



Stanford
M E D I C I N E

*Primary Care Associate Program
with Foothill College*

STUDENT MANUAL

Class of 2017

Primary Care Associate Program

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The information contained in this Primary Care Associate Program Student Manual is an extension of current policies and procedures of the Program, Stanford University School of Medicine, and Foothill College. *The policies underlying this manual are subject to change without notice and supersede this manual. This manual will be revised from time to time. Revisions will be made available to students. This manual was **last revised on June 2015***

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SECTION 1 - OVERVIEW OF THE PRIMARY CARE ASSOCIATE PROGRAM

Mission of the Program

The mission of the Primary Care Associate Program is to:

- Educate physician assistants (PA) for practice in primary care
- Increase deployment of PA graduates in medically underserved communities in California
- Increase the enrollment and deployment of underrepresented minorities
- Respond to the needs of our communities and stakeholders, including Stanford University Medical Center

Overview and History

The Primary Care Associate Program (PCAP, referred to hereinafter as the Program) began in 1971 with the enactment of regulations by the California State Board of Medical Examiners, which established the education and practice of physician assistants. The Program is a cooperative effort between Stanford University School of Medicine and Foothill College, although Stanford is the sole sponsor for the Program's accreditation. PCAP students are students of Foothill College, and not Stanford..

The Program is a 21-month (seven continuous quarters) PA program and leads to a Certificate of Clinical Proficiency from the Stanford University School of Medicine. Foothill College provides academic credit for all courses.

The Program continues its community mission by identifying target areas, recruiting students from these areas, and implementing clinical training through a network of local PA coordinators and clinical preceptors. The current target communities are:

- Bakersfield area: Kern county
- Humboldt county
- Imperial county
- Salinas area: Monterey, San Benito, and southern Santa Cruz counties
- San Diego county
- Ventura/Los Angeles area

Accreditation Status

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

Accreditation remains in effect until the program closes or withdraws from the accreditation process or until accreditation is withdrawn for failure to comply with the Standards. The approximate date for the next validation review of the program by the ARC-PA will be September 2019. The review date is contingent upon continued compliance with the Accreditation Standards and ARC-PA policy.

Program Philosophy

The Program strives to achieve its mission in all aspects of its operations, including student selection, didactic and clinical curriculum, and graduate outcomes. The faculty and students engage in teaching and learning, community outreach, and advocacy that focus on improving the health status of the people of California, particularly those in medically underserved areas.

Program Structure and Organization

Division of General Medical Disciplines

The Program is part of the Division of General Medical Disciplines (DGMD) in the Department of Medicine at Stanford University School of Medicine (Stanford School of Medicine). Dr. Mark Cullen is the DGMD Division Chief. The Program maintains a relationship with the Center of Education and Research for Family and Community Medicine at the School of Medicine.

Program Committees

The Program's governance and ongoing self-assessment is conducted by the following committees:

Principal Faculty/Staff Committee

The principal faculty/staff committee is chaired by the Program Director. It meets monthly to review issues of day-to-day Program operation, and long term planning and Program development. Issues that require analysis and recommendations for action are referred to one of the other standing committees described below. Most actions regarding admissions, students and curriculum are made by the Principal Faculty/Staff Committee, based on recommendations of other standing committees. The Program Director and/or division upper administration are responsible for actions regarding faculty and staff evaluation and budget-related resource issues.

The Principal Faculty/Staff Committee conducts an annual retreat to analyze graduate outcomes and the Program's educational effectiveness. Retreat agendas are set by the Program Director to assure that the Program meets the minimum standards for accreditation and to pursue the Program's goal of educational excellence.

Curriculum Committee

The Curriculum Committee evaluates all courses, utilizing student evaluations, instructor observations and student performance as criteria. The committee makes recommendations to Principal Faculty/Staff Committee for course and/or curricular modifications.

The Curriculum Committee analyzes student course and instructor evaluations, student performance, preceptor surveys, exit surveys, graduate surveys, PACKRAT (Physician Assistant Clinical Knowledge Rating Assessment Test) and PANCE (Physician Assistant National Certification Exam) data, and graduate outcomes to monitor the curriculum for educational effectiveness. The committee utilizes national benchmarks for comparison with the Program's curricular content and sequence. The Curriculum Committee is chaired by the Medical Director, and includes the principal faculty. Adjunct faculty and site visitors attend when possible, and their input is sought as pertinent to the issues.

The Testing Committee is a sub-committee of the Curriculum Committee in charge of evaluating testing modalities and reviewing test tools for the various courses.

Student Progress Committee (SPC)

The Student Progress Committee serves four main functions:

- To assess each student's progress and readiness for advancement
- To assess and direct remediation of students who develop difficulty in maintaining satisfactory academic progress
- To assess and direct resolution of issues of student conduct
- To assess and direct resolution of issues regarding student ability to fulfill technical standards

The SPC reviews each student's performance throughout each quarter to determine the student's eligibility for progress to the next quarter and makes recommendations to the Program Director regarding approving or delaying each student's progress, or dismissing a student. The Student Progress Committee oversees implementation of Remediation plans for those students who are remediating, decelerated, or on leave of absence. At the end of the Program, the Student Progress Committee recommends eligible students to the Program Director for graduation, based on successful completion of graduation requirements.

The SPC analyzes aggregate student data related to attrition, deceleration, remediation and performance in all Program courses. The Committee utilizes national/regional benchmarks and analyzes trends in student data in the context of admissions demographics and curricular changes. The SPC draws members from principal faculty who oversee major course content (didactic, pre-clinical, preceptorship). The duties of chair of the committee rotate annually among members. Current members are:

Ron Garcia, PhD (voting member)
Camille Gordon, FNP-C, PA-C, MS (voting member)
Patti Hee, MPH PA-C (Chair, voting member)
Tomiko Oskotsky, MD (voting member)
Fred Tovar (non-voting member)

Admissions Committee

While all of the PCAP faculty are involved with the admissions process, the Admissions Committee is responsible for setting policy for the Program's admissions process, including screening of applicants, the validation process and student selection.

The Admissions Committee reviews admissions policies and procedures, and assures the accuracy and consistency of admissions publications (web site, outreach material and applications). The Committee reviews and evaluates admissions requirements, including prerequisite courses, to assure adequate applicant preparation for the Program's curriculum. The Committee analyzes trends in the applicant pool and student enrollment, using national and/or regional benchmarks. The standing Admissions committee members are:

Ron Garcia, PhD (Chair)
Fred Tovar
Emilio Francisco, MA
Lucinda Hirahoka, NP PA-C MPH (Program Director)

Program Governance

The standing committees outlined above form the governance structure of the program. Matters related to finance and personnel are reserved for the Program Director and/or upper division level administration. The Division leadership provides the Program Director with advice on strategic planning issues.

Stanford PCAP Student Society

The PCAP class of 2006 established the Student Academy of the American Academy of Physician Assistants (SAAAPA). For officers, structure and duties see www.saaapa.aapa.org. The current president and members of the student society address the incoming class during new student orientation to discuss the function of the Society. SAAAPA officers are elected by the class and receive guidance by a principal faculty sponsor. It is the PCAP requirement that the SAAAPA officers maintain good academic and clinical standing to be able to continue in their roles.

Program Personnel

The program's faculty and administrative staff work as a team to deliver the PCAP curriculum. Key information about each member of our team is listed below:

Program Faculty

Lucinda Hirahoka, FNP, PA-C, MPH	Program Director <i>Principal Faculty</i>	650-498-4474	hirahoka@stanford.edu
Valerie Berry, MD	Medical Director <i>Principal Faculty</i>	650-725-5445	vberry@stanford.edu
Ron Garcia, PhD	Assoc. Program Director <i>Principal Faculty</i>	650-725-0354	ron.garcia@stanford.edu
Arturo Armendariz, FNP, PA-C, MPH	San Diego <i>Regional Coordinator</i>	619-302-1465	arturoa@stanford.edu
Annette Bettridge, FNP, PA-C	Academic Coordinator <i>Principal Faculty</i>	650-725-5455	annbett@stanford.edu
Andrew Chastain, PA-C	Clinical Instructor <i>Principal Faculty</i>	650-498-1321	apchasta@stanford.edu
Carlos Flores, PA-C	Kern County <i>Regional Coordinator</i>	661-304-9750	cflores6@stanford.edu
Camille Gordon, FNP-C, PA-C	Clinical Instructor <i>Principal Faculty</i>	650-498-5242	camilleg@stanford.edu
Patti Hee, MPH, PA-C	Clinical Instructor <i>Principal Faculty</i>	650-725-2713	phee@stanford.edu
Heather Hirsch, PA-C, MPAS	Ventura/LA <i>Regional Coordinator</i>	805-857-9086	hhirsh.pac@gmail.com
Melinia Honjo, DHSc, PA-C	Clinical Coordinator <i>Principal Faculty</i>	650-721-4481	mhonjo@stanford.edu
Veronica Jauregui, FNP, PA-C	Imperial <i>Regional Coordinator</i>	760-791-5437	veronicajauregui@ymail.com
Chantal Lobue, PA-C	Humboldt <i>Regional Coordinator</i>	707-954-1157	chantalobue@gmail.com
Sheila Siegel, PA-C, MPAS	Salinas <i>Regional Coordinator</i> Clinical Instructor <i>Principal Faculty</i>	650-725-5343	ssiegel@stanford.edu

Administrative Staff

Cynthia Ahrendsen	Preceptor/E*Value Administrator Assistant	650-723-8267	cahrends@stanford.edu
Doris Chou	Financial Manager	650-725-5338	leavers@stanford.edu
Lio Francisco, MA	Student Services Officer, Program Advisor	650-725-6959	emiliof@stanford.edu
Leslie Johnson	Program Scheduler	650-497-6984	lesliejo@stanford.edu
Tomiko Oskotsky, MD	Data Manager	650-498-2588	t.oskotsky@stanford.edu
Fred Tovar	Director of Student Affairs	650-725-5342	ftovar@stanford.edu

SECTION 2 - CURRICULUM

Curriculum Philosophy

The Program's curriculum, which builds upon the student's prior academic, clinical and life experience, is conducted on an accelerated timeline. The student is expected to be an independent, adult learner. Faculty members and clinical preceptors facilitate the student's acquisition of core knowledge, skills and professionalism.

The following source documents are used to develop, implement and evaluate the curriculum:

- ARC-PA *Standards* for accreditation of PA programs
- PAEA Annual Report (national survey of PA program characteristics)
- Competencies for the Physician Assistant Profession, developed by AAPA, ARC-PA, NCCPA and PAEA
- PANCE blueprint, developed by the NCCPA
- California Physician Assistant Committee guidelines for legal practice of PAs

Curriculum Structure

Students undergo 7 quarters of education whose objectives are based on achieving competencies expected of physician assistants, as well as fulfilling the Program mission. Although there is considerable integration of content and concepts between courses, the competency goals are generally embedded as follows:

PA Competency (see Appendix VI)	PCAP Courses
Medical knowledge	Basic Science, Anatomy/Physiology/Pathophysiology Pharmacology Core Medicine
Interpersonal & Communication Skills	Pre-Clinical
Patient Care	Preceptorship
Professionalism	Professionalism/Multicultural Medicine
Practice-based Learning & Improvement	Core Medicine (Evidence Based Medicine modules, Community Health Project)
Systems-based Practice	Professionalism/Multicultural Medicine (preparation for Practice module)

Curriculum Delivery

The delivery of the Program content is based on five educational concepts:

- anatomic/physiologic systems-based organization of information
- information that is evidence-based
- spiral curriculum
- patient-centered, inter-professional focus
- needs and styles of adult learners

Systems-based organization is an educational model where medicine is approached by studying functions of each separate body system in health and disease.

Evidence-based information ensures that curriculum information is current, pertinent, and appropriate and promotes practices that are standardized, safe, and effective.

A *spiral curriculum* is one in which concepts are presented initially in basic fashion, then revisited in more depth, going from simple recall of information to critical thinking and application, providing opportunity for integration of new content and concepts.

Patient-centered medicine ensures that the needs of the patient are identified and addressed.

Inter-professional teamwork ensures that the student can communicate with and incorporate the expertise of other professions for the benefit of the patient.

Adult learners often have modes or learning styles that respond best to independent, self-directed inquiry; the Program makes an effort to support the style of learning each student brings to the study of the material.

Didactic Coursework

Students receive formal class-room education in basic sciences, core medical knowledge, and acquisition of skills for clinical practice, professionalism and cultural medicine. The didactic curriculum prepares students for preceptorship experience.

Basic Science courses are presented in Quarter 1-3. These include:

- Basic Science/Microbiology/Infectious Disease
- Anatomy/Physiology/Pathophysiology I & II
- Pharmacology I, II, & III

Core medical knowledge is presented throughout the curriculum in the Core Medicine courses:

- Health and common medical disorders by system
- Health and medical needs of special patient populations
- Healthcare across the lifespan
- Patient care in specialized settings
- Public Health

Instruction in information literacy and practical skills in evidence based medicine is embedded in the Core Medicine courses.

Skills for clinical practice are presented in Quarters 1-3. These courses occur in sequence with the Core Medicine content of each quarter. The components of the skills for clinical practice include:

- Social and behavior sciences relevant to patient interview
- History-taking and note writing
- Physical exam techniques
- Critical thinking, problem solving, medical decision-making
- Technical procedures (such as phlebotomy, suturing, applying splints)

Professionalism and cultural medicine is taught throughout the curriculum in dedicated courses, with the following emphases:

- The history of the PA profession, professional practice issues, laws and regulations affecting the PA practice, components of professionalism, PA scope of practice, and medical ethics
- PA certification and licensure requirements
- Overview of health care delivery systems and health policy
- Preparation for practice topics include quality improvement, risk management, reimbursement, documentation, coding and billing
- Cross cultural issues in PA practice. Topics include cultural competent health care, health literacy, models to assess provider and patient's health beliefs, and working with interpreters
- Health disparities and its effect on health care delivery, students are required to complete clinical training in underserved sites

Preceptorship Experience

The initial emphasis in clinical training is to ensure that students experience primary care practice, including a mix of family medicine, internal medicine, pediatrics and women's health sufficient to provide a broad base of experience in health care of all genders, ages, and across the life span. In keeping with our mission students are required to have a portion of their primary care training occur at an officially determined medically underserved site. In later quarters students complete rotations in behavioral medicine/mental health, emergency medicine, inpatient care, and surgical settings.

Before a student is allowed to undergo supervised clinical training, the Program takes responsibility for

- finding and approving preceptors
- finding and approving training sites
- assessing when students are adequately prepared for clinical training
- assigning students to appropriate sites

(NOTE: although a fundamental belief of the Program is that students should ideally undergo clinical training in their home community, **if a suitable preceptor is not available in the student's home community then the student will be required to travel or relocate in order to complete clinical training. Students may not decline suitable sites.**

Professional Liability

Malpractice insurance is provided only through current enrollment in a PCAP course, and covers students only during periods when they are deployed by the Program to approved clinical sites. Malpractice insurance is NOT extended to students who choose to attend any non-approved clinical sites (such as being invited to shadow a preceptor without prior approval, or taking part in a community health drive that is not part of PCAP training). Students do not have malpractice coverage during times when he/she is not enrolled in a course (winter break, spring break, leaves of absence). Students enrolled in the Primary Care Associate Program are, only through their enrollment in Foothill College (i.e. not during vacations times, e.g., Winter break or Spring break), covered by malpractice insurance.

Course Descriptions

Course descriptions for each of the required courses listed on the following table are available through the Foothill College web site, <http://www.foothill.edu/bio/programs/primary/catalog.php>.

Courses

In order to matriculate into the core courses, all students accepted into the Program must complete the following orientation course PCA 50.

Quarter	Course Name	Course #	Units
Spring	Orientation to Primary Care Associate Program	PCA 50	1

Satisfactory completion of the following courses is required in order to earn the Program's Certificate of Proficiency:

Quarter	Course Name	Course #	Units
Summer (Q1)	Basic Science/Microbiology/Infectious Disease	PCA 51A	2
	Anatomy/Physiology/Pathophysiology I	PCA 52A	4
	Pharmacology I	PCA 53A	3
	Pre-Clinical I	PCA 54A	3
	Core Medicine I	PCA 56A	6
	Professionalism/Multicultural Medicine I	PCA 61A	1
	Behavioral Medicine I	PCA 62A	1
Fall (Q2)	Anatomy/Physiology/Pathophysiology II	PCA 52B	3.5
	Pharmacology II	PCA 53B	3
	Pre-Clinical II	PCA 54B	2.5
	Core Medicine II	PCA 56B	8.5
	Professionalism/Multicultural Medicine II	PCA 61B	1
	Behavioral Medicine II	PCA 62B	1
Winter (Q3)	Pharmacology III	PCA 53C	1
	Pre-Clinical III	PCA 54C	2.5
	Core Medicine III	PCA 56C	10
	Preceptorship I	PCA 60A	6
	Behavioral Medicine III	PCA 62C	1
Spring (Q4)	Core Medicine IV	PCA 56D	5
	Preceptorship II	PCA 60B	11
Summer (Q5)	Core Medicine V	PCA 56E	1.5
	Preceptorship III	PCA 60C	11.5
Fall (Q6)	Core Medicine VI	PCA 56F	1.5
	Preceptorship IV	PCA 60D	11.5
Winter (Q7)	Core Medicine VII	PCA 56G	2
	Preceptorship V	PCA 60E	10
	Professionalism/Multicultural Medicine IV	PCA 61C	3
	Total		117

Criteria for Successful Completion of the Program

In order to graduate from the Primary Care Associate Program and be awarded a Certificate of Clinical Proficiency from Stanford University School of Medicine, a student must:

- achieve passing grade (“C” or better) in each required course in the curriculum
- demonstrate skill in practice-based learning and improvement (Appendix VII)demonstrate the skills and abilities as outlined in the Physician Assistant Competencies (Appendix VII)
- possess the skills and abilities as stated in the Technical Standards (see Appendix VIII)

In addition, the graduating student must meet minimum passing standards of a Summative Evaluation, given at the end of their training, which includes demonstration of:

- adequate fund of medical knowledge (comprehensive written examination)
- adequate clinical, interpersonal and communication skills (OSCE, objective structured clinical examination)
- adequate critical thinking in determining patient care (OSCE, objective structured clinical examination)
- appropriate professional behavior (summary of assessments of professional behavior observed and evaluated by principal faculty, site visitors and clinical preceptors throughout the curriculum)

In order to graduate, students must also complete payment of all tuition, fees, and library charges.

SECTION 3 - GENERAL INFORMATION

Technical Standards

Students must verify that they meet the Program Technical Standards prior to or at the time of matriculation to the Program and maintain them during their PCAP training. Students are obligated to alert the Program of any change in their ability to fulfill the Technical Standards. **Students are subject to dismissal if they do not have minimal physical or cognitive abilities; sufficient mental or emotional stability to complete the entire course of study, participate fully in all aspects of PA training, or be deployable as competent PA's (with or without reasonable accommodation); or otherwise do not meet the Technical Standards (Appendix VIII).**

Process for Requesting Disability-Related Accommodations

Students with special needs or those who feel they may not meet the Technical Standards are urged to contact the Director of Admissions to determine whether they can meet the requirements with or without reasonable accommodations. Revealing a disability is voluntary; however, such disclosure is necessary before any accommodations may be made in the learning environment or in the Program's procedures. Information about disabilities is handled in a confidential manner. Foothill College provides services for students who have been admitted to the Program and who have questions regarding accommodations for an established disability or evaluation of a potential disability. Students will be referred to:

Foothill College Disability Resource Center
Room 5801
Main Campus

Margo Dobbins, DRC Coordinator will coordinate reasonable accommodations for students with documented disabilities in compliance with the law. Contact Ms. Dobbins at (650) 949-7038 or by email: DobbinsMargo@foothill.edu. More information is available at <http://www.foothill.edu/al/drc.php>.

Requests for accommodations require Program and institutional review before approval, which can be a lengthy process, including meetings between student, Program Director and DRC Coordinator. A student who intends to seek accommodations must submit notice of that intent in writing to Director of Student Affairs, Fred Tovar, ftovar@stanford.edu.

As it can take some time to review requests and make the appropriate arrangement for accommodations, please submit requests as far in advance as possible.

Student Employment Policies

- Students are discouraged from seeking or maintaining any type of employment while enrolled in the Program.
- Students may not work for the Program. The Program may hire work-study students, but PCA students cannot hold these positions.

- During preceptorship experiences, students must not substitute for clinical or administrative staff at clinic sites (paid or unpaid).
- Students with specific prior knowledge, experiences and skills may assist faculty in didactic and laboratory sessions to share their knowledge and skills.

Class Visitors

Adults may be permitted to visit Stanford or Foothill College sites under the guidance and prior approval of the Program's Director of Student Affairs. Applicants, accepted students and others may visit specific classes (Anatomy, Physiology, Pharmacology) for short periods of time on an intermittent basis. Given the nature of the training program, some classroom events are not suitable for visitors. In general minor children (including children of students) are not allowed as visitors. Rare exceptions may be granted with prior approval.

Advanced Placement

The Program does not offer advanced placement.

Articulations with Other Institutions

The Program maintains cooperative arrangements with a number of educational and service institutions throughout California.

Foothill College provides academic credit for all course work in the Program and awards an Associate of Science (AS) for students who apply for the degree and complete all required coursework and general education requirements.

The Program offers an articulation with San Jose State University's Department of Health Sciences for a Bachelor of Science (BS) in Health Science with a concentration in Health Professions ("Option 5").

The Program offers an articulation with St. Francis University's Physician Assistant Program for a Masters of Medical Science (MMS) degree.

Information about these options can be obtained by contacting Lucinda Hirahoka, hirahoka@stanford.edu, or Fred Tovar, ftovar@stanford.edu.

Deadline: Students must indicate their desire to seek the St. Francis MMS by the beginning of first Quarter, Monday 6/29/2015.

Program-Sponsored Events

The White Coat Ceremony and Graduation are events that are sponsored and organized by the Program. All ceremonies, events (including fund-raising events), services or promotional items that students and/or student organizations wish to have and that involve sponsorship or affiliation with Stanford or Foothill require prior approval by the Program director.

White Coat Ceremony: This event typically occurs during the 3rd quarter, when students are preparing to begin their clinic rotations. The Program is responsible for selecting the date and venue, ordering food, hiring a photographer, decorations and music for the event. During the Ceremony, each student will be presented with a new white coat with

their name embroidered on it. The Ceremony is limited to faculty, guests invited by the Program, staff, the students and their guests (limited to three individuals at most)..

Graduation: The Program is responsible for selecting the date and venue, ordering food, hiring a photographer, decorations and music for the event.

The class will select a graduation committee of students in good standing with the Program. The graduation committee responsibilities include:

- selecting a keynote speaker
- identifying the lecturer who will receive the Annual Teaching Award from our Program
- identifying representatives from the class who will give speeches during graduation
- creating a multi-media presentation that fits the suggested time constraints
- providing input on decorations, music

The Program must approve any and all decisions made by the graduation committee. The Program must also approve in advance of the class representatives' speeches and the slide show.

The graduation is limited to faculty, guests invited by the Program, staff, students and their guests (limited to five individuals at most).

SECTION 4 - REGISTRATION, ENROLLMENT, AND FEES

Foothill College General Registration Information

To register for Foothill College classes, follow the telephone registration instructions or online registration instructions published in the Foothill Schedule of Classes available online at www.fhda.edu. Please note: online information is subject to change. Students are encouraged to check the website frequently. For more information, call the Admissions & Records Office at (650) 949-7771.

Enrollment

Students are enrolled as Foothill Community College students. The Program follows the Foothill Academic Calendar published online at www.fhda.edu. Though students are enrolled in Foothill College courses, didactic coursework and skills training take place primarily at the Stanford campus or Foothill Middlefield campus, provided by Program faculty, Stanford School of Medicine faculty, community clinicians and educators. At graduation students receive a Certificate of from the Stanford School of Medicine. Completion of the Program courses qualifies the student for an Associate of Science (AS) degree and Certificate of Achievement through Foothill College pending completion of all Foothill general education requirements.

Student Fees and Expenses

The fees listed below reflect the seven quarters for the academic year 2015-2017. If a student extends beyond the customary seven quarters, additional fees will be assessed.

Estimated Costs for Academic Year: 2015-2017

California Resident	
Foothill College Enrollment fees	
\$31/unit x 117	\$3,627.00
Foothill Student Fees	
\$47/quarter x 8 quarters	\$376.00
Stanford University School of Medicine Certification Fees*	
\$ 7442.00/quarter x 7 quarters	\$52,094.00
Total Educational fees:	\$56,097.00
Books & medical equipment	\$2,200.00
Home computer or laptop with email & internet access	\$1,500.00
Fee for required online logging software	\$90.00
Total California Resident Cost:	\$59,887.00

* Stanford University School of Medicine certification fee applies to the quarterly certification process conducted by the Primary Care Associate Program and is subject to change.

Non-California Resident	
Foothill College Enrollment fees	
\$152/unit x 117 units	\$17,784.00
Foothill Student Fees	
\$47/quarter x 8 quarters	\$376.00
Stanford University School of Medicine Certification Fees*	
\$ 7442.00/quarter x 7 quarters	\$52,094.00
Total Educational fees:	\$70,254.00
Books & medical equipment	\$2,200
Home computer or laptop with email & internet access	\$1,500
Fee for required online logging software	\$90
Total Non-California Resident Cost:	\$74,044.00

NOTE: Living expenses (including housing costs) are each student's responsibility, can vary among individuals and are excluded from this table. These figures are provided for planning purposes only, and are subject to change. Fees typically are increased for the second summer quarter of the program.

The following estimates pertain to expenses required by the Program and by various agencies for certification and licensure:

Graduation Costs not covered by the Program	~ \$100
PANCE fee	~ \$475
Licensure fee – Physician Assistant Board	~ \$225
DEA Application	~ \$731
Background check	~ \$60
Health Clearances	~ \$140 at minimum through Foothill

NOTE: These numbers are estimates and are subject to change

Refund of Fees

Foothill College tuition fees may be refunded under certain circumstances. The specific policy is listed in the quarterly Foothill College Schedule of Classes. Any questions concerning tuition and fees should be directed to Fred Tovar, who will directly contact the Foothill College Admissions and Records Office. For Foothill College policy on tuition and fee refunds please see <http://www.foothill.edu/reg/fees.php>.

The Stanford certification fee may be refunded if the student withdraws from the course within the first month of the quarter.

SECTION 5 - FINANCIAL AID

Students should begin planning their financial strategy before applying to the Program. Presentations on financial aid from representatives of Foothill College are included during Orientation. Information is available at Foothill Financial Aid <http://www.foothill.edu/aid/>. The Program will post new scholarship opportunities that become available during the duration of the students' training.

National Health Service Corps (NHSC)

Primary care providers who join the National Health Service Corps (NHSC) receive up to \$170,000 in loan repayment for completing a five-year service commitment. The NHSC offers loan repayment support with an initial award of up to \$60,000 for two years of full-time service. After the initial two-year commitment, providers may be eligible to receive additional support in exchange for continued service; up to \$170,000 for five years of service. With continued service beyond five years, clinicians may be able to pay off all their student loans. Students pursuing a degree in qualified health professions can receive a scholarship now and serve later.

Scholarships for tuition, fees, a monthly stipend, and other reasonable educational expenses are available for up to four years. Students who receive scholarships can choose their primary care specialty. They then serve at least two years at a NHSC-approved site in a high-need area. Please go to the NHSC web page for more information

National Health Service Corp: <http://nhsc.hrsa.gov/>

Other Sources of Financial Aid Information

Students are encouraged to seek additional sources of public and private sector money, as well as pursue those sources listed here. Students are strongly encouraged to apply for the Cal Grant C, as former students have had success in obtaining this grant. A listing of many potential money sources can be found in the following publications:

- Mathes & Dixon, *The College Blue Book: Scholarships, Fellowships, Grants & Loans*, 17th Ed.
- Feingold and Feingold, *Scholarships, Fellowships, & Loans*, Volume VI
- Cassidy and Alves, *The Scholarship Book*
- Schlachter, *Directory of Financial Aids for Minorities and Directory of Financial Aids for Women*

Web resources include:

- <http://www.guaranteed-scholarships.com/> lists and describes scholarships offered by individual colleges and universities to all enrolled students meeting the specific criteria.
- <http://www.get-recruited.com/> offers students a chance to be recruited by, and perhaps be offered scholarships to attend, colleges, universities and graduate schools throughout the United States. This great service is absolutely free.
- <http://www.college-scholarships.com/> is an all-purpose college and scholarship information site which includes links to nine free internet

scholarship search data bases, links to college websites and online applications, college admissions office email address and (mostly toll free) phone numbers, ACT and SAT prep information, and much, much more. The site has been the recipient of more than 25 internet awards and receives more than 150,000 visits each month.

- Fastweb (www.fastweb.com) is a way to find money for college. Search 600,000 scholarships worth over \$1 billion. Get expert tips on financial aid, careers.

All four sites allow students and educators to sign up for a free email newsletter offering information on college admission, scholarships and financial aid, careers, college life, and other important subjects of interest to students, counselors, parents, and teachers.

Other good source for scholarship information can be found at:

- SuperCollege.com.
- Physician Assistant Foundation (<http://www.pa-foundation.org/scholarships-fellowships/pa-student-scholarships/>) has information about scholarships specifically for PA students
- California Academy of Physician Assistants (http://www.capanet.org/Students_Pre-PA/CAPA-Student-Scholarships/) has information about some PA student scholarships

SECTION 6 - STUDENT HEALTH AND WELLNESS

Health Insurance

1. The Program strongly encourages students to enroll in a health plan through any available provider, including Covered California, that will cover them during the Program. Lack of health insurance can delay a student in getting care for a medical problem, which may delay the student's academic progress.
2. Access to basic health care services is available through Foothill College Health Services (see below).
3. Students who are injured while performing educational functions (such as receiving a needle-stick injury in clinic) are covered by workman's compensation for evaluation and treatment of the injury (see below for policy and protocol for injuries and exposure to bloodborne pathogens).
4. Students are financially responsible for their health care, though some care may be covered for low or no cost as described in 1&2.
5. Any student who suffers illness, accident or injury and takes a leave of absence must provide medical clearance to the Student Progress Committee in order to continue/resume student activities.
6. Principal faculty including the Medical Director and the Program Director do not provide health care for students, except in an emergency situation when other health care providers are not available.

Foothill College Health Services

Location: New Campus Center, Room 2126
Hours: Monday – Friday 8:30 AM–1 PM and 2–4:30 PM
(closed for lunch between 1 & 2 p.m.)
Contact: Phone: (650) 949-7243
Fax: (650) 949-7160
<http://www.foothill.edu/health/index.php>

Foothill College Psychological Services

Location: New Campus Center, Room 2120
Hours: Monday – Friday by appointment (during school sessions only)
Contact: Phone: (650) 949-7910
www.foothill.edu/psychservices/

For after-hours help please call:
The 24-Hour Suicide & Crisis Service
County of Santa Clara
(650) 494-8420, (408) 279-3312; (855) 278-4204 (toll free)

Information on Injuries and Exposures to Bloodborne Pathogens

If a student is injured while attending class or at their preceptorship, Foothill College procedures will be followed.

For any serious injury: Render appropriate first aid and seek immediate assistance from the nearest medical facility. Call 911 if appropriate.

For a less serious injury:

Immediate:

1. Get appropriate medical attention
 - Unless life threatening, report to **Foothill College Health Services Office (650-949-7243)** during normal business hours,
OR go to
 - **US Healthworks Occupational Medicine Clinic.**
- For location of nearest clinic:
ushealthworks.com/Medical-Center/Find.html
2. Contact Program Director Lucinda Hirahoka

ASAP:

- Make appointment at US Healthworks Occ Med Clinic.
Locations: **ushealthworks.com/Medical-Center/Find.html**
- Take copy of DWC-1 (Workers' Compensation Claim Form) **AND**
WC Treatment Authorization Form to your appointment.
Forms: **hr.fhda.edu/benefits/_workers-comp.html**

Within 3 Days

Return and complete forms listed below to Foothill Health Services Office in person or by FAX (650-949-7160)

1. **DWC-1 (Workers' Compensation Claim Form)**
2. **Workers' Comp Report of Injury Form**
3. **State of CA Employer's Report Form (Form 5020)**

Obtain forms from Foothill Health Services Office **OR**
hr.fhda.edu/benefits/_workers-comp.html

In the Stanford area, students who experience an occupational injury, environmental hazard, or exposure to bloodborne pathogens need to go to Foothill College Health Services to complete the appropriate forms and be referred to:

Cupertino Medical Clinic
20289 Steven's Creek Boulevard
Cupertino, CA 95014
(408) 996-8656

In the event of exposure to blood or body fluid, the following emergency procedures should be followed (left column). If students are unsure whether a significant exposure to bloodborne pathogens has occurred, or if their treating facility has questions regarding the latest in post-exposure protocols, resources are listed below (right column).

Students please note:	Medical Providers please note
<p>If you experienced a needle-stick or sharps injury or were exposed to the blood or other body fluid of a patient during the course of your training, immediately follow these steps:</p> <ul style="list-style-type: none"> • Wash needle sticks and cuts with soap and water. • Flush splashes to the nose, mouth, or skin with water. • Irrigate eyes with clean water, saline, or sterile irrigants. • Immediately seek medical treatment • Report the incident to your supervisor. • Report the incident to PCAP Program Director. 	<p>If you have questions about appropriate medical treatment for occupational exposures, 24 hour assistance is available from the <u>Clinicians' Post Exposure Prophylaxis Hotline (PEpline)</u> at 1-888-448-4911 http://nccc.ucsf.edu/clinician-consultation/post-exposure-prophylaxis-pep/</p> <p>CDC recommendations for the management of occupational exposures to blood & body fluids</p> <p><u>MMWR Recommendations and Reports, Volume 54, Number RR-9, Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis</u> www.cdc.gov/mmwr/PDF/rr/rr5409.pdf</p> <p><u>MMWR Recommendations and Reports, Volume 50, Number RR-11, Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis</u> http://www.cdc.gov/mmwr/PDF/rr/rr5011.pdf</p>

SECTION 7 - ACADEMIC ADVISEMENT

Faculty Advisors

Soon after acceptance into the Program, students are assigned a Faculty Advisor who:

- Coordinates the approval process for primary preceptor sites and rotations
- Provides guidance on problem-solving in all areas of Program activity, including didactic, preceptorship, personal adjustment and professionalism
- Meets with the student at least once each quarter to maintain contact and provide ongoing support
- Helps with preceptor and clinical rotation needs

Each student is required to meet with his/her faculty advisor at the beginning of the first quarter and in each quarter subsequently. Students with academic difficulties, issues of poor professionalism or delayed progress may be required to meet with their faculty advisor more frequently. Faculty advisors utilize an Advisory Form (see Appendix V) to record issues discussed with students that may require further action or intervention.

Faculty advisors have regular office hours to meet with students. While the Program maintains an “open door” policy, **appointments with the faculty advisor are strongly advised, since faculty members have variable schedules.**

Program Advisor

The Program provides via the Program Advisor continuous advising to students on issues other than those that are academic. Emilio Francisco, MA, is the dedicated Program Advisor.

Student Liaison

The Program appoints a Student Liaison who is available to provide guidance and information to students. The Student Liaison is a physician assistant from the community who helps the student understand the Program's process, Foothill College policies, and student options when faced with Program decisions on course failure, delay, deceleration or dismissal. The current Student Liaison is Sue Fernandes LP.D., PA-C ("Sue Fernandez" smf14@stanford.edu).

SECTION 8 - STUDENT RESOURCES

One of the recurring areas of confusion for PCAP students is regarding their official student identity. PCAP students are not enrolled as Stanford University students, and thus do not have access to Stanford facilities except as noted below. PCAP students by registration and payment of Foothill course and activity fees have access to all features of student life at Foothill College.

Housing

Housing is not available on the Stanford campus. Students are responsible for arranging their housing during didactic and clinical phases of the curriculum. Local newspapers and websites can be helpful, as well as discussing housing strategies with senior PCAP students.

Transportation and Parking

Stanford is linked to local train and bus systems (Caltrain, VTA, SamTrans) and has the Marguerite, a convenient free campus-wide shuttle system. The Program sponsors students who wish to drive and park on campus, enabling them to buy an annual parking pass. More information is available at <http://transportation.stanford.edu>.

Student Areas

Stanford School of Medicine has limited areas for student use and none dedicated for exclusive use by PCAP students. Students are expected to share common areas and lounges and behave in a considerate and professional manner. PCAP students may use:

- lounge room M 051 in the Alway building **to have access to this space, you must provide our Program with your ID Badge number, so that we can request access for you from Lane Library.
- study rooms in the CCSR basement (rooms 0235-0247)
- Lane Library
- Fleishman labs in the Alway building (rooms 208-218)

A bulletin board for posting information is located in the hall near Alway M104. The Li Ka Shing Center (LKSC) classrooms and the Immersion lab can be used only on scheduled events by the Program.

Athletic Facilities/Swimming Center at the Stanford Campus

PCAP students are not permitted to use any of the athletic or swimming facilities on the Stanford campus. A number of shower facilities are available; consult senior PCAP students or faculty advisors.

Library Resources

The Lane Library provides a full-service learning environment including study areas and access to texts, periodicals and on-line resources. SUNet registration allows students online access to electronic copies of many of the core textbooks as well as downloadable tools useful in clinic practice. Refer to www.lane.stanford.edu.

Program Websites

Coursework, Exam Master, eCurriculum, E*Value and Exam Driver are websites that the Program uses to deliver curricular material; administer quizzes, exams and assignments; and collect survey and evaluation data. Students' access to some of these sites is sponsored through their SUNet ID. For other sites, the Program creates accounts for students and will provide students with instructions for how they can access their accounts

Copy Machines

Students are not allowed to use the copy or fax machines in the Program office. Copy machines are available throughout campus and in the Lane Library.

Stanford Bookstore

519 Lausen Mall
Main Campus
Phone: 650-329-1217
Fax: 650-322-1936
Email: stanford@bkstr.com

Medbooks

Li Ka Shing Center for Learning and Knowledge (LKSC)
291 Campus Drive (First Floor). Stanford 94305
Hours: Monday through Friday 9:00 AM to 5:00 PM
Phone: (650) 326-1736
www.stanford.bkstr.com

SECTION 9 - HEALTH AND SAFETY PORTFOLIO

Students accepted into the Program are required to complete important health and safety clearances before matriculating into core Program activities. These clearances are based on current Centers for Disease Control Recommendations for health professionals, and guidelines current for Stanford University Medical Center. Students are expected to maintain and update their portfolio of these and other clearances throughout their Program enrollment. Most of these clearances are initiated and fulfilled by meeting requirements of *PCA50: Orientation to Primary Care Associate Program*. The syllabus and requirements for this pre-matriculation course are reviewed at Orientation and posted on Coursework.

Briefly the PCA 50 requirements include:

- Statement of completion of primary vaccine series
- Recent update of Tdap
- Proof by blood test of immunity to
 - Measles (Rubeola)
 - Mumps
 - Rubella
 - Varicella
 - Hepatitis B
- Screening for Tuberculosis infection by Quantiferon Gold blood test. Requires yearly update while enrolled in the Program
- Current BLS/CPR (American Heart Association approved) while enrolled in the Program.
- Medical clearance from personal medical provider, guided by Technical Standards
- Online training modules via HealthStream and Axess that instruct on issues of health, safety and professionalism. Requires yearly update

Failure to complete these by the deadlines announced in the PCA 50 course may result in course failure and delay in matriculation to core Program activities. Other clearances (such as N95 respirator fit testing and ACLS training) will be organized by the Program in later quarters.

Reminders will be sent to students via E*Value when they need to provide an updated Quantiferon Gold blood test and complete BLS recertification.

Students will be asked to provide appropriate documentation, and sign releases that allow the Program to share their health and safety information with clinics, hospitals and other facilities where students train.

SECTION 10 - STUDENT CONTRACT

After students establish communications with the Program (completing their SUNet ID & Coursework activation) they will be provided with an electronic copy of the current Student Manual. A hard-copy signature page will be distributed that lists agreements between each student and the Program regarding important aspects of student training.

Each student must:

- sign that s/he has read and understood the Student Manual
- return the original signed copy of the signature page to the Program by the deadline announced in the PCA 50 course.\
- acknowledge that the signed document is a contract between the Program and the student assuring that each party will abide by the policies and procedures outlined in the Student Manual

Students are not allowed to matriculate to core courses of the Program without signing the contract. If a student has questions regarding the contract s/he is encouraged to contact the Program Director.

SECTION 11 - STUDENT DIRECTORY INFORMATION, IDENTIFICATION, and IDENTITY

Change of Name

- a. Foothill – complete a “Record Change Card” (available on <http://www.foothill.edu/reg/forms.php>), and submit to Foothill Admissions and Records department
- b. Stanford – contact Tomiko Oskotsky (t.oskotsky@stanford.edu) and provide a copy of legal documentation reflecting your name

Maintaining Current Contact Information

PCAP should have at all times the most current contact information for each student in the Program.

It is the PCAP student’s responsibility to:

- i) Share with the Program their contact information (address, email address, phone number) and let the Program know as soon as possible of any changes to their contact information. To update contact information, students should fill out a “Change Contact Information” form and submit the completed form to Lio Francisco (emiliof@stanford.edu), Cynthia Ahrendsen (cahrends@stanford.edu) AND Tomiko Oskotsky (t.oskotsky@stanford.edu). A blank copy of the electronic form can be found in the materials section of the coursework site.
- ii) Maintain current contact information in StanfordYOU (stanfordyou.stanford.edu). Instructions on how to maintain directory information can be found at <https://stanfordyou.stanford.edu/html/StanfordYouHelp.html>

Sharing of Directory information

PCAP is permitted by federal law to release “directory information” for students (refer to FERPA for additional details -

<http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>). Directory information includes “a student’s name, address, telephone number, date and place of birth, honors and awards, and dates of attendance.”

So that students may be involved with organizations such as AAPA and participate in events such as the challenge bowl, PCAP will need to send directory information for students to AAPA and other professional organizations that may request this.

If a student does not wish to have the Program disclose her/his directory information, then s/he must submit a request in writing to let the Program know as soon as possible.

Stanford Identification Badge

Students will apply for a Stanford Hospital and Clinics ID badge during their PCA 50 orientation course. **Students must wear this ID badge at all times while they are on the Stanford campus or in their clinical settings.** If a student loses her/his badge, then s/he must obtain a replacement badge from Stanford Hospital Security in the Photo ID office on the Ground floor of Stanford Hospital, Room H0258. Phone: 650-498-6290. Bring a valid legal picture ID, e.g. passport or driver's license.) There is no charge for the replacement badge. Hours: Open from 7:30 am – 4:30 pm, Monday – Friday.

Email Addresses and Signatures, and Online Presence

In keeping with the spirit of PCAP's Technical Standards ('Technical Standard II: Communication' and 'Technical Standard V: Behavioral and Social Attributes'), students should remember to be professional in correspondence to PCAP administration, faculty, preceptors, staff and others. Moreover, students should maintain a professional online presence while they are representing the Program. While they are a student in the Program, PCAP students may indicate in their signature that they are a Physician Assistant student in training (also, they may include a reference to being a Masters student, if applicable); however, they should refrain from making reference to any previous degrees (e.g. "Doc Ed"), to avoid confusion. Examples of acceptable email signatures include the following:

- Your name, PA-S, Primary Care Associate Program
- Your name, PA Student, Primary Care Associate Program and Masters in Medical Science Student, St. Francis University

It is the responsibility of each student to understand that posting certain information is not only unprofessional and/or unethical, but can also be illegal. Public postings on social media may have legal ramifications if students post images and/or comments concerning patients or if students portray themselves, Stanford University, Foothill College, the Program, other students, instructors, staff, preceptors, or other colleagues in a negative and/or unprofessional manner. Postings can be used by the courts or professional licensing boards in the process of decision making. Students in violation of existing state and/or federal statutes and administrative regulations may expose themselves to criminal and/or civil liability, and punishment for violations may include fines and imprisonment. Please refer to Section 14 – Professionalism for information about consequences should a student fail to follow Program Professionalism guidelines and policies.

SECTION 12 - DATA SECURITY

Data Security and Privacy (HIPAA)

In compliance with the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA), the Program requires all new students to complete Patient Privacy Regulation HIPAA Training before starting classes and ANNUALLY thereafter. The HIPAA Training is a web-based training on the HealthStream site. HealthStream sends e-mail instructions to all PA students annually.

Students must adhere to Stanford University Hospital and Clinics HIPAA Security guidelines outlined at <https://acp.stanford.edu/hipaa/hipaa>

Personal Responsibility: Legally, you are personally and fiscally responsible for any information disclosure from your computer or mobile devices, whether accidental or not. Students must NOT store any Protected Health Information (PHI), such as patients' diagnoses and medical record numbers, in any notes. Moreover, students should not store PHI on their computers (desktop or laptop), flash drives, tablets, cell phones or other mobile devices as they are not intended for the storage of PHI.

Data Classification and What Data Cannot be Stored on Students' Computers: There are three categories of information that should not be stored on your computer, PERIOD - Prohibited Data, Restricted Data, and Confidential Data.

The following definitions are excerpted from Stanford University's Stanford Secure Computing's Data Classification page.

Prohibited Data - Information is classified as "Prohibited" if protection of the information is required by law/regulation, or if Stanford is required to self-report to the government and/or provide notice to the individual if information is inappropriately accessed. [Prohibited data must be removed from your hard drive unless you have explicit permission from the Data Governance Board to have it on your system. Prohibited data must be encrypted.]

Note: If a file which would otherwise be considered to be Restricted or Confidential contains any element of Prohibited Information, the entire file is considered to be Prohibited Information.

Common types of Prohibited Data include:

- Social Security Numbers
- Credit Card Numbers
- Financial Account Numbers, such as checking or investment account numbers
- Driver's License Numbers
- Health Insurance Policy ID Numbers

Restricted Data - Information is classified as "Restricted" if (i) it would otherwise qualify as "Prohibited" but it has been determined by the Data Governance Board (DGB) that prohibiting information storage on Computing Equipment would significantly reduce faculty/staff/student effectiveness when acting in support of Stanford's mission and/or (ii) it is listed as Restricted in the Classification of Common Data Elements. [Restricted data must be encrypted.]

Common types of Restricted Data include:

- Student Records (for special exceptions see the Data Classification Chart)
- Protected Health Information (PHI)
- Passport and visa numbers
- Research and other information covered by non-disclosure agreements
- Export controlled information under U.S. laws

Confidential Data - Information is classified as “Confidential” if (i) it is not considered to be Prohibited or Restricted and is not generally available to the public, or (ii) it is listed as Confidential in the Classification of Common Data Elements. [Confidential data is not legally required to be encrypted, but Stanford strongly recommends it.]

Common types of Confidential Data include:

- Faculty/staff employment applications, personnel files, benefits information, salary, birth date, and personal contact information
- Admission applications
- Donor contact information and non-public gift amounts
- Privileged attorney-client communications
- Non-public Stanford policies and policy manuals
- Stanford internal memos and email, and non-public reports, budgets, plans, and financial information
- Non-public contracts
- University and employee ID numbers

For more information on encryption requirements visit http://med.stanford.edu/irt/security/encryption_main.html

Because personal computing devices are becoming more and more portable — laptops, smart phones, USB thumb drives, etc. — excluding sensitive information from those devices is more important than ever. And some new laws have been passed, holding the individual personally and fiscally liable in the event of information disclosure. Students are expected to review and follow the policies outlined below:

- Mobile Device Management
<https://itservices.stanford.edu/service/mobiledevice/management>
If you have an iPhone, iPad, or iPod Touch, there's an easy way to set up and maintain proper security practices on your device. Mobile Device Management (MDM) is free to install, and automatically configures your device to be optimized for the Stanford environment—from email settings to security settings. Visit our page on MDM for more information about the service.
- Stanford School of Medicine Course Content Access and Appropriate Use Policy
http://med.stanford.edu/irt/edtech/policies/course_content_access.html
Students may only use course materials as intended for curriculum and course-related purposes. These materials are copyrighted by the Program or others. Access to this content is for personal academic study and review purposes only. Unless otherwise stated in writing, students

may not share, distribute, modify, transmit, reuse, sell, or disseminate any of this content.

- Restricted Data and HIPAA Compliance
http://www.stanford.edu/group/security/securecomputing/dataclass_chart.html
Students must not access or store Stanford Prohibited Information on their tablets or mobile devices as they are not intended for the storage of Restricted Information, specifically including Protected Health Information (PHI). Definitions of terms are provided on the website linked above.
- Stanford University Computer and Network Usage Policy
<http://adminuide.stanford.edu/62.pdf>
Students must respect copyrights and licenses, respect the integrity of computer -based information resources and refrain from seeking to gain unauthorized access, and respect the rights of other information resource users.
- Stanford Hospital Q&A on iPad use and Access to Patient Records
<http://stanfordhospital.org/epic/support/ipad.html>

Students must review Stanford Hospital's position on iPad use and access to patient records, and must follow the recommendations outlined on the Q&A web link. Students must agree to be bound to the terms of this Agreement. A student can be held financially responsible for the loss or theft of the device and the disclosure of information should he or she fail to take appropriate steps to protect the device and its contents.

Stanford Medicine Policy for the Removal and Transport of PHI

Privacy and security protections for the removal and transport of protected health information:

PURPOSE

The purpose of this policy is to set forth controls related to removal of Protected Health Information (PHI) or Personal Information (PI) from the medical center and transport of medical information within the medical center. This policy does not replace IT Security policies for protection of electronic patient information including requirements related to emailing patient information.

POLICY STATEMENT

Stanford Hospital and Clinics (including all SHC -affiliated locations), Lucile Packard Children's Hospital (including all LPCH -affiliated locations), and the Stanford University School of Medicine (collectively, "Stanford Medicine") are committed to complying with state and federal requirements related to the privacy and security of patient information. Workforce Members at Stanford Medicine, as well as those with whom Stanford Medicine conducts its business, have a legal and ethical responsibility to maintain the confidentiality, privacy and security of all PHI/PI, to protect PHI/PI at all times and to guard against the loss of, or unauthorized access to, use or disclosure of, PHI/PI when removing it from the medical center up through its return, and when transporting it within the medical center. Such removal and transport of PHI/PI shall not occur in a manner inconsistent with this policy. Principles and procedures in this policy apply to PHI/PI in all media, including paper and electronic format. Consistent with other policies, PHI/PI that

is removed from the premises should never be verbally discussed with any unauthorized person.

DEFINITIONS

Protected Health Information (“PHI”) is defined as information that (i) is created or received by a health care provider, health plan, employer, or health care clearinghouse; (ii) relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (iii) that identifies the individual, or provides a reasonable basis to identify the individual. PHI does not include employment records held by Stanford Medicine in its capacity as an employer, or information that has been de-identified in accordance with the HIPAA Privacy Standards.

Personal Information (“PI”) is a person’s first name and last name, or first initial and last name, in combination with any one of the following data elements that relate to such person:

- Social Security Number (SSN);
- Driver’s license or state -issued identification card number; or
- Financial account number, credit or debit card number (e.g., health insurance policy number).

Personal information shall not include information that is lawfully obtained from publicly available information, or from federal, state or local government records lawfully made available to the general public.

De-identification is defined as the process by which PHI is stripped of specific data elements, as defined by HIPAA, in order to assure that personal identities cannot readily be identified from data sets.

Workforce Members are defined as faculty, employees (including temporary employees), researchers, volunteers, trainees, and other persons whose conduct, in the performance of work, is under the direct control of Stanford Medicine, whether or not they are paid by Stanford Medicine.

Supervisor: For the purposes of this policy, Supervisor is used in the context of approval for a Workforce Member to remove PHI/PI from the medical center or transport PHI/PI within the medical center. It is understood that from time -to -time the duties of senior operational leadership (Directors and above) and faculty will require them to conduct Stanford Medicine business for which this policy requires Supervisor approval. Such approval for senior operational leadership and faculty is self -granted, provided that they have ensured that all safeguards and other privacy and security controls are in place. For research activities, Supervisor means the Principal Investigator or Protocol Director.

Medical Center is any location owned, leased or operated by Stanford Medicine, wherever located.

PRINCIPLES

1. PHI/PI shall be treated as confidential and shall be safeguarded according to Stanford Medicine policies at all times.

2. Treatment, payment, healthcare operations, education, IRB -approved research and other Stanford Medicine business involving the permissible use or disclosure of PHI/PI should be conducted within the medical center whenever feasible. Removal of PHI/PI from the medical center by Workforce Members shall occur solely for job -related purposes and with the approval of the Workforce Member's Supervisor. Removal of PHI/PI from the medical center should not be approved for reasons related to the convenience of the Workforce Member, but rather for instances where the work requiring the PHI cannot practically be conducted on -site in a timely manner, and only after due consideration of alternative ways to remotely perform the work, such as VPN access to PHI/PI or secure scanning of PHI/PI for access from the remote site.
3. The Workforce Member taking the PHI/PI off-site and the approving Supervisor are responsible for ensuring that only the minimum amount of PHI/PI necessary to perform the off-site work is approved and removed from the medical center. De -identified patient information or limited data sets shall be used whenever possible. The approving Supervisor and the Workforce Member removing the PHI/PI, or the Workforce Member transporting the information within the medical center, should be able to account for every element of PHI/PI removed from or transported within the medical center, whether electronic or paper, and should be able to reconstruct the exact PHI/PI that was removed from or transported within the medical center.
4. Appropriate safeguards shall be diligently followed regarding secure transport of PHI/PI off - site and within the medical center. PHI/PI must be in the immediate personal possession of the workforce member at all times during transport, for example, from the time the PHI/PI is taken from the medical center to the time of arrival at the off-site location, or from location -to - location within the medical center.
5. Appropriate safeguards shall be diligently followed regarding securing PHI/PI at the off-site location. PHI must be secured in a manner so that it cannot be accessed by unauthorized individuals.
6. PHI that is lost, stolen, accessed viewed or reviewed by unauthorized individuals, or the confidentiality of which has been otherwise compromised, shall be reported immediately by the Workforce Member to the Privacy Office for their institution for appropriate investigation, including the filing of police reports when appropriate. Reports must be made immediately, including nights and weekends, to:

SHC/LPCH Privacy Office:

From off -campus phone: 650-723-8222; Pager 25584

From any Stanford Medicine phone: 38222; Pager 25584

privacyofficer@stanfordmed.org, Privacy Officer (during regular business hours)
at 650 -724 -2572

School of Medicine Privacy Office:

privacy@stanford.edu

650 -725 -1828

PROCEDURES

1. PHI should be saved or stored on secure medical center network servers whenever feasible. Saving or storing PHI/PI on computer or laptop hard drives, personal laptops or other personal devices, flash drives or USB drives, external drives, and other removable media is prohibited.
2. Before the decision is made by the Workforce Member and the Workforce Member's supervisor to remove electronic PHI from the premises, IT Security must be contacted to determine whether a viable alternative is available to remotely access the PHI/PI needed to perform the job -related work.
3. PHI/PI should not be printed at off-site locations, for example, home or public printers, unless a Stanford Medicine business need exists to do so.
4. Safeguards must be in place to prevent unauthorized individuals, such as family members, conference attendees or the general public, from viewing or accessing PHI/PI at off-site locations.
5. PHI/PI must be safeguarded during transport and in the personal possession of the Workforce Member at all times. PHI shall not be left unattended in publicly-accessible locations.
6. PHI/PI transported for purposes such as off-site storage, office relocation and new location openings shall be safeguarded to prevent the loss of or unauthorized access to PHI/PI. Only medical center approved off-site storage locations may be used for storing records, documents and electronic media containing PHI/PI. Records and documents containing PHI must be inventoried before off-site storage.

COMPLIANCE

1. All Workforce Members are responsible for ensuring that individuals comply with those policy provisions that are applicable to their respective duties and responsibilities.
2. Workforce Member failure to protect the privacy, confidentiality, and security of patient information is detrimental to the mission, goals, and operations of Stanford Medicine. Serious consequences can result from failing to protect patient information, up to and including termination.
3. Violations of this policy will be reported to the Privacy Office and any other department as appropriate or in accordance with applicable Stanford Medicine policy. Violations will be investigated to determine the nature, extent, and potential risk to Stanford Medicine.

SECTION 13 - ATTENDANCE POLICIES

Overview

- The Program will post the Academic Calendar prior to the beginning of the first Quarter. Weekly schedules (with information about session topics, times and locations) will be provided on the Friday before the upcoming lecture week. As the weekly lecture schedule is subject to last minute changes, the finalized schedule cannot be shared with students prior to this time. Students should refrain from contacting the Program to obtain the weekly schedule prior to the release date.
- Attendance is required in all scheduled lectures, seminars, and workshops
- Attendance includes the issue of tardiness, which should be avoided
- Students are responsible for notifying the Program when they will be absent from class or clinic
- All notifications must be in writing. Email is sufficient.
- Students must submit the notification to the appropriate person(s) in a timely manner (see below)
- Notification must include the reason for absence, such as family emergency, illness, personal business. In some cases there may be a health, safety or legal issue that must be cleared before student is allowed to return to class or clinic.
- Students are expected to remediate the absence and fulfill all course requirements on time for the quarter, including cumulative clinic days. Lapses on following PCAP attendance are considered unprofessional behavior and will be referred to SPC
- SPC will review student attendance

Absence from Campus-based Lectures and Events

If a student anticipates missing any required Program event such as lecture, workshops, seminars or a test the student must:

- Contact Fred Tovar ftovar@stanford.edu (and cc course coordinator(s) and small group leader(s)) as soon as possible (telephone first and follow-up in writing with email or fax)
- Provide exact time and date(s) of expected absence
- State briefly the reason for absence
- State expected return date
- Provide plans for making up any missed activity. Students are responsible for any material presented during their absence
- Discuss with Fred Tovar any impact the absence may have on enrollment or payment of required fees

Fred Tovar will discuss the absence with the course coordinator and, where applicable, lecturers, workshop/seminar leaders, faculty advisors.

- If a health, safety or legal issue is involved, the Student Progress Committee will discuss what needs to be resolved before the student is allowed to return.

- If a student's absence will affect his/her ability to complete on time that quarter's course requirements, the issue will be referred to SPC.
- Course coordinators or group leaders may impose a make-up assignment. The student must complete all make-up assignments that may be generated by his/her absence. The course coordinator or group leader will set the deadline.
- A student who fails to complete assignments on time will be referred to SPC.
- A student who misses a **written** test is expected to take a make-up test within the same week as originally scheduled. The course coordinator will set the make-up test date.
- The make-up test will be equivalent (but not necessarily identical) to the original.
- SPC will be notified if a student does not take the make-up test within the week.
- Due to Program resources, **performance** tests such as OSCEs, technical skills demonstrations or practicums are offered only at certain times and there may be significant delay before a make-up exam can be arranged. Students should be aware that this delay can result in a grade of "Incomplete" for the course, which may have an impact on financial aid and qualification for certain rotations.
- Frequent or excessive absences (>3 unexcused or >5 excused), including tardiness(>3 times), may result in academic probation. Patterns of repeated absence (e.g. leaving early on Fridays, coming late on Mondays, missing classes before scheduled exams) will also generate warning and SPC review.

Absence from Clinical Preceptorship

If a student anticipates missing any time from their preceptorships, then the student must:

- Contact the Preceptor, Clinical Coordinator, Site Visitor, and Faculty Advisor as soon as possible (by email)
- Provide exact time and date(s) of expected absence
- State briefly the reason for absence
- State expected return date

For unplanned absences (e.g., illness or family emergency), the student must contact the site visitor, preceptorship Clinical Coordinator, Site Visitor and Faculty Advisor as soon as possible.

Each student will negotiate a plan with his/her preceptor and site visitor and faculty advisor for fulfillment of clinical days and rotations. Any plan for addressing those absences must be reviewed and approved by their Faculty Advisor, who will consult with the Clinical Coordinator.

A student who is unable to meet the clinical attendance and performance requirements for the quarter is not making satisfactory progress and may earn a not-passing grade for the quarter. A student must contact his/her site visitor and faculty advisor as soon as s/he is aware of any absences that may impact completion of the quarter clinical requirements. If the site visitor and faculty advisor, in consultation with the Clinical Coordinator, cannot make a satisfactory intervention then the issue will be referred to the Student Progress Committee for resolution.

SECTION 14 - PROFESSIONALISM

Professional Behavior Standards

Students enrolled in the Program must develop, demonstrate and adhere to standards of professional behavior consistent with the principles of the PA profession, medical ethics, and state and federal laws. Student progress in meeting professionalism goals is evaluated throughout the student's training. Lapses of professionalism will be addressed by use of the Advisory Form (see Appendix V) or immediately escalated if behavior warrants. Students showing repeated (>3) or serious lapses of expected professional behavior at any time during their training (on campus or in clinic), including any significant one-time event, may result in suspension or dismissal from the Program.

The Program incorporates guidance from three sources in defining goals for professional behavior of its students:

- Foothill College
- Stanford School of Medicine
- PCAP guidelines, including AAPA guidelines for ethical behavior

Foothill College Policies

The PCAP student is expected to:

- Comply with the Academic Honor Code (see Appendix I)
- Comply with the Student Conduct Policy (see Appendix II)
- Register, enroll and pay required fees on time. Failure to enroll and pay fees results in termination of malpractice coverage, and the student will not be allowed to participate in preceptorship or other clinical activities.
- If the student has financial difficulties that jeopardize enrollment status, the student must contact the Director of Student Affairs immediately
- Students who fail to adhere to the Foothill College Policies are referred to SPC and Foothill's Student Affairs Office

Stanford University Policies

The PCAP student is expected to:

- Adhere to the Stanford Fundamental Standard on behavior (see Appendix III)
- Respect the posted guidelines for usage of classrooms and campus resources
- Contact the Director of Student Affairs and the Program Director when planning:
 - any extracurricular activity on the Stanford campus
 - any activities with the medical students on the Stanford campus
 - any invitation to outside agencies (such as representatives of equipment or pharmaceutical products)
- Follow Cardinal Clinic guidelines when participating at Cardinal Clinics

PCA Program Policies

The PCAP student is expected to:

- Comply with Stanford, Foothill, and PCA policies and guidelines, including this manual, as well as policies and guidelines of preceptorship sites

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- Comply with state and federal laws. A student who is arrested or convicted of a misdemeanor and/or felony offense during the Program must inform his/her faculty advisor in writing as soon as possible.
- Comply with HIPAA guidelines
- Behave professionally at all times while in Program activities or in facilities used for the Program, including facilities that host preceptorships
- Notify the Program and Foothill College if making a change in name, mailing address, email address, telephone number or emergency contact information.
- Maintain communication with the Program by checking email messages at least once daily and responding promptly
- Adhere to Guidelines for Ethical Conduct for the Physician Assistant Profession
- In addition to the behaviors identified in the Foothill College Academic Honor Code, refrain from cheating behaviors* including but not limited to the following:
 1. Copying from another student during an examination
 2. Copying from a "crib sheet" during an examination
 3. Permitting another student to look at your answer sheet during an examination
 4. Asking another student for answers to an examination question
 5. Marking two answers on a computer sheet when directions call for one choice
 6. Taking an examination for another student
 7. Asking another student for the questions on an examination that s/he had taken
 8. Previewing an examination from a "test file" when the teacher does not permit students to keep examination copies and does not know that such a file exists
 9. Memorizing a block of questions on an examination so that the questions could be used in a test file or used by others
 10. Copying another student's SOAP note, H&P or other written assignment and presenting it as original work
 11. Copying a paper from a file or from a purchased paper and presenting it as original work
 12. Using material from another student's paper without bibliographic reference
 13. Faking the results of a laboratory experiment or project
 14. Basing an "article report" on an abstract rather than reading the assigned article
 15. Claiming authorship or participation in a group paper or presentation when you made no contribution
 16. Taking screen shots or photographs of exams or other restricted Program content
 17. Searching for information on the web
 18. Using a headphones or smartphone during the exam, EXCEPT to complete 2-step authentication. Ear plugs would be OK.

*adapted from: Danielsen RD et al. *The Culture of Cheating: From the Classroom to the Exam Room. Journal of Physician Assistant Education. 2006, Vol 17, #1, pg 24.*

Failure to adhere to the above guidelines will result in be referral to SPC and is grounds for dismissal from the Program.

PCAP Didactic Behavior Policies

With respect to the Program's didactic curriculum, the student is required to:

- Attend all classes, seminar, practice groups, workshops. The typical class day is 9 AM to 5 PM. Some evening or weekend classes may be scheduled.
- Be punctual

- Comply with the following rule: **Students may use laptop computers or other devices in class only if the devices are used in a professional manner and for accessing resources directly related to an educational session.** Some lecturers/leaders may prohibit the use of personal computing devices, and their wishes should be respected.
- Follow house-rules, as established by each class, regarding appropriate behavior in the classroom
- Behave with respect, compassion, maturity and integrity toward peers, faculty, administrative staff and guest presenters
- Give and accept constructive feedback from peers, faculty and supervisors. Timely and constructive feedback should be given to lecturers via the eCurriculum site.
- Submit all required assignments (written and verbal presentations) on time
- Notify the Director of Student Affairs by phone or email of any absence (Fred Tovar, ftovar@stanford.edu or 650-725-5342)

PCAP Clinical Behavior Policies

With respect to the Program's preceptorship curriculum, the student is required to:

- Attend all supervised clinical activities as required by the Program and its designated clinical preceptors
- Comply with the Dress & Grooming Standards for Clinical Settings (see below) Comply with state and federal laws and regulations regarding the delivery of health care services
- Comply with HIPAA guidelines
- Maintain student enrollment, which confers malpractice insurance. Refrain from participating in supervised clinical practice unless student enrollment is current.
- Demonstrate sensitivity and responsiveness to each patient, and the influence of culture, age, gender and abilities in each patient interaction
- Give and accept constructive feedback from peers, site visitors, preceptors and other health professionals
- Behave with respect, compassion, maturity and integrity to peers, faculty, site visitors, preceptors, staff, patients and families
- Behave according to the ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent and business practices
- Function within legal and clinically appropriate limits for the PA student role
- Always identify oneself to patients, families and other health professionals as a PA student
- Submit all required assignments on time
- Maintain accurate and current Daily Patient Contact logs and duty hours log in the E*Value electronic tracking system during their preceptorships.

PCAP Dress & Grooming Standards for Clinical Settings

All Students: A clean, professional appearance is expected and includes clean nails (no artificial nails) and a hairstyle that does not interfere with duties. Jewelry is acceptable if it does not interfere with work duties. Perfume/cologne is discouraged, but if worn should be mild and unnoticeable to others. Make-up should be conservative. Long white coat required, unless waived in specific clinical settings. Shoes must be clean and in good condition.

No blue denim jeans, hats, caps, tank tops, shorts, spandex wear, sweats, flip-flops, cutoffs or skintight leggings. Midriff, chest and back must be covered. Scrubs should be worn only in designated areas. Tattoos and piercings may be viewed by preceptors and facility personnel as unprofessional and may limit the student's clinic options.

Hospital settings may have more specific requirements about dress and grooming. Questions about dress and grooming should be directed to the Program Director or the Medical Director.

Name badges with photo identification as a PA student must be worn and visible at all times.

Failure to follow **Program's Policy on Professional Behavior Standards** will result in the following:

- I. First incident of unprofessional behavior: The Program will provide the student with a verbal warning to change behavior, a faculty advisory form will be completed and placed in the student's file. If the incident is considered a serious lapse of expected professional behavior the student will be directed to the SPC which will determine a course of action that can include but is not limited to corrective or disciplinary action, probation or dismissal
- II. Second incident of unprofessional behavior: The Program will document the incident in writing and the student will meet with SPC. The documentation of the incident will go on the student's permanent file
- III. Third incident of unprofessional behavior: The student will be automatically referred to the SPC which will determine a course of action that can include but is not limited to corrective or disciplinary action, probation or dismissal

SECTION 15 - PROBLEM SOLVING & CONFLICT RESOLUTION

Learning and practicing medicine involves working with a wide variety of people. Conflicts and misunderstanding can occur. The danger in allowing conflicts to remain unresolved is that they detract from the educational environment and from learning.

The following process for resolving problems and conflicts **does not apply to** disputes about

- test or assignment scores
- preceptor evaluations
- course grades
- Student Progress Committee decisions

The procedures for disputing these are described elsewhere in this Manual. In addition, issues of discrimination and harassment are addressed by a different process (see below).

Conflict Resolution

The Program expects students in conflict to:

- communicate directly and in a timely fashion with the other person(s) about the issue or problem
- seek a reasonable understanding or resolution
- if unable to reach resolution, "agree to disagree."

If a conflict arises between students, student and preceptor, or student and faculty member, PCAP committee or staff member that is **not** amenable to direct communication, students should seek help. Program faculty and staff representatives identified below can act as mediators and assist with problem solving and conflict resolution. Whenever PCAP personnel are asked to act as mediators they must fill out an Advisory Form documenting the meeting (see Appendix V).

Foothill College has established a complaints and grievance procedure for students who believe they have been treated unfairly in issues regarding (a) course grades based on mistake, fraud, bad faith, or incompetence; (b) act or threat of intimidation or harassment [except sexual harassment]; (c) act or threat of physical aggression; (d) arbitrary action or imposition of sanctions; and/or (e) the exercise of rights of free expression. However, the student must make a good-faith effort to follow the Program conflict resolution process prior to going to the next step of accessing Foothill College (see Section 18: Appeal and Grievance of Program Decisions).

Failure to follow the conflict resolution process may be cited as an example of poor professionalism.

Conflicts or problems often arise around issues that are personal, financial, academic or clinical. Guidelines below offer suggestions for helpful resources. The student is directed to ask for assistance in the order presented, with the faculty advisor often being the initial contact.

Personal Issues

- Faculty advisor (the advisor may be able to help resolve the issue, or provide information and referral to other resources)
- Director of Student Affairs
- Site visitor (especially if the issue involves preceptorship)
- Any other faculty member whom the student feels may be helpful.
- For health or psychological issues the student should contact Foothill College services described in this Manual

Financial Issues

- Fred Tovar, Director of Student Affairs

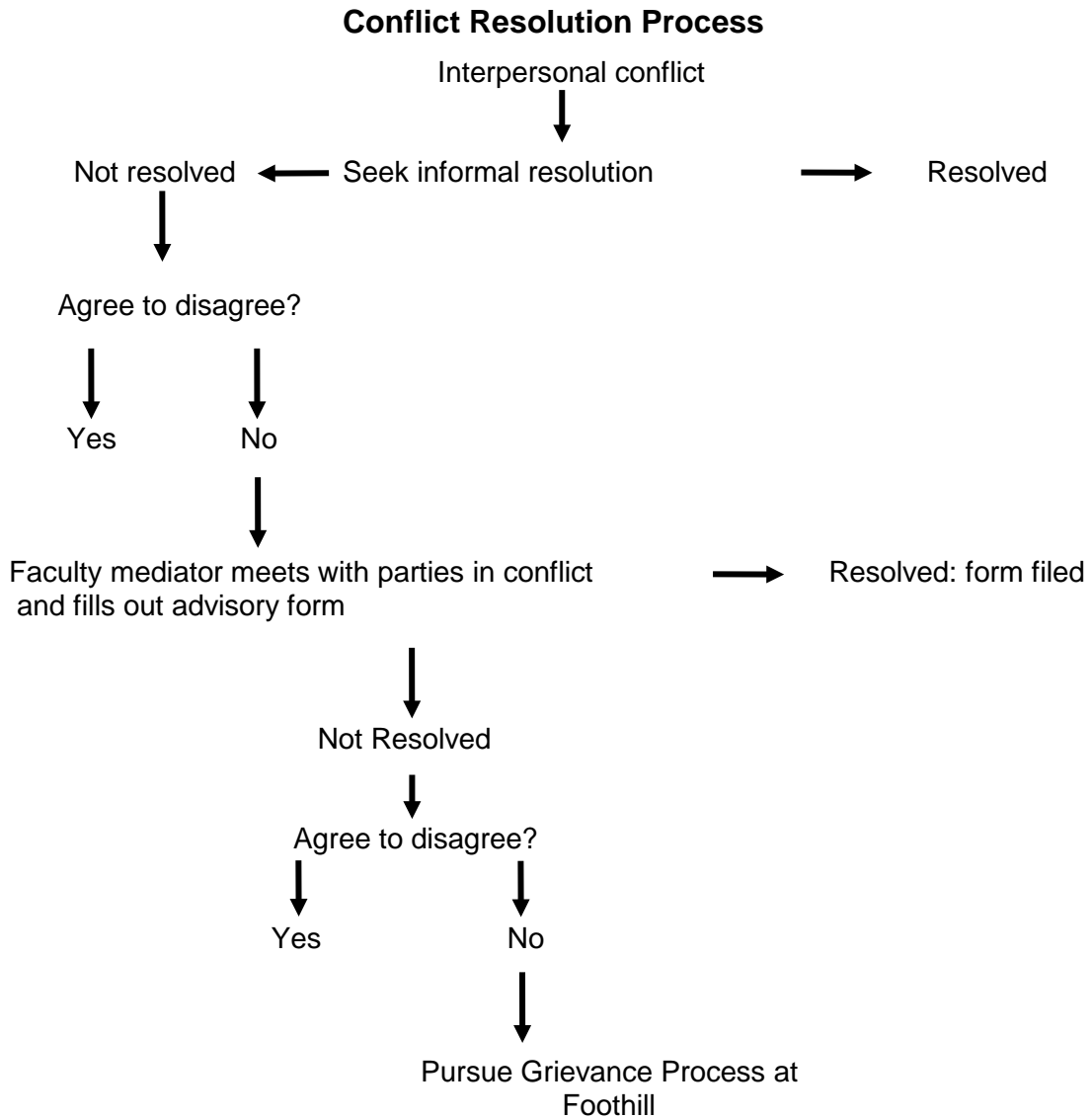
Didactic Course Issues

- Faculty advisor
- Course coordinator (posted in each course syllabus)
- Coordinator of group, workshop or lecture series
- Medical Director (who oversees curriculum content)
- Program Director (only by the class representative, and only for issues affecting the whole class)

Preceptorship Issues

- Site visitor
- Faculty advisor
- Clinical Coordinator

If the disagreement cannot be resolved then the student may wish to pursue the grievance process described below.



Discrimination and Harassment

Students receive training during the Orientation course via HealthStream training modules. The Program follows the Foothill College guidelines regarding the policies and procedures for processing student grievances and allegations of discrimination and harassment. If a student believes s/he is experiencing discrimination and/or harassment, students are **not required** to try to resolve the issue through the conflict resolution process above. A grievance procedure has been defined by Foothill College to protect student rights, described here <http://www.foothill.edu/services/studentright.php>.

Disciplinary Actions

Disciplinary action directed by the SPC will result from repeated minor lapses and/or any significant lapse in professional behavior. Disciplinary action may include written documentation in the student's permanent file, official reprimand, suspension, and/or dismissal.

Official Reprimand formally recognizes a violation of any policy, core value or expected behavior outlined in this Manual and Appendix I-IV, and directs the student to avoid future infractions.

Suspension is defined as exclusion from a didactic and/or clinical setting. Suspension may be enacted by the Student Progress Committee (SPC) for any of the following:

- Behavior which jeopardizes the health or well-being of peers, supervisors, staff, instructors and/or patients.
- Violation of any policy, core value or expected behavior outlined in this Manual and Appendix I-IV which has the potential for negative consequences and harm, and which requires further Program inquiry.
- Failure to enroll and pay fees in a timely manner. Students who are not officially enrolled do not have malpractice insurance and are suspended from preceptorships and some classroom events.
- Failure to maintain appropriate communication with the Program.
- Failure to complete assignments and evaluations in a timely manner. In this case the purpose of suspension would be to ensure that the student focuses his/her time on correcting the lapse or late assignments and become current in all expectations. Penalties for lateness may apply.
- Didactic course failure remediation may require suspension from clinical rotation(s).

Additionally, preceptors, the clinical site, site visitors and faculty have the right to immediately suspend a student from clinic or hospital if the student shows significant lapse in professional behavior. The person initiating the suspension must report the events to the Chair of SPC and Program Director as soon as possible. SPC will investigate and determine an appropriate disposition, which may include resolution, sanctions or dismissal.

Dismissal may result from violations of a variety of Foothill, Stanford, and Program policies, including behavioral and academic. See below for the policy and procedure for dismissal.

SECTION 16 - GRADING & TESTING POLICIES & PROCEDURES

Academic Performance Standards

Standards of acceptable performance for didactic courses and preceptorship are summarized in course syllabi and/or course manuals that are posted electronically on Coursework prior to the start of each quarter. These materials are reviewed verbally at the course introduction and quarter overview.

Testing

Tests and assessments are based on

- instructional objectives described in syllabi
- competencies expected of physician assistants (See Appendix VI)

Test content is developed from resource materials listed in course syllabi and course manuals.

Formative vs. Summative Testing

Various testing and assessment modalities are employed throughout each course. Testing may be *formative* or *summative*.

Formative testing assesses how well a student is acquiring knowledge, skills and attitudes. Formative testing provides feedback on the effectiveness of student's study, allowing time to adjust and modify study skills. Some examples of formative testing include

- check-off a student's ability to perform the cardiac exam in weekly clinical skills group
- weekly pharmacology quiz that tests a student's knowledge of drugs to control high blood pressure
- midterm exams
- site visitor feedback on the students' documentation of patient encounters or directly observed performance in clinic
- preceptor feedback at mid-quarter or whenever the preceptor observes a need for adjustment in student performance in clinic or on rotation

Summative testing assesses a student's knowledge, skills and attitudes at the end of a teaching process. It is a measure of how well the student has achieved instructional goals. Some examples of summative testing include

- end of quarter Objective Structured Clinical Exams (OSCE) or practicum
- end of quarter reflection paper
- course final exam
- comprehensive final exam at the end of 7th quarter
- Preceptor evaluation at end of-quarter

Testing is generally one of three modes: written exams, performance exams, and assessment by preceptors.

Written exams include multiple choice question (MCQ) exams, short answer exams, essays and reflections papers, written journal analyses, end of rotation exams.

Performance exams include written SOAP notes (parts or entire note), skills check-off, OSCE, standardized patient exam, oral presentations.

Preceptor assessments involve evaluation of student's behavior and skills in clinic with actual patients. A Likert Scale (1-5) with written comments is used.

Passing Scores

The minimum score to pass an exam or assessment is listed in each course syllabus, and may vary with the mode of testing.

Written Exams (such as MCQ exams)

- MINIMUM of 70% of possible points must be earned to pass.
- Scores are not rounded up. **Any score less than 70.0% is not passing**

Performance Exams (such as OSCEs and Practicums)

- Performance exams *may* have individual sections that are graded, or *may* be cumulatively graded. These will be described in the syllabi and posted before the testing event.
- MINIMUM of 70% must be correct to pass.
- Scores are not rounded up. **Any score less than 70.0% is not passing**
- Technical Skills checklists are used to evaluate competency. The student will receive either a *competent* or a *fail* mark.
- OSCEs are evaluated by checklist. **Any score less than 70% is not passing.**

Preceptorship Assessment

- Student must score a 3 or greater in each section to pass
- Designated preceptor is responsible for final assessment, which may or may not include input from other medical staff that interact with the student.
- Any worrisome written comments or concerns shared by the preceptor will be investigated. See process described below.

Each course syllabus defines the minimum requirement for passing a course. Scores of formative tests contribute to a student's course average, but failing a formative test (such as quiz or midterm) does not automatically cause course failure.

Failing a summative test (such as final exam) results in course failure. Each course syllabus describes the consequences of failure to achieve minimum scores, minimum averages, or expected competency. (See *Course Failure* in Section 17 for further description).

Other

In order to function safely in classrooms and clinics, students must complete and maintain health and safety requirements that are part of the PCA50 course. Some clinics might require additional lab work that will need to be completed before the student can attend clinic. A failure to comply with these requirements will be considered as a lack of professional behavior and will be addressed accordingly.

In addition, students must continuously demonstrate adequacy in **Technical Standards** (see Appendix VIII).

Technical Standards are formally assessed when a student demonstrates deficiency in one of the core characteristics necessary to become a competent and safe physician assistant. A single deficit may result in suspension or dismissal.

Review and Appeal of Testing Results

Results of **written and performance testing** are posted as soon as possible after the exam or evaluation has been scored and verified by the appropriate course coordinator. The course coordinator is responsible for verifying the results for each exam or evaluation and the individual to whom appeals should be directed.

Results of failing **preceptor evaluations** are shared with the student after receipt by the Program. Review and appeal of preceptorship evaluations are discussed separately below.

Appeals of questions on written *formative tests* (e.g. weekend quizzes) should be submitted by students to the Class Representative, who then forwards the information to the appropriate course coordinator. The course coordinator will then address the concerns to the class as appropriate..

Appeals of questions on *summative tests* (e.g. final exam) should be submitted directly to the appropriate course coordinator by individual students.

In requesting review the student must

- Submit the appeal in writing within 48 hours of answers and scores being posted by the course coordinator
- Cite content from resource materials listed in course syllabi that support student's alternative answer. Alternative resources (such as *UpToDate*, *Wikipedia* or other books) will not be considered.

The course coordinator responsible for the testing must review the appeal and reply in writing within 2 working-days of receiving the appeal. Outcomes of the review include

- Adjustment of answers based on the appeal and posting new scores
- No change.
- In the case of a failure of the appeal, the course coordinator will
 - Post a general announcement to Coursework describing the reason why alternative answers are not accepted (formative tests only)
 - Provide a written response directly to the student regarding the outcome (summative tests only)

A student who desires review of results of a **failing performance exam** (e.g. OSCE, practicum, technical skills evaluation, etc.) must submit the appeal as above (within 48 hours of receiving results) directly to the course coordinator responsible for the test.

The course coordinator responsible for performance testing must review the appeal and arrange a meeting between the student and the proctor (or designee). A principal faculty

member (ideally the student's faculty advisor) will also attend as a third member. The goal is to meet, complete the review, and reconcile the dispute within 7 working days from receipt of the written appeal. Outcomes of the review include

- Adjustment of the student's score based on the appeal
- No change
- The course coordinator responsible for testing will provide a written response directly to the student regarding the outcome

The student must be available to attend the meeting to present the reason for review. If the student does not attend then the appeal receives no further consideration and the original failing score stands.

In responding to an appeal of any kind, the course coordinator responsible for the testing event (although not required) may consult with other faculty members, proctors and the Testing Committee.

Once the course coordinator has responded to the student regarding the appeal, the appeal process is considered concluded. No further appeals will be accepted or considered.

Review of audio or videotapes

In some cases an audio recording and/or videotape is made to document performance testing and is available for review by **faculty only**, to preserve exam security and integrity.

- Routine review is NOT performed as part of summative testing when the student has achieved a passing score on the test
- Review is NOT performed if a student simply wishes to improve an already-passing score
- Review by faculty of the audio recording or videotape is done in **all** cases of summative exam failure before scores are reported.

Review and Appeal of Preceptorship or Rotation Evaluation

Evaluations from preceptors are sent to the Program in a number of ways: submitted via E*Value; sent by fax, email or other written form; or (rarely) reported verbally by phone. Although most are posted to E*Value and are immediately available to students, results of preceptorship evaluations received by other means will be made available to students within 5 working days of receipt by the Program. A grade cannot be assigned to the student until all pertinent preceptor evaluations have been received.

If low scores or worrisome comments from preceptors are received, the course coordinator will

- Ensure that the student has received the results.
- Advise the student that the scores will be verified as quickly as possible and that during the review, the student or any individual who is not a member of PCAP and who is acting on behalf of the student must NOT contact preceptor or other clinic personnel.
- contact the preceptor(s) and site visitor to clarify and verify the evaluation or direct the faculty advisor or site visitor to follow up

- Invite input from the student regarding his/her insight into the results. Student may provide input in writing, or preferably, in a meeting with the faculty advisor arranged by the course coordinator. Due to the remote placement of students during preceptorships, the meeting may be by conference call, Skype or other similar means. The meeting will include the student, course coordinator and another principal faculty member (ideally the student's faculty advisor.)

The goal is to inform the student, contact the preceptor, meet and complete the review within 7 working days from receipt of the preceptor evaluation. Due to preceptor availability for confirming the results and difficulty arranging meetings with student and principal faculty, the outcome may be delayed. Outcomes of the review include

- Adjustment of the student's preceptorship evaluation
- No change.
- The course coordinator will provide a written response directly to the student regarding outcome

Course Grades

The Program assigns course grades based on testing and assessment criteria described in course syllabi and reviewed with students prior to the beginning of each quarter. Grades are determined by the course coordinator and posted as soon as possible at the conclusion of each quarter. Each student is assigned a code word identifier so that scores, grades and other group announcements may be posted confidentially.

Course grades are based on the following intervals of scored exams:

A = 100-90%
 B = 80-89%
 C = 70-79%
 D = 60-69%
 F < 60%

In some circumstances the course coordinator may use a standardized "curve" to calculate letter grades. This curve does not change the 70% minimum to pass, and is usually created to recognize, for example, that a score of 88% in a challenging course may deserve a grade of "A".

Some courses include components that must be passed in order to pass the course, regardless of the overall course numerical average. These components are identified in individual course syllabi and include summative exams such as final exams and practicums, as well as other "must pass" items.

For a non-passing course grade (i.e. "D" or "F" grade earned) that is subject to formal remediation, the Program will report to Foothill a grade of "Incomplete" for the student. The formal remediation process involves having the student adhere to a Remediation Plan proposed by the course coordinator and approved by the Student Progress Committee. In most cases, the student will complete the remediation plan/event during the quarter immediately following. The student is on academic probation until the remediation plan and/or a remediation event is satisfactorily completed and the "Incomplete" grade will be changed to no greater than a "C". Failure to make satisfactory progress in all requirements may result in having the "Incomplete" convert to a grade of

convert to a grade of “F” in that course and dismissal from the Program due to back-to-back failure of the same course. An “Incomplete” grade automatically converts to an “F” grade if not successfully resolved in one year.

Note: Students should realize that repeating didactic courses and/or preceptorship rotations will likely cause delay in fulfilling all didactic clinical requirements and extension beyond planned date of graduation.

SECTION 17 - ACADEMIC PROGRESS POLICIES

Definition of Satisfactory Academic Progress

Students are required to perform at the “C” or higher level in all courses to maintain satisfactory Program academic progress. Students are required to demonstrate steady, adequate progress **during each course** and at the **end of each course** in fulfillment of instructional goals and learning outcomes. Students who fail a course will be referred to the SPC. Failure to make progress is cause for delay, deceleration or dismissal.

A student must maintain a GPA of 2.0 each quarter to remain in good academic standing and to graduate from the Program.

Students enrolled in the St. Francis MMS option must maintain minimum course grades of “C” in order to continue with the MMS option.

PCA Program Probation

The Program has internal rules regarding academic probation that are stricter than Foothill College rules, and that supersede Foothill’s rules (see Appendix I).

A student is placed on probation while they are remediating a failing course grade. The probation lasts for the remediation period, which may vary in duration depending on the deficit to be corrected. If the student is able to successfully remediate the failing course grade, then the student returns to good academic standing. Probation will limit any Program activity that is deemed extra-curricular such as holding a class office or representative position or participation in the master degree option (e.g. failing student may not have time off to attend AAPA meetings). The student’s resumption of extra-curricular roles and activities will be reviewed by the Program Director and/or Student Progress Committee following removal of probationary status. Probation may affect a student’s eligibility for financial aid.

Course Failure

A student fails a course if s/he does not achieve the minimum competency requirements posted in the course syllabus. **Each course failure counts as a “strike.”**

A student may not have more than two course failures in a given quarter. If a student fails two courses in a quarter, this may be grounds for dismissal.

Moreover, a student who accrues four strikes during the 21-month Program will be dismissed, with one possible exception subject to the Program Director’s discretion,

Specifically, a student who has completed the 6th quarter and begins the 7th and final quarter of the Program with three strikes, may or may not be dismissed during the 7th quarter subject to the discretion of the Program Director. In exercising that discretion, the Program Director shall work with the Course Coordinator and SPC to consider the student’s performance in the Program, including without limitation, the student’s history of course and exam grades, performance in clinical work/preceptorships, professionalism, and any other factors the Program Director, the Course Coordinator, and SPC deem to be relevant to deciding whether dismissal of the student in the 7th quarter is appropriate. Such other factors could include health issues or extreme

external circumstances. If after such review, the Program Director determines that dismissal from the Program is appropriate, that decision shall be final. The decision would be communicated to the student either by certified mail or FedEx postmarked within 48 hours. An email notification is immediately sent to the student regarding the delivery of the letter. If the Program Director determines that dismissal is not appropriate, the Program Director shall issue a written report which will include the specific remediation plan and/or conditions that the student must follow in order to remain the Program.

Each course has a number of components that measure competency

Scored testing: 70% is the minimum passing score for each quiz or test

Skills check-off: Achieving passing competencies of technical skills

Preceptor evaluations: Meeting minimum standards in all aspect of the written evaluation

Rotations, days, papers, assignments: Fulfilling all course requirements

Professionalism: Demonstrating adherence to and development of professional manner during each course

Academic Advisement Process

Advisement during a course

Each time a student fails an exam or graded assignment, or receives feedback that s/he is not meeting Program expectations (e.g. deadlines, professionalism or technical standards), then s/he must meet with the Faculty Advisor (or designee) and complete an Advisory Form with their Faculty Advisor (or designee)(see Appendix V). **It is the student's responsibility to seek out their Faculty Advisor.**

- A. During their meeting, the student and Faculty Advisor will
- Develop a plan for reviewing failed exam or assignment, or other area of concern
 - Review Program policies and expectations
 - Review student's study habits, test taking skills and attitudes
 - Discuss any personal, financial or other issues that contributed to poor performance
 - Develop an Educational plan for correcting deficiencies which will include timelines for accomplishment of specific goals
 - State consequences of continued failure
 - Complete an Advisory Form that summarizes the meeting and Educational plan for success
- B. The student will contact and inform the Faculty Advisor if the student identifies any barriers to completing the Educational plan.
- C. The student will follow up with the Faculty Advisor at a time scheduled by the Faculty Advisor to determine if the student successfully completed the Educational plan.

The Faculty Advisor forwards the completed Advisory Form to the Student Progress Committee for review. SPC may approve or request a meeting with the student and/or faculty, direct additional interventions, and/or alter the plan. A student's failure to follow through on the plan approved by the Student Progress Committee will result in disciplinary action.

Advisement at end of course

Course coordinator will notify students and their Faculty Advisors of any summative scores, grades or competencies that fail to achieve the minimum grade of “C”. A student who earned a grade lower than a “C” must meet with their Faculty Advisor (or designee) to complete an Advisory Form. **It is the student’s responsibility to seek out their advisor.** At the meeting the student and Faculty Advisor will

- Review course failure status (i.e. is this the 1st, 2nd, 3rd or 4th course that student has failed)
- Clarify consequences of course failure
- Develop a plan for reviewing components that contributed to course failure (e.g. failed exam, assignment or other area of concern)
- Review student’s study habits, test taking skills and attitudes
- Discuss any personal, financial or other issues that contributed to poor performance
- Review program academic progress expectations as well as policies on appeal of exam results, request for remediation, deceleration or withdrawal
- Determine which possible outcome options (exam appeal, remediation, deceleration, and/or withdrawal) the student would prefer to pursue

The Faculty Advisory Form should include a summary of the meeting and must be signed by the student and Faculty Advisor. A copy will be given to the student and the original will be kept in the SPC file for the student.

The Student Progress Committee will review the Form and meet with the student to discuss the situation and determine consequences. See *Course Failure*, above.

Remediation Strategies

Remediation strategies vary depending on which course with which the student is having difficulty, and whether it is in response to formative or summative testing results (for “Formative vs. Summative Testing”, see section 16 – Grading & Testing Policies and Procedures).

Remediation for Performance During a Course (formative testing)

A student who is not making satisfactory progress during the formative portion of a course is identified by the Academic Advisement process, as previously described. Remediation strategies may include self-review of failed assignments, attendance at review sessions (if offered), change in study habits or help with personal problems, referral to Foothill College for learning disability evaluation, or other referrals as deemed useful. Individual tutoring may be available if the Program determines a need for this.

Remediation for Performance at End of Course (summative testing)

A student must pass the summative exams and assessments for each course per the course syllabus guidelines. To pass a course, the student must earn a score of at least 70% on the summative exam and achieve an overall course average of at least 70%. Individual courses may have other requirements for achieving a passing grade.

Remediation strategies include those previously described for formative testing, in addition to the following:

For a failure of a didactic course that is subject to remediation, the student would need to adhere to an Remediation Plan proposed by the course coordinator and approved by SPC.

For a failure of a preceptorship course that is subject to remediation, the student will need to adhere to an Remediation Plan proposed by the course coordinator and approved by SPC.

The student may be allowed to remediate *if*

- the failure is not a “fourth strike”
- the Quarter limit (2 courses) has not been reached
- the student is otherwise in good standing and able to fulfill the Remediation plan

Remediation Plan

For a student to remediate a course, the course coordinator must provide an Remediation Plan for approval by the Student Progress Committee. The plan will include

- Identification of the student's progress problem
- The student's explanation of the problem
- Faculty identification of the deficiencies and factors related to the outcome
- Identification of remedial activities
- Timeline to complete the activities, which includes a make-up test
- Identification of required level of performance to complete the remedial activities
- Plan for monitoring the activities
- Plan for enrollment in subsequent quarter courses
- Consequences of failing the remedial activity

If SPC approves of the plan, the student receives a grade of “Incomplete” for the course. The Remediation plan is signed by the student and the Chair of SPC, or member of SPC, and represents a formal contract between the student and the Program.

The Program reserves the right to revisit and amend the contract if new information evolves during the remediation. In this case the student will be informed in writing of the reason for the changes and will be asked to sign the amendment to the original contract. The SPC documents detailing course failures, remediation plans, or failure of professionalism will be kept in a confidential file by SPC.

Failure of the Remediation Plan is considered a back-to-back failure of the same course. Students who fail a remediation event are subject to dismissal.

Remediation of a Preceptorship

A student who fails a Preceptorship course may be allowed to remediate if

- the failure is not a “fourth strike”
- the limit of failing 2 courses in the same quarter has not been exceeded
- the student is otherwise in good standing and able to repeat the rotation

If a student **fails an End of Rotation (EOR) exam for any clinical rotation** (which contributes to a student's Preceptorship course grade), then he/she will need to take another exam (“retake exam”) in 4 weeks. If the student passes the retake exam, then the student passes the EOR exam with a grade of 70% (“C”). If the student fails the retake exam, then he/she will be referred to SPC for further evaluation of the situation.

If a student **fails a preceptor evaluation for any clinical rotation** (a factor in the grade for the Preceptorship course), then the student must complete remediation plan that includes additional time in clinic (up to 4 weeks per rotation). If the student receives a passing preceptor evaluation for the additional time in clinic, then he/she passes that preceptorship evaluation with a grade of “C”. If the student fails the preceptor evaluation for the additional time in clinic, then this is considered a failure for that rotation and the student will be referred to SPC for further evaluation of the situation.

Deceleration and Leave of Absence Policy

Deceleration is defined as the loss of a student from the entering cohort, who remains matriculated in the Program.

Deceleration may come about through one of two mechanisms:

1. Recommended by SPC: The Student Progress Committee believes there is some serious deficit in Technical Standard that requires significant time to remediate. SPC declares the student in violation of Technical Standards and recommends to the Program Director to decelerate the student.
2. Requested by Student: The student submits a request for deceleration to SPC, offering reasonable explanation and proof that a deficit can be remediated during the time before re-entry.. SPC will review and discuss the request to decelerate with the Program Director

The Program Director may approve or decline the student's request for deceleration.

If the Program Director approves of the student's request to decelerate, then SPC develops and recommends to the Program Director a plan of independent study so that the student can address any concerns and return with a future cohort of students.

In both cases (SPC-recommended or student-requested deceleration) the student would be reassigned to a new class. Due to Foothill College policies and PCA course descriptions, students may not repeat courses for credit; credit earned in courses for which the student has achieved a passing grade would be retained. Student would audit all courses previously taken and passed, and participate fully to demonstrate retained competency (see *Current Competency Policy* below).

Current Competency Policy

The Student Progress Committee will require a student to demonstrate current competency in didactic and/or preceptorship courses if the student is decelerated. The SPC writes a contract with the student that includes the following:

- The student shall participate in all courses, seminars and practice groups that the student has previously enrolled in and passed, in an audit status.
- The student takes quizzes and exams as they are required during the course.
- The student **must pass** (with a 70% minimum score) all pertinent final examinations (written and skills performance). For a previously failed didactic or clinical course that a student retakes (in non-audit status), if the student does not pass the required examination **on the first attempt**, the failure will be referred to the Student Program Committee and is grounds for dismissal.
- The student **must repeat** any designated required curricular components, e.g., orientation to surgical gowning and scrubbing.
- For any previously failed clinical course, whether the student may retain credit for already completed requirements such as clinic days, rotations, required procedures shall be assessed by SPC on an individual basis.

Leave of absence refers to a disruption in a student's academic progress, often due to life events such as medical, personal, or family issues that preclude continuing. During the didactic period of training (the first three quarters), a leave of absence may be short and remediable without deceleration or, if longer, the student may need to decelerate into the next cohort. During the clinical training period, a leave of absence may be without deceleration if the duration is one quarter or less. A student may petition SPC in writing for a leave of absence. The request must include:

- reasons for the request
- the amount of leave time desired
- student's plans to address the difficulties during time away from the Program

If the reason for the request is based on medical issues, the student may be required to submit a physician's letter documenting ability to return to full participation in the Program. If the student is requesting accommodations for his/her return to the Program, those are subject to Program approval, following referral and assessment by the Foothill Disability Resource Center.

SPC would recommend the terms of the period of the leave of absence and criteria for returning for the Program Director's consideration and approval. Upon return from a leave of absence, the student must fulfill the criteria for returning to the Program.

No leave of absence for academic failure will be granted.

If the student successfully completes all stipulations of the contract, the student resumes normal progress in the quarter in which the progress disruption occurred.

Dismissal Policy

A student may be dismissed from the Program for any of the following:

- Cumulative GPA less than 2.0 at any time
- Failure to make appropriate academic progress
- Violation of Foothill Academic Honor Code (see Appendix I)
- Violation of Foothill College Student Conduct Policy (see Appendix II)
- Violation of the Program's standards of Professionalism
- Unable to meet requirements of Technical Standards (see Appendix VIII)

Dismissal from the Program does not preclude the student from applying for enrollment in other courses/programs at Foothill College.

Dismissal Process

1. SPC is informed that a student has met at least one criterion for dismissal.
2. The student receives written notice from the Chair of SPC that cause is present to consider dismissal from the Program (see list above).
3. The student meets with his/her Faculty Advisor to complete an Advisory Form, which includes a written summary of what contributed to the event or events that are cause for dismissal.
4. The Advisory Form is forwarded to SPC, along with any other documents that the student wishes SPC to consider in mitigation of dismissal.
5. The Chair of the SPC convenes a meeting of the Committee to review and discuss relevant documents. The student is invited to present his/her information and requests.
6. If the student does not elect to attend the meeting, the deliberation and decision will move forward without him/her present.
7. Following this meeting, the SPC will make a recommendation to the Program Director regarding the student's status in the Program. The Program Director will accept or decline SPC's recommendation, or ask for additional information and/or investigation. The student then may be asked by SPC for additional information and/or clarification.
8. Once the Program Director has made a decision, SPC will inform the student of the decision either by certified mail or FedEx postmarked within 48 hours. An email notification is immediately sent to the student regarding the delivery of the letter.
9. Failure to receive the certified letter does not alter the outcome of the process or the validity of the decision.
If the student chooses to appeal the Program Director's decision, , the student will **not** be permitted to remain enrolled and attend classes during the appeals process.

SECTION 18 - APPEAL AND GRIEVANCE OF PROGRAM DECISIONS

Appeal

If the Program makes a decision to dismiss the student, the student may pursue an internal PCAP appeal process if the student has new information for SPC and the Program to consider may pursue an internal PCAP appeal process. The Student Liaison, designated by the Program Director, provides guidance and information during the process.

1. A student's request to appeal a decision to dismiss must be made to the Program Director in writing within 10 calendar days of the postmarked date on the Program's communication of the decision to dismiss.
2. The Program Director will direct the student to meet with the members of SPC to review the new information provided by the student.
3. SPC may request additional information and/or clarification from the student.
4. SPC will deliberate and advise the Program Director if SPC's initial recommendation to dismiss stands or has changed.
5. The Program Director shall in his/her discretion accept or decline SPC's recommendation, or shall request additional information and/or further investigation.
6. Once the Program Director has made a decision, the Program Director shall notify SPC, who in turn will inform the student of the decision within 48 hours either by certified mail or Federal Express. SPC shall also notify the student immediately by email that a letter has been sent.
7. Failure to receive or accept a letter sent by certified mail or Federal Express does not alter the outcome of the process or the validity of the Program's decision.

If the decision to dismiss is confirmed after the appeal, that decision is final and may not be appealed a second time.

Student Grievance Process

(Board Policy, Administrative Procedures 5530 -

<http://www.foothill.edu/services/studentright.php#stucomplaint>, last accessed on 3/16/15)

Grievance Process

If the student is not satisfied with the results of the good faith attempt and/or the student believes that s/he has been treated unfairly by the Program, the student may file a grievance. The action being grieved must arise from items listed on page 18.4. The Student Liaison is available for guidance. A grievance is not valid which pertains to complaints about a Program policy of general application to all students.

The student may submit a written grievance of the incident or action to the Program Director within **7 calendar days** of the incident, event or notification of Program action that the student believes to be unfair. The grievance must include:

1. Statement of action being grieved
2. Inclusion of pertinent documents
3. List of the relevant parties involved

4. Description of the initial good faith Conflict Resolution Process and the outcome of the Process
5. Statement of desired outcome of the student's grievance

The Program Director may seek a meeting with the individuals involved, review documentation, and/or request additional information. The Program Director, upon review of the relevant documents **and within 14 calendar days**, will determine an appropriate disposition of the grievance and inform the student by phone, email, and in writing.

Appeal of Grievance Disposition

A student may wish to appeal the Program Director's disposition of the grievance, which requires a formal hearing with representatives from PCA Program, Foothill College, Stanford School of Medicine and others as outlined below.

Formal Appeal of Grievance (also 'Formal Hearing')

The student may initiate a formal hearing through a written request to the Program Director. The request should state the action that the student is appealing, and the reasons for the appeal. This written request must be submitted within 30 days of the conclusion of the original grievance process or within 30 days of the original action which the student believes was unfair, whichever occurs first.

The Program Director assembles a hearing panel consisting of at least three of the following:

- one academic dean or another representative from Foothill College
- one dean from the Stanford School of Medicine Office of Student Affairs, or designee
- one practicing physician assistant or nurse practitioner Program graduate
- one community-based physician who is familiar with the Program and its operations

The Program Director appoints one of the members as Chair of the hearing panel. The Chair shall establish the procedures for the hearing and assure that the student:

- is allowed to inspect and copy his or her entire Program student academic file including any materials relating to the action being contested
- is permitted an advisor or support person (excluding Program personnel or attorney) at the hearing; the advisor may not participate directly in the hearing
- has the right to be present during the presentation of findings, but not the deliberations
- has the opportunity to respond
- has the opportunity to question any individuals who present pertinent findings during the hearing
- has the opportunity to present supporting documents and individuals, including the opportunity to present his/her version of the situation.

A representative of the Program will also have the opportunity to present documents and statements to the hearing panel. This may include a statement from the Student Progress Committee. The findings and outcome of the hearing panel will be

communicated to the student and the Program Director in writing. The decision is final and concludes the Appeal of Grievance disposition process.

Foothill Grievance Process

If the student is not satisfied after the additional meeting he/she may petition the Program Director to initiate a review based on grievance of Program action, described below. The student has 7 calendar days to contact the Program Director to initiate the petition for review. During the review the original SPC decision remains in force and the student is not permitted to attend classes.

A “grievance” is a specific term used to describe a situation where the student feels the Program has subjected the student to an unfair decision or action. The rights protected under this procedure include, but are not limited to, those guaranteed by the established rules and regulations of the Foothill DeAnza Community College District, Foothill College, the Education Code of the State of California, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and Title VII of the Civil Rights Acts of 1964. For a student in the Program, this procedure described below will be applicable and stand in place of any grievance or appeal procedure of Foothill College to contest such act, unless the Program refers the student to a Foothill College procedure.

The purpose of this procedure is to provide a prompt and equitable means of resolving student grievances. This procedure is for student grievances only. This procedure shall be available to any student who reasonably believes a PCA Program decision or action has adversely affected his or her status, rights or privileges as a student.

The procedures shall include grievances regarding:

1. Course grades, to the extent permitted by Education Code Section 76224(a), which provides: “When grades are given for any course of instruction taught in a community college District, the grade given to each student shall be the grade determined by the instructor of the course and the determination of the student's grade by the instructor, in the absence of mistake, fraud, bad faith, or incompetence, shall be final.”
2. Act or threat of intimidation or harassment. (Except sexual harassment or illegal discrimination.)
3. Act or threat of physical aggression.
4. Arbitrary action or imposition of sanctions without proper regard to academic due process specified in the College procedures, unrelated to disciplinary actions.
5. The exercise of rights of free expression protected by state and federal constitutions and Education Code Section 76120.

This procedure does not apply to:

1. Sexual harassment. Complaints of sexual harassment can be addressed to
 - A Program faculty or staff member
 - Sexual Harassment Policy Office at Stanford University - 650.724.2120 or 650.723.1583. Email harass@stanford.edu

- Dean of Student Affairs and Activities at Foothill College or the Dean of Student Development and EOPS at De Anza College.
2. Illegal discrimination. Complaints of discrimination on the basis of race, color, national or ethnic origin, age, gender, sexual orientation, marital status, or physical or mental disability should be addressed to the Director of Student Affairs, Fred Tovar. Unresolved complaints can be directed to the Dean of Student Affairs and Activities at Foothill College or the Dean of Student Development and EOPS at De Anza College.
 3. Student disciplinary actions, which are covered under separate board policies and administrative procedures. (See *Administrative Procedure 5520: Student Due Process & Discipline*.)
 4. Police citations (i.e. “tickets”). Complaints about citations must be directed to the Santa Clara County Superior Court Parking Violations Office in the same way as any traffic violation
 5. Residence determination. Student should contact the program’s director of Student Affairs Fred Tovar, the associate registrar at Foothill College or the director of Admissions & Records at De Anza College
 6. Dismissal from college for academic reasons. Student should consult a Foothill counselor. If there are extenuating circumstances, the student may appeal the dismissal to the Academic Council after consulting a Foothill counselor.

In summary, a student may bring a grievance of a Program decision only on the basis that he/she has been subject to one or more of the above complaints of unfair or illegal treatment.

Ref: Foothill College Course Catalog 2013-2014, 'Complaints & Grievance Process' section
<http://www.foothill.edu/schedule/currentcatalog.pdf>

SECTION 19 - STUDENT RECORDS

Student Access to Education Records

Student records are considered to be confidential in compliance with the Family Education rights & Privacy Act, also called FERPA (Section 438, Public Law 93380). PCA students are NOT allowed access to other students' records, which are kept in the Program offices in locked cabinets.

The Act requires educational institutions to provide student access to official education records directly related to the student. Consult the *Foothill College Student Handbook* for details about student access to their educational records.

Transcripts

Students' grades are posted at the close of each quarter and a grade report is provided by Foothill College following each quarter.

Student and graduate official transcripts are maintained by the Foothill College Registrar and by the Program in secure files in the Program office.

Transcript costs and procedures for requesting transcripts are published at www.foothill.edu.

Foothill reserves the right to withhold transcripts from students under certain circumstances, such as defaulting on a loan, outstanding balance due on an account or until all obligations to the college are cleared.

Permanent Records

Foothill College maintains the student's official transcript permanently. The Program maintains as part of the each student's permanent record documentation:

- a) that the student has met published admission criteria,
- b) that the student has met institution and program health screening and immunization requirements,
- c) of student performance while enrolled,
- d) of remediation efforts and outcomes,
- e) of summaries of any formal academic/behavioral disciplinary action taken against a student,
- f) that the student has met requirements for program completion
- g) of all course grades in the Program (final transcript).

The Program serves as the graduate's point of contact for information/documentation and verification required by institutions, state medical boards and employers.

Procedure for disclosure and access to student records: Student desiring to inspect and review his or her records must submit a written request directly to the Director of Student's Affairs. The request will be granted within a reasonable time period, not to exceed 45 days. Inspection of records is made in front of the Director of Student's Affairs or designee.

SECTION 20 - APPENDICES

APPENDIX I: Academic Integrity at Foothill College

<http://www.foothill.edu/services/honor.php>

What is Academic Integrity?

Academic integrity means honesty and responsibility in scholarship. Unless collaboration is explicitly authorized, all academic work should result from an individual's own efforts. Intellectual contributions from others must be consistently and responsibly acknowledged. Academic work completed in any other way is fraudulent.

Foothill College students, staff, administrators, and faculty are proud to be a part of our college and proud of the reputation we have earned over the years. As a student here, you join a community of scholars committed to excellence in teaching and learning. At the heart of our community is a culture of academic integrity; the biggest threat to the values we share comes from individuals whose actions undermine that culture. We invite you to share our commitment to excellence in teaching and learning and to strengthen our culture of integrity.

When you join our Foothill community of scholars, you take on a part of the shared responsibility for academic integrity. You're responsible for completing assignments according to the expectations of your instructor and for demonstrating your individual level of competence in such a way that your instructor can fairly and accurately evaluate and certify your knowledge, skills, and abilities.

Academic integrity is a value shared throughout the Foothill community, and a policy that applies not just to students, but also to faculty, staff and administrators. It fosters trust and confidence from those who depend on our knowledge and competence. Faculty, staff, and administrators hold each other to the same standards of honesty, integrity, and responsibility that we ask of students.

You can help. By pursuing your studies with integrity, by refraining from cheating and plagiarism, and by discussing the grey-area integrity issues that arise in your course of study, you reinforce our shared values and reap the benefits of a full and valued member of our community of scholars.

You can also damage our community. By failing to pursue your studies with integrity, by cheating, by plagiarizing, or by any other failure of academic integrity, you undermine our shared values.

Failures of academic integrity are not victimless. They threaten Foothill's reputation for excellence, are unfair to those who play by the rules, and degrade the educational experience of everyone associated with the college. Each failure of academic integrity reduces the value of every program of study at Foothill. We punish these failures in part to defend the high quality of your education.

Foothill College students, staff, administrators, and faculty uphold these ideals by supporting the mission of the College to guide academic careers and educational experiences; by modeling the core values of the College: honesty, integrity, trust, openness, transparency, and forgiveness; and by affirming the Academic Integrity Pledge:

The Foothill College Academic Integrity Pledge

I pledge to support the mission of Foothill College and to demonstrate its core values by upholding academic integrity in all my activities associated with the college.

Why Should I Care About Academic Integrity?

How would you feel if you found out...

Your professors plagiarized their dissertations?

Your doctor cheated through medical school?

The safety inspector for your apartment building cheated to get electrical certification?

Academic integrity is the basis of the trust we place in each other to competently perform our duties during our time at Foothill and when we eventually leave to fill other roles in society. In addition, a degree from a college with a reputation for academic integrity can carry more weight than one from an institution where academic dishonesty is tolerated.

In a culture of academic integrity, you can trust that other students will not have an unfair advantage over you. On the other hand, if you attempt to obtain academic credit for work that is not your own, you fail to uphold the trust placed in you by your peers, your teachers, and your community.

What is a Failure of Academic Integrity?

It is vitally important to your academic success that you know what constitutes a failure of academic integrity at Foothill College. Definitions of academic integrity often differ among individuals and groups and across cultures. Here at Foothill, we consider the behaviors outlined in this brochure to be failures of academic integrity and subject to consequences. We expect that everyone associated with the college will refrain from these behaviors.

The two most common failures of academic integrity are cheating and plagiarism.

Cheating is obtaining or attempting to obtain credit for academic work through dishonesty, deception, or fraud. Here are some examples of cheating.

- Copying from someone else's test.
- Submitting work presented previously in another course, if contrary to the rules of either course.
- Altering or interfering with grading.
- Using or consulting, during an examination, unauthorized sources, devices, or materials; and
- Committing any act that defrauds or misrepresents the provenance of an academic work.

Plagiarism is representing someone else's work as your own. Here are some examples of plagiarism.

- Incorporating the ideas, words, sentences, paragraphs, or parts of another person's writings, without giving appropriate credit, and representing the product as your own;

- Representing another's artistic or scholarly works such as musical compositions, computer programs, photographs, paintings, drawings or sculptures as your own;
- Submitting a paper written by someone else; and
- Using web sources without documentation.

Several other actions also constitute a failure of academic integrity. Here are some examples of those other actions.

- Enabling cheating by allowing another student to copy from your paper during a test;
- Enabling plagiarism by giving your academic work to another student;
- Allowing another person to submit your work in their name;
- Impersonating another student;
- Lying to an instructor or college official;
- Altering a graded work after it has been returned, then submitting the work for regrading;
- Stealing tests;
- Changing anyone's final grade;
- Forging signatures on college documents; and
- Collaboration on academic work that is not authorized by the instructor.

If you are unsure whether a specific action that you are considering constitutes a failure of academic integrity, speak with someone: other students, your instructor, a staff member, or administrator. It's not likely that you're the first person to have the question.

Consequences of a Failure of Academic Integrity

For a student, academic consequences of a failure of academic integrity may include receiving a lowered or failing grade on a particular piece of academic work, which may lead to receiving a lowered or failing grade for the course. Administrative consequences may include being placed on disciplinary probation, suspension, or expulsion.

The Student Affairs & Activities Office maintains records of students whose actions have constituted a failure of academic integrity. We use this information to identify and discipline students whose actions fail to uphold our shared value of academic integrity.

Acknowledgements

We thank the Student Affairs Vice President's Office at San Jose State University, the University Library at the University of Illinois at Champaign-Urbana, the Academic Integrity Office at the University of California - San Diego, the University of San Francisco, and the Academic Integrity Seminar for materials incorporated in this code.

The Foothill College Academic Senate developed and approved this Academic Honor Code in 2004. The Academic Senate collaborated with the Associated Students of Foothill College, the Foothill College Classified Senate, and the Foothill Student Affairs and Activities Office for this 2013 update.

[See also, Academic Honor Code for Internet Based Courses.](#)

Foothill Academic Probation

Note: The Foothill policies may be superseded by the Program policies on student progress. Example: in the event of a non-passing grade or failure in a Program course, the Program course cannot be repeated.

Please refer to Academic Disqualification, Course Substitution & Graduation requirements in the current Foothill College Course Catalog, <http://www.foothill.edu/schedule/currentcatalog.pdf>, for a complete and official description of academic and progress probation.

APPENDIX II: Foothill College Student Conduct Policy

Student Conduct, Discipline & Due Process

<http://www.foothill.edu/services/conduct.php>

At Foothill, we believe in personal honor based on integrity, common sense and respect for civil and moral law. We expect our students will conduct themselves honorably at all times, both on and off campus. Any breach of student conduct may be reported to the Dean of Student Affairs & Activities. The official policies of the Foothill-De Anza Community College District Board of Trustees stipulate that Foothill students have certain rights and privileges, along with certain obligations. To correct unacceptable student conduct, we believe disciplinary proceedings are secondary to counseling and admonition. In the exceptional circumstances when discipline is deemed necessary, the college will observe due process to protect the student from unfair and arbitrary imposition of serious penalties. Various college agencies facilitate due process. Examples are the Multicultural Relations Office and student rights advocate of the Associated Students of Foothill College. We are legally required to advise all Foothill students that the following categories of behavior constitute sufficient cause for disciplinary action:

Foothill and De Anza Colleges consider the following principles essential to their educational mission and community life:

- Mutual respect between students, faculty and staff;
- Pursuit of studies with honesty and integrity;
- Respect for College and personal property; and
- Compliance with all rules and regulations.

These standards are intended to promote responsible student conduct and fair play. Students shall be subject to College discipline (as outlined in Administrative Procedure 5520: *Student Due Process and Discipline*) for any of the following misconduct that occurs at any time on campus or at any off campus facility, including Internet-based courses held on the World-Wide Web, or college-approved or sponsored functions:

1. Academic dishonesty, such as cheating, plagiarism (including plagiarism included in student publications), or knowingly furnishing false information to the Colleges, or District;
2. Unauthorized preparation, giving, selling, transfer, distribution or publication, for any commercial purpose, of any contemporaneous recording of an academic presentation in a classroom or equivalent site of instruction, including but not limited to handwritten or typewritten class notes, except as permitted by any district policy or administrative procedure;
3. Dishonesty, forgery, alteration, or misuse of College or District documents, records or identification;
4. Obstruction or disruption of teaching, research, administration, disciplinary procedures, or other College or District activities, including its public service functions, or of other authorized activities;
5. Physical or verbal abuse of any person or conduct which threatens or endangers the health or safety of any such person;
6. Committing or attempting to commit robbery or extortion;
7. Causing or attempting to cause damage to College or District property or to private property on campus;

8. Stealing or attempting to steal College or District property or private property on Campus, or knowingly receiving stolen College or District property or private property on campus;
9. Willful misconduct that results in injury or death to a student or to College or District personnel or which results in cutting, defacing, or other injury to any real or personal property owned by the College or District or on the campus;
10. Unauthorized entry to or use of College or District facilities;
11. Violation of College or District policies or of campus regulations including those concerning registration of student organizations, use of College or District facilities, or the time, place and manner of public expression;
12. Unlawful possession, use, sale, offer to sell, or furnishing or being under the influence of, any controlled substance as listed in California Health and Safety Code Section 11053 et seq., an alcoholic beverage, or an intoxicant of any kind; or unlawful possession of, or offering, arranging or negotiating the sale of any drug paraphernalia, as defined in California Health and Safety Code Section 11014.5;
13. Use, possession, or sale of any firearm, knife, explosive, or other object that could be classified as a weapon (unless the student has specific authorization from a College or District official);
14. Disruptive behavior, willful disobedience, habitual profanity or vulgarity, or the open and persistent defiance of authority, or persistent abuse of College or District personnel;
15. Gambling on College or District property;
16. Hazing or any act that injures, degrades, or disgraces or tends to injure, degrade, or disgrace any fellow student or other persons;
17. Disorderly conduct or lewd, indecent or obscene conduct, or expression on District-owned or controlled property, or at District sponsored or supervised functions;
18. Willful or persistent smoking in any area where smoking has been prohibited by law or by regulation of the College or District;
19. Theft or abuse of computer time, including but not limited to:
 - a) unauthorized entry into a file, to use, read or change the contents or for any other purpose
 - b) unauthorized transfer of a file;
 - c) unauthorized use of another person's identification and password;
 - d) use of computing facilities to interfere with the work of another student, faculty member or college official;
 - e) use of computing facilities to send obscene or abusive messages, or to defame or intentionally harm other persons;
 - f) use of computing facilities to interfere with normal operation of the college computing system;
 - g) use of computing facilities for student's personal benefit;
20. Committing sexual harassment as defined by law or as set forth in Board Policy 4640 (<http://fhdafiles.fhda.edu/downloads/aboutfhda/4640Harrassment.pdf>);
21. Engaging in harassing or discriminatory behavior based on race, sex, religion, age, national origin, disability, or any other status protected by law;
22. Engaging in expression which is obscene, libelous or slanderous, or which so incites students as to create a clear and present danger of the commission of unlawful acts on College or District premises, or the violation of lawful College or District regulations, or the substantial disruption of the orderly operation of the College or District;
23. Persistent, serious misconduct where other means of correction have failed to bring about proper conduct.

See Board Policy 5500-Student Rights and Responsibilities at
<http://fhdafiles.fhda.edu/downloads/aboutfhda/5500ap.pdf>.

APPENDIX III: Stanford University – The Fundamental Standard

The Fundamental Standard has set the standard of conduct for students at Stanford since 1896 (<http://www.stanford.edu/group/resed/resed/staffresources/RM/policies/fs.html>). It states:

Students are expected to show both within and without the University such respect for order, morality, personal honor and the rights of others as is demanded of good citizens. Failure to do this will be sufficient cause for removal from the University.

Over the years, the Fundamental Standard has been applied to a great variety of situations. Actions that have been found to be in violation of it include:

- Physical Assault
- Property damage; attempts to damage University property
- Theft, including theft of University property such as street signs, furniture, and library books
- Forgery, such as signing an instructor's signature to a grade change card
- Sexual harassment or other sexual misconduct
- Charging computer time or long distance telephone calls to unauthorized accounts
- Misrepresentation in seeking financial aid, University housing, discount computer purchases, or other University benefits
- Misuse of University computer equipment or e-mail
- Driving on campus while under the influence of alcohol or drugs
- Sending threatening and obscene messages to another student via e-mail, phone or voice-mail

There is no standard penalty that applies to violations of the Fundamental Standard. Infractions have led to penalties ranging from formal warning and community service to expulsion. In each case, the nature and seriousness of the offense, the motivation underlying the offense and precedent in similar cases are considered.

APPENDIX IV: Guidelines for Ethical Conduct for the Physician Assistant Profession

Statement of Values of the Physician Assistant Profession*

- Physician assistants hold as their primary responsibility the health, safety, welfare and dignity of all human beings
- Physician assistants uphold the tenets of patient autonomy, beneficence, nonmaleficence, and justice.
- Physician assistants recognize and promote the value of diversity.
- Physician assistants treat equally all persons who seek their care.
- Physician assistants hold in confidence the information shared in the course of practicing medicine.
- Physician assistants assess their personal capabilities and limitations, striving always to improve their medical practice.
- Physician assistants actively seek to expand their knowledge and skills, keeping abreast of advances in medicine.
- Physician assistants work with other members of the health care team to provide compassionate and effective care of patients.
- Physician assistants use their knowledge and experience to contribute to an improved community.
- Physician assistants respect their professional relationship with physicians.
- Physician assistants share and expand knowledge within the profession.

**Guidelines for Ethical Conduct for the Physician Assistant Profession*. Policy of the American Academy of Physician Assistants, adopted May 2000, Amended 2013.

<http://www.aapa.org/WorkArea/DownloadAsset.aspx?id=815>

APPENDIX V: Advisory Meeting Form

Advisory Meeting Form

Student _____

Date _____

PCAP personnel present: _____

Person completing form: _____

Section 1: Academic/Clinical Performance Issue*

Course # _____

Test Assignment Evaluation Requirement Other

Result _____

Previous concerns in this area? Yes (*describe*) No Unknown

Student narrative current issue: (*what contributed to performance*)

Section 2: Professionalism Issue*

PCAP Faculty describe current issue:

Previous professionalism concerns? Yes (*describe*) No Unknown

Student narrative current issue:

Section 3: Policy & Procedure

Pertinent policy & procedures reviewed today? Yes

(*Student Manual, Preceptorship Manual, Course Requirements per Syllabus, other*)

Signatures indicate agreement that the information on this form is an accurate record of meeting.

Student Signature _____

Date _____

PCAP Personnel Signature _____

Date _____

Shaded Area below for SPC response

Section 4: Disposition by SPC*

SPC Chair _____

Date _____

**Attach additional pages if needed*

APPENDIX VI: Competencies of Program Graduates

The PCAP curriculum follows competencies guidelines established by the National Commission on Certification of Physician Assistants. These guidelines define the specific knowledge, skills, attitudes, and educational experiences needed in order to train physician assistants who provide uniformly high quality health care and demonstrate greater accountability in their profession. The competencies are:

Medical Knowledge

Medical knowledge includes an understanding of pathophysiology, patient presentation, differential diagnosis, patient management, surgical principles, health promotion, and disease prevention. Physician assistants must demonstrate core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care in their area of practice. In addition, physician assistants are expected to demonstrate an investigatory and analytic thinking approach to clinical situations.

Physician assistants are expected to:

- understand etiologies, risk factors, underlying pathologic process, and epidemiology for medical conditions
- identify signs and symptoms of medical conditions
- select and interpret appropriate diagnostic or lab studies
- manage general medical and surgical conditions to include understanding the indications, contraindications, side effects, interactions and adverse reactions of pharmacologic agents and other relevant treatment modalities
- identify the appropriate site of care for presenting conditions, including identifying emergent cases and those requiring referral or admission
- identify appropriate interventions for prevention of conditions
- identify the appropriate methods to detect conditions in an asymptomatic individual
- differentiate between the normal and the abnormal in anatomic, physiological, laboratory findings and other diagnostic data
- appropriately use history and physical findings and diagnostic studies to formulate a differential diagnosis
- provide appropriate care to patients with chronic conditions

Interpersonal and Communication Skills

Interpersonal and communication skills encompass verbal, nonverbal and written exchange of information. Physician assistants must demonstrate interpersonal and communication skills that result in effective information exchange with patients, their patients' families, physicians, professional associates, and the health care system.

Physician assistants are expected to:

- create and sustain a therapeutic and ethically sound relationship with patients
- use effective listening, nonverbal, explanatory, questioning, and writing skills to elicit and provide information
- appropriately adapt communication style and messages to the context of the individual patient interaction
- work effectively with physicians and other health care professionals as a member or leader of a health care team or other professional group

- apply an understanding of human behavior
- demonstrate emotional resilience and stability, adaptability, flexibility and tolerance of ambiguity and anxiety
- accurately and adequately document and record information regarding the care process for medical, legal, quality and financial purposes

Patient Care

Patient care includes age-appropriate assessment, evaluation and management. Physician assistants must demonstrate care that is effective, patient-centered, timely, efficient and equitable for the treatment of health problems and the promotion of wellness.

Physician assistants are expected to:

- work effectively with physicians and other health care professionals to provide patient-centered care
- demonstrate caring and respectful behaviors when interacting with patients and their families
- gather essential and accurate information about their patients
- make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
- develop and carry out patient management plans
- counsel and educate patients and their families
- competently perform medical and surgical procedures considered essential in the area of practice
- provide health care services and education aimed at preventing health problems or maintaining health

Professionalism

Professionalism is the expression of positive values and ideals as care is delivered. Foremost, it involves prioritizing the interests of those being served above one's own. Physician assistants must know their professional and personal limitations. Professionalism also requires that PAs practice without impairment from substance abuse, cognitive deficiency or mental illness. Physician assistants must demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population and adherence to legal and regulatory requirements.

Physician assistants are expected to demonstrate:

- understanding of legal and regulatory requirements, as well as the appropriate role of the physician assistant
- professional relationships with physician supervisors and other health care providers
- respect, compassion, and integrity
- responsiveness to the needs of patients and society
- accountability to patients, society, and the profession
- commitment to excellence and on-going professional development
- commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- sensitivity and responsiveness to patients' culture, age, gender, and disabilities
- self-reflection, critical curiosity and initiative

Practice-based Learning and Improvement

Practice-based learning and improvement includes the processes through which clinicians engage in critical analysis of their own practice experience, medical literature and other information resources for the purpose of self-improvement. Physician assistants must be able to assess, evaluate and improve their patient care practices.

Physician assistants are expected to:

- analyze practice experience and perform practice-based improvement activities using a systematic methodology in concert with other members of the health care delivery team
- locate, appraise, and integrate evidence from scientific studies related to their patients' health problems
- obtain and apply information about their own population of patients and the larger population from which their patients are drawn
- apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness
- apply information technology to manage information, access on-line medical information, and support their own education
- facilitate the learning of students and/or other health care professionals
- recognize and appropriately address gender, cultural, cognitive, emotional and other biases; gaps in medical knowledge; and physical limitations in themselves and others

Systems-based Practice

Systems-based practice encompasses the societal, organizational and economic environments in which health care is delivered. Physician assistants must demonstrate an awareness of and responsiveness to the larger system of health care to provide patient care that is of optimal value. PAs should work to improve the larger health care system of which their practices are a part.

Physician assistants are expected to:

- use information technology to support patient care decisions and patient education
- effectively interact with different types of medical practice and delivery systems
- understand the funding sources and payment systems that provide coverage for patient care
- practice cost-effective health care and resource allocation that does not compromise quality of care
- advocate for quality patient care and assist patients in dealing with system complexities
- partner with supervising physicians, health care managers and other health care providers to assess, coordinate, and improve the delivery of health care and patient outcomes
- accept responsibility for promoting a safe environment for patient care and recognizing and correcting systems-based factors that negatively impact patient care
- apply medical information and clinical data systems to provide more effective, efficient patient care
- use the systems responsible for the appropriate payment of services

The PA Competencies Online Center, "Physician Assistant Competencies," National Commission on Certification of Physician Assistants, <http://www.nccpa.net/pdfs>, Accessed May 20, 2009

APPENDIX VII: PHYSICIAN ASSISTANT PROFESSION

Definition

The Physician Assistant (PA) is licensed to practice medicine with physician supervision. As part of their comprehensive responsibilities, PAs conduct physical examinations, order and interpret diagnostic studies, diagnose and treat illnesses, counsel on preventive health care, assist in surgery, and write prescriptions. PAs are trained in intensive programs accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA). PAs work in primary care, surgery and specialty practice and in ambulatory, inpatient, emergency and long-term care settings. (Source: AAPA, 2008)

Legal Basis for Practice in California

PA legislation was adopted in California in 1971 and amended in 1975 and 2007. The current law gives joint authority over the practice of PAs to the Allied Health Division of the Medical Board of California and the Physician Assistant Committee (PAC). The PAC is responsible for approving training programs for PAs and to certify PAs for practice in California. Requirements for PA practice in California include:

- Graduation from a training program approved by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) and the PAC
- Passing the Physician Assistant National Certification Examination (PANCE) administered by the National Commission on Certification of Physician Assistants (NCCPA)
- Application to obtain a PA license from the PAC

PA Organizations

AAPA American Academy of Physician Assistants

The AAPA is the national organization representing PAs in all specialties and all settings. The AAPA advocates for the PA profession and for quality patient care through its activities related to legislation/regulation, health policy, reimbursement, and access. Member services include continuing medical education (CME) and networking with PAs and other health professionals. The House of Delegates (HOD) is the policy making body of the AAPA. It meets annually to deliberate on a variety of professional issues.

AAPA web site: www.aapa.org

SAAAPA Student Academy of the American Academy of Physician Assistants

SAAAPA is the national organization for student enrolled in PA programs. SAAAPA has an elected board and participates in many AAPA activities. It advocates for PA students and provides information about financial aid, survival tips, and clinical pearls. Web site:

www.saaapa.aapa.org

CAPA California Academy of Physician Assistants

CAPA represents PAs in California and addresses state-level issues of legislation/regulation, reimbursement for services, employment, and quality patient care. CAPA sponsors two annual well-attended CME conferences. With one of the largest PA populations in the U.S., CAPA sends a large delegation of representatives to the AAPA's House of Delegates. Web site: www.capanet.org

PAEA Physician Assistant Education Association

PAEA is the national organization representing PA education and PA programs. PAEA advocates for excellence in PA education through research, faculty development, governmental affairs, and curricular innovation. Web site: www.PAEAonline.org

NCCPA – National Commission on Certification of Physician Assistants

NCCPA is the national organization charged with assessing PA graduate suitability for entering clinical practice and for maintaining certification while continuing in practice. The NCCPA administers the PANCE for graduates entering the profession and the PANRE, a recertification examination which PAs must pass every six years to continue their certification. Web site: www.nccpa.net

ARC-PA Accreditation Review Commission on the Education of Physician Assistants

The ARC-PA is the national organization which accredits PA programs. Its commissioners are drawn from national PA organizations, physician organizations and the public. Web site: www.arc-pa.org

PAC The Physician Assistant Committee of the Medical Board of California protects consumers by licensing physician assistants and approving physician assistant training programs. The Committee ensures that licensees and approved programs have met the minimum licensure requirements. Web site: <http://physicianassistant.ca.gov>

APPENDIX VIII: TECHNICAL STANDARDS

Technical Standards

The abilities and skills which students must possess in order to complete the training associated with the Program are referred to as Technical Standards. These essential abilities are a group of minimal physical and cognitive abilities as well as sufficient mental and emotional stability to confirm that students are able to complete the entire course of study, participate fully in all aspects of PA training, and be deployable as competent PAs, with or without reasonable accommodation. Competency in technical standards will be assessed regularly throughout the Program. See checklist in appendix

The Program has the ethical responsibility for the safety of patients with whom students and graduates will come in contact, and to the public to assure that its graduates can become fully competent PAs. Thus, it is important that persons admitted to the Program possess the intelligence, integrity, compassion, humanitarian concern, and physical and emotional capacity necessary to practice medicine. Students must verify that they meet these Technical Standards prior to or at the time of matriculation to the Program and maintain them during their PCAP training. Students are obligated to alert the Program of any change in their ability to fulfill the Technical Standards. **Students are subject to dismissal if they do not have minimal physical or cognitive abilities; sufficient mental or emotional stability to complete the entire course of study, participate fully in all aspects of PA training, or be deployable as competent PA's (with or without reasonable accommodation); or otherwise do not meet the Technical Standards.**

Technical Standard I: Observation

Students must be able to observe demonstrations and participate in physical examination sessions, clinical skills workshops, observe the difference of normal versus pathological states. They must be able to obtain a medical history and perform a complete physical examination in order to integrate findings based on these observations and to develop an appropriate diagnostic and treatment plan.

Technical Standard II: Communication

Students must be able to communicate effectively in classroom settings verbally, written, and by electronic means. Student must be able to communicate effectively and sensitively with patients, their families, and members of the health team. Students must be able to communicate effectively with patients from different social and cultural backgrounds, as well as develop effective professional rapport with patients and co-workers. Students must be able to record examination and diagnostics results clearly, accurately and efficiently. Students must be able to communicate effectively in English with patients, family and other health care professionals in a variety of patient settings.

Technical Standard III: Motor Function

Students must possess the capacity to perform physical examinations and diagnostic maneuvers. They must be able to respond to emergency situations in a timely manner and provide general and emergency care. They must possess adequate sensory function and motor coordination to fulfill minimum competency objectives for inspection, palpation, percussion and auscultation necessary to perform a physical examination. They must possess sufficient postural control, neuromuscular control and eye-to-hand coordination in order to utilize standard medical/surgical instruments to participate in the inpatient and outpatient setting and other clinical activities.

Technical Standard IV: Intellectual-Conceptual, Integrative and Quantitative Abilities
Students must be able to learn through a variety of modalities including, but not limited to, classroom instruction; small group, team and collaborative activities; individual study; preparation and presentation of reports; and use electronic technology. Students must have the mental capacity to assimilate and learn a large amount of complex, technical and detailed information in order to formulate diagnostic and therapeutic plans.

Technical Standard V: Behavioral and Social Attributes
Students must have the emotional stability to function effectively under stress and to adapt to an environment that may change rapidly, without warning, and/or in unpredictable ways. They must accept responsibility for learning, exercising good judgment, and promptly completing all responsibilities during their academic training as well as attendant to the diagnosis and care of patients. They must understand the legal and ethical standards of the medical profession. Students must be able to work effectively, respectfully and professionally as part of the educational and healthcare team, and to interact with instructors and peers, patients, patient families, and health care personnel in a courteous, professional, and respectful manner. Students must be able to contribute to collaborative, constructive learning environments; accept constructive feedback from others; and take personal responsibility for making appropriate positive changes.

Technical Standard VI: Ethical and Legal Standards
Students must be able to understand the basis and content of both general and medical ethics. The student must possess attributes that include compassion, empathy, altruism, integrity, responsibility, and tolerance. Student must be able to recognize limitations in their knowledge, skills and abilities and to seek appropriate assistance with their identified limitations. Students whose performance is impaired by abuse of alcohol or other substances are not suitable candidates for admission, promotion, or graduation. In addition, should the student be charged or convicted of any misdemeanor or felony offense while in the Program, they agree to immediately notify the Program as to the nature of the legal difficulty. Failure to disclosure prior or new offenses can lead to disciplinary action that may include dismissal. Students must meet the legal standards to be licensed as a physician assistant in the State of California.

Adapted from *Stanford School of Medicine Technical Non-Academic Standard*,
http://med.stanford.edu/md/admissions/technical_standards.html, Accessed May 20, 2009; updated May 16, 2014