervised clinical experiences that build on pathophysiologic assessment, analysis, and application of didactic coursework to train students to competently and safely perform the role of a PA. This includes taking a history and performing physical exams, using laboratory and diagnostic studies, formulating the most likely diagnosis, recommending pharmaceutical therapies and other clinical interventions, and applying concepts of basic science. Clinical rotation sites may be at inpatient or outpatient settings. Students are expected to augment their clinical experiences with a regular program of reading, concentrating on topics and problems they have encountered with their assigned patients. Clinical rotations also include assessment of knowledge and skills through standardized means, discussion of professional practice, and methods to advance competencies needed for the PA profession.

Self-Directed Learning during the Clinical Year

Required Reading / Studying: Students are expected to augment their clinical experiences by reading evidence-based resources such as medical textbooks, journal articles, consensus guidelines, and point-of-care resources (e.g. UpToDate) as appropriate to optimize care for assigned patients, as requested by the preceptor, and to build and expand their breadth and depth of knowledge related to the listed course objectives, type of clinical rotation/setting, preparation for EOR exams, and preparation for PANCE.

Seeking Educational Opportunities: Students must assume a degree of responsibility for patient care as part of an interprofessional team. Students are expected to become familiar with the expectations of each rotation site, functioning within the healthcare team and presenting patients based on the preferences of the preceptor. Students are expected to attend all rounds, house-calls, nursing home visits, and conferences as applicable to the medical service in which the student is involved. Initiative, intellectual curiosity, commitment to excellence, and self-reflection to identify knowledge gaps and limitation is necessary to make the most of each clinical rotation.

Rotation Requirements

The following rotation configuration fulfills the requirements in the ARC-PA Standards and the mission of the WSU PA Program. Significant thought has gone into a plan that will provide students with exposure to a wide diversity of practice types and settings to ensure the best possible clinical education.

Total Rotation Weeks: approximately 48 – 50
1. A minimum of 2 rotations (approx. 12 weeks) in a rural setting (outside of the major urban centers) or underserved setting. Designation of a rotation as “rural” is determined by the Program.

Required rotations are:
During the clinical year of the program students will be exposed to healthcare provided to patients in a variety of specialties in a variety of healthcare settings. The clinical year consists of 7 (5 – 6 week) rotations scheduled by the Program and 1 (8 week) capstone rotation. An individualized clinical rotation schedule is developed for each student in order for each student to meet the following clinical rotation requirements:

Patient Exposure:
- Medical care across the lifespan to include infants, children, adolescents, adults and older adults
- Women’s health (to include prenatal and gynecologic care)
- Care for conditions requiring surgical management – including preoperative, intraoperative and postoperative care
- Care for behavioral and mental health conditions

Required Rotations
- (3) Primary Care rotations (family medicine, pediatrics, internal medicine)
- (2) rotations in a rural setting or underserved setting
Required Rotation Experiences:
- Family Medicine
- General Surgery
- Internal Medicine (may be part of family medicine/primary care)
- Pediatrics (may be part of family medicine/primary care)
- Prenatal Care/Women’s Health (may be part of family medicine/primary care)
- Behavioral Health/Psychiatric (generally part of family medicine/primary care)

Required Health Care Settings:
- Outpatient
- Inpatient
- Emergency department
- Operating room

Required Rotation Case Types:
- Acute
- Chronic
- Preventive
- Emergent

Students are notified of their rotation schedule before the end of the first spring semester. Students must remain flexible during the clinical year as schedules are subject to change based on the needs of the preceptors and site. Some rural sites offer housing for the student; however, this is not a requirement or an expectation. Students must realize they will be responsible for finding housing at some sites.

Establishing a Clinical Elective Rotation
The final clinical rotation is your opportunity to identify a possible specialty or practice location where you wish to gain additional experience. This rotation will occur at the end of your clinical year and typically cannot be with a preceptor or site that you have already completed. Unfortunately, not all suggestions can be accommodated. The site must be evaluated by the Director of Clinical Education for suitability in meeting the Program defined expectations for learning outcomes, preceptor availability/licensure, adequate supervision, and the Program’s ability to obtain an Affiliation Agreement. Remember, this clinical elective rotation is still a part of your overall required clinical education. Therefore, this elective must compliment and meet your individual learning needs. You are still a student without credentials and require the same level of supervision that you have on other rotations. Once your elective rotation is selected, you will not be able to make changes. However, the Program reserves the right to change this rotation if needed. Faculty reserve final approval of all clinical elective rotations. If faculty feel that the prospective rotation is not in your best interest or does not meet the Program’s defined expectations, you will be notified. You will be given instructions regarding how to set up your elective rotations during the fall semester of your clinical year.

Student Evaluation of Clinical Site/Rotation Preceptor
At the completion of each rotation, students are required to complete an evaluation of the site which also includes an evaluation of the clinical preceptor. All evaluations are reviewed by the Dir. of Clinical Education to assess the appropriateness and effectiveness of the rotation site and preceptor.

Students must observe the rules and regulations of both the WSU PA Program and the individual clinical site. The goal of PA education is to provide each student with similar – not equivalent – experiences. There are many variables present during each rotation. Students should not expect to have exactly the same experiences that their colleagues had. It is important for students to remember their experience may change with each clinical site or clinical preceptor.
If at any time the student has a concern about their personal safety while at a clinical site, he/she should contact the Dir. of Clinical Education or Program Director immediately.

Incident Reports
Most problems occur when students try to extend beyond their current level of expertise. If asked to perform an unfamiliar task, students are obligated to tell the preceptor that he/she has never performed that task or that additional training in the procedure is needed. Students should never undertake a procedure that they feel uncomfortable doing. Remember: above all, do no harm.

Should an incident occur that has in some way endangered a patient or involves the possibility of malpractice, the preceptor and Dir. of Clinical Education should be notified immediately. The student may be requested to submit a written account of the incident to the Program.

Any incident that involves violation of institutional policy at a hospital, clinic, or other facility at the training site should be reported immediately.

If, in the opinion of any preceptor or member of the PA faculty, a student is determined to be of danger to patients for whatever reason, the student will be suspended from any and all clinical activities. This suspension will continue until proper review and resolution of the case has occurred. Resolution could result in remedial work, counseling, or dismissal from the Program.

Changing or Canceling Rotations
Once the schedule has been completed and each student receives his/her individual rotation schedule, a written commitment is made by the Program with each preceptor. Because of the many variables involved and the advance planning that is required of preceptors before taking students, rotations will not be changed or canceled by the Program unless absolutely necessary.

Should the student have the need for a special arrangement or have an unusual circumstance which affects the student’s ability to fully participate in the clinical experience, the student should notify the Dir. of Clinical Education as soon as possible. DO NOT CONTACT THE PRECEPTOR DIRECTLY. If necessary, any special arrangements will be arranged by the Dir. of Clinical Education. For accommodations requested secondary to potential student disability it is the student’s responsibility to contact the Office of Disability Services (refer to section “Accommodation for Learning and/or Physical Disability” of this handbook).

Rotation Planning – When, Where and What
Clinical rotations are an important of the student experience. While away from the University, remember that you are still a student representing your University, Program and the PA profession. Therefore, convey a sense of professionalism and willingness to learn. This year will be as successful as you make it!

Keep the following in mind when you are out on a clinical rotation:

• Always be on time
• Dress as a health care professional
• Act in a pleasant and professional fashion
• Discover the site’s preferences and become part of their health care team
• Take responsibility for your behavior and actions
• Respect the site’s patients
• Volunteer to help the staff at the clinical site
• Be a team player
• Always be honest
• Treat all patients with respect and adhere to confidentiality requirements
• Be self-motivated and self-directed
• Behaviors: enthusiastic, empathetic, efficient, prepared, open to change and criticism, inquisitive, respectful of the unique opportunity you’ve been given

Several weeks prior to beginning your clinical experiences, you must complete site specific paperwork and ensure that you know who and how to contact your preceptor or the clinical site. If a rotation changes, you must make sure that any site specific paperwork is completed at the time you are notified.

**When and where should you report?**

• **Four (4) weeks** before your next rotation, a personalized “introduction” email should be sent to your preceptor. A template will be provided for you to include information about your background, degree and prior rotations. **Two (2) weeks** prior to the rotations, you will contact your new preceptor and receive information as to when and where to meet the preceptor on the first day, where housing keys may be picked-up, and any other questions you might have.
• Introduce yourself as “John/Jane Doe, the WSU PA student for the next rotation.”
• In many cases you will talk with someone other than the physician or PA, such as the contact person listed on your preceptor list.
• If the contact information has changed, please notify the Program to update the Site Contact Information.
• If your site includes visits to hospitals, make sure you also check in with the Medical Education Department or other appropriate department at the hospital to receive orientation for the facility. In some of the larger hospitals, you will be required to wear a hospital picture ID that identifies you as a PA student or complete additional paperwork.

**NOTE:** Student housing provided by the preceptor is for the student only. The student may not invite his/her spouse, significant other, children, pets, or any other person(s) to stay overnight in rotation-provided housing (weekends included). Violation of this policy may result in dismissal from the Program. Rotation provided housing should be kept clean and organized.

**WHAT should you bring?**

Items needed for each rotation include:
• Appropriate dress, including lab coats and name badge
• EOR study aids, textbooks, clinical resources
• A copy of the face sheet from your malpractice insurance policy, CPR card, and ACLS card
• Evidence of current immunizations and any other essential personal items
• Most out-of-town rotations (that provide housing) provide sheets, pillows, and towels; however, it is wise to ask about these items when calling a new rotation site prior to arriving. Usually, living quarters will be small; therefore, light packing is the best guide.
• You may not bring your pets/children to the rotation site.
• You may not bring portable appliances or other large furniture to rotation provided housing.

**What do you need to do when you leave a site?**

• Make sure you have met with your preceptor, discussed your evaluation and thanked the preceptor and his/her health care team who participated in your learning opportunity
• Remember to return any key, badge, or swipe card that you were provided by the clinical site. These must be returned to the appropriate person.
• If you have been using housing provided by the clinical site, please remember to leave it clean and ready for the next visitor.
NOTE: the program must know how to reach you at all times. Make sure the Program has your cell phone number and read your e-mails daily.

Guidelines for Clinical Activity

It is intended that PA students experience and participate in as many clinical experiences as possible. However, in the best interest of patients, students, and preceptors, guidelines must be followed. (See Bb for Kansas Statute and Regulations for PAs)

As a PA student you MAY NOT provide patient care without adequate preceptor supervision. PA students, like all students, have varying degrees of skill and experience and must be assigned and supervised accordingly. As a PA student, you do not have a medical license and you are not a credentialed provider; therefore, your services are not eligible for reimbursement by patients or third-party payers. You must observe the following guidelines:

1. Your treatment decisions and procedures must always be approved by the preceptor prior to implementation. Any written order in a medical document must be immediately co-signed by your preceptor. You may not transmit a verbal order for treatment/medication.
2. You may not admit or discharge patients without direct preceptor oversight and guidance.
3. You may not be the sole practitioner to diagnose and treat a patient. This applies to any setting including the emergency room. A licensed and credentialed practitioner (physician, PA, or ARNP) must always see the patient prior to dismissal. A telephone conversation with the preceptor is not sufficient. You must inform the Dir. of Clinical Education/Program Director immediately if you are asked to be the sole practitioner seeing a patient.
4. You must not return to a rotation after the rotation has officially ended. In addition, you should not contact former preceptors to discuss rotation issues (i.e. grades, performance, etc.), nor should you start a rotation before it is scheduled to begin. Your student malpractice insurance is in effect only when you are within the scheduled dates of rotations and under the guidance of affiliated preceptors.
5. You are not allowed to “moonlight.” You are not a credentialed provider and have no legal status as a health care provider.
6. Students who are foreign-trained physicians are not permitted to pursue medical residency while concurrently enrolled as a PA student.
7. You must not have contact with patients while under the influence of alcohol or any substance (including prescription medication) which impairs your ability or judgment. Any violation of this rule will be subject to review by the Program faculty and likely dismissal from the PA Program.
8. You are expected to be at the rotation site during the hours the clinical preceptor is typically at the site. Some rotations may require more than 40 hours per week including evenings, weekends and on-call time. You will be expected to take calls along with the preceptor with whom you are working (as arranged with the preceptor). Some sites offer opportunities for additional time, such as weekends and evenings in ER. In order to maximize the clinical experience, you are strongly encouraged to take advantage of these opportunities.
9. During your clinical experience, you will be expected to:
   a. Obtain detailed histories and conduct physical exams, develop a differential diagnosis, formulate an assessment and plan through discussion with the preceptor, give oral presentations, and document findings.
   b. Perform and/or interpret common lab results and diagnosis.
   c. Educate and counsel patients across the lifespan regarding health-related issues.
   d. Attend clinical rotations as scheduled including grand rounds, lectures, and conferences if available.
   e. Adhere to professional conduct including respect, honesty, trustworthiness, accountability, integrity, and cultural competency.
   f. Complete site specific training or paperwork in a timely manner.
   g. Make an appointment with the preceptor one week prior to the end of the rotation to discuss the preceptor’s evaluation.
NOTE: If the preceptor schedules a vacation or time off during the rotation, you are not allowed to take this time off. Work with your preceptor to make arrangements to work with another provider who will provide supervision in the absence of the primary preceptor. The Director of Clinical Education must be notified of the preceptor’s vacation and change in supervision.

Transportation
It is your responsibility to provide transportation to and from clinical sites which will include both local and out-of-town sites. Transportation difficulties will not excuse you from attending rotations. If transportation or weather problems delay your arrival, you should notify both the preceptor and the Program as soon as possible.

Patient Encounter and Procedure Tracking – PA Manager
You are required to record and submit patient encounter data, including, gender, diagnosis, and procedures (if applicable) for each patient that you evaluate and treat – including patient encounters that are observation only. Instructions for recording and submitting this information will be given to you prior to starting your clinical experiences during the first year. This information is required as a means of evaluating the breadth and depth of your clinical experiences as well as determining if you meet Program standards in order to graduate. You will not be allowed to continue on clinical rotations or receive a grade for the rotation until all patient data has been submitted. During the clinical year you are expected to print out and bring a copy of your PA Manager Portfolio to EOR days to be submitted to the Dir. of Clinical Education. Consistent failure to log data in a timely manner will result in a professional warning. Failure to document an adequate number of patient encounters and experiences may result in delayed graduation and additional rotation assignments.

Program Responsibilities to the Preceptors
The Program will:
1. Assure that the student will maintain professional liability insurance in the amount of $1,000,000/$3,000,000 at no expense to the preceptor.
2. Assure that the student will maintain health insurance and appropriate immunizations per Centers for Disease Control and Prevention (CDC) recommendations.
3. Designate and communicate who will liaison between the preceptor and the Program. The Director of Clinical Education and the Clinical Coordinator will be responsible for coordination of clinical assignments and other student activities.
4. Be responsible for withdrawing any student from a rotation when his/her work, conduct, or health may be deemed detrimental to patients or clients.
5. Provide the preceptor with appropriate forms for evaluation of student performance.

Student Responsibilities to the Preceptors
Students will:
1. Always conduct themselves as a WSU PA student representing both program and the university.
2. Notify the WSU PA Program and the preceptor immediately of any absence from the rotation.
3. Maintain professional behavior at all times.
4. Dress appropriately at all times, including wearing a white coat in all clinical settings and at all times.
5. Interact appropriately at all times with patients, staff, and preceptors.
6. Wear the official WSU PA name badge with the student’s name clearly visible.
7. Be responsible for arranging travel, room, and board for all rotations unless otherwise provided by the clinical preceptor.
8. Be sure all financial obligations are satisfied before leaving a rotation site (i.e. room-key, deposits, badges, etc.).
9. Demonstrate emotional resilience and stability, adaptability, and flexibility.
10. Maintain appropriate professional boundaries including social activities and personal relationships outside of the professional learning environment. Contact through web-based social networking sites (e.g. Facebook, Myspace, Twitter, Snapchat, etc.) should be avoided until you fully matriculate through the education program or complete that specific rotation.

Program Expectations of the Preceptors

The preceptor will:

1. Provide careful supervision of student activities, ensuring the highest standards for patient care and safety while maintaining a sound educational experience for the student.
2. Not provide gifts in the form of money or material goods in return for student assistance.
3. Be responsible for introducing the student and informing appropriate personnel in the hospital and/or clinic of the student's arrival and role. This also includes orienting students with the practice/site policies and procedures.
4. Not discriminate against any student because of race, religion, color, national origin, gender, age, sexual orientation, marital status, political affiliation, status as a veteran, genetic information, or disability.
5. Participate in evaluating the student's performance by providing verbal and written feedback to the student and the PA Program as needed, not just at the completion of the rotation. The preceptor will inform the PA Department if significant problems develop (of a personal or professional nature) which require faculty attention, knowledge, or consultation. At the completion of the rotation, a performance evaluation and assessment of clinical skill proficiency will be promptly completed online.
6. Be aware that student assignments may be subject to last-minute changes. The Department cannot guarantee student appointments on a continuous, year-round basis.
7. Comply with current laws, regulations, and standards of educational and medical practice. All orders, chart entries, etc., must be countersigned by the preceptor. The student should not be expected to initiate or terminate patient care, which is not supervised or directed through hospital service algorithms (written or verbal) for the specific problem.
8. Be responsible for the student during the rotation. This arrangement does not preclude the student being assigned to other staff physicians, PAs, or nurse practitioners for teaching purposes. We encourage a broad exposure to different styles in the art and practice of medicine.
9. Notify the Program of any unauthorized student absences and provide work schedules for the student. The student is assigned to the rotation with no limitations to the number of work hours per day or week. It is expected that the student will work a schedule similar to the preceptor and be on call for emergencies at any time they occur.
Experiential Learning in Professionalism, Service, Research & Interprofessional Collaboration

Professional Development in the PA Curriculum
Professional development is the process of life-long learning expected of all PAs: continually progressing and refining your character, being aware of the decisions that you make and how you handle different situations, and being aware of your untapped potential as a PA and continuously working to grow and improve. Students learn about the PA profession within the Professional Issues course and are expected to engage in experiential learning opportunities throughout the Program as documented within the PA850 Experiential Learning Passport. Professional development activities allow students to acquire skills and knowledge expected of a PA including but not limited to supporting the growth and development of the PA profession, supporting professional organizations, and maintaining high standards of competency and knowledge, ethics, integrity, maturity, accountability, leadership, and social responsibility. Professional behavior is evaluated on every clinical rotation.

Service Learning (Community Service) in the PA Curriculum
To provide excellent healthcare, you must attempt to meet and understand the needs of the patient, family, and community. We are proud of the fact that every PA student performs volunteer service learning and community service activities. Ideal service learning activities require the learner to take initiative, make decisions, and be actively engaged intellectually, emotionally, socially, and/or physically. A variety of faculty-led initiatives occur throughout the program and every year our students leave their mark by taking initiative to develop their own opportunities to engage with and support the community. Our definition of service learning is when community needs are met through direct service that is meaningful or relevant, students help others and give of themselves, and students are better prepared for their careers.

Student Research in the PA Curriculum
Clinical research has the power to improve patient’s lives. The high quality of care you will be able to provide to your patients was built upon by decades of clinical research conducted by health care professionals. The research component begins in the fall semester with HP800 Research Methods for EBP of the didactic year and is completed just prior to graduation. HP800 helps you develop foundational and advanced knowledge and skills in research methods to prepare you to develop research studies and locate, appraise, and apply health related research to answer clinical questions. HP800 meets the WSU Graduate School requirements for research ethics and professional and scholarly integrity training. The research component continues in subsequent semesters as PA 896 Directed Study in Research I (fall of clinical year) and PA 897 Directed Study in Research II (spring of clinical year).

Interprofessional Education (IPE) in the PA Curriculum
Providing excellent healthcare requires a patient-centered, evidence-based, interprofessional team approach. Competency in interprofessional, collaborative practice requires experiential training, personal growth and reflection. Students receive focused didactic and experiential training within HP801 Interprofessional Evidence-Based Practice and throughout the Program as documented within PA850. The Program uses the World Health Organization’s definition of IPE, “When students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.” Faculty work diligently to coordinate a variety of compelling and meaningful IPE activities throughout the Program. Completion of HP801 and PA850 covers all 39 of the Interprofessional Education Collaborative Expert Panel’s Core Competencies for Interprofessional Collaborative Practice. (http://www.aacn.nche.edu/education-resources/IPECReport.pdf)
Appendix A – Academic and Technical Standards

The academic and technical skills necessary to practice medicine as a PA in an effective and safe manner are incorporated into the Program curriculum. In order to successfully complete and meet all graduation requirements, the student must be able to meet all academic and technical standards in a satisfactory manner. Program faculty will meet with each student periodically to assess progress in the Program and implement a plan for improvement if necessary.

**Academic Standards**

**Academic Standards required for admission** to the Program:
- Completion of a bachelor degree from a regionally accredited U.S. college or university (Transcript analysis of foreign degrees is required to determine equivalency)
- Completion of all Program course prerequisites
- A minimum GPA of 3.0 (4.0 scale) is required for both overall and science coursework.

**Academic Standards required for progression** in the Program:
- Maintain acceptable academic performance as outlined in the PA Student Handbook

**Technical Standards**

The WSU PA Program curriculum incorporates the teaching of technical skills necessary for the practice of medicine. Students must be able to perform successfully in a wide variety of clinical situations, and therefore are required to have adequate ability in physical, cognitive, and behavioral areas. Students are expected to confirm their ability to meet the following standards (with or without reasonable accommodations consistent with applicable law) upon admittance to the Program.

**Physical abilities** required for satisfactory completion of curriculum:
- The ability to **observe** demonstrations and other forms of instruction, as well as the observation of patients for physical evaluation is necessary. Observation necessitates the functional use of vision both at a distance and close at hand. Other sensory modalities, such as touch and smell, enhance observation.
- The ability to **communicate** effectively in English is necessary. Communication necessitates the ability to speak, hear, and perceive nonverbal communication. Writing, reading, interpreting graphs and diagrams, as well as computer literacy, are also essential for effective communication throughout the PA Program curriculum and in patient care.
- The ability to perform physical exams, diagnostic tests, surgical procedures, and treatment modalities for general and emergent medical care requires sufficient **sensory and motor function**. The curriculum requires that students have coordination of both gross and fine muscular movements, equilibrium, and other sensory function to perform tasks such as intubation, catheterization, suturing, cast application, palpation, auscultation, administration of intravenous medication, basic life support (BLS), advanced cardiac life support (ACLS), etc.

**Cognitive abilities** required for satisfactory completion of curriculum:
- **Analytical reasoning, problem solving, critical thinking, and the ability to intellectually grasp a large volume of information** are essential for successful completion of the curriculum. These skills include understanding of measurements and calculations. Students will be required to integrate information from patient histories, exams, and diagnostic tests and then relate it to medical knowledge to form diagnoses and treatment plans.

**Behavioral abilities** required for satisfactory completion of curriculum:
- The ability to demonstrate **compassion, concern for others, and a motivation to service**, as well as **maturity** that is expressed through ethical and professional behavior, the ability to complete tasks without unnecessary delay, dependability to take responsibility and initiative, willingness to be flexible, and the use of clean and tactful language are all essential to excellent medical care and successful completion of the curriculum. The practice of **good judgment** when choosing patient care, including the ability to identify one’s limit of knowledge and seek help, is also necessary.
- **Students must be able to function effectively under stress.** The curriculum includes a demanding schedule, changing clinical environments, and uncertainties inherent to medical care.
- Also required is the ability to **maintain appropriate relationships** with colleagues, faculty, patients, and other health care professionals conducive to providing quality medical care and services.

Any applicant/student with a question about these technical standards or their ability to meet them is strongly encouraged to discuss them with the Wichita State University Office of Disability Services (www.wichita.edu/disabilityservices) prior to the interview process.

Any student with an ability limitation or in need of special accommodation should notify the Program Director in writing prior to the beginning of didactic coursework or immediately upon obtaining knowledge, awareness, or diagnosis of such a condition requiring accommodation.
Appendix B – Descriptions of Professional Organizations for PAs

National Commission on Certification of Physician Assistants (NCCPA)

The NCCPA is the only certifying organization for the PA profession in the US. The NCCPA is dedicated to assuring the public that certified PAs meet established standards of clinical knowledge and skills upon entry into practice and throughout their careers. NCCPA is responsible for establishing eligibility requirements for examinations, establishing passing standards for the examinations, issuing and verifying certificates, and establishing and maintaining criteria and standards governing maintenance of certification including CME.  
NCCPA Website (http://www.nccpa.net)

Physician Assistant Education Association (PAEA)

PAEA is the only accrediting organization for PA educational programs in the US. The PAEA is dedicated to assuring that PA educational programs meet established standards. These standards are known as the Accreditation Review Committee on Education for the Physician Assistant (ARC-PA). The PAEA and NCCPA work together closely.  
PAEA Website (http://www.paeaonline.org)

American Academy of Physician Assistants (AAPA)

AAPA is the only national professional society of PAs. AAPA advocates and educates on behalf of the profession and the patients PAs serve. They work to ensure the professional growth, personal excellence and recognition of PAs to advance the profession and promote quality, accessibility, and cost-effectiveness in patient-centered healthcare. The official journal of the organization is the Journal of American Academy of Physician Assistants (JAAPA). The associated national student organization is known as the Student Academy of AAPA (SAAAAPA). The WSU PA Student Society is registered with SAAAAPA. Students are encouraged to join AAPA now and maintain their membership after graduation to help support and promote the profession nationally.  
AAPA Website (http://www.aapa.org)

Kansas Academy of Physician Assistants (KAPA)

KAPA is a state-level affiliate of AAPA. KAPA serves as the official representative voice of Kansas PAs. The KAPA mission is to enhance the quality of medical care for the citizens of Kansas by providing medical education to PAs, other health professionals, legislative and governing bodies, and to the public. Students are encouraged to join KAPA now and after graduation to help support and promote the profession throughout Kansas.  
KAPA Website (http://www.kansaspa.com)
### Appendix C: Preceptor Evaluation of Student Forms

<table>
<thead>
<tr>
<th>Medical Knowledge</th>
<th>Unsatisfactory</th>
<th>Needs Improvement</th>
<th>Meets Expectations</th>
<th>Exceeds Expectations</th>
<th>Outstanding</th>
<th>Not Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Apply knowledge of anatomy, pathophysiology, epidemiology, etiology, &amp; risk factors</td>
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<td>2. Identify signs/symptoms of medical conditions and differentiate between normal and abnormal findings</td>
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<td>3. Select and interpret laboratory and diagnostic tests</td>
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<td>4. Formulate differential diagnoses</td>
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<td>5. Prescribe/monitor pharmacotherapy</td>
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<td>6. Demonstrate problem-solving / critical thinking skills</td>
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<td>Patient Care</td>
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<td>7. Perform medical history/physical exams</td>
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<td>8. Formulate/implement evidence-based treatment and preventive care plans</td>
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<td>9. Provide equitable, patient-centered, collaborative care</td>
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<td>10. Perform medical/surgical procedures</td>
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<td>Interpersonal &amp; Communication Skills</td>
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<td>11. Adapt communication to patient and healthcare team members</td>
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<td>12. Maintain demeanor of respect/compassion toward patient &amp; health team</td>
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<td>13. Show sensitivity to patients’ culture, age, gender, and disabilities</td>
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<tr>
<td>14. Provide accurate/concise oral presentation</td>
<td></td>
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<tr>
<td>15. Provide accurate medical record documentation</td>
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<td></td>
<td>0</td>
</tr>
<tr>
<td>Professionalism</td>
<td></td>
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<td></td>
<td>0</td>
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<tr>
<td>16. Maintain confidentiality of patient interactions and health records</td>
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<tr>
<td>17. Accepts responsibility, is dependable and resilient following criticism</td>
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<tr>
<td>18. Value all inter-professional interactions</td>
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<tr>
<td>19. Maintain professionalism in behavior, speech, dress, and appropriate student identification</td>
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<td>0</td>
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<tr>
<td>Learning and Self-Improvement</td>
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<tr>
<td>20. Recognize personal limitations in knowledge/ability and exhibit appropriate self-confidence</td>
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<tr>
<td>21. Initiate learning and self-improvement</td>
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<tr>
<td>System-Based Practice</td>
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<tr>
<td>22. Respond to the larger healthcare system (e.g. funding, social services, etc.)</td>
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<tr>
<td>23. Understand and practice within the role of a PA</td>
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<tr>
<td>Overall Evaluation</td>
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<td></td>
<td>0</td>
</tr>
<tr>
<td>24. This student is performing at a level appropriate for his/her current stage of professional education.</td>
<td>□ Yes □ No □ Yes, with reservation</td>
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<tr>
<td>25. Specifically, list two areas where the student could improve his/her professionalism/performance/knowledge/skills?</td>
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<tr>
<td>26. Specifically, list two of the student’s strengths.</td>
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<td>27. Approximately how many days did the student miss during this rotation?</td>
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</tbody>
</table>
Preceptor Evaluation of Clinical Skills Proficiency

Based on your observations of this student while on your rotation, please indicate your assessment of the student’s proficiency for the skill listed. Students must acquire instruction in technical skills and procedures based on current professional practice, but students are NOT expected to acquire all these skills within a single rotation. This skills list is based upon common employer expectations and a national survey of PA Programs.

**Proficiency Scale**

0) Not applicable/not observed  
1) Attempted but needs further training  
2) Able to perform with supervision  
3) Able to perform independently

1. **Comprehensive History and Physical Exam of the following age patient:**  
   Age specific competency – able to ensure a safe and caring environment for the age groups indicated below; communicate with and provide patient education; elicit age appropriate history and conduct physical examination:

<table>
<thead>
<tr>
<th>AGE (years)</th>
<th>Level of Proficiency</th>
<th>ICD 10 Code</th>
</tr>
</thead>
</table>
| Newborn – Infant 0 – 2 | 0 1 2 3 | Z0011 (NB < 3 months)  
                     |                     | Z0012 (3 months–2 yrs) |
| Young Child 3 – 12 | 0 1 2 3 | Z0012  
| Adolescent 13 – 18 | 0 1 2 3 | Z0012  
| Adult 18-64 | 0 1 2 3 | Z0000  
| Older adult > 65 | 0 1 2 3 | Z0000

2. **Specific Physical Examination Component:**

<table>
<thead>
<tr>
<th>Level of Proficiency</th>
<th>CPT Code</th>
</tr>
</thead>
</table>
| Female breast exam 0 1 2 3 | G0101  
| Female pelvic exam 0 1 2 3 | 57410  
| Male genitalia exam 0 1 2 3 | 99170  
| Rectal exam 0 1 2 3 | G0DRE

3. **Clinical Skill:**

<table>
<thead>
<tr>
<th>Level of Proficiency</th>
<th></th>
</tr>
</thead>
</table>
| Suture/staple 0 1 2 3 | D7912  
| Application of cast/splint 0 1 2 3 | 29799  
| Local anesthesia 0 1 2 3 | D9215  
| Venipuncture/IV start 0 1 2 3 | 99195  
| Basic x-ray interpretation (e.g. chest, abdomen, extremity plain film) 0 1 2 3 | 71101 - chest  
|                                         | 74010 - abdomen  
|                                         | 73092 - arm/hand  
|                                         | 73590 - leg/foot  
|                                         | 72170 - pelvis  
|                                         | 72020 - spine

4. **Professional/Systems Skill:**

<table>
<thead>
<tr>
<th>Level of Proficiency</th>
<th></th>
</tr>
</thead>
</table>
| Admission Orders 0 1 2 3 | 99221  
| Inpatient progress note 0 1 2 3 | 99231  
| Discharge summary 0 1 2 3 | 99239  
| EHR documentation 0 1 2 3 | n/a
Appendix D – AAPA Code of Ethics

1. PAs shall be committed to providing competent medical care, assuming as their primary responsibility the health, safety, welfare, and dignity of all humans.

2. PAs shall extend to each patient the full measure of their ability as dedicated, empathetic, health care providers, and shall assume responsibility for the skillful and proficient transactions of their professional duties.

3. PAs shall deliver needed health care services to health consumers without regard to sex, age, race, creed, socioeconomic, and political status.

4. PAs shall adhere to all State and Federal laws governing informed consent concerning the patient’s health care.

5. PAs shall seek consultation with their supervising physician, other health providers, or qualified professionals who have special skills, knowledge, or experience whenever the welfare of the patient will be safeguarded or advanced by such consultation. Supervision should include ongoing communication between the Physician and the Physician Assistant regarding the care of all patients.

6. PAs shall provide only those services for which they are qualified via education and/or experience and by pertinent legal regulatory process.

7. Physician Assistants shall not misrepresent in any manner, either directly or indirectly, their skills, training, professional credentials, identity, or services.

8. PAs shall uphold the doctrine of confidentiality regarding privileged patient information, unless required to release such information by law or such information becomes necessary to protect the welfare of the patient or the community.

9. PAs shall strive to maintain and increase the quality of individual health care service through individual study and continuing education.

10. PAs shall have the duty to respect the law, to uphold the dignity of the Physician Assistant profession, and to accept its ethical principles. The Physician Assistant shall not participate in or conceal any activity that will bring discredit or dishonor to the Physician Assistant profession, and shall expose, without fear or favor, any illegal or unethical conduct in the medical profession.

11. PAs, ever cognizant of the needs of the community, shall use the knowledge and experience acquired as professional to contribute to an improved community.

12. PAs shall place service before material gain, and must carefully guard against conflicts of professional interest.

13. PAs shall strive to maintain a spirit of cooperation with their professional organizations and the general public.

14. PAs shall recognize the ways in which those values and beliefs can impact the care they provide.
Appendix E – AAPA Guidelines for Ethical Conduct for the PA Profession

Policy of the American Academy of Physician Assistants

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

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

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

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

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

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

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

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

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

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

Statement of Values of the PA Profession

- PAs hold as their primary responsibility the health, safety, welfare, and dignity of all human beings.
- PAs uphold the tenets of patient autonomy, beneficence, non-maleficence, and justice.
- PAs recognize and promote the value of diversity.
- PAs treat equally all persons who seek their care.
- PAs hold in confidence the information shared in the course of practicing medicine.
- PAs assess their personal capabilities and limitations, striving always to improve their medical practice.
- PAs actively seek to expand their knowledge and skills, keeping abreast of advances in medicine.
- PAs work with other members of the health care team to provide compassionate and effective care of patients.
- PAs use their knowledge and experience to contribute to an improved community.
- PAs respect their professional relationship with physicians.
- PAs share and expand knowledge within the profession.
The PA and Patient
PA Role and Responsibilities
PA practice flows out of a unique relationship that involves the PA, the physician, and the patient. The individual patient–PA relationship is based on mutual respect and an agreement to work together regarding medical care. In addition, PAs practice medicine with physician supervision; therefore, the care that a PA provides is an extension of the care of the supervising physician. The patient–PA relationship is also a patient–PA–physician relationship.

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

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

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

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

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

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

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

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

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

When the person giving consent is a patient’s surrogate, a family member, or other legally authorized representative, the PA should take reasonable care to assure that the decisions made are consistent with the patient’s best interests and personal preferences, if known. If the PA believes the surrogate’s choices do not reflect the patient’s wishes or best interests, the PA should work to resolve the conflict. This may require the use of additional resources, such as an ethics committee.
Confidentiality
PAs should maintain confidentiality. By maintaining confidentiality, PAs respect patient privacy and help to prevent discrimination based on medical conditions. If patients are confident that their privacy is protected, they are more likely to seek medical care and more likely to discuss their problems candidly.

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

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

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

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

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

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

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

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

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

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

**Reproductive Decision Making**

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

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

**End of Life**

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

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

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

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

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

**The PA and Individual Professionalism**

**Conflict of Interest**

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

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

**Professional Identity**

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

**Sexual Relationships**

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

Such relationships generally are unethical because of the PA’s position of authority and the inherent imbalance of knowledge, expertise, and status. Issues such as dependence, trust, transference, and inequalities of power may lead to increased vulnerability on the part of the current or former patients or key third parties.
Competency
PAs should commit themselves to providing competent medical care and extend to each patient the full measure of their professional ability as dedicated, empathetic health care providers. PAs should also strive to maintain and increase the quality of their health care knowledge, cultural sensitivity, and cultural competence through individual study and continuing education.

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

It is unethical for PAs to engage in or condone any form of sexual harassment. Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature when:
- Such conduct has the purpose or effect of interfering with an individual’s work or academic performance or creating an intimidating, hostile or offensive work or academic environment, or
- Accepting or rejecting such conduct affects or may be perceived to affect professional decisions concerning an individual, or
- Submission to such conduct is made either explicitly or implicitly a term or condition of an individual’s training or professional position.

The PA and Other Professionals

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

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

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

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

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

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

The PA and the Health Care System

Workplace Actions
PAs may face difficult personal decisions to withhold medical services when workplace actions (e.g., strikes, sick-outs, slowdowns, etc.) occur. The potential harm to patients should be carefully weighed against the potential improvements to working conditions and, ultimately, patient care that could result. In general, PAs should individually and collectively work to find alternatives to such actions in addressing workplace concerns.
PAs as Educators
All PAs have a responsibility to share knowledge and information with patients, other health professionals, students, and the public. The ethical duty to teach includes effective communication with patients so that they will have the information necessary to participate in their health care and wellness.

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

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

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

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

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

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

The PA and Society
Lawfulness
PAs have the dual duty to respect the law and to work for positive change to laws that will enhance the health and wellbeing of the community.

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

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

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

Conclusion
The American Academy of Physician Assistants recognizes its responsibility to aid the PA profession as it strives to provide high quality, accessible health care. PAs wrote these guidelines for themselves and other PAs. The ultimate goal is to honor patients and earn their trust while providing the best and most appropriate care possible. At the same time, PAs must understand their personal values and beliefs and recognize the ways in which those values and beliefs can impact the care they provide.
Appendix F – Exposure Report (Sharps Injury Log. 29 CFR 1904)

Wichita State University – Student Health Services 209 AHLBERG HALL
Wichita KS 67226 Phone number: 316-978-3620 Fax number: 316-978-3517

INFORMATION ABOUT EXPOSURE: Circle one Student Staff/Faculty Department
Name ___________________________________________ myWSU# ________________________________
Address ___________________________ (mailing address) Phone Number _____________________________
Where exposure occurred (circle one): On campus Off campus Location ____________________________
History of Hepatitis B vaccinations? (circle one) Yes No Dates: _____________________________
Previous results of Hepatitis B antibody test (HBsAb) ______ Date of Last Tetanus? ___________

Details of Procedure:
Date and time of exposure: ___________________________ Date reported to SHS _______________
Give details of procedure being performed: _______________________________________________________
Where and how did exposure occur: ___________________________________________________________
Was exposure related to a sharp device: Yes No If yes, type/brand of sharp device: ___________________
In the course of handling the device, how and when did exposure occur: _____________________________

Details of Exposure:
Type and amount of fluid or material: ___________________________________________________________
Severity of exposure:
1. Percutaneous: Yes No Depth of injury__________ Fluid injected: Yes No
2. Skin/Mucous Membrane: Yes No Estimated volume of material _____________________________
Duration of contact: ___________________________ Condition of skin (e.g. chapped, abraded or intact):

Details of Exposure Source: (Individual you were exposed to)
Name: ___________________________ Age ______ Phone number ___________________________
Address: ___________________________
History of source individual:
Is source a known HIV infected person: Yes No If yes, stage of disease _________________________
Antiretroviral therapy: Yes No Viral load, if known: ___________________________________________
Hepatitis B Surface Antigen (HBsAg) status: _________________________________________________
Hepatitis C virus (HCV) status known? _____________________________________________________

For Clinic Use Only: Diagnosis Code: ___________________________
(If form needs to be faxed to student) Date Form Faxed: ______________ Location ___________
Lab work – please circle if done on or off campus. Off campus lab done at _______________________

<table>
<thead>
<tr>
<th>Source patient (On / Off campus)</th>
<th>Results</th>
<th>Exposed patient (On / Off campus)</th>
<th>Results</th>
<th>Patient Counseling</th>
</tr>
</thead>
</table>
| Rapid HIV                        | HBsAb   | HBsAg                             | HBsAg  | 1. Hep B, Hep C, & HIV
| HBSAg                            | HBSAg   | HCV Ab                            | HCV Ab  | 2. Risk of infection
| Confirmation HIV                 | HIV     |                                   |         | 3. All lab test results
|                                  |         |                                   |         | 4. Treatment needs
|                                  |         |                                   |         | 5. Follow up
|                                  |         |                                   |         | 6. Protection

Off campus referral details, if needed ___________________________
Nurse Signature: ___________________________ Date: ______________

Initial Form Date: 1/92 Last update: 7/13
# Appendix G – Wichita State University Student Concern Resolution Guide

Wichita State University Student Concern Resolution Guide

Students should begin the process of resolving an issue by completing Step 1 for the appropriate concern type. If the issue is not resolved after completing Step 1, the student should complete Step 2, and so on until the issue is resolved or all steps have been exhausted. All policies referenced can be found in the *WSU Policies and Procedures Manual*.

<table>
<thead>
<tr>
<th>Concern Type</th>
<th>Step 1</th>
<th>Step 2</th>
<th>Step 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Discrimination Concerns</strong></td>
<td>Contact Student Conduct &amp; Community Standards 316-978-6681</td>
<td>Contact Title IX Coordinator 316-978-5177</td>
<td>File Grade Appeal with Associate Vice President for Academic Affairs 316-978-3010</td>
</tr>
<tr>
<td>Regarding sex or gender (Policy 3.06 or 8.16)</td>
<td>Contact Associate Director of Human Resources 316-978-6123</td>
<td>Contact Equal Opportunity Office 316-978-3186</td>
<td>Contact Associate Vice President for Academic Affairs 316-978-3010</td>
</tr>
<tr>
<td>Regarding another protected class or retaliation (Policy 3.47 or 3.19)</td>
<td>Contact Course Instructor or Department Chair (Contact Dean of College if Instructor is Chair)</td>
<td>Contact Dean of the Academic College</td>
<td>Contact Vice President for Student Affairs 316-978-3021</td>
</tr>
<tr>
<td><strong>Academic Concerns</strong></td>
<td>Contact Course Instructor</td>
<td>Contact Department Chair</td>
<td>Contact Supervisor/Director of Relevant University Office</td>
</tr>
<tr>
<td>Grade-Related (Policy 2.03)</td>
<td>Contact Department Chair or Program Director</td>
<td>Contact Dean of the Academic College</td>
<td>Contact Vice President for Student Affairs 316-978-3021</td>
</tr>
<tr>
<td>About Instructor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>About Program or Other Issues</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Non-Academic Concerns</strong></td>
<td>Contact Staff in Relevant University Office</td>
<td>Contact Student Conduct &amp; Community Standards 316-978-6681</td>
<td>Contact Vice President for Student Affairs 316-978-3021</td>
</tr>
<tr>
<td>Regarding Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regarding Another Student (Policy 8.05)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>Attempt to Resolve Issue</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>