

CANISIUS
UNIVERSITY

# Physician Assistant Studies
# Student Handbook

**AY 2026/2027 Edition**

## WELCOME

Welcome to the Canisius University Physician Assistant/Associate (PA) Studies program. Your decision to begin a journey toward becoming one of the most highly ranked and respected professions is commendable and a very exciting time for you and for our faculty. Our goal is to make you feel like a respected and successful member of the program and University community during your educational experience with us. We also hope to grow your desire to serve in the Jesuit traditions of care for the whole person with a focus on caring for the underserved. Canisius University has a long history of excellence and leadership in the community and beyond, with a tradition of promoting human excellence, social justice, and acceptance.

The purpose of this handbook is to provide you with guidelines, policies, procedures, and information that you will need to be a successful graduate of the PA Program. These policies and procedures are the basis for decision-making regarding student matters and a foundation for your learning experience. This handbook will be reviewed and updated at least once annually to ensure policies and procedures are most current, align with the institution, and support our students in the best way possible. **Canisius University reserves the right to make changes to this handbook at any time as circumstances warrant.** Students will be notified of any changes to the handbook or other guidelines with written notice and are expected to adhere to the most recent policies and procedures provided. Every physician assistant student is responsible for adhering to the policies and procedures contained in this handbook at all times. Upon admission to the program, the student is expected to read and review all policies and seek additional guidance from program faculty if needed. In addition, a copy of the Confidentiality Policy and Verification of Receipt of the Graduate Student Handbook, and agreement to comply with all policies, must be signed and returned to the Academic Program Coordinator. Any questions or concerns can be brought to the attention of the Program Director.

Again, welcome to Canisius University PA Studies Program! We look forward to a wonderful learning partnership with you.



Dr. Aimee S. Larson, DMSc, MPAS, PA-C
Chair and Program Director, Physician Assistant Studies

## GENERAL INFORMATION

**Program Information:**

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| Chair and Program Director:<br>Aimee Larson, DMSc, PA-C | 716-888-8552 | larson8@canisius.edu |
| Medical Director:<br>Joshua Usen, DO | 716-888-8550 | usenj@canisius.edu |
| Didactic Education Coordinator:<br>Nicole Scovazzo, EdD, PA-C | 716-888-8558 | scovazzn@canisius.edu |
| Clinical Education Coordinator:<br>Donna Anderson, MPAS, PA-C | 716-888-8554 | ander124@canisius.edu |
| Academic Program Coordinator:<br>Sandy McKenna, MS | 716-888-8553 | mckennas@canisius.edu |
| Principal Faculty:<br>Christina Scovazzo, MPAS, PA-C | 716-888-8555 | scovazzc@canisius.edu |
| Principal Faculty:<br>Stephanie Snios, DMSc, PA-C | 716-888-8559 | snioss@canisius.edu |
| Principal Faculty:<br>Jennifer Trillizio-Smith, MPAS, PA-C | 716-888-8560 | trillizj@canisius.edu |
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Program Main Phone: 716-888-8550
Program Email: pastudies@canisius.edu
Program Website: https://www.canisius.edu/academics/programs/physician-assistant

**University Information:**

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| School Closing/Delays: | 716-888-3130 |
| Student Counseling Services: | 716-888-2620 |
| Student Health: | 716-888-2610 |
| Public Safety: | 716-888-2330 |
| Financial Aid: | 716-888-2600 |
| Student Records: | 716-888-2990 |
| ITS Help Desk: | 716-888-8340 |

## MISSION

The Canisius University Physician Assistant Department is built upon the central mission of eliminating disparities in both healthcare and health education in order to improve the health and wellbeing of underserved communities by developing a more representative group of competent, compassionate clinicians who discern a purpose of service, mindfulness, and leadership in both their community and profession.

## VISION

The Canisius University Physician Assistant Program will be a leader in the development of competent, compassionate clinicians and leaders for our profession, with a strong foundation in Jesuit values.

## PROGRAM DESCRIPTION

The goal of the Canisius University Physician Assistant Program is to foster a culture of team-based learning by utilizing innovative educational strategies, creating a supportive learning environment, and developing a curriculum centered in primary care with a special focus on addressing the needs of underserved. Students will be presented with learning objectives that emphasize the need to work as a team to solve a problem, with the understanding that the answers to each problem are not always clearly defined. Graduates of our program will be confident and proficient in a wide variety of skills in multiple areas of medicine. This includes the ability to retrieve all pertinent information, assess and examine patients using appropriate tools, and develop a sound management plan. In addition, students will be educated in multiple areas of professional development with a focus on social justice.

## PROGRAM GOALS

The program will strive for the following:

1. Develop greater cultural acuity among our graduating PAs: The program is committed to inspiring graduates who understand the impact of cultural awareness on patient care.
2. Curriculum development: The program strives to develop a curriculum that provides adequate foundation of knowledge and skills required for entry-level practice as a PA.
3. Students will be prepared to successfully pass the Physician Assistant National Certifying Exam (PANCE) on first attempt, with a program benchmark of first-time pass rates higher than the national average.
4. Create and maintain exceptional interprofessional education (IPE) and collaboration opportunities that will prepare our students to be effective on an interdisciplinary team after graduation.
5. Maintain low attrition rates for students in the program by providing professional and academic support.

## CURRICULUM DESIGN

The curriculum design, offered in didactic and clinical components, is based on the concepts of adult-centered learning and professional education. Emphasis is placed on mastery of knowledge, skills, and attitudes required by the graduate to practice effectively as a PA. The didactic curriculum offers multiple modalities for learning which include self-directed study, lectures, integrated clinical cases, hands-on skill development, and laboratory experiences. These modalities assist students in developing the necessary skills to be self-directed life-long learners who effectively apply what they learn in the clinical setting. The clinical curriculum provides core primary care and other learning experiences where students apply knowledge and skills in a variety of patient care settings under the supervision and mentoring by licensed health care providers. The root of our curriculum is founded in the latest version of the PANCE Blueprint and in compliance with the latest version of accreditation standards.

## PROGRAM INSTRUCTIONAL MODEL

The Canisius University PA Program is offered on a full-time basis only. The length of the program is seven semesters, delivered in consecutive order. The first 12 months will be spent in the classroom setting, with periodic exposure to the clinical setting. The second 15 months will be spent on clinical rotations, with eight core required rotations and two electives offered. Didactic content will be delivered in a modular format, following each body system from the basic sciences through clinical medicine, diagnostic medicine, and therapeutics. Delivery of content includes in-person lecture time, study of online preparatory materials, clinical emersion, skill demonstration, and simulation. **Independent study**

**and preparation are critical components of this program as an adult learner**. Inter-professional learning opportunities are also integrated throughout the curriculum. Students must demonstrate successful completion of each module and course in the order delivered in order to progress in the program. This is explained further under the section on Graduation Requirements.

The learning management system D2L will be used by all course directors and instructors to provide course syllabi, weekly course content, supplemental learning resources, and messages regarding instructional plan. **Instructors may make changes to instruction-specific content on the syllabus at any time upon written notice, which will be provided through D2L and email to all students.** In addition to D2L, the program has implemented an online medical library, online assessments, and online journals in the instruction of this program. Students must provide their own laptop, iPad, or other computer technology to participate in this program. Technology support in the use of computer-based learning tools is available to students through the Center for Online Learning (COLI) as well as Information Technology Support (ITS).

## NEW GRADUATE COMPETENCIES

Competencies are knowledge, skills, and behaviors expected of the PA student at the end of the program and before entrance into PA practice. Graduates of the Canisius University Physician Assistant Program will be able to:

1. Medical content knowledge
    a. Understand the basic sciences of anatomy, physiology and pathology and apply knowledge in the diagnosis and treatment of disease.
    b. Recognize the etiology, risk factors, and epidemiology of various medical conditions when developing a differential diagnosis.
    c. Understand the principles of pharmacotherapeutics to apply in the treatment of patients.
    d. Understand the principles of public health and incorporate health promotion and disease prevention into patient care practice.
2. Clinical and technical skills
    a. Elicit a detailed history and perform a thorough physical exam to accurately diagnose and treat patients.
    b. Perform diagnostic and therapeutic procedures.
    c. Implement patient management plans, including appropriate referrals to other healthcare professionals, to provide ongoing quality care.
    d. Manage acute and chronic patient conditions across the lifespan by providing appropriate therapeutic, preventive, and personalized care to meet patient needs.

3. Clinical reasoning and problem solving
    a. Formulate an appropriate differential diagnosis to accurately diagnosis and manage a patient utilizing the history and physical exam findings.
    b. Interpret data collected from diagnostic studies and procedures to accurately diagnose acute, chronic, and emergent health conditions.
    c. Formulate health management strategies, including pharmacologic and nonpharmacologic therapies, in the prevention and treatment of acute, chronic, and emergent conditions.
4. Professional practice
    a. Use effective communication skills to illicit and provide information with patients and with other health professionals.
    b. Understand medical and social issues of patients of various backgrounds, particularly of the underserved, and provide compassionate and competent care without bias.
    c. Demonstrate personal and professional adaptability in treating patients from various social, economic, and religious backgrounds and adjust treatment plans accordingly.
    d. Appraise medical literature and scientific research in a manner that promotes the practice of evidence-based medicine.

## TECHNICAL STANDARDS FOR PA STUDENTS

Students in the Program must have the ability to perform skills in the following categories: observation, communication, motor, intellectual, and behavior/social. All students must meet all technical standards upon matriculation and throughout enrollment in PA coursework with reasonable accommodation. The PA Program, in accordance with Federal and New York State law, is committed to equal opportunity and a nondiscriminatory environment for all persons. No qualified person with a disability shall be excluded from admission, participation, or benefits. No student will be subjected to discrimination solely due to his or her disability. It is the responsibility of the applicant or student with disabilities to provide supporting documentation and to request those accommodations that he/she/they feels are reasonable and are needed to execute the essential requirements described within this document. Students are encouraged to meet with a professional in Accessibility Support to discuss the accommodation and to become familiar with the procedures prior to signing this student handbook. If a student is unable to meet these technical standards and/or appropriate accommodations before or at any time during their training, they may face deceleration or dismissal from the program based on likelihood of returning to eligibility.

**Observation and Sensory:**

The student must be able to observe demonstrations in the basic sciences, perform clinical laboratory diagnostic tests, utilize patient monitoring devices, interpret diagnostic images and reports, and examine patients for the purposes of assessment and diagnosis accurately. The student must have the ability to

discern and comprehend spatial relationships of structures and must be able to assess all areas of the body through inspection and palpation. The student must be able to perceive the presence of abnormalities in a specific body system such as masses, lesions or inflammation, and must also be capable of perceiving the signs of disease through use of all sensory tools (e.g.: vision, hearing, smell, touch) throughout the comprehensive head to toe physical examination of the patient. The process of physical assessment includes, but is not limited to, information that is derived from observation and palpation of body areas, palpable changes in various organs and tissues, and auditory information such as patient voice, and heart/lung/bowel/vascular sounds.

**Communication:**
The student must be able to communicate in English clearly, efficiently and effectively with instructors, fellow students, patients and caregivers, physicians and other members of the healthcare team verbally and in written formats. These communication skills require the ability to examine all information provided, conduct a well-focused follow-up inquiry, and relay relevant feedback in the oral and written communication format. Students must be able to communicate in a group setting in an effective and constructive way to facilitate optimal learning and care of the patient. Additionally, students must be able to recognize barriers to effective communication based on differences of language, religion, social status, education status, or other factors, and find the best way to communicate with patients and their families in a way that is clear, concise, and fosters confidence in the plan of care. Effective communication also relies on the student's ability to use appropriate judgment in seeking supervision and consultation in a timely manner. Finally, students must learn to clearly, efficiently, and thoroughly document all aspects of the patient care process including chief complaint, history of illness, examination findings, testing results, assessment, and care plan.

**Motor:**
The student must have sufficient motor function to effectively move themselves and others to perform physical examinations and to provide medical care and treatment. During clinical coursework and in eventual practice, the student must demonstrate motor skills related to patient physical examination and performing testing or treatment procedures. Additionally, the student must be able to physically ensure the safety of themselves and patients at all times, including meeting the acceptable standards of universal precaution and sterile technique. Students will need to demonstrate physical ability and skill in tasks such as suturing, splinting, injections, joint manipulations, removing foreign bodies from skin, flushing eyes, ears, or wounds, performing digital pelvic or rectal examinations, and more. Many of these procedures require fine motor skills and relative strength.

During the clinical year, rotations may require extended hours with early morning, evening, night, and weekend shifts. Surgical rotations also necessitate specific physical requirements, particularly with

respect to responsibilities in the operating room or suite. Many surgical procedures essential to training may last for 3 or more hours. Students may be required to stand in a relatively fixed position for the entirety of the procedure with minimal rest or breaks. In emergency situations, patients may need to be moved, turned or resuscitated, and the student may be in situations that necessitate short periods of bending, lifting or partial lifting, reaching, squatting or straining.

On hospital rotations, students may be required to cover large areas of space (different patient-care floors or sections within institutional building structures). They must be able to transport themselves from one location to another in a timely fashion in order to facilitate patient care responsibilities and to receive educational training, such as during morning rounds.

**Intellectual:**
The student must have the cognitive abilities necessary to master relevant content in all didactic and clinical courses at sufficient breadth and depth determined by the PA profession. These skills may be described as the ability to comprehend, memorize, analyze, and apply learning material. The student must be able to develop reasoning, problem-solving, and decision-making skills appropriate to the practice of medicine. Additionally, the student must be able to recognize the limits of his/her/their ability, request assistance when necessary, and create a professional development plan based on their individual needs.

**Behavioral and Social Attributes:**
The student must demonstrate personal attributes of caring, integrity, and cultural competence. The student must possess the emotional health and stability required for full application and use of their intellectual abilities, the exercise of good judgment, the prompt and effective completion of all responsibilities under stress, and to adapt to a clinical environment that may change rapidly without warning and/or in unpredictable ways. The student is expected to always interact with others in a respectful and responsible manner. The student must be able to accept and respond to constructive criticism and resolve conflicts in a socially acceptable and professional manner. Additionally, students must continually demonstrate the ability to self-assess, self-correct, and self-direct; to identify needs and sources of learning, and to continually seek new knowledge and understanding. Students will also be expected to understand the Jesuit philosophies of Canisius University and apply these philosophies to the learning process and in clinical practice.

During the didactic year, students are required to master the skills of a complete physical examination. They must complete Basic Life Support (BLS), Pediatric Advanced Life Support (PALS), and Advanced Cardiac Life Support (ACLS) instruction and certification processes. Students are also required to attend a variety of interprofessional collaboration sessions and in-situ simulations at Sisters of Charity Hospital

that may involve some patient interaction. These sessions are scheduled at a variety of times and days not limited to 8:00 am to 4:00 pm, Monday through Friday. Students must be available to meet when sessions are scheduled for the mastery of the curriculum objectives. This may include evening and weekend obligations.

If at any point an enrolled candidate ceases to meet the technical standards of the Program, they must notify the Office of Accessibility Services, which will determine what accommodation is reasonable. If, after all reasonable accommodations are made, there is concern that the student remains unable to meet the technical standards, the student will be referred to the Program Student Progress Committee for further consideration in conjunction with the Program Director and may be dismissed from the program.

## PROFESSIONALISM

Physician Assistant students are expected to consistently demonstrate professional behaviors at all times, including but not limited to:

1. Punctuality for lecture, classroom, and clinical laboratories.
2. Consistent preparation for lectures, classroom, and clinical laboratories.
3. Completion of assignments within allotted parameters.
4. Positive relationships with peers, faculty, patients, and staff.
5. Compliance with the dress code.
6. Acceptance and incorporation of faculty, preceptor, and peer feedback.
7. Adherence to policies and standards established in Canisius University and PA Program student handbooks.
8. Respect for peers. This includes behavior in the classroom or clinical setting. Disruptive behavior is defined as any behavior that would be reasonably construed as substantially interfering with learning or patient care (e.g. frequently leaving the classroom during lectures, interrupting fellow students, using foul language, using personal cell phones during instruction or class discussion, etc.) Exceptions will be made upon notification by the student to the PD that accommodations for leaving classroom space may be temporarily needed.
9. Refraining from prejudicial behavior. This includes micro-aggressions, implicit bias, racially or culturally charged language, sexual harassment, bias incidents of any kind.
10. Avoiding use of derogatory language regarding the program, preceptors, or peers in social setting (including social media).
11. Compliance with drug and alcohol policies of Canisius University.
12. Maintenance of a safe environment for the patient in the clinical setting.

Professionalism will be evaluated using the program's universal themes and ratings. This will be used as both a part of individual course grading (at the discretion of the instructor) and as an overall tracking at the program level. Students who consistently demonstrate professionalism concerns as defined by the

rubrics shared, may be subject to a delay in the start of their clinical year or possible dismissal depending on severity of infractions. It is important to remember you are always a part of a larger community and a reflection of Canisius University and the PA program, including your personal time and social behavior. Any student who exhibits recurrent violations of policies/procedures will be subject to a formal hearing by the Program Student Progress Committee to address the student's behavior and create a corrective action plan. Corrective action may include remediation in professional development, deceleration, or dismissal from the program.

Every student is required to inform her/his faculty advisor of any legal adverse action within 48 hours of the occurrence of the adverse action. Students should email their advisor and the Program Director if the action occurs over a holiday or weekend. "Adverse action" for the purposes of this document is defined as, "the receipt of a citation for any misdemeanor or felony infraction by any law enforcement officer, arrest, incarceration, or other legal actions against the student". Upon program notification by the student, the faculty advisor will discuss the issue with the Program Director and provide feedback to the student within 72 hours regarding any program decisions resulting from the student's actions. If the occurrence could result in a change in the student's status in the program (probation, deceleration, dismissal), the Student Progress Committee will meet to determine the appropriate course of action.

**Email and Communications**

Students are responsible for checking their Canisius email at least once daily and responding within an appropriate timeframe (typically 24-48 hours). Any email communication with faculty or staff should be done through the Canisius email system.

Usage of any other form of personal electronic device (i.e. cell phone, iPad, digital camera, etc.) in a manner that is in any way disruptive to other students or the instructor is prohibited. This includes texting or messaging during class time. A student will be warned on the first offense and asked to leave for the second offense (=unexcused absence). A third violation will be treated as academic misconduct. Furthermore, usage of these devices, in any way, during an exam or quiz will automatically be treated as academic misconduct, resulting in a zero for that exam/quiz and possible other, more serious consequences.

**Respect for Program Faculty, Staff, and Instructors/Guests**

While there may be incidents when students feel there is a discrepancy or inaccuracy with their instruction or evaluation, students are expected to approach any disagreements or concerns with respect at all times. We do welcome the opportunity for students to challenge the information they receive as this is often a growth opportunity for students and faculty alike. However, the program will not tolerate persistent or argumentative behavior, foul language, or disparaging remarks directed at any faculty, staff, instructor, or guest at any time. If a student has concerns about materials or instruction provided, test questions, or any other aspect of their instruction, they are encouraged to address this respectfully and

constructively with the instructor first in office hours or private setting. If this is not helpful, students may see additional guidance from the course director or coordinator. The action plan provided by the course director or coordinator is final.

Classroom Etiquette

Please be considerate of classmates by not coming in late, leaving early, or by allowing cell phones to ring during class. While in the classroom, please act respectfully towards classmates and the professor by focusing on the lecture or task at hand. If a student wants to chat, read, surf the Internet, text message, they must do it somewhere else. Instructors reserve the right to ask anyone who is disruptive to leave.

The use of laptops in class will be permitted for class-related activities only (notetaking, accessing slides). The use of wireless access for other things during lecture time will result in a loss of this privilege.

**Attendance Policy-Didactic**

Regular class attendance is expected and necessary to be successful in this rigorous academic program. It is the responsibility of the student to report absences from class to the course instructor and Program Director. Students may miss one (1) sick day and one (1) personal/mental health day per semester without formal excuse. This does not include bereavement as outlined below. Any sick absences exceeding one (1) day must be excused with written documentation from a medical provider (MD, DO, PA, and NP). Anticipated absences for non-medical purposes that extend beyond one (1) academic day must be approved by the Program Director in email. If absence is approved, it is the student's responsibility to contact each course director for material missed. Under extenuating circumstances, students may be allowed to miss up to 2 weeks of didactic time without disruption in the progression through the program, as outlined in the section for Leave of Absence. In this case, the program will work closely with the student to provide as much asynchronous or recorded learning to keep the student up to speed. Resources and assignments in D2L will still be expected to be followed by the student, but deadlines for assignments may be adjusted at the discretion of the course director. Please see the Leave of Absence policy for more information.

It is the professional responsibility of the student to meet with course instructors to reschedule any exams or assignments missed during absences. This should be done in advance of absence when scheduled, or immediately upon return from emergency/unexpected absence. Faculty are not required to reschedule any assessments or skill activities for students who are tardy or absent from a test for an elected personal day without appropriate accommodations made by the student. Final grades may be reduced for unexcused absences.

**Attendance Policy-Clinical Rotations**

Attendance and timeliness are required for all clinical courses as they are in didactic courses. Students are not permitted to miss more than one day of clinical time during each clinical rotation unless the preceptor or Clinical Coordinator has granted prior approval. The student must notify the Clinical Coordinator and preceptor/clinical site if absence occurs. If the absence is scheduled or anticipated, the same policies apply as above. Any absence from class or clinical experience that lasts greater than one (1) day will require a medical note or other written excuse to be provided to the Program Director upon return to learning. Any time missed from clinical rotations more than one day must be made up at the convenience and discretion of the preceptor. Please see the Leave of Absence policy for information on the process for missing an extended period. Failure to complete all assignments missed regardless of reason, will result in a score of zero (0) for that assignment and potentially unsatisfactory grade or failure of the rotation. If a student is able to meet all objectives of the clinical course within the time they are on the rotation, they may progress as scheduled. If not, the student will be required to repeat the full clinical course at a later date, which may impact graduation. Reasonable accommodation will be attempted to try to keep students on track for on-time completion of each course.

**Missed Examination and Assignments**

Missed examinations or assignments are defined as any uncompleted components of the course on which the student may be graded, that constitutes a portion of the final grade for a course or required for completion of the program. Specific guidelines regarding missed examinations or assignments are as follows:

- Valid reasons for missing assessments of any kind may include personal illness, illness or death of an immediate family member, or unavoidable mishaps such as an automobile accident on the way to the examination.
- A letter from a medical provider familiar with the circumstances may be required to substantiate the reason.
- When a student misses an examination, it is the student's responsibility to notify the course director AS SOON AS POSSIBLE and provide documentation within 3 days of the missed examination. The course director will determine whether the absence was excused or unexcused and what credit will be offered for the make-up work.
- Where a reason and/or documentation deemed valid are not presented, the student will receive a zero for the late or missed examination or assignment. Assignments are considered late if turned in more than a minute after due.

**Bereavement**

Students are entitled to three (3) academic days in the didactic or clinical setting for death of an immediate family member. This includes parents, grandparents, spouse/domestic partner, child, or sibling. Additional exceptions may be made on a case-by-case basis with approval by the Program

Director. Bereavement is considered an excused absence and will not count toward a professionalism deduction.

**Dress Code**

Students are expected to maintain a professional appearance at all times when in the learning environment. This pertains to both classroom and rotation settings. Students are expected to be neat, clean and well groomed. Hair should be appropriate in style and color for professional practice. Nails must be neat, trimmed and of appropriate length to allow for patient assessment and care. Wearing perfumes, colognes, or body sprays is not permitted in the classroom, labs, or on rotations. Artificial nails are strictly prohibited during all phases and aspects of training. Revealing attire or offensive artwork is never permitted in the classroom or clinical setting. Scrubs must be worn every day in the classroom setting unless otherwise directed. Closed toed shoes/sneakers must be worn.

Students will be required to wear a short, consultation-length white laboratory coat in all clinical settings except for the operating room and as designated by the clinical facility. Regardless of clinical setting, students must always wear their student ID badge. This coat and badge will be provided by the program. If a student is required to wear alternative uniform on a clinical rotation (e.g. scrubs), (s)he must wear student ID badge on left collar of uniform for easy recognition by patients, family, and staff at facility. Preceptors will be informed of the dress code and appropriate student identification policies in the Preceptor Handbook. Preceptors are expected to communicate any special instructions for dress (scrubs, footwear, jewelry restrictions, etc.) based on the clinical experience using the Clinical Tracking tool in EXXAT. If a student arrives for a clinical rotation without the appropriate identification and attire, the preceptor is authorized to send the student home for that clinical day or allow the student to utilize another acceptable form of identification to distinguish them from other professionals. Students are expected to follow facility rules for attire as it pertains to specific clinical experiences (e.g. scrubs, removal of white lab coat, etc.). Clinical supervisors and preceptors reserve the right to dismiss a student from a clinical site for inappropriate dress or appearance. Such action may result in remediation with program, further professional education, and/or annotation in student record. Repeated offenses will result in loss of adequate clinical training and likely dismissal from the PA program.

**Social Media Policy**

Social media is defined as mechanisms for communication designed to be disseminated through social interaction, created using easily accessible and scalable publishing techniques. Social media is commonly thought of as a group of internet-based applications that allow for the creation and exchange of user-generated content. Students must represent Canisius University, the PA program, and all clinical rotation sites in a fair, accurate and legal manner.

1. Students may not post confidential or proprietary information about the University, staff, students, clinical facilities, patients, or others with whom students have contact within the role of a Canisius University student.
2. Students must be mindful of intellectual property rights. Lectures, classroom videos, or other educational materials may not be shared in social media settings without the express permission of the content creator.
3. No marks, such as logos and graphics of Canisius University, clinical facilities, or the PA program may be used on personal social media sites without express permission.
4. There must be no presumption of security or anonymity on the internet or social media. Where
the student's connection to the University is apparent, make it clear that the student is speaking for himself/herself/themself and not on behalf of the University.
5. Making postings "private" does not preclude others from copying and pasting comments on
public websites. "Private" postings that become public are still subject to sanctions.
6. It is strictly prohibited to discuss patient related matters and to take photographs of patients or
biologic specimens (including in the operating room), even if the photographs are de-identified of patient information. Similarly, the posting of diagnostic images or any form of patient data on any social media platform or the internet is strictly prohibited.
7. Communicating in any form (social media or otherwise) regarding tests, quizzes, or other assessments is forbidden and may be considered grounds for dismissal.
8. Requesting social media connection with preceptors, faculty, staff, and supervisors while currently a student is prohibited.

Students should be mindful of the fact that all social media behavior reflects your professionalism, the program, the University, and the PA profession. Students should assume all postings are visible to program faculty, future employers, rotation sites, and patients. Postings deemed inappropriate by the faculty on the internet or social media will be considered unprofessional conduct on the part of the student. Students responsible for such postings are subject to the disciplinary process in the same manner as for any other unprofessional behavior that occurs outside the academic setting.
Public postings on social media may have legal ramifications. Comments made by students concerning patients or unprofessional comments about themselves, other colleagues, professors, or preceptors can be used by the courts or professional licensing boards. Students must be diligent to ensure that electronic communication or postings on social media sites do not violate laws pertaining to patient or student privacy, including the Health Insurance Portability and Affordability Act (HIPAA) and the Family Education Rights and Privacy Act (FERPA). HIPAA and FERPA regulations apply to all comments made on social media sites and violators are subject to the same prosecution as with other

HIPAA or FERPA violations. HIPAA or FERPA violations are subject to disciplinary action within the program or University as well, including dismissal.

**Canisius University Core Values and Policies**

Students of the Canisius University Physician Assistant program are considered members of the Canisius University community as a whole, and are expected to adhere to the mission, vision, policies, and procedures of the University. This includes a deep understanding and reflection of the core values of Canisius University:

Canisius University is committed to the following values that emerge from our Catholic, Jesuit mission to guide all of our decisions and actions:

1. Cura personalis: care and respect for the whole person and a holistic approach to education.
2. A dedication to the pursuit of magis, excellence, service, and innovation.
3. Principled leadership and personal accountability.
4. An individual and institutional responsibility to work for social justice and transform suffering and injustice in the world.
5. A deep respect for the natural world, and a commitment to its responsible stewardship.

**Lecture Recording/Sharing**

Classroom lectures are the intellectual property of the instructor and as such are subject to copyright laws. Recording, duplication, alteration, or redistribution of lecture materials by students is prohibited. Students may not copy or redistribute lecture materials without the express written permission of the course director. Unauthorized recording, duplication, alteration, or redistribution of lecture materials may violate federal or state law as well as the Honor Code and Guidelines for Ethical Conduct for the Physician Assistant Profession. Violation of these policies may result in disciplinary action. Recording of lectures is for the student's individual academic purposes only and not for distribution outside the program.

**Other Recording**

At no time is any student permitted to record any (video or audio) conversations between students, between faculty members, between faculty member(s) and student(s), or any other conversations that occur on the Canisius University campus or at any other location where an activity of the University is occurring for any purpose with or without permission. Any student found to have broken this rule will be subject to the Program's disciplinary policy. The exception to this rule is that students may record conversations and interactions that are recorded in the fulfillment of specific assignments where video/audio recording privilege is expressly requested by a faculty member in fulfillment of that assignment. The University reserves the right to photograph, audio, and video record all classrooms

during the course of the curriculum, especially during examinations. The student understands this information may be reviewed and used in the case of suspected violation of the Honor Code.

## ACADEMIC INTEGRITY AND INTELLECTUAL HONESTY

Academic integrity is the foundation of intellectual inquiry and growth. Demonstrating respect for intellectual work, whether one's own or others', fosters an atmosphere of trust and facilitates the free exchange of ideas, which is essential for learning. All members of the Canisius University community agree to exercise complete honesty in their academic work and accept responsibility for maintaining academic integrity. The Code of Academic Integrity is accessible at https://catalog.canisius.edu/undergraduate/academics/academic-policies/code-academic-integrity/. Violations of academic integrity will be prosecuted fully. Disciplinary action for violations of this policy may include failure of an assignment, failure of a course, placement on probation and dismissal from the Program. Please note that you are responsible for reporting any instances where other students have violated these policies as well, and failure to do so may also result in penalties.
Any failing grade received as a result of academic dishonesty is not eligible for remediation. Furthermore, cheating or other violations of academic integrity may be grounds for immediate dismissal from the program.

## ACADEMIC STANDARDS OF PERFORMANCE

Successful completion of each area of this program is defined as follows:

- A minimum of 70% on individual assessments (other than minor assessments/quizzes) in didactic year, and passing of clinical-year examinations relative to national averages on end-of-rotation exams
- A minimum of 73% overall grade for individual didactic courses with an overall GPA minimum of 3.0
- A minimum of 73% overall grade for individual clinical courses with an overall GPA minimum of 3.0.
- A "pass" for a pass/fail course (such as with the Interprofessional Collaborative Practice series)

Courses with a C- or less are a course failure. Failure to meet any of the above benchmarks may result in administrative action such as remediation, probation, deceleration, or dismissal as outlined below. This is at the discretion of the Student Progress Committee who will meet to review each case on an individual basis and determine best actions. Final course grades will not be rounded at any time.

## GRADING POLICY

The program uses a quality point system based on a whole letter grade associated with a percentage grade range. Points are assigned to each assessment within individual courses, and each course syllabus will provide information on how points translate to a percentage grade. As outlined in the Academic Standards of Performance, students must achieve a 73% overall grade for each didactic and clinical course and must maintain an overall semester GPA of 3.0. Please refer to course remediation guidelines below.

Final grades are available on the MyCanisius portal at the conclusion of each semester. If an official grade report is needed for any reason, contact the Student Records office to request a grade report.

Grading breakdown is as follows:

| GRADE | POINTS | PERCENTAGE |
|---|---|---|
| A | 4.0 | 93-100 |
| A- | 3.7 | 90-92 |
| B+ | 3.3 | 87-89 |
| B | 3.0 | 83-86 |
| B- | 2.7 | 80-82 |
| C+ | 2.3 | 77-79 |
| C | 2.0 | 73-76 |
| C- | 1.7 | 70-72 |
| F | 0 | |

It is important to distinguish between what is passing for an assessment versus the whole course, in addition to understanding the overall GPA requirement of this program being an 83% or higher (3.0)

## CHALLENGING AN ASSESSMENT/GRADE

Faculty will do their best to create fair and reasonable assessments and assignments that are meant to prepare the student for graduation, passing of the PANCE, and clinical practice. If a student has a concern with an aspect of an assessment, he or she must present this concern, with evidence to support the answer they feel is correct, within 48 hours of the grade posted. The decision by the course director regarding this concern is final after appeal of that item. Repeated arguing about assessment or assignment answers with faculty is viewed as a professionalism concern.

## APPEAL OF A COURSE GRADE

If the student does not accept the results of the grade review, he or she may initiate a formal grade appeal according with graduate policies at:
https://catalog.canisius.edu/graduate/academics/academic-policies/#gradestext

## STUDENT SUCCESS

Retention and support of students is a high priority of the Physician Assistant Program. A variety of resources and processes are in place to help students succeed academically and professionally, while also upholding the high standards and integrity of PA education.

Student Success Coordinator

The program has a dedicated Student Success Coordinator whose role extends beyond the routine academic advising provided by course directors and faculty advisors. The Coordinator works collaboratively with students to develop individualized success plans tailored to their learning styles, strengths, and specific areas of challenge. Students may be referred to the Student Success Coordinator when patterns of academic difficulty emerge, with the goal of providing early, targeted support. Engagement with the Coordinator may occur informally or as part of a formal remediation plan.

Student Progress Committee (SPC)

The Student Progress Committee (SPC) is composed of all program faculty and staff, with the exception of the Program Director and Medical Director. The SPC is responsible for reviewing and evaluating student performance — both academic and professional — to ensure that progression standards are being met. Based on its review, the SPC may make formal recommendations regarding a student's status in the program. These recommendations may include targeted remediation, deceleration, or dismissal, as detailed in the following sections of this handbook.

Students are encouraged to proactively seek support early and communicate openly with faculty and the Student Success Coordinator" reinforces shared responsibility.

## EARLY INTERVENTION FOR ACADEMIC/PROFESSIONAL DIFFICULTIES

PA school is academically rigorous, and students will at times struggle. The purpose of this policy is to delineate the process of identification and intervention for students that are demonstrating lower performance. This policy is in addition to the program's published policies on Academic Standards and student progress.

In order to intervene early and thereby ensure the highest chance of successful course completion, faculty will monitor student performance after each test, quiz, and exam, specifically monitoring for students that meet one or both of the following criteria:

1. A test average for the semester that is below 73% (as that would be the minimum course grade that is considered passing) upon completion of at least one-half of the total course, and/or
2. Failure (defined as a grade lower than 70%) on two or more exams with remediation in a single course, particularly when the exams encompass at least one-third of the total possible exams or exam questions in the course (major assessments).
3. Failure of an End of Rotation exam during the clinical phase of the program.

In the event that a student is identified using the above criteria, the Student Progress Committee will convene to determine the best course of action with the student no later than the midway point of the semester. In that meeting, the student will be given a formal letter of academic concern which will

identify the course, the reason for the warning, and faculty recommendations for improvement. These recommendations may include, but are not limited to, mandated review sessions for the affected course, consultation with the study specialist, and/or additional coursework.
A similar process of early identification and intervention will be used for students with repeated professionalism concerns such as routine tardiness or absences, disruptive behavior in the learning environment, or other violations of professional standards.
Additional follow-up meetings may be required as the semester progresses if the student's performance does not improve.

## REMEDIATION

Remediation is the re-learning of material for which the student has not achieved mastery. Remediation does not necessarily include post-remediation evaluation/testing. The goal of remediation is to identify, based on course instructional objectives and evidenced by poor performance on examination(s), areas of weaknesses of material, and, once identified, to assist the student in overcoming those weaknesses and develop mastery of the material. Course Directors may allow remediation with other assessment tools/methods at their discretion, including (a) remediation of evaluation for grade change (module exams, OSCEs, major written assignments); (b) remediation of evaluation without grade change (quizzes, formative simulations, low-point assignments); (c) remediation of course for grade change; (d) professional and or overall academic (study habits, etc.) support.

Throughout the program, evidence of information understanding is monitored via student performance on written, oral and practical evaluations. Student progress is monitored by the course directors, Didactic Education or Clinical Education Coordinator, and Student Progress Committee in a manner that promptly identifies deficiencies in knowledge or skills and establishes means for remediation as described herein.

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

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

**Remediation Policy for Didactic Year**

Remediation of Evaluation with Potential for Grade Change
Students have the opportunity to remediate a maximum of two major assessments (limited to major unit exam or OCSE) per course in their didactic phase. Only evaluations with a score of <70% are permitted to be remediated for a grade change. To remediate an evaluation for grade change, students should inform the course director within 48 hours of the original grade posting for the remediation to be most meaningful. The faculty member will then determine the appropriate time to complete this remediation. Requests received after this deadline will be considered on a case-by-case basis at the discretion of the course director. The new grade for the assessment will be the average of the original and remediation assessment scores. Failure to successfully pass the final exam remediation may result in academic probation for the following semester and could jeopardize progression in the program. If a student has not maximized their remediations in a course and the course director has concerns about their ability to progress in the program, the course director reserves the right to require remediation to ensure the student has mastered content to an acceptable level to progress. Late remediation assessments, regardless of how late, will not be accepted for credit and, as such, students will receive the original final grade on their examination/evaluation.

**Remediation of Evaluation without Potential for Grade Change**
Remediation of evaluation without potential for grade change incorporates student self-directed study of material based on the received score for that evaluation. This is considered informal remediation. To promote the most success in the program and on the PANCE, the program urges students to independently remediate any evaluation for which they score <80% but above 70%. Importantly, to receive credit, all remediation assignments and retesting of examinations/evaluations must be completed and submitted by the Course Director's chosen deadline.

Remediation for a failed examination involves a three-step process including:

- Step 1: Identification of weakness area, primarily by student awareness. Examinations will not be formally reviewed.
- Step 2: Development of remediation study plan based on the identified area(s) of weakness.
- Step 3: If applicable, evidencing proficiency of failed material

Not all remediation will include post-remediation assessments. If a post-remediation assessment does occur, students will be reassessed by the Course Director after completion of the remediation. The assessment activity may vary at the discretion of the Course Director and depending on the nature of deficiency and degree of remediation necessary. The activity may include, but not be limited to:

- Make-up written, oral, or practical examination.
- Written completion of selected course instructional objectives with reference citations

- Written response to selected examination items with reference citations
- Problem based learning exercise(s) focused on area(s) of weakness.
- Written self-reflection exercise(s)

Students who earn a final course grade of 70–72% will be allowed to take a targeted competency assessment, which is to be completed no later than the end of the first week of classes in the subsequent semester. This may result in a delay of scheduled University breaks. This competency assessment grade will replace the lowest assessment grade of equal value from the semester and they will receive the new course grade based on that change, not to exceed the 73% minimum to pass the course. Only one didactic course remediation will be permissible per semester. If this new grade continues to fall below the minimum 73% expectation, the student will be required to meet with the Student Progress Committee to determine status. Students who need to remediate a full course, regardless of changed grade, will be at minimum placed on academic probation for the next semester. Students who earn less than 73% in two or more didactic courses in one semester will be subject to deceleration or dismissal at the discretion of the SPC.

**Remediation Policy for Clinical Year**

Students must receive a minimum of 80% on the rotation preceptor evaluation and successfully pass the end-of-rotation (EOR) assessment within 1.5 standard deviations of the national average for that EOR for successful completion of each rotation. Passing benchmarks for each EOR will change annually and be provided to students at the beginning of each clinical year. If a student passes both the preceptor evaluation and EOR exam but does not end with a course passing grade of 73%, the students will be offered the option of performing an additional assessment that, if successful, would allow them to receive a maximum grade of 73%. Students who fail an EOR exam on their initial attempt will be provided with additional support materials and allowed to repeat the EOR exam. The repeated assessment grade must be at or higher than passing to be successful. Students will receive the average of their two grades. If the student will pass the rotation based on the preceptor evaluation, but fails the remediation EOR exam, they will be required to successfully complete an oral case study to be considered successful on the rotation. Failure of this oral case presentation will necessitate a repeat of the entire rotation regardless of the overall grade, and the student will be placed on academic probation. Repeating any rotation will result in a delay in graduation and additional tuition and fees associated with the repeated course.

Students may only remediate three EOR exams over the course of their clinical training. If a student fails more than three EOR exams on first attempt, regardless of remediation outcome, they will be subject to deceleration or dismissal at the discretion of the Student Progress Committee. Failure of two EOR exams regardless of remediation outcome will result in the student being placed on probation. Every effort will be made to remediate potential failure during the review of the mid-rotation evaluation. The

Clinical Education Coordinator will work closely with the preceptor to provide additional support where possible. If the student is unsuccessful despite remediation efforts, the student will repeat the failed rotation as outlined above. During the period between the failed rotation and the repeat of that rotation, the student will be provided with additional supportive materials by the Clinical Education Coordinator and additional skills sessions may be held based on areas of weakness. Failure of two rotations will result in deceleration or dismissal from the program as decided by the Student Progress Committee.

## STUDENT PROBATION

Students who fail to achieve a minimum overall GPA of 3.0 for the PA program despite remediation, or who do not achieve the minimum passing grade for a course, will be placed on academic probation. These students must re-establish good academic standing by bringing their overall GPA to at least 3.0 within one semester and maintain the academic standards of the program as outlined above. Once a student returns to good academic standing, they must maintain a 3.0 GPA for the remainder of the program. Students will also be placed on probation for failure to meet academic standards as outlined in the grading policies for the didactic and clinical phases, such as failure of exam remediation, a final course grade below 73%, failure of an EOR, etc. Students may only be placed on probation for two semesters total over the course of the program. If good academic standing is not maintained for the remaining semesters, the student is subject to deceleration or dismissal at the discretion of the program.

A minimum overall GPA of 3.0 is required to progress to the clinical year. Students who do not achieve this level of performance may be decelerated or dismissed from the program upon decision by the Student Progress Committee. If a student is decelerated to the beginning of either the didactic phase or clinical phase of the program, they will return to good standing without use of probationary status. Failure to maintain good academic standing after this first semester will likely result in dismissal from the program. See more about deceleration below.

The Canisius University PA Program reserves the right to place a student on probation at any time during the classroom or clinical phase of education for any concern involving academic or professionalism issues. Duration and terms of probation are determined by the Student Progress Committee and submitted for final approval to the Program Director. This is designed to ensure each student meets competencies and requirements for this program while focusing on restorative practices that allow for successful completion of the program.

Students may not have concurrent semesters of probation, whether academic, professional, or both at any time during the program or they will be subject to deceleration or dismissal at the discretion of Student Progress Committee. Furthermore, students who are removed from probation for a period of time but return to probationary status (academic or professional) will be reviewed by the Student Progress Committee and may face deceleration or dismissal based on overall performance and

likelihood for success in the program. Students may not exceed two total semesters of probation over the course of the entire program.

## DECELERATION

Students who have consistently demonstrated difficulties meeting academic or professional standards of the program despite remediation efforts may be subject to deceleration to the beginning of the phase they are in at the time of deceleration. Didactic students will decelerate back to the first semester of the didactic phase and clinical students will decelerate back to the first semester of their clinical year. Clinical student deceleration would not be required to decelerate back to the didactic phase of training unless deemed necessary based on global academic deficiencies. Students may not decelerate back to the beginning of their current semester. The program Student Progress Committee will develop a recommended deceleration plan to include successful completion of current and future work along with a newly set graduation date if a student has been unsuccessful in their timely progression in the program based on academic or professional standards. This can include any infraction such as ongoing professionalism or academic concerns that have not improved with remediation, failure to meet all requirements for clinical placement, consecutive semesters on any form of probation (academic or professional), or a single egregious event at the discretion of the program. This will be presented to the Program Director for review and further consideration and subsequently presented to the Associate Dean and Dean for the School of Education and Human Services for formal recommendation. The final decision will rest with the Vice President for Academic Affairs, and the student will be promptly notified of the decision along with the appropriate appeals process. A copy of the deceleration plan will become part of the student file. If a student chooses to decelerate for a leave of absence extension, deceleration will be back to the beginning of the current semester they are in at the time of the leave of absence. Please see the policy on Leave below. Students who accept deceleration are subject to all financial responsibilities related to repeating all courses and are encouraged to meet with the Financial Aid Office to discuss this prior to accepting deceleration in lieu of dismissal.

If a student decelerates to the beginning of their clinical year, they will be required to successfully pass a didactic cumulative exam and OSCE to ensure foundational knowledge was retained during the time they are away from the program. The student must receive 70% or higher on each in order to advance in the curriculum. The student may also be encouraged to participate fully in program activities and will maintain access to support resources such as the medical library during this time.

If a student fails any area of their Capstone/summative assessments as well as the remediation of that failure, they are subject to deceleration or dismissal. Summative assessments are a requirement for graduation and a measure of student competency for clinical practice. Students must complete all aspects of the program within 42 months of matriculation. Students who are unable to complete the

program within this timeframe may reapply to the program after one full admissions cycle (at least six months after dismissal) to begin from day one of the didactic phase.

## STUDENT DISMISSAL

Canisius University and the Physician Assistant Program reserve the right to dismiss a student at any time if circumstances of a legal, moral, ethical, or academic nature justify such action. Consideration of due process and opportunity for reasonable restoration and remediation will be made when appropriate. A review will be conducted by the program Student Progress Committee, and formal recommendations will be made to the Program Director. The program director will email and send a letter to the student immediately upon dismissal and report this decision to the Dean and Registrar's office. The student will be required to follow up with the Registrar's office for further procedures.
Appeals of program decisions can be made to the Associate Dean for the School of Behavioral and Health Studies for final decision. The following terms are used as a general policy for Canisius University, and the program reserves the right to implement additional policies and procedures for dismissal:

1. Academic probation: When a student fails to meet the academic standards of the program, they will be placed on academic probation — a serious warning that the student's academic record with the program is unsatisfactory. Probation for two successive semesters or more than two semesters total during the program will result in automatic review and consideration for academic deceleration or dismissal from the program by the Student Progress Committee.
2. Academic dismissal: Academic dismissal results from any one of the following:
   a. Falling below the academic standards as indicated above.
   b. Global academic deficits despite reasonable remediation efforts
3. Professional behavior dismissal: Students may be dismissed at the recommendation of the Student Progress Committee or directly by the Program Director for professional behaviors that violate program and/or University policies. This includes, but is not limited to:
   a. Substance abuse violation
   b. Violation of Canisius University Community Standards
   c. Committal of a crime
   d. Repeated professional behavior violations in the classroom or clinical setting.
   e. Unsafe practices that result in injury to the student, their colleagues, an instructor, or a patient.

An official letter notifying the student of their dismissal will be sent to the student from the Program Director and a copy will become part of the student file. This letter will include the procedures for appeal of dismissal. Dismissed students may not enroll in any other division for at least six months and

must wait a full 12 months or more before applying for readmission to the program. Dismissed students will need to reapply using the CASPA system as though they are new students. All fees and procedures apply.

## LEAVE OF ABSENCE

If a matriculated student in the PA Program encounters a situation that requires a prolonged absence from the program, that student may either withdraw from the program or request a leave of absence. Absences of less than 2 weeks in the didactic year are addressed in the attendance policy and would allow the student to progress on schedule. A prolonged absence is defined as more than two weeks in the didactic phase (first year). If the prolonged absence will occur during the didactic year for a full semester, the student will be required to decelerate to the start of their current semester the following year. To do so, they must pass the cumulative exams for each semester that they completed before deceleration.

Leave of absence in the clinical year may be taken for up to one full semester only. Students would be required to take the missed rotations during the summer semester after graduation but would be allowed to attend graduation ceremonies as scheduled. A leave of absence required for more than one semester would result in deceleration to the current semester in the following year. Cumulative assessments would also need to be completed as listed above to begin that semester.

A request for a leave of absence must be submitted in writing to the Program Director with sufficient information to explain the situation. If the student is ill or otherwise indisposed, the written requirement may be waived, or the Program Director may initiate the action independently at the verbal request of the student or their representative.
If the request for leave is deemed reasonable and appropriate for the circumstance, and if the student is in good academic standing at the time, the Program Director, in consultation with the program faculty, may grant the leave. Otherwise, the Program Director may, at his/her/their discretion, deny the leave, recommend that the student withdraw from the program, or may recommend that the student be decelerated.

A student who is granted a leave of absence is expected to complete all missed work upon return to the program. See Graduate Catalog sections on Continuous Enrollment and Withdrawal at:
https://catalog.canisius.edu/graduate/academics/academic-policies/#academicstandingtext
Students should report intention to withdraw from the program/University to the Program Director first, who will then direct them to write a letter of intent to withdraw to the Associate Dean of the School of Education and Human Services. See below for more information.

## WITHDRAWAL

Students may request to withdraw from the program at any time if they no longer feel they can be successful in their pursuit of this graduate degree. Students may not withdraw from individual courses. This would not impact a student's reapplication in the future and may be viewed as an alternative to deceleration or dismissal if this is anticipated. Withdrawal from the program could have financial ramifications regarding aid or other costs to the University. This can be discussed at the Student Records/Financial Aid office prior to making this decision. A grade of "W" will be placed on the student transcript for all courses they were enrolled in during that semester unless the student withdraws at the end of a completed semester for which grades are available.

## GRADUATION REQUIREMENTS

Students must demonstrate successful completion of all courses in accordance with Academic Standards of Performance (page 23). All courses must be taken in order as designated in the program course catalog, and students will not be exempt from any courses based on prior experience.

A summative evaluation will occur in the Capstone course (PAS 799) at the end of this program to assess the overall clinical readiness of the student by evaluating core knowledge through a written exam, and clinical acumen through a series of objective structured clinical examinations (OSCE). The summative program assessment includes:

1. Summative written examinations

This is a comprehensive final exam covering all aspects of training. Students must achieve a score within 1.5 standard deviation of the national average for that testing cycle to be considered eligible for graduation. This exam will be used in conjunction with EOR exam grades, the PANCE Prep Course and PACKRAT as a final gauge of students' clinical preparedness.

2. Summative skills examinations
    - OSCE 30 minute (comprehensive head-to-toe visit)
    - OSCE 20 minute (focused complaint)
    - Technical skills stations (pass/fail with use of a standardized checklist)

3. Master's project presentations

The Master's project is a poster presentation based on a thorough and appropriate literature review on a topic of interest as approved by their academic advisor or course director. This presentation is meant to provide data supporting patient education in this area. Poster presentations should be of a quality and content that is worthy of presentation at a professional conference or seminar, or as a community

outreach tool. Posters will be presented to the campus community in addition to preceptors and didactic instructors.

In addition to passing all required didactic and clinical courses as well as summative evaluations, students must be in good standing with Canisius University to be eligible for graduation from the PA program. Students must successfully progress through all aspects of the program within 42 months of matriculation to complete the program. A checklist is provided for students in Appendix 5.

## STUDENT ADVISEMENT

Students will be assigned to a faculty advisor upon matriculation and will typically remain with that advisor until graduation. Since the curriculum is pre-programmed, individual academic advising is not necessary for selecting core courses. Advisors will meet with their advisees near or at the end of every semester. Students may also choose to meet with their faculty advisors if they would like to discuss an issue at any time by appointment. Students are not permitted to change faculty advisors except in extreme circumstances. Should a student experience an irreconcilable conflict with his/her faculty advisor and wish to change faculty advisors, the student should contact the Program Director.

## COURSE EVALUATION AND SELF-ASSESSMENT

The Canisius University PA Program prides itself in providing an exceptional, transformative learning experience for our students. This includes routine evaluation of the success of our students and our education programs. We believe it is best to evaluate our success with strong consideration of the student perspective. Students will be asked to complete a course evaluation as well as a faculty evaluation at the end of each semester. Students will also be required to complete self-assessment tools at the end of each semester and clinical rotation to evaluate strengths as weaknesses as they progress through the program. This can be a very valuable tool for assessing needs for improvement and helping your faculty and preceptors gauge needs to improve teaching and support. In addition to course evaluations and self-assessment, the program faculty will provide students with a clinical readiness reflection at the end of the didactic phase of training. This is not a graded activity but meant to offer insight into student strengths and weakness and provide support where needed before students begin the clinical phase of training. A clinical readiness rubric will be reviewed with each student at the end of the didactic year.

## STUDENT EMPLOYMENT

While not prohibited, students are strongly discouraged from having outside employment for the duration of their PA education. Program expectations and deadlines will not be altered to meet the needs of outside employment. A conflicting work schedule will not be considered just cause for a change in rotation assignment or schedule, and employment will not be considered an acceptable excuse for violation of the attendance policy outlined in the section on Attendance. If a student does find it

necessary to work, they are encouraged to speak with their faculty advisor or the Program Director regarding any conflicts or concerns. Employment should not interfere with a satisfactory level of student performance in program activities.

Students will not be required or permitted to perform any work for the department as part of their education, including primary instruction of any course. Students may be occasionally allowed to assist with aspects of instruction at the discretion of the faculty. This includes sharing knowledge, skills, or laboratory demonstrations that students have prior experience with. This also applies to any clinical setting. Students are not to substitute for clerical or other medical staff during any clinical rotations, nor are they permitted to act as a clinical instructor/preceptor. A potential conflict of interest may occur when a clinical training site is also the student's place of employment. In such cases, the student will be reassigned. In no case will a student's training overlap with employment. When a student is employed outside the program, he/she/they/they must not identify himself/herself/themself as a physician assistant student or wear identification as such. If a student is asked to perform duties outside of the clinical learning experience at any time, they must notify the Program Director immediately.

## SUBSTANCE ABUSE/DRUG SCREENING

In accordance with the Canisius University commitment to providing a healthy and productive educational environment and the Drug-Free Schools and Communities Act Amendments of 1989, it is the policy of Canisius University to annually inform the campus community about the University's policies on drugs and alcohol and about the health risks associated with their use. Community Standards for Canisius can be found at:
https://canisius.atlassian.net/wiki/spaces/HR/pages/34746759/Volume+II+2.2+Health+and+Environmental+Safety+Policies#VolumeII:2.2HealthandEnvironmentalSafetyPolicies-2.2.1AlcoholandDrugPreventionProgramPolicy

The Program requires drug/alcohol screenings on its students prior to matriculation and at the discretion of the program thereafter. Drug/alcohol screening may also be performed on a random basis with or without cause. Students are required to follow policies and procedures through Metro Data for collection and reporting of substance screenings. The program typically requires all screening to be completed within five (5) days of notification unless otherwise instructed. The initial drug/alcohol screen must be completed prior to matriculation; additional drug/alcohol screens for returning students must be completed by the deadline specified by the Clinical Education Coordinator to progress to the clinical phase. If the student is taking prescription medication that can alter drug screening results (benzodiazepines, prescribed opiates, etc.), the student should provide supporting documentation from the prescribing provider at time of testing.
The results of the testing will be forwarded to the Program. All results will be kept confidential. Failure to comply with required drug/alcohol screen will delay progression or render a student unable to

complete the professional degree program which is cause for dismissal from the Program. The results of the drug/alcohol screen will be shared with clinical sites upon request and refusal by a selected site to admit a student may delay graduation or may render the student unable to complete the professional degree program, which is cause for dismissal from the Program. The student is responsible for the costs of drug/alcohol screening through designated vendors. Fees for initial screenings are already assessed in the Program Fees at the university level. Students who are notified that a drug/alcohol screen is required (random or 'for cause') are required to report for drug/alcohol screening within a 4-hour window unless other arrangements are made. If a student is suspected of being actively under the influence, a program faculty or staff member will transport the student to the testing site and then home/designated safe space after testing. Failure to submit to drug/alcohol testing as scheduled will result in equivalency of a positive drug/alcohol screen and referral to the Program Student Progress Committee to review and determine further action, to include possible dismissal.

If the student is confirmed to be under the influence through testing or a refusal to submit to testing will result in referral to the Program Student Progress Committee. This may result in removal from the rotation and repeat of the rotation at a later time, deceleration, or dismissal from the program.

## BACKGROUND CHECKS

All prospective students must completely disclose any unsealed criminal records. The criminal background check is a mandatory prerequisite for matriculation into the professional program. Matriculation is contingent upon a successful criminal background check. The criminal background check is not a component of the application or interview process and is not conducted or reviewed until after an applicant is conditionally accepted to the program. However, on the Centralized Application Service for Physician Assistants (CASPA) application, students are requested to truthfully disclose any previous academic, felony, misdemeanor, and licensure infractions. Additionally, The Joint Commission on Accreditation of Health Care Organizations (JCAHO) requires "information on criminal background according to law, regulation, and organizational policy' on all employees, students, and volunteers". Students are subject to criminal background checks in order to meet clinical placement requirements. Any discrepancy between criminal background reported on the Central Application Service for Physician Assistants (CASPA) applications and criminal background check is grounds for immediate dismissal. Students are responsible for all costs associated with background checks.
The following procedures will be followed:

1. The criminal background check will be initiated by either CASPA with application or Metro Data at the time an applicant's deposit for the program is received.
2. Results from any company or government entity other than those designated by Canisius University will not be accepted.

3. Students/conditionally accepted applicants will be allowed to follow the grievance procedure for the background agency. Criminal background check results will be automatically released to the Program if applicants do not complete the grievance process as specified by the conducting organization.
4. A student who cannot participate in clinical experiences at affiliate institutions due to information in his/her/their criminal background check will be unable to fulfill the requirements of the degree program and therefore will be dismissed from the program.

Ultimate decisions about the matriculation of a conditionally accepted applicant whose criminal background check reveals information of concern will be made by the Program Director. The following factors will be considered when evaluating information:

1. The nature, circumstances, and frequency of any offense(s). Specifically, the Admissions and/or Student Progress Committee(s) will evaluate the potential for harm to patients, harm to members of the Canisius community, eligibility for licensure, and eligibility to participate in introductory and advanced clinical practice experiences at affiliate institutions.
2. The length of time since the offense(s).
3. Documented successful rehabilitation.
4. The accuracy of the information provided by the applicant in his/her/their application materials and upon initiation of the criminal background check.

Items present prior to matriculation may result in rescission of a student's conditional offer of admission. Information accessed during enrollment may result in sanction, suspension, or dismissal of a student. Criminal background check reports will be evaluated to determine terms and sanctions of the offense. Information obtained will be used by state and federal laws. Criminal background check reports and all records pertaining to the results are considered confidential with restricted access. The results and records are subject to the Family Educational Rights and Privacy Act [FERPA] regulations.

## HEALTH INSURANCE

Students enrolled in the Physician Assistant program are required to have their own health insurance. Proof of insurance must be uploaded in the student health portal annually. Health services are offered on a limited basis at the student health office on campus, but any additional health care needs will need to be arranged and paid for by the student. This does include payment for any mandatory screening or immunization for the program. Students are encouraged to contact the student health office on campus prior to any testing or vaccinations to check eligibility for free or discounted services when needed. The University also offers an insurance plan for all graduate students. Information about the plan is available on the Student Health Center web site or through the Office of Student Records and Financial Aid.

## HEALTH CARE FOR STUDENTS

It is very important for students to understand that faculty and staff of the PA program are not permitted to provide medical care to students at any time. This includes adjunct instructors, clinical preceptors, and guest lecturers. Exceptions may be made in emergencies only, and students will be required to follow up with a non-faculty or unaffiliated healthcare provider after emergency care is rendered. Faculty and affiliated instructors may provide advice on where to seek care or resources without bias but are also not permitted to give medical advice to students for their personal or family care at any time.

Student Health services are available to all graduate students currently enrolled and attending classes, both full time and part time. Graduate students seeking care in Student Health are required to submit a medical history and consent to treat form. This form is available on MyCanisiusHealth or in the Student Health office. MyCanisiusHealth is your web-based health portal offering 24/7 access to Student Health and health information. From MyCanisiusHealth, you can:

- Schedule your health center appointment
- Read messages from the University physicians and nurses
- Update your health insurance information and scan up a copy of your insurance card
- Review self-care tips and educational materials
- Scan completed health forms to Student Health

Student Health treats non-life-threatening injuries and illnesses that do not require emergency room treatment at a hospital. Below is a list of some of the common conditions treated in Student Health:

- Flu
- Covid diagnostic testing (rapid or PCR)
- Annual physicals (by appointment) for clinical placements only
- Select serologies/lab testing for immunology (by appointment) clinical placements only
- Cough and Sore throats
- Sinus infections
- Headaches
- Earaches
- Nausea/Vomiting/Diarrhea
- Mono
- Minor burns
- Nose bleeds
- Skin infections
- Back pain
- Muscle strains and sprains
- Rashes
- Cuts/bites/insect stings

## HEALTH REQUIREMENTS

The health requirements for the Physician Assistant program are to assure that the student:

1. Maintains the level of personal health necessary to complete the course of studies and ultimately to perform the duties of a professional advanced practice provider.
2. Is free of any illness or disease that may endanger the health and welfare of themselves and others.

The pre-clinical physical examination shall include a complete physical examination administered by a physician, physician assistant, or nurse practitioner with verified evidence of the following: current negative tuberculin skin test (PPD) or Quantiferon Gold TB test (this is preferred) within previous 12 months. Subsequent TB testing must be done every 12 months while the student is enrolled in the program or suspected exposure occurs. If the TB test has converted to a positive, a chest x-ray is required, and the student must follow up at the Erie County Medical Center (ECMC) TB clinic. Students must be cleared by the ECMC clinic prior to returning to the clinical setting. Students with a history of a positive PPD test must complete a "Tuberculosis Symptom Screening Questionnaire" annually. If there are any positive findings on the questionnaire a repeat chest x-ray or Quantiferon Gold TB test is required, with follow-up as appropriate.

**Students are obligated to follow the most up-to-date CDC recommendations at the time of matriculation. Please see below.**

All health documents must be uploaded to the Student Health Portal and will be tracked through the MEDICAT system. The Program will NOT have access to any student health documents, but will be informed of the status of completion for all required health forms. Health documents may be provided to clinical experience sites upon request. Canisius University health support, policies, and forms can be found at: https://www.canisius.edu/student-experience/student-support-services/student-health
The program does NOT permit waivers of any immunizations or health screenings with exception of proven allergy to the influenza vaccines. This is outlined above. Given the risks associated with direct patient contact and close contact with colleagues during training, the program will require complete compliance with CDC and New York State Department of Health recommendations at all times.

**The following are the official CDC Guidelines for Immunization of Health Care Workers:**

| Vaccine Recommendations in Brief | |
|---|---|
| **Vaccines** | **Recommendations in brief** |
| **Hepatitis B** | If you don't have documented evidence of a complete hepB vaccine series, or if you don't have an up-to-date blood test that shows you are immune to hepatitis B (i.e., no serologic evidence of immunity or prior vaccination) then you should<br><br>· Get a 3-dose series of Recombivax HB or Engerix-B (dose #1 now, #2 in 1 month, #3 approximately 5 months after #2) or a 2-dose series of Heplisav-B, with the doses separated by at least 4 weeks.<br><br>• Get an anti-HBs serologic test 1-2 months after the final dose. |
| **Flu (Influenza)** | Get 1 dose of influenza vaccine annually. |
| **MMR (Measles, Mumps, & Rubella)** | If you were born in 1957 or later and have not had the MMR vaccine, or if you don't have an up-to-date blood test that shows you are immune to measles or mumps (i.e., no serologic evidence of immunity or prior vaccination), get 2 doses of MMR (1 dose now and the 2nd dose at least 28 days later).<br>If you were born in 1957 or later and have not had the MMR vaccine, or if you don't have an up-to-date blood test that shows you are immune to rubella, only 1 dose of MMR is recommended. However, you may end up receiving 2 doses, because the rubella component is in the combination vaccine with measles and mumps. For HCWs born before 1957, see the MMR ACIP vaccine recommendations. |
| **Varicella (Chickenpox)** | If you have not had chickenpox (varicella), if you haven't had varicella vaccine, or if you don't have an up-to-date blood test that shows you are immune to varicella (i.e., no serologic evidence of immunity or prior vaccination) get 2 doses of varicella vaccine, 4 weeks apart. |
| **Tdap (Tetanus, Diphtheria, Pertussis)** | Get a one-time dose of Tdap as soon as possible if you have not received Tdap previously (regardless of when previous dose of Td was received).<br><br>Get Td boosters every 10 years thereafter |

| | |
|---|---|
| | Pregnant HCWs need to get a dose of Tdap during each pregnancy. |
| **Meningococcal** | Those who are routinely exposed to isolates of *N. meningitidis* should get one dose. |
| **Covid-19** | https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html#recommendations<br><br>https://www1.nyc.gov/assets/doh/downloads/pdf/covid/covid-19-vaccination-workplace-requirement.pdf |

The most recent recommendations for Tuberculosis (TB) screening for health care workers is as follows:

| **Category** | **2005 Recommendation** | **2019 Recommendation** |
|---|---|---|
| **Baseline (preplacement) screening and testing** | TB screening of all HCP, including a symptom evaluation and test (IGRA or TST) for those without documented prior TB disease or LTBI. | TB screening of all HCP, including a symptom evaluation and test (IGRA or TST) for those without documented prior TB disease or LTBI **(unchanged)**; individual TB risk assessment **(new)**. |
| **Post-exposure screening and testing** | Symptom evaluation for all HCP when an exposure is recognized. For HCP with a baseline negative TB test and no prior TB disease or LTBI, perform a test (IGRA or TST) when the exposure is identified. If that test is negative, do another test 8–10 weeks after the last exposure. | Symptom evaluation for all HCP when an exposure is recognized. For HCP with a baseline negative TB test and no prior TB disease or LTBI, perform a test (IGRA or TST) when the exposure is identified. If that test is negative, do another test 8–10 weeks after the last exposure **(unchanged)**. |
| **Serial screening and testing for HCP without LTBI** | According to health care facility and setting risk assessment. Not recommended for HCP working in low-risk health care settings. Recommended for HCP working in medium-risk health care | Not routinely recommended **(new)**; can consider for selected HCP groups **(unchanged)**; recommend annual TB education for all HCP **(unchanged)**, including information about TB exposure risks for all HCP **(new emphasis)**. |

| | | |
|---|---|---|
| | settings and settings with potential ongoing transmission. | |
| **Evaluation and treatment of positive test results** | Referral to determine whether LTBI treatment is indicated. | Treatment is encouraged for all HCP with untreated LTBI, unless medically contraindicated **(new)**. Annual screening questionnaire once determined to be negative at local TB clinic. |

**The student must provide proof of the above-mentioned requirements to the Academic Program Coordinator at least 2 weeks before start of the didactic phase and 4 weeks prior to clinical rotations**.

The student must provide proof of the above-mentioned requirements to the Academic Program Coordinator at least 2 weeks before start of the didactic phase and 4 weeks prior to clinical rotations.

FAILURE TO PROVIDE EVIDENCE OF ALL HEALTH REQUIREMENTS BEING MET PRIOR TO THESE DEADLINES MAY RESULT IN LOSS OF PLACEMENT WITH THE PROGRAM OR THE UNABILITY TO BEGIN CLINICAL ROTATIONS ON TIME.

## EXPOSURE TO INFECTIOUS/ENVIRONMENTAL HAZARDS

The purpose of this policy is to provide a protocol for action when a student is exposed to hazardous materials including blood, bodily fluids, hazardous waste, chemicals, etc. during their clinical training. The Centers for Disease Control and Prevention (CDC) definition of blood and body fluid exposure is defined as:
A percutaneous injury (e.g., a needle stick or cut with a sharp object), or contact of mucous membranes, or non-intact skin (e.g. when the exposed skin is chapped, abraded, or afflicted with dermatitis) or when contact with intact skin is prolonged or involving an extensive area with blood, tissues, or other body fluids to which universal precautions apply, including: a) semen, vaginal secretions, or other body fluids contaminated with visible blood, because these substances have been implicated in the transmission of HIV infection; b)cerebral spinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid, because the risk of transmission of HIV from these fluids has not been determined...; and c) laboratory specimens that contain HIV.

In addition to infectious disease, ergonomic, and workplace violence issues, workers in healthcare settings encounter a number of other workplace hazards. These include chemicals (e.g., sterilants), hazardous drugs (e.g., antineoplastic drugs), materials that cause allergic reactions (e.g., latex), and physical agents (e.g., radiation). As students entering the medical environment for training, it is

important for you to be familiar with common health workplace hazards. There is a quick link for OSHA information on this at: https://www.osha.gov/SLTC/etools/hospital/

If you suspect you have been exposed to any of these hazards, you must report to your preceptor and the Clinical Education Coordinator for further instructions.

**Student Responsibility**

It is the responsibility of the student to immediately report the exposure incident to her/his preceptor and faculty course instructor, as certain interventions are most effective when initiated promptly. In addition, the student is expected to report the exposure incident according to the clinical agency's policy, and to seek access to post exposure evaluation and treatment as per the agency's policy when appropriate (agency's policy may include emergency treatment in the ER). If an exposure occurs on campus in the classroom setting, campus security will be notified and will generate the appropriate incident report. Students will then be required to seek care at Erie County Medical Center (ECMC) emergency department for appropriate protocol. If an exposure occurs in a clinical setting where facilities are not available for the prompt evaluation and treatment of an exposure, it is the student's responsibility to immediately notify the Clinical Education Coordinator and preceptor, and seek care at ECMC emergency department within 24 hours of exposure. Students are financially responsible for care related to an infectious/environmental exposure. Use of personal health insurance will be at the student's discretion. Additionally, students will be required to attend the mandatory New York State Infection Control course at their own expense that is required for clinical placement as well as post-graduate credentialing. Information and guidance for how and when to take this course will be provided by the program.

**Program Responsibility**

It is the program's responsibility to provide a learning environment that complies with CDC recommendations and OSHA requirements for student, faculty, and staff safety. In addition, the program will cover basic instruction on prevention of infectious or environmental exposure, including maintenance of a sterile procedural environment and proper donning of personal protective equipment (PPE). This does not include the mandatory New York State Infection Control course that all students will be required to take at their own expense in order to attend clinical rotations and for subsequent post-graduate credentialing.

**Blood/Body Fluid Testing**

An agency representative considering both the exposure and the student's immunity status should base all testing on the initial risk evaluation. It is recommended that hepatitis B and hepatitis C virus testing be performed as indicated by the clinical agency where the exposure occurred, or the designated facility where the student was evaluated and treated, or at a laboratory of the student's choice. It is

recommended that HIV testing of the student be performed at a location where the results of testing will remain confidential between the student and the testing site. It is the student's right to choose the testing site. Testing for HIV and hepatitis B and C infection should be done at the time of exposure and for specific intervals thereafter, as recommended by the CDC. This testing is at the expense of the student.

**Record Keeping**

Information about the exposure incident will be kept in a secure, password-protected file in the office of the Program Director. The results of HIV testing will not be reported to, nor kept by the University. It is recommended that all HIV testing results remain the confidential property of the student. The student health office will be consulted for updated policy and procedure with every exposure to ensure adequate care of the student. Student health records are maintained by the Student Health Office only.

## STUDENT ILLNESS REPORTING/PROCEDURES

Students are responsible for adhering to illness policies and procedures outlined by the program, the clinical site, and all regulatory agencies per program health requirements. Knowledge and compliance with these policies and procedures is expected of students at all times. Failure to operate safely in the learning space and exercise safety measures at all times is grounds for disciplinary action within the program, to include possible deceleration or dismissal.

Students are to practice the following safety measures when in the learning spaces for this program, including clinical rotations and other activities on and off campus. Safety measures include:

- Washing hands with soap and water or an approved alcohol-based product before and after all learning activities, each time the student enters the learning space, before and after eating, after using the restroom, and any time the hands are soiled.
- CDC recommendations include no longer testing for Covid if asymptomatic. However, students who test positive for Covid regardless of symptoms should notify the program immediately and must adhere to the most current CDC recommendations for quarantine and return to the learning space.
- If you are ill with symptoms of a respiratory or GI illness, please do not come to the classroom space for at least 24 hours. You are to notify the Program Director via email of illness in addition to any instructors teaching on that day. It is your responsibility to make arrangements for content or accommodations to make up any assessments. You must be free of a fever off any fever-reducing medications for at least 24 hours before returning to in-person learning. If you will be out more than a day or two (depending on your record of absences to this point), you will need a note from a healthcare provider indicating you were seen and what the plan is for your care/return.

If you continue to have a cough or other respiratory symptoms when you return to the classroom, please wear a mask until they resolve. While we all know that symptoms can linger beyond the contagious stage of an infection, and seasonal allergies are on the rise, we should always be cognizant of the health

needs and concerns of our colleagues. If someone politely asks you to put a mask on while working with them, please do so. Students can refer to Canisius University, Erie County, New York State, and CDC guidelines for health reporting and illness procedures.

## EMOTIONAL AND MENTAL WELLBEING

Some students are affected by personal crises, while other students experience stress or face other issues such as alcohol and substance dependency. Canisius University and the PA Program faculty and staff are committed to identifying and supporting students who are in apparent need of assistance with mental or emotional wellbeing. Students are encouraged to refer to the student counseling services section of the Canisius website at:
https://www.canisius.edu/student-experience/student-support-services/counseling-center
Students are also encouraged to seek confidential assistance from the Canisius University counseling center at 716-888-2620 or PA faculty at any time.
It is the responsibility of students to report any concerns of imminent danger to a fellow student to 911, campus security, or PA faculty/staff. Stay Calm & Follow These Emergency Guidelines:

**How to Interact with a Distressed Student**

- Stay calm. Find someone to stay with him or her while calls are made to helping resources.
- If a student directly threatens himself, herself, or someone else or otherwise behaves dangerously, immediate attention is needed. Call Public Safety: 716.888.2330 (24 hours), or the Police: 911. Public Safety will contact a counselor.
- Stay with the student, or have someone stay with the student, until help arrives.

If you believe that you or another student is:

- potentially suicidal and/or homicidal or
- has been raped or physically assaulted, or
- in your judgment, should be seen the same day for an emergency assessment

Call the Counseling Center at 716.888.2620 immediately. Inform the receptionist that you need immediate assistance. The receptionist will inform you which counselor is available and what time you and/or the student should arrive at our office. For after-hours emergencies, contact Public Safety at 716.888.2330.

**Imminent Danger**

If you believe that you or another student is imminently homicidal or suicidal, (i.e., you believe that you or the student is quite likely to hurt himself/herself or someone else), call Public Safety at 716.888.2330 or the Buffalo Police at 911, and request an officer's presence immediately.
Crisis Services can also be contacted at any time at:

- Buffalo & Erie County: 716-834-3131

- 24 Hour Addiction Hotline: 716-831-7007
- Kids Helpline: 716-834-1144 or 1-877-KIDS-400
- Chautauqua County Hotline: 1-800-724-0461
- 24 Hour Erie County Domestic Violence Hotline: 716-862-HELP
- For Shelter: 716-884-6000
- 24 Hour NYS Domestic & Sexual Violence Hotline: 1-800-942-6906

**General Support**

Here is a list of resources available to students at any time, particularly during the off hours for our counseling center. Students should be aware that services are not fully available on campus during the summer semester. Resources:

- Suicide & Crisis Lifeline dial or text 988
- Crisis Services 24 Hour hotline 716-834-3131 (For those residing in Erie County)
- Crisis Textline text HOME to 741741
- Text Steve to 741741 to reach a counselor of color
- Text START to 678-678 to reach an LGBTQ+ counselor
- TELUS mental health app via Canisius University

## STUDENT SAFETY

Student safety during both didactic and clinical training with the Canisius University PA program is of the utmost importance. While you are living and or attending class on the Canisius University campus, safety policies and procedures are dictated and enforced by the Public Safety office.

The Department of Public Safety is established to protect and serve the educational environment of Canisius University, protecting the campus and the surrounding neighborhood from the threat of physical harm, property damage and disruptive activity. We continuously strive to build and maintain a high level of cooperation between the campus community, the neighborhood surrounding the campus and the Department. Additionally, our close relationship between the Department and other Law Enforcement Agencies assists us in providing regulatory and other services as we assist in the attainment of the overall goals of the University.

The primary services of the Department of Public Safety include:

- Enforcement of Federal, State and Local statutes,
- Enforcement of Canisius University ordinances,
- Crime prevention initiatives through education,
- Emergency services for the injured and ill,
- Traffic and parking supervision,
- Fire prevention, and
- Miscellaneous safety services.

Information regarding public safety at Canisius University can be found on the University website at: https://www.canisius.edu/student-experience/student-support-services/public-safety .

The program is also responsible for ensuring the safety of students while on their clinical rotations. Preceptors are instructed to provide orientation to all safety and security measures for their clinical site during student orientation within the first 2 days of clinical training. The sites will be visited by principal faculty at least once annually, and preceptors will be asked to provide this safety orientation for the program faculty member visiting the site. As a portion of the student evaluation of each clinical rotation, students will be asked to rate the orientation they received, including safety and security measures. If the student or principal faculty do not feel the safety and security measures of any clinical site are clear or adequate, that site will no longer be used for clinical training. If a student does not feel safe or secure at any point during their time on campus or clinical rotations, they are to notify the Clinical Education Coordinator or Program Director immediately and the program will take immediate action to ensure the student's safety. This may include reporting to campus security or local law enforcement in addition to removing the student(s) from the unsafe scenario.

## REQUIRED EQUIPMENT

Students will be required to purchase or borrow the following medical equipment:

1. Oto/ophthalmoscope set
2. Stethoscope (cardiology-grade)
3. Sphygmomanometer (blood pressure cuff)
4. Tuning fork
5. Reflex hammer
6. Penlight
7. Tape measure for patient use

The Program will provide suggestions and quick links for items to purchase.
The program will provide the following for each student:

1. White lab coat-short, consultation-length only
2. Name tag (University issued)

## REQUIRED READING MATERIALS

The majority of all learning resources will be offered in an online subscription through Access Medicine and will be available to all students through 90 days after graduation. Students will be responsible for purchasing any other required reading for coursework throughout PA program. Any recommended reading materials can be purchased or obtained at the discretion of the student and is highly encouraged. Required and recommended readings lists will be available prior to and during classroom and clinical work. Please be sure to refer to the booklist prior to each semester. Faculty are not responsible for

acquiring reading or required equipment or materials for students. These materials are selected by PA Program faculty based on years of clinical and academic experience, and solely for the benefit of PA student education. This includes all Physician Assistant National Certification Examination (PANCE) study and testing materials.

## BLS/ACLS CERTIFICATION POLICY

Students enrolled in the PA program must be certified in Cardiopulmonary Resuscitation and Basic Life Support for health care providers by the American Heart Association prior to their clinical training. The program will also require students to be certified in Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) certification. These courses will be offered as part of the didactic curriculum. Students who carry a current certification in any of these courses, that will not expire prior to the end of their clinical rotations, may be exempt from these certifications at the discretion of the Program Director.

## HARRASSMENT POLICIES

Canisius University and the Physician Assistant Program take pride in offering a diverse and transformative learning environment free of prejudice, discrimination or harassment. There is a zero tolerance policy regarding discrimination based on gender, age, sexual orientation or identity, veteran status, race, religion, disability, or any protected characteristics addressed by the University's Anti-Discrimination/Harassment Policy at:
https://wiki.canisius.edu/display/HR/Volume+II%3A+2.1+General+Institutional+Policies#VolumeII:2.1GeneralInstitutionalPolicies-2.1.1Anti-DiscriminationandHarassmentPolicy

Students are encouraged to express ideas and thoughts freely and without prejudice, in a respectful and constructive manner. Any evidence of discrimination or harassment on the part of a student or faculty member will result in disciplinary actions and possible dismissal from the program and the University in accordance with Canisius University guidelines. Students are encouraged to review harassment and discrimination policies outlined under "Community Standards" and "General Policies" in the Canisius University Student Handbook, and to seek information on referral for support through Canisius University Student Services at: https://www.canisius.edu/%3Cnolink%3E/student-support-services. This includes procedures for filing a report or claim against a student or faculty member for unlawful behavior on or off campus. Students are strongly encouraged, but not required, to seek counseling with the PA Program Director in the event of harassment or discrimination on the part of a PA program faulty member, clinical preceptor, or student without fear of repercussion.

The Canisius University Title IX Coordinator will also assist with filing a grievance with the University or the program. Our Deputy Title IX Coordinators for Students are individuals who complete ongoing

training regarding Title IX policies, procedures, and resources. These individuals are available to answer questions regarding campus procedures, but are primarily trained to serve as Title IX Lead Investigators or Hearing Panel Coordinators. Further information can be found at:
https://www.canisius.edu/title-ix-coordinator

## ALLEGATIONS OF BIAS OR MISTREATMENT

Canisius University strives to provide an educational environment that is safe, equitable, and hospitable so that learners have the opportunity to succeed in their academic and professional programs. To that end, mistreatment of students will not be tolerated by the University or the Physician Assistant Studies program. Mistreatment occurs when behavior shows disrespect for the dignity of others and interferes with the learning process whether intentional or unintentional. Student mistreatment may take many forms, all of which impact student performance. If you feel you have been mistreated by any member of the program, to include clinical preceptors, please inform the Program Director immediately for support.

If you believe you have experienced any form of bias, to include implicit bias, explicit bias, microaggressions, or other forms, please see this link for information about resources and reporting:
https://www.canisius.edu/student-experience/student-support-services/bias-resource-response-team-brrt

All students admitted and enrolled in the Physician Assistant Program agree to abide by the Canisius University Community Standards. The purpose of the Community Standards is to outline behavioral expectations for University students and to provide information to all student community members about what types of behaviors are not tolerated at Canisius University. The Community Standards set specific expectations for Canisius University student behavior. It lists the behaviors prohibited at the University, the process for addressing allegations of community standard violations, and the possible consequences for students who violate the standards. They are accessible online here. Additionally, it is the responsibility of each student to also know and abide by the standards all Canisius University community members are held to, including but not limited to the Anti-Discrimination and Harassment Policy and the Sexual and Gender Based Misconduct Policy.

## STUDENT GRIEVANCE POLICIES AND PROCEDURES (NON-ACADEMIC)

It is the policy of Canisius University to extend the right to any enrolled student or recognized student organization of the University to file a grievance in writing in accordance with the procedures and guidelines set forth in this Policy. An action or decision is grievable pursuant to this Policy only if it involves a misapplication or misinterpretation of University policy, standard, regulation, or procedure, or a violation of state or federal law. Full Student Grievance Policies can be found at:
https://canisius.atlassian.net/wiki/spaces/HR/pages/34746811/Volume+VI+6.6+Student+Grievance+Non-Academic+Policy

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## STUDENT RECORDS

Policies regarding access to and maintenance of student records can be found at: https://catalog.canisius.edu/graduate/academics/records/policy-on-student-records/

## COMMUNITY SERVICE

In the spirit of the Jesuit mission of Canisius University and our program mission and goals, students are required to perform at least three community service activities during the first six semesters of the program. Community service can be done individually, in groups, or as a cohort. The bulk of our service is performed during the annual Health Equity week and is designed by students. Examples of quality community service include community health drives, service at the City Mission or food bank, mentoring of middle school or high school students with support for health professions, campus or community beautification and clean-up, volunteer with campus ministry, etc. Students may only be excused from required community service with written permission from the Program Director.

## OPEN LAB POLICIES/PROCEDURES

Students will have swipe access to the classroom and lab after normal instructional hours. This is an opportunity for students to gain access to certain equipment or medical training supplies to practice competencies at the discretion of program faculty and staff. This time is student-driven study time, and not intended for additional instruction. Students should request access to approved equipment or instructional models with the appropriate faculty member and/or the director of the simulation center as early as possible so planning can occur. Additional support or review of instruction must be arranged with the course directors during office hours or other scheduled times, and not during the open lab time. Students are expected to behave in a safe and professional manner in the lab space at all times, including during the free open lab hours. Misuse or abuse of equipment, theft, or deliberate injury to another student or staff member may result in dismissal from the program and/or other appropriate ramifications. Security cameras are in use for the classroom and lab space at all times.

## EXAMINATION/ASSESSMENT POLICIES AND PROCEDURES

During all exams, including OSCEs, students must remove ALL items from their testing areas except for:

- Program-issued scrap paper *students must take a piece of blank paper from the proctor before the exam and must turn in the scrap paper before leaving the test area.
- Writing utensil
- Laptop or iPad (for Exam Soft/written exams); all devices must be removed for OSCEs
- ONE bottle of water/beverage
- Glasses for reading if needed

There are no exceptions to this policy unless formal accommodation has been made through the Student Services office.

Everyone should be in their seats with their area cleared a minimum of 5 minutes prior to exam start. This will be when you receive your password and any testing instructions. Failure to be in the seat on time will likely result in an inability to take the exam at that time and/or loss of points. Tardiness with downloading the exam may also result in inability to take the exam at that time and/or loss of points. Students must leave the exam area immediately after uploading their exam/turning it in. All scrap paper must be turned back in to the proctor prior to leaving the exam space.

Smart watches must be removed for all exams, including OSCEs. You may use the clocks in the rooms for taking vital signs or any other tools provided to you in the exam rooms.

While use of cellphones for personal reasons during program activities is prohibited, there may be extenuating circumstances when a student may need to have access to their cell phone to receive expected updates regarding a personal matter (childbirth, ill family member, etc.). Students must inform the program director as well as involved faculty about the potential interruption and will be permitted to step out of the activity to receive the update. Exceptions will be during assessments. Cell phones and other personal devices remain strictly prohibited from assessments spaces. Students may ask the program to monitor their cell phone or to have family call the program phone number and a faculty or staff member will quietly remove the student from the assessment as appropriate. If a student leaves the assessment for any reason, regardless of how far they are in the assessment, they will be required to take a complete make-up assessment at a later date. If this assessment disruption occurs toward the end of the semester and reassessment is not possible before final grades are due, the student may be required to take the assessment during intersession break or may receive an "In Progress" grade on the transcript for the semester until reassessment can be arranged. Please see appropriate sections regarding academic standards, remediation, and other issues regarding grading.

If you receive academic accommodation, you will be asked to meet with the Student Success Coordinator and course director to discuss the accommodations process that works best for your needs and the type of assessment scheduled. Accommodations cannot be used for lab practicals, OSCEs or skill signoffs due to the nature of those exams and objectives for timeliness. Students with accommodations have a right to choose when they are used.

- If you will be using the testing center for accommodations, you must follow all policies and procedures for scheduling of your assessment. Please be sure to communicate with them regarding these procedures and have the required forms completed prior to arrival for your assessment. Testing time typically must be reserved in advance.
- If you opt to use any element of your accommodations, you will be required to take the assessment, including quizzes, in the Testing Center.
- If you opt NOT to use your accommodations, you must forgo them in their entirety. That means you will take the assessment in class with your peers and only have the standard timeframe to complete it.

- Your accommodation has been set up on the backend in Examplify. It is not feasible for us to login and change this setting for every assessment. Therefore, if you elect not to use your accommodation for an assessment you will need to keep a close eye on your time as the countdown timer in Examplify will not accurately display the amount of time you have left. Your professor will make an announcement that your time is up if you have not yet uploaded your assessment in the allotted time frame.

## USE OF ARTIFICIAL INTELLIGENCE SOFTWARE

Artificial intelligence (AI) resources such as ChatGPT can be useful in a number of ways. Because it can also be abused, you are required to acknowledge use of AI in any work you submit for class. Text directly copied from AI sites must be treated as any other direct quote and properly cited. Other uses of AI must be clearly described at the end of your assignment. Acceptable use of AI is at the discretion of individual course directors and students must adhere to assignment-specific policies. The following are some guidelines for what not to do when using AI in your assignments and for plagiarism detection:

- Do not rely solely on AI tools to complete assignments. It is important to understand the material and complete assignments on your own, using AI tools as a supplement rather than a replacement for your own work.
- Do not use AI tools to plagiarize*. Using AI to generate or modify content to evade plagiarism detection is unethical and violates academic integrity.
- Do not assume that AI responses are always correct. It has been noted that AI can generate fake results.
- If you are using AI to help you refine your wording and organization on an assignment that was originated by you/is your work, please provide a statement at the end indicating so. Suggested statement:

"This is my original work. Chat GPT was used to help with the flow of this original assignment as well as grammar and spelling assistance only"

Please see the plagiarism/academic integrity policy for more information on use of AI in the didactic setting. Use of AI is becoming more commonplace in the clinical setting and is at the discretion of the preceptor of record.

## CLINICAL PHASE-SPECIFIC POLICIES

**Overview**

The transition from didactic to clinical year is an exciting one and signifies an important milestone in your academic career. You are about to embark on the most exciting part of your PA education, the Supervised Clinical Practice Experiences (SCPEs), otherwise referred to here as "rotations". Here you will be able to apply all that you have learned during the didactic year. The clinical phase is not an easy endeavor; you will require energy and motivation to learn to care for patients from all facets of life. Your

preceptors and patients are counting on you and expect that you will provide excellent care in a professional and compassionate manner. During this phase, you will have a choice to be a passive or active participant in the clinical setting. Be punctual, be respectful, and ask questions frequently. The trust that your patients have for you will come in time but remember that it is a privilege and a responsibility. PAs have come a long way since our inception, and we continue to represent our profession with the utmost professionalism. We are confident that you will make Canisius proud to say that you are "one of us".
The role of the Clinical Education Coordinator is to secure clinical rotations and preceptors, and to ensure that you have met all competencies required for graduation. As a reminder, students are not permitted to seek their own clinical placements and are expected to attend the rotations they are assigned to. You should receive your placement assignments no later than two weeks prior to the start of each rotation, but students should be flexible as preceptors will occasionally cancel at the last minute and require the program to find you an alternative assignment.

The clinical year is comprised of eight core rotations as well as two elective rotations. Core rotations include Family Medicine, Internal Medicine-Outpatient, Hospital Medicine, General Surgery, Pediatrics, Emergency Medicine, Behavioral Health, and OB/Gyn. Each rotation will consist of a 4-week duration, except for Family Medicine and Hospital Medicine which are each 8-weeks long. During the final semester of the clinical year, students will have the opportunity to request two electives of their choice. At least one primary preceptor supervises all rotations and is trained/board certified in that specialty. Students may request their elective of choice through the Clinical Education Coordinator at an approved clinical site.

In addition to the clinical placements, students will return to campus for professional courses every four weeks. This is a mandatory portion of training and considered an extension of the previous clinical placement. During these return-to-campus weeks, students will take their end-of-rotation (EOR) exams or other assigned assessments, attend grand rounds and journal club, have guest speakers, and revisit clinical skill areas they need advanced training on. This is also a time for remediation of any areas of weakness.

Please note that these policies and procedures are used in addition to those outlined in the previous sections.

**Clinical Goals**
The clinical year will take the student from the classroom to the clinical setting. The didactic portion of training is focused on building a knowledge base and developing clinical skills, and now students will have an opportunity to actively apply that knowledge and skill in the patient care setting. Under the direct and close supervision of the preceptor, the goal is to emphasize proper evaluation and

management of patients. You are asked to demonstrate comprehensive, competent healthcare across varied disciplines, patient populations, and clinical settings. Students should be self-directed to increase their knowledge and skill set, and to engage with other health professionals on the patient care team. Students should also develop the ability to interact with patients and their family or caregivers. The ultimate goal is to produce physician assistants who are capable of providing medical care in an ethical, legal, safe, and caring manner.

Goals outlined for this clinical year include:

1. Applying the knowledge learned in the didactic year to clinical practice.
2. Develop basic problem-solving skills.
3. Refine history taking and physical examination skills.
4. Refine oral presentations along with written documentation.
5. Develop interpersonal skills necessary to function as a team member.
6. Recognizing health inequities and addressing disparities among historically underserved patient populations.

**Clinical Rotation Policy and Procedure**

Rotations may be taken in any order as assigned by the Clinical Education Coordinator. All students must complete the eight required rotations and two elective rotations. Electives may involve a second rotation in one of the 8 core areas or may be in a specialty area, research, or health administration. Students will be encouraged to identify their preferred rotation locations, but this does not guarantee placement. Students are not permitted to make rotation arrangements without permission of the Clinical Coordinator and are not expected to make their own clinical arrangements. Rotations must be completed at a site that has been pre-approved by the program within an approximately 60-mile radius from Canisius University, with rare exceptions. Students are not permitted to complete rotations outside of New York State at this time. An affiliation agreement must already be in place or being pursued by the program in order to serve as a rotation placement. This is to ensure the safety and adequacy of the clinical site as determined by a program principal faculty member during an on-site visit.

For each rotation, students are expected to be in the clinical setting for a minimum of 35 hours per week. At the end of each rotation, and midway through the eight-week rotations (every four weeks), students will return to campus for clinical seminar. During this week, students will take their end-of-rotation (EOR) written examinations, participate in grand rounds presentations, and have lectures and presentations in varying professional topics. Students are also encouraged to schedule time with their academic advisors, address remediation or additional training needs, and work with their student teams on master's research and writing projects. Return to campus weeks are an extension of the rotation and attendance is mandatory.

You will be assigned a primary preceptor for every clinical rotation you attend. This person is responsible for coordinating your instruction and evaluating your performance. However, it is not uncommon for students to work with more than one preceptor at the clinical site over the course of their training. It can be very beneficial to learn the perspectives of multiple providers on a rotation, so please embrace this opportunity. Should you find you are not meeting your objectives or being adequately supported by the clinical site, please notify the Clinical Education Coordinator immediately. Students are also expected to complete mid-rotation evaluations of their site and preceptor to help us gauge your ability to be successful in that placement.

In addition to time spent in the clinical setting, students are also expected to spend a minimum of 5 hours per week in independent study or other assignments as assigned by the preceptor. On-call hours, evening and weekend work, and grand rounds are also considered requirements of each rotation if applicable.

**Responsibilities of the Student**

PA students are expected to consistently demonstrate professional behaviors such as follows:

1. Punctuality for clinical rotation sites.
2. Consistent preparation for the clinical rotation.
3. Completion of assignments within allotted parameters.
4. Positive relationships with peers, faculty, patients, and staff.
5. Compliance with the clinical dress code.
6. Acceptance and incorporation of faculty, preceptor, and peer feedback.
7. Adherence to policies and standards established in Canisius University and Physician Assistant Program student handbooks.
8. Respect for peers, faculty, patients and staff. Disruptive behavior is defined as any behavior that would be reasonably construed as substantially interfering with learning or patient care.
9. Refraining from prejudicial behavior.
10. Avoiding use of derogatory language regarding the program, preceptors, or peers on social setting (including social media).
11. Compliance with drug and alcohol policies of Canisius University.
12. Maintenance of a safe environment for the patient in the clinical setting.
13. Submission of ALL assignments, patient logging, and other requirements of the rotation are due NO LATER THAN the final day of your rotation. Work submitted after the final Friday of your rotation will not be accepted and result in a zero.

It is important to remember you are a part of a larger community and a reflection of Canisius University and the Physician Assistant program at all times, including your personal time and social behavior.

Failure to perform in a safe, effective, and professional manner while a student of the Canisius PA program may result in dismissal from the program. Any student who exhibits recurrent violations of policies/procedures will be subject to a formal hearing by the Student Progress Committee to address the student's behavior and create a corrective action plan. Corrective action may include remediation in professional development, deceleration, or dismissal from the program.

**Responsibilities of the Preceptor**

Responsibilities of the preceptor include:

1. Assume primary responsibility for the action and education of the PA student.
2. Orientation of the student at the onset of the rotation with policies and procedures of the office and or institution.
3. Create a safe environment.
4. Review both preceptor and student expectations and objectives.
5. Provide ongoing and timely feedback regarding clinical performance, knowledge base, and critical thinking skills.
6. Supervise, demonstrate, teach, and observe clinical activities to aid in the development of clinical skills and ensure proper patient care.
7. Delegate to the student increasing levels of responsibility for clinical assessment and management as appropriate to the student's experience and expertise.
8. Participate in the evaluation of clinical skills and medical knowledge base through the following mechanisms:

a. Direct supervision, observation, and teaching in the clinical setting.
b. Direct evaluation of presentations (including both oral and written).
c. Assignment of outside readings and research to promote further learning.
d. Dialogue with faculty during site visits to evaluate student progress and assist the learning process.

9. Audit and co-sign charts to evaluate the student's ability to write appropriate and complete progress notes (histories, physical examinations, assessments, and treatment plans)
10. Complete and promptly return the evaluation forms provided by the program reflecting on student knowledge and skills as well as their improvement throughout the rotation
11. Promptly notify the PA program of any circumstances that might interfere with the accomplishment of the above goals or diminish the overall training experience
12. Maintain an ethical approach to the care of patients by serving as a role model for the student
13. Demonstrate cultural awareness and sensitivity throughout interactions with students and patients/caregivers

14. Spend a few minutes each week in a candid summary discussion with the student as to whether each is meeting the other's needs and expectations, and what changes need to be made in the roles and relationship.

**Preceptor-Student Relationship**

The preceptor should maintain a professional relationship with the PA student at all times. They should serve as role models for the student and, through guidance and teaching, assist the student in perfecting skills to become a proficient member of the health care team. At times, preceptors may be of the same age or lived experience and the temptation to build a friendship may exist. This is not permitted while under their supervision. Furthermore, students may not engage in a romantic/dating relationship with a preceptor at any time during their education with the program. Outside social activities should be avoided as they can put the student in a compromising position. After successful completion of the rotation, and only if not intending to return to the office or an elective, students may use their discretion in accepting an invitation to a professional/social event. Contact through web-based social networking sites (e.g. Facebook, Instagram) should be avoided until the student has completed their studies. If the student and preceptor have an existing relationship prior to the start of the rotation, a professional relationship must be maintained at all times in the clinical setting.

Preceptors are not permitted to act as the primary care provider or provide health services to students at any time with the exception of a medical or behavioral emergency. Students must seek appropriate follow up care with their PCP or in the emergency room setting, and the preceptor should notify the Clinical Education Coordinator that emergency care was provided as soon as possible.

**Clinical Course Grading**

Students will receive a grade for each clinical rotation based on the following weighting breakdown:
50% = End-of-Rotation evaluation (completed by preceptor)
30% = End-of-Rotation assessment (taken during on-campus seminar days, including grand rounds presentation for the Hospital Medicine rotation and an OSCE used for the Elective rotations)
10% = H&P, SOAP note, procedure note (rotation dependent-see syllabus)
10% = Professionalism

To receive an overall passing grade, the student must meet the specific outcomes of the course as above and demonstrate safe clinical practice and sound medical decision making. If at any time during the clinical rotation a student demonstrates unsafe or unprofessional clinical behavior, the student is subject to immediate review by the faculty. The outcome of the review may be a recommendation of a remedial plan that would include a behavioral contract, specifying the specific outcomes that the student must achieve to receive a passing final grade. For egregious behaviors, immediate dismissal from the program may be recommended.

End of Rotation (EOR) exams used are meant to reflect the rigor of the PANCE and will likely result in scores that are lower than what students are accustomed to for other assessments. A passing grade for an end of rotation (EOR) exam is considered to be within 1.5 standard deviations (sd) of the national average for that testing cycle. The clinical education team will routinely review national averages on these standardized exams to ensure expectations align with performance standards. Students will be able to remediate end of rotation assessments through use of self-reflection, additional supportive materials, and re-examination. Please see remediation guideline for more details.

**HIPAA Guidelines**

HIPAA stands for "Health Insurance Portability and Accountability Act". Although this legislative act includes a wide subject range relating to health insurance, the focus of this legislative act is the protection, security, and privacy of patients' medical records. Canisius University has a legal and ethical responsibility to safeguard the privacy of patients and to protect the confidentiality of their health and social information. While participating in clinical education experiences, students will have access to information that must remain confidential. Patients have the right to privacy and confidentiality of their medical information. No patient information may be disclosed (verbally or in writing) to unauthorized persons such as friends, family, or other patients. Any request by the patient to release medical information must be handled by the appropriate agency representative. No student will accept responsibility to release patient information. Students will not discuss patient information in public areas of an agency or outside of the agency. These areas may include offices if other patients may overhear discussions in the office. The student's obligation to keep information confidential continues after the clinical experience concludes. Students will not leave medical charts in unrestricted areas of the agency. Under no condition may samples of documentation containing any identifying information, such as evaluations, discharge summaries, results of diagnostic tests or letters to physicians be removed from the premises of the healthcare facility/agency.

Any activity that is in violation of this agreement will be reported to the appropriate clinical and academic supervisor.

<u>Students are never authorized to access to patient record that they are not directly caring for, to include their own health records. This is a violation that may result in immediate dismissal from and failure of their rotation.</u>

**Clinical Rotation/Transportation/Housing/Communication**

The clinical curriculum of the program is offered at hospitals and other clinical facilities primarily throughout the region within an approximately 60-mile radius of Canisius University. However, students may be assigned to one rotation outside the immediate commuting area at a pre-approved site. Students must have a reliable and dependable means of transportation to the clinical sites. Students are responsible for their own housing during all phases of the program. The program will attempt to assist

with identification of housing if a student is assigned to a remote clinical site, but the student is ultimately responsible for finding and paying for housing as needed for distant sites.
At any time during the clinical year when something happens unexpectedly that may affect you the clinical site, preceptor or a patient, you should consult with the Clinical Coordinator or Academic Program Coordinator. If you have an urgent situation, contact one of those two designees by phone. Contact information is provided at the beginning of this document. One example of an unexpected situation is a needle stick or blood borne exposure, personal accident or injury, or family emergency.

**Student Review of Preceptor Evaluations**
Students will be provided with a copy of their preceptors' evaluations at the end of each rotation when they return to campus. These evaluations are considered final and will be entered as a grade in D2L. If you find a discrepancy with an evaluation or feel you were unfairly graded, this can be discussed with the Clinical Education Coordinator who may reach out to the preceptor on the student's behalf if deemed appropriate. Students are NOT to reach out to a preceptor regarding their evaluations at any time. If a student is found to have reached out to a preceptor in this regard, they will be placed on immediate professionalism probation and may be subject to further disciplinary action by the Student Progress Committee based on the nature of their communication or behavior with the preceptor.

**Student Evaluation of Preceptor and Clinical Site**
Students are required to complete an evaluation of their clinical courses/instructors (preceptors) before the end of each rotation. The purpose of this evaluation is to notify the program of any concerns with safety, ability to meet the clinical course objectives, or other concerns. It is also a means of determining the quality of student experiences and providing advice to future students. You will be contacted by the Clinical Education Coordinator and Academic Program Coordinator if this is not done before your grade is ready to be posted. Failure to complete this evaluation may result in a delay of your grade being posted to your official student record and/or a loss of professionalism points.

**Patient Logging Requirements**
Students are required to log patient cases and procedures they participate in on a daily basis for each rotation, using Exxat. Logging includes a brief synopsis of patient chief complaint/HPI, any pertinent physical findings, and the general plan of care. Students are expected to log a minimum of five cases per day based on specialty and encouraged to log closer to 12-15 patients per day. Logging will be verified by the Clinical Education Coordinator to ensure adequate exposure. If a student fails to log sufficient patient experiences, they may be subject to repeat of the rotation at a new location or additional remediation by the program.

**Clinical Attendance**
Students are expected to attend all days of their clinical rotations with as outlined. Additionally, student must complete a time sheet in Exxat every week to ensure the minimum hours are being met. If a student is unable to attend a day of their clinical rotation due to illness or other emergency, they must notify the Clinical Education Coordinator and Program Director immediately via email, followed by their preceptor. If a student will miss time on rotation, they must complete the Leave form in Exxat located under the "To-Do" tab. Failure to notify all parties as well as completion of the leave request will result in an unexcused absence and deduction of 5 points from the overall grade.

**Return to Campus Week**
Students will return to campus for one week between each clinical rotation to receive additional assessment and training. This is a requirement of your training and should be considered an extension of your clinical rotation. Attendance polices for the program apply to this week as well, and any unexcused absence will result in a 5-point deduction from the overall course grade. Repeated absences of this nature will be referred to the Student Progress Committee for consideration of the student's status with the program, to include probation or deceleration.

**Liability Insurance**
Students will be provided malpractice liability coverage during their time as a student within the program at Canisius University. Students are only permitted to operate within the confines of the defined clinical rotation and are not to accept any type of additional work (paid or unpaid), shadowing, or any other type of opportunity with the preceptor. Please note that this coverage does not extend to outside employment, summer internships, or internships independent of coursework. The student must perform inside the scope of the clinical rotation to avoid potential conflicts with malpractice liability and to avoid disciplinary action within the program, including dismissal from the program. A student's malpractice liability coverage is only in effect on assigned clinical rotations provided by the program, and students must abide by the policies and practices of the PA program and Canisius University as well as the clinical site. Student coverage is immediately terminated upon graduation or dismissal from the program
Student Involvement in Informed Consent

All efforts by the student to observe strict confidentially, respect for patient privacy and dignity, and honor patient and family treatment preferences. Patients must be informed that a physician assistant student will participate in their care and give consent to this before any further interaction with the student. This can be completed by either written consent or a witnessed person-to-person reveal. Students must always be introduced or introduce themselves as PA student. If a patient refuses to have the student present, it is the right of the patient and should be honored. Students should be offered an alternative learning activity to complete while the preceptor is with that patient. It should also be

explained to the patient that their care will be fully discussed with their provider, and they will be seen by them after the PA student encounter.

All PA students should have access to EMR systems used by the preceptor, both in the hospital and office settings. Students are permitted to use paper documentation as well but should be allowed to use the EMR as often as appropriate. Preceptors should understand how different payers view student notes related to documentation for reimbursement. Questions regarding student documentation in the patient record should be directed to the Clinical Coordinator. Students should be reminded that the medical record is a legal document, and all entries must be identified as a PA student, with the student's signature and "PAS" (PA Student). The notes will need to also be reviewed by the preceptor and cosigned. The provider cannot bill for any services rendered by a student, but student's notes are a legal document and can potentially be used in a court of law.
Medicare requirements regarding student documentation are limited. Students can only document aspects of the history that include the past medical history, family history, social history and review of systems.

**Patient Charting**
During rotations, students may be expected to document in patient charts. These are legal documents and students must indicate that they are a physician assistant student when making entries in a patient chart or other documents within the institution that the student is instructed to complete. Students must seek guidance from their clinical preceptor on proper formatting. Students may use the format of "Student Name, PA – Student/S." In addition, students share responsibility with the preceptor to ensure the preceptor sees the patient and countersigns all documents.

**EXXAT**
During the clinical curriculum, students must log onto EXXAT® daily to access clinical education and evaluation materials and to record patient encounters. Exxat is also where you will find all information about our clinical sites and preceptor or record in addition to managing all student credentialing.
A significant number of communications to students is handled via email, D2L, and EXXAT®. Students are required to check and respond to these communications at least every 24 hours. Failure to do so is a violation of the professional conduct code and may result in loss of professionalism points. The program will only communicate by email to the student's official Canisius University account.
Students are responsible for reviewing course materials for clinical rotations on EXXAT® for every rotation. Routine and other program related clinical year announcements would be maintained on the EXXAT® dashboard for students. During the clinical curriculum, students must log onto EXXAT® daily to access clinical education and evaluation materials and to record patient encounters.

**Interprofessional Collaboration**

To build a safer and more effective patient-centered and community and population-oriented US healthcare system transformation of health professions education to prepare all health professions students to deliberatively work together is essential. The Interprofessional Education Collaborative (IPEC) has developed four core competencies to prepare future health professionals from all health professions for enhanced team-based care of patients and improved population health outcomes.

These core competencies are consistent with the World Health Organization's Framework for Action on Interprofessional Education and Collaborative Practice, a report that endorses interprofessional education as an effective strategy to develop interprofessional collaborative practitioners to strengthen health systems and improve health outcomes.

Students are expected to seek opportunities to collaborate with students and professionals of all healthcare disciplines when possible and will have the opportunity to be credentialed through the Interprofessional Collaborative Practice program at UB. This is considered a required course for this program (PAS 595).

Over the course of your clinical training, you will be asked to accomplish at least four (4) of the following interprofessional collaborations as part of your training:

1. Participate in five interprofessional rounds.
2. Participate in three interprofessional patient and/or family team meetings.
3. Shadow three different health professionals and observe and discuss their practice.
4. Accompany a patient the student is managing to three different consultations or tests and discuss the consultant's roles and responsibilities in the care of the patient.
5. Participate on an interprofessional team addressing a community, environmental or other public health issue.
6. Lead or participate in two interprofessional in-services or community education sessions.
7. Shadow two different professionals working in the community to address social determinants of health from different professional perspectives.
8. Participate on an interprofessional team investigating an organization's response to changes in the health care environment.
9. Participate on an interprofessional team investigating an innovation in health care.
10. Interview three different health care administrators and discuss their interactions with clinical professionals.
11. Participate on an interprofessional team addressing health disparities for a specific population.
12. Participate on an interprofessional team to develop, implement, or evaluate a health care or public health policy, law, or regulation.

13. Participate on an interprofessional team to develop, implement, or evaluate a health care or public health prevention program.
14. Work collaboratively with at least two other professions to analyze health care or public health data and present findings.
15. Participate on an interprofessional team conducting a quality improvement project.
16. Engage in an interprofessional experience in your clinical, fieldwork, or practicum setting that is not listed.

**IPE/Simulation Coordinator approval is required for the activity to satisfy the requirements for this badge. Preceptors will be asked to endorse your achievement of these tasks. We strongly encourage you to participate in more than four of these activities.

## Appendix 1
## VERIFICATION OF RECEIPT AND UNDERSTANDING OF HANDBOOK

I have read and understand the contents of the Physician Assistant Studies Student Handbook and the Canisius University Student Handbook, and I agree to comply. I am aware that failure to comply with any of the policies or regulations outlined in either handbook may result in dismissal from the program in addition to any further action by Canisius University. I understand that some policies are subsequent to change and I am subject to the policies of the most current handbook. Changes to the handbook will be provided in writing by email to students who are actively enrolled in the program.

_____
Student name (please print clearly)

_____ _____
Student signature Date signed

_____ _____
Program Director Signature Date signed

## Appendix 2
## CONFIDENTIALITY POLICY/ HIPAA AGREEMENT

HIPAA stands for "Health Insurance Portability and Accountability Act". Although this legislative act includes a wide subject range relating to health insurance, a main focus of this legislative act is the protection, security, and privacy of patients' medical records. Canisius University has a legal and ethical responsibility to safeguard the privacy of patients and to protect the confidentiality of their health and social information.

While participating in clinical education experiences, students will have access to information that must remain confidential. Patients have the right to privacy and confidentiality of their medical information. No patient information may be disclosed (verbally or in writing) to unauthorized persons such as friends, family, or other patients. Any request by the patient to release medical information must be handled by the appropriate agency representative. No student will accept responsibility to release patient information.

Students will not discuss patient information in public areas of an agency or outside of the agency. These areas may include offices, if discussions in the office may be overheard by other patients. The student's obligation to keep information confidential continues after the clinical experience concludes.

Students will not leave medical charts in unrestricted areas of the agency. Under no condition may samples of documentation containing any identifying information, such as evaluations, discharge summaries, results of diagnostic tests or letters to physicians be removed from the premises of the healthcare facility/agency.

Any activity that is in violation of this agreement will be reported to the appropriate clinical and academic supervisor.

By signing this document, I understand and agree that I have read and will comply with all of the terms of the above policy. I am aware that my individual clinical site will have a Confidentiality Policy and I agree to honor its terms.

| | |
|---|---|
| _____ | _____ |
| Student Name (please print clearly) | Verifying Faculty Name |
| _____ | _____ |
| Student Signature | Faculty Signature |

## Appendix 3
## Disclosure Form

The Canisius University Physician Assistant Program meets the standards set forth by the Accreditation Review Commission on Education of the Physician Assistants (ARC-PA) for Provisional Status. Continued accreditation relies heavily on data collection and analysis to ensure compliance with the Standards set forth.

As a student of the program, I understand and agree that I will engage in timely surveys on my development as a physician assistant. I understand and agree to allow Canisius University to use all of my evaluation criterion information for the use of continued evaluation of the program. This material includes, but is not limited to, admission criteria, didactic and clinical phase performance measures, Physician Assistant National Certification Exam (PANCE) and any other instrument.

I hereby grant permission to the University to photograph and/or videotape me. I also authorize the University to use and/or permit others to use the aforementioned images/videos for educational, academic
integrity, informational, and promotional purposes without compensation. The University may also photograph, video, and/or audio record me during examinations and these recordings may be used as evidence for any cases of expected violation of any University or Program policies.

I hereby grant permission to the University to submit my immunization records and drug/alcohol screen results to clinical sites as appropriate.

Dated: _____
Signature: _____
Print Name: _____

## Appendix 4

## Physician Assistant Studies-Clinical Student Memorandum of Understanding

In addition to my signed receipt acknowledging my understanding and agreement with the Student Handbook to include all Clinical Year-specific policies, I understand and agree to the following:

1. All return-to-campus (RTC) week activities are mandatory and I must seek written approval from the Program Director to miss any time. RTC week is an extension of my prior clinical rotation and program professional development not for personal time off. Any travel plans I make during this week without permission are subject to cancellation or loss of travel expenses. Schedules can and will change with short notice.
2. I will immediately notify the Clinical Education Coordinator of any illnesses or last-minute emergencies that will affect my clinical schedule. I will also seek written approval via email from the Program Director for any anticipated days off (weddings, funerals, etc.). I am not to ask permission from preceptors to miss days without prior approval from the program.
3. I am expected to work the schedule of my preceptor to include evenings, weekends, and holidays. I should be performing a minimum of 35 hours per week (or an average of 140 hours per month) of clinical training and should not be working more than 50 hours per week. Concerns with number of hours worked should be addressed with the Clinical Education Coordinator, but I will be expected to work the schedule of my preceptor and will not ask to be reassigned on a rotation because I do not prefer the schedule.
4. I may have to travel up to 60 miles away from campus for a rotation and understand that rotations will not be changed or rescheduled based on a preference not to travel to a location.
5. I understand the importance of completing the mid-rotation evaluation of my clinical site and preceptor and will do so in a timely manner.
6. Mandatory program activities or events must be attended and it is my responsibility to notify my preceptor of missed time as a result of these activities and make up any time or skills missed during my time away from clinic.

I understand that failure to acknowledge and adhere to these policies along with the handbook policies will result in disciplinary actions up to and including professionalism probation, delayed graduation, deceleration, or dismissal.

Student Name _____

Signature_____

Date_____

## Appendix 5
## Canisius PAS-Graduation Requirements Checklist

This checklist provides students with an outline of minimum requirements to qualify for graduation. All requirements must be met within 42 months of the date of matriculation in order to successfully complete the program. An official GriffAudit will be conducted by the University and the program to ensure students are eligible for graduation. This tool is meant for student tracking only.

Successful completion of all required courses with minimum allowed grades

Demonstration of required community service for program

Successful completion of the summative exams with a minimum passing grade:

___ Comprehensive written exam
___ Short (focused) OSCE
___ Long (comprehensive) OSCE
___ Technical Skills stations
___ Master's poster presentation

Completion of all Interprofessional Collaborative Practice micro-credentialing badges

Completion of PACKRAT (minimum grade not required)

Demonstrate all graduate competencies through Capstone assessments

Completion of the graduation application at apps.canisius.edu/gradapplication

Removal of any institutional holds (financial, academic, personal)

Successful completion of any required remediation reviewed and signed by academic advisor and program director.