The Clinical Year Handbook

University of Utah School of Medicine
Department of Family and Preventive Medicine
Physician Assistant Program
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The Utah Physician Assistant Program Professionalism Code

Preamble

As physician assistant students of the University of Utah Physician Assistant Program, we believe that high ethical standards need to be supported and cultivated as members of the medical community.

This Professionalism Code is designed to cover the basic standards that we and our colleagues must uphold. The honor of being a part of the medical community is at its core. Integrity, both academic and personal, is what this is built on.

This Code should supplement, but not supplant, our personal, religious, moral and ethical beliefs. This Code is not meant to supersede any policies, regulations, codes, statutes or laws that exist within the University of Utah, Utah or federal jurisdiction.

I. Professional Conduct

Focusing on personal integrity throughout our training is a critical part of our professional development.

Respect for Patients

1. At the Bedside

When working with patients, care is achieved best through utmost respect and non-judgmental interactions. Focusing on the trust, privacy, confidentiality, modesty, and sensitivity to differing cultural backgrounds and beliefs must be at the forefront of our interactions.

   Fully utilizing all members of the health team to ensure the appropriate care of the patient should be demonstrated. The expertise of those with more experience should be sought out.

   Appropriate medical and/or personal information about patients should only be shared with health professionals directly involved or for educational purposes.

2. Communication

   Not only written, but all communicated medical/personal information must be upheld with the strongest confidentiality. Patients should never be discussed with those not directly involved with the care thereof, and care must be taken when in common areas so no accidental breaches of privacy occur. (HIPAA violation) Remembering that the patients’ medical record is a legal document, as well as a document the patient has access to, it is critical to ensure accuracy of reporting pertinent information. All correspondence must be clear, truthful, and complete.

Respect for Faculty, Staff, Colleagues, and Clinic & Hospital Personnel

Respect for faculty, staff, colleagues, including hospital personnel, guests and members of the general public, will be shown through punctuality, prompt execution of reasonable instructions, and handling
private information maturely. When differences arise it is expected that communications will remain respectful.

**Respect for Self**

We realize that diversity of personal beliefs serves to enrich the medical profession, and therefore we encourage the upholding of personal ethics, beliefs, and morals in both daily conduct and in our practice of this Code. For example, we have an obligation to inform patients and their families of all available treatment options that are consistent with acceptable standards of medical care. However, we are not required to perform procedures that conflict with our personal beliefs.

**Respect for Laws, Policies and Regulations**

Laws, policies, and regulations at the University, local, state, and federal levels benefit the community and are not to be disregarded or violated. Any matters under the jurisdiction of local, state, or federal laws are explicitly deemed “outside the scope” of this Code.

**II. Academic Standards**

We are responsible for proper conduct and integrity in all scholastic and clinical work. As students, we are obligated to develop our medical knowledge and skills to the best of our ability, realizing that the health and lives of the persons committed to our charge depends on our competence. Due to the teamwork inherent in the medical profession, we should work together and utilize all available resources.

A. **Examinations**

1. We understand that examinations are meant to reflect our individual achievement. Cheating during examinations is unethical and is defined as doing any of the following without authorization:
   a. Looking at the answers written by another student during an examination.
   b. Communicating with another student about topics that might help to answer a question during an examination.
   c. Referring to notes or textual matter during an examination.
   d. Violating any other policy of examinations.
2. We will take care not to communicate specific information regarding an examination to a classmate who has not yet completed that examination during that academic year or clinical year. Specific information includes form, content, and degree of difficulty.
3. During the Clinical Year there will be testing done online, as well as at Return Visits; these evaluative sessions fall under the same stringent code.

B. **Other Academic Work**

In deference to the scientists, doctors, and patients who have shared their knowledge and experience for the betterment of medical learning, we have a responsibility to not intentionally misrepresent the work of others nor claim it as our own.

**III. Social Behavior**

Our behavior and speech should demonstrate our respect for the diversity of our patients and our colleagues. We should avoid disparaging remarks or actions with regard to a person’s race, age, gender,
disability, national origin, position, religion, or sexual orientation. We will strive to create an environment that fosters mutual learning, dialogue, and respect while avoiding verbal, written, or physical contact that could create a hostile or intimidating environment.

Social networking sites (e.g., Facebook, Twitter) and media sharing sites (e.g., Flickr, YouTube) are representing not only the individual personally, but also professionally. Students must not use any social networking media with regard to HIPAA (Health Insurance Portability and Accountability Act) and FERPA (Family Educational Rights and Privacy Act).

**IV. Professional Code Violations and Accountability**

Our reputation as community members and professionals is maintained through accountability. We will act in accordance with this code and we expect our peers to do the same. We will act with honor to avoid burdening our peers with a responsibility for our own integrity. Actions not in accordance with the aforementioned standards, and those outlined in the didactic and clinical year handbooks, constitute a violation of this Code.

**V. The Pledge**

Membership in the University of Utah Physician Assistant medical community is dependent on our commitment to the Professionalism Code, and confirmed by our signing the Professionalism Pledge, which states: “I hereby accept the University of Utah Physician Assistant Professionalism Code, realizing that it is my duty to uphold the Code and the concepts of personal and collective responsibility upon which it is based.”

Signature _____________________________________________
Printed Name ____________________________________________
Date ________________________________

We wish to acknowledge the guidance and contributions provided by the codes, texts and other references that have preceded this document.

The Association of Faculties of Medicine of Canada
Stony Brook University School of Medicine
Wayne State University School of Medicine
University of Kansas Medical Student Honor Code
George Washington School of Medicine Honor Code
NCCPA Ethical Guidelines
AAPA Ethical Guidelines
University of Utah Ethical Standards and Code of Conduct
CLINICAL LEARNING GOALS & OBJECTIVES

The clinical year provides an opportunity for PA students to learn about the comprehensive diagnosis and management of patients with common undifferentiated problems. Students will experience the key features of primary care and specialty care such as diagnosis and management, continuity of care, caring for the whole patient, appreciation of the effect of family and social factors, preventive medicine and the team approach including involvement with community agencies. The clinical experience should also provide opportunities for the students to improve their basic skills in provider-patient communication, history taking and physical examination, differential diagnosis formation, stepwise decision-making and clinical procedures.

Almost half of the clinical year will be spent providing patient care in the primary care setting to which students have been assigned. Each rotation will be different but there are a set of common objectives and rules for each rotation:

1. Students will be permitted to see patients under the supervision of their preceptors. The number of patients that the student will see is determined by each preceptor. The expectation is that by the end of the clinical year students should be progressively seeing more patients than when they began the year. Your patient numbers will be monitored each week by the clinical team via Typhon.
2. Most patient interactions will involve the students introducing themselves, and receiving the consent of the patient, soliciting the medical history and conducting an initial physical examination as appropriate.
3. Typically, students will present their findings, interpretation(s) and recommendations to the preceptor and together they will see the patient. Whether or not the preceptor repeats any or all of the H&P depends on the gravity of the findings, stage of the student’s training and previous preceptor/patient relationship. However, adequate supervision requires that your preceptor be present for, or personally repeat, the critical portions of all patient interactions.
4. In some settings the student will be shadowing the preceptor or working with a multidisciplinary team. In this case patient interactions will include observational learning. This style of learning is key in the clinical education process. Do not underestimate the importance of observation and team learning.
5. Students should expect to work with other learners, inter-professional education and practice is the physician assistant professional identity. While you are a student you will have multiple opportunities to learn how to work on a team, UPAP strongly encourages you to seek collaborate opportunities with other learners such as medical students and pharmacy students.
6. Students are required to document each visit according to their site’s standards, please follow the directions provided by each specific site. There may be paper charts, electronic medical records or dictation systems. Sometimes special forms are used, such as for health maintenance exams or checklists for well child and prenatal visits. Some sites may not allow students to document in the chart.
7. When signing the student’s name, please do not include any other credentials and always include your title: Physician Assistant Student or PA-S.
8. All notes, prescriptions and orders should be written in black ink. Please do not use felt-tip pens when you write in the medical record.
9. Medical records should never be taken from the medical facility.
10. Students must read and observe the rule set forth by the Committee For Medicare and Medicaid (CMM) as it pertains to student documentation. The CMM guidelines are for teaching physician’s documentation of Medicare reimbursement patients. These guidelines have had a major impact upon medical education, with academic medical centers receiving large fines for non-compliance. The University of Utah Health Sciences Compliance Committee has studied the guidelines and recommended that the guidelines be applied to all Medicare and Medicaid
patient visits, to avoid creating different standards of care and documentation between patients. Our current understanding of the guidelines is that:

- In general, PA student notes may not be used to support a billable service, though some individual institutions may have different policies.
- In general, the preceptor should refer to the PA student note only for past medical history, family history, social history and review of systems.
- The preceptor responsible for the patient must document their involvement in a personally dictated or written note that includes all of the relevant key information necessary for billing.
- Most preceptors allow students to document the patient’s visit and then the preceptor will edit or add an addendum and co-sign. These rules do not mean the student cannot write/dictate a note. However, it does mean that the preceptor also needs to personally document the billable aspects of the history and physical.

11. Where practical, other activities and opportunities will be made available to students. Students are strongly encouraged to accompany preceptors on hospital rounds, nursing home rounds, home visits, deliveries, and to do all that is practical to make themselves available for all clinically related, "after hours" activities. The best way to learn is to be available and be involved. However, the Utah Physician Assistant Program must have affiliation agreements in place with any facility where the student will accompany a preceptor. Before students attend any other facilities with a preceptor, please talk to the program first to ensure an agreement is in place.
The Clinical Division has the primary goal of providing a well-rounded clinical experience with the focus on students developing excellent clinical decision making skills, leading to sound clinical judgment. We have incorporated an evidence-based approach to clinical-decision making in our students' didactic and clinical training. Students have specific assignments in this regard.

UPAP has always emphasized the development of a solid foundation of primary care acumen and skills. The number of weeks required in each clinical rotation is delineated below. UPAP has the prerogative to change the number of weeks in any rotation. Also note that the primary care site may meet the requirement of other rotations. Clinical rotations will begin on August 17, 2015 and run through July 29, 2016.

Following is a list of required clinical experiences:

<table>
<thead>
<tr>
<th>Clinical Experience</th>
<th>Number of Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care* (Family medicine and Internal Medicine)</td>
<td>20</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>2</td>
</tr>
<tr>
<td>Women's Health</td>
<td>4</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>4</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>4</td>
</tr>
<tr>
<td>General Surgery</td>
<td>4</td>
</tr>
<tr>
<td>Electives</td>
<td>7-8</td>
</tr>
<tr>
<td>Flextime</td>
<td>0-1</td>
</tr>
<tr>
<td>Fall Break</td>
<td>1</td>
</tr>
<tr>
<td>Winter Break</td>
<td>1</td>
</tr>
<tr>
<td>Return Visits</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>52</strong></td>
</tr>
</tbody>
</table>

The primary care requirements must include both family medicine and internal medicine. Because of requirements by the ARC-PA, subspecialty internal medicine rotations (ie, cardiology, urology, etc) are considered elective rotations and will not count towards the primary care requirement.

**Non-Clinical Time**

There are 52 weeks in the year. Approximately 4 weeks of that time is dedicated to Return Visits I, II, III (Summative), and IV. Fall and Winter Breaks are mandatory. Students are given 1 week off during the clinical year for multiple purposes (flextime). All flextime MUST be pre-approved and may not be taken during certain rotations, including pediatrics, women’s health, general surgery, inpatient medicine, emergency medicine and trauma rotations. If students wish to take 5 consecutive days off in the clinical year, the clinical team must be informed prior to the start of the clinical year. Final decisions about flextime, and ultimate approval of flextime is at the discretion of the Clinical Director. See the PA Student Professional Expectations section for additional information about time off.
Other Rotation Requirements

The core rotation requirements are described above. In addition to these specific blocks students are also required to have a number of other supervised experiences during the clinical year. These requirements will be completed at multiple sites and tracked by TYPHON.

Rural Setting

As part of UPAP’s mission, all PA students are expected to complete a minimum of four weeks in a rural site. It may be met by one of the core rotations or be an elective rotation.

Our clinical training sites are located in a large geographic area, many of which are rural. Students must be able to travel both locally and to rural areas in order to accomplish their clinical practice rotations. All arrangements for and expenses associated with travel and living accommodations during the clinical year are the responsibility of the student. While the student’s preferred geographic location is one of several criteria used to assign students, students can expect:

1. Most rotations to be scheduled within a 60-mile radius of either the University of Utah Campus or their home address.
2. Will be assigned at least 1 rural clinical rotation at training sites outside of the Wasatch Front.
3. All students are mandated to complete these rotations and assignments will be made as needed.

Additional paperwork will be required with rural and underserved rotations. AHEC housing applications will be completed in two waves during the clinical year. If you are attending clinic in a rural location in-between the months of August-January you will need to complete the AHEC Application at the clinical lecture orientation.

For rural rotation between Feb-July AHEC applications will need to be filled out during Return Visit II.

If a rural rotation is added to your schedule in between or after these destined times you are responsible to get in contact with the clinical team to get the application filled out immediately.

Inpatient Hospital Setting

Inpatient experience is required and can potentially be achieved in any of the following areas.
• Family Practice
• Internal Medicine or Internal Medicine sub-specialties
• Pediatrics
• Women’s Health
• General Surgery or surgical specialties
• Trauma

Long-term Care Setting, Geriatric Clinic, and Home Visits:

Students may be assigned to participate in a long-term care experience at Sarah Daft Home (SDH), the geriatric clinic at the University Sugar House Community Health Center or Home Visits with the Sugar
House geriatric team. This may be done during the first year or second year. Students who are assigned to participate are required to attend. The goal of these experiences is to provide the student with a comprehensive understanding of the long-term care needs and continuum of care options that are available to the older adult in an assisted living facility or in the home setting.

**Care for Patients with Psychiatric & Behavioral Conditions**

Students are expected to care for patients seeking care for psychiatric and behavioral health conditions. Each student will be assigned to a 2-week psychiatric rotation. The experience will occur with residency-trained physicians or other licensed health care professionals experienced in psychiatry and mental health. Students will also gain experience with psychiatric and behavioral health conditions in the primary care setting.

**Service Learning Experiences**

As part of the course Service Learning II, students will be complete 2 full day community service experiences and a reflection paper during the clinical year. Activities will be tracked in Typhon. See the Service Learning Handbook for course goals, objectives, description of service learning projects and assignment details. Jeff Coursey must approve all service learning activities, and the Clinical Director must approve time out of clinical rotations.

**Elective Opportunities**

Students have 7-8 weeks to devote to elective rotations, depending on if all flextime is used during the clinical year. Students are strongly encouraged to spend at least 4 of these weeks in a primary care setting to help supplement the foundation of their clinical education. Additional primary care rotations will aid in preparation for PANCE boards. The Clinical Director has final discretion to determine the number of weeks you spend in any one elective. **Not all elective choices are possible and students may not receive their first preference.**

**International Medicine Rotations**

Opportunities exist for students to utilize elective rotation time to experience medicine overseas. UPAP has direct ties to international sites in Nepal and Thailand. There is an admission process, which includes an application and interview at UPAP. Students must also complete an application with the International Center at the University of Utah. Students must be in good standing and have completed the bulk of their required rotations to be approved for international rotations. **Students cannot be on academic probation.** It will be UPAP faculty’s decision on the eligibility of a student’s participation.

**Approaching a Rotation & Rotation Objectives**

Formal rotation objectives are available for all required core rotations and for the most common electives. These include: primary care, women’s health, pediatrics, emergency medicine, and surgery. Several specialty objectives can be found in the primary care objectives, those include: cardiology, dermatology, ENT, pulmonary, GI, GU, Endocrine, orthopedics, neurology, psychiatry, hematology, and ID. These can be found as sub-sections in the primary care objectives true to UPAP’s focus on primary care. Prior to starting each of these clinical rotations, it is the student’s responsibility to access the rotation objectives from Canvas. The objectives provide a study guide for the rotation. It may seem daunting but students must be familiar with the objectives for each rotation. The preceptors expect that UPAP has provided this and that each student has reviewed it. **The objectives are comprehensive**
and it is not expected that you will get to do or see everything outlined in the objectives during your clinical rotations. For rotations that do not have objectives it is required that students formulate their own goals and objectives during the first 2 days of the rotation.

It is crucial that students begin each rotation with a clear sense of 3 things: 1) written objectives, 2) the preceptor’s expectations, and 3) your own personal goals for the rotation. The objectives and the preceptor’s expectations may be 2 different things. While students must be familiar with the objectives, do not expect the preceptors to be as familiar with the objectives. Preceptors will have copies of UPAP objectives but they will also have their own more specific set of expectations. These expectations will depend on the preceptor and their patient population and will vary from site to site. For example, you may have 3 different primary care sites over the course of the year, your primary care objectives will remain the same from site to site, however, the preceptor’s expectations will likely change from site to site. UPAP recommends that students schedule an initial meeting with the preceptor and ask them to describe his/her expectations. It is the student's responsibility to initiate this discussion. The key is to quickly ascertain rules, responsibilities, and expectations of the rotations. Lastly, as the year progresses your own goals will change, in any given time block you may want to work on case presentations, differential diagnoses, understanding when to order screening labs, or reading EKGs. Develop goals and share these with your preceptor. In a short rotation it might be the same goal the whole block, in a longer rotation your goals might change from week to week or month to month. Personal goal setting is an important self-directed learning tool, which will help you, work on knowledge base and skill sets.

RESPONSIBILITIES OF CLINICAL AFFAIRS

FACULTY & STAFF

Goals

To coordinate, foster, and oversee an optimal clinical education experience for PA students, ultimately preparing them for certification and professional practice. Frequent and detailed monitoring and evaluation of each student through the clinical competencies ensures the realization of this goal.

I. Facilitation and coordination of clinical experiences

1. Arrangement of clinical rotations and preceptors (students are not required to find their own clinical sites or preceptors).
2. Determine the best rotations sites.
3. Determine the best time frame and best length of time for each rotation.
4. The UPAP mission is to place students in designated rural and/or underserved areas. Students must be in good academic standing to be approved for an out of area rotation. The final decision to place a student in an out of area rotation is at the discretion of the Clinical Director. Students that do training at remote sites are expected to return to Utah for all Return Visits and any other specific assignments or evaluations. If there are any problems with out of area sites or should the student fail an out of area rotation, the Clinical Director may require the student to return to Utah.

II. Administration and Oversight of

1. All Affiliation Agreements and letters of good standing.
2. Student credentials at all facilities.

III. Communication

1. E-mail (U of U e-mail system) and telephone will serve as the primary modes of communication between UPAP and students. This is crucial during the second year when students are no longer on campus. **Students are expected to check email on a regular basis (at least once daily) and respond in a timely manner to all communication from UPAP faculty and staff.** Professionalism in communication is important and any unprofessional email communication may result in an Academic Standards and Conduct Committee meeting. Unprofessional emails may be placed in your permanent student file.

2. Clinical affairs faculty and staff will be available to answer questions and solve problems whenever needed by e-mail, telephone, or in person.

3. Faculty advisors and the program director will also be available to students for consultation by e-mail, telephone, or in person.

IV. Evaluation of Student Performance

1. Oversight of clinical performance competencies.

2. Evaluation and orientation (of students, preceptors and sites).

3. Review and synthesize evaluation tools to gauge clinical performance.
   a. Clinical site visits.
   b. End of rotation examinations.
   c. Return Visits.
   d. TYPHON entries.


5. Direct and facilitate remediation.

V. Assurance that preceptors are prepared to work with students

1. Orientation for preceptors. The primary objective of this orientation is to help the preceptor assess the student’s abilities and appropriately integrate the student into their clinical practice.

2. Synthesizing information from the student evaluations of preceptors and preceptor evaluations of students.

VI. Guidance

1. Students will have access to faculty and staff for assistance and counseling regarding their career development, concerns, and problems. Guidance will also be promptly available to assist students in understanding and abiding by program policies and practices and to provide counseling or referral for students with personal problems that may interfere with their progress in the clinical year.

2. Throughout the clinical year, test-taking strategies will be offered in preparation for the National Certification Exam (PANCE). More detailed resources and counseling are available as needed for individual students, through faculty at UPAP.

VII. Fairness in Clinical Assignments

1. All clinical placements and rotations that are arranged by clinical faculty will be assigned in a
neutral and non-discriminatory fashion, without regard to a student’s gender, race, sexual orientation, religious preference, or ethnicity. On occasion the program does receive requests from preceptors for students with a particular type of professional experience or language skill and the faculty will attempt to accommodate their desires while adhering to our fairness policy. **Placements are always at the discretion of the Clinical Director and the reasoning may not be apparent or shared publicly.**

**RESPONSIBILITIES AND PROFESSIONAL EXPECTATIONS OF PA STUDENTS**

**Goals**

The goals for PA students are to learn and acquire skills in order to function as an effective PA under the supervision of a licensed physician. It is important for the student to recognize the difference in methods of teaching and learning between the formal didactic and clinical year. In the clinical year the primary responsibility shifts to the student. Preceptors are willing to teach, but react primarily to inquisitiveness and preparedness on the student’s part. When enthusiasm, motivation and energy are demonstrable in your work, the preceptor is likely to respond similarly--- creating a rich learning experience.

It is possible, though it occurs rarely, that student-preceptor interactions are less than optimal. If a situation like this develops, please contact the clinical division to discuss the problem and determine which steps may be appropriate in resolving the problem.

**Clinical Site Assignments**

Clinical rotations will be arranged for all students. Students should not expect to have the whole year scheduled in advance; rotation blocks will be scheduled on an ongoing basis.

**Out of State Rotation Policy**

**Electives**—May be a new site in any state, but students must give us *at minimum* 3 months notice to set up the rotation, though as much notice as possible may make the rotation more likely as affiliation agreements may take months to establish. We will not cold call sites or preceptors—rather, we will take steps including contacting local PA schools or organizations we have a previous relationship with to establish a rotation. If you have a contact, please forward the contact information to the clinical team (up to but not exceeding 5 preceptors or sites—if the contacts do not work, we will place you in a UPAP established rotation).

**Core rotations:**

*Rural*—if it is in a bordering state (states that are considered 'bordering states' and in our general operating area: Idaho, Wyoming, Nevada, Colorado, New Mexico, Arizona) and only if it is rural (not urban underserved), we may consider establishing a new AA only if the student has a personal connection to the area
Not rural—we will consider the rotation only if we have an existing affiliation agreement with the site with a current preceptor, or if the student has a contact within the organization. The site must have been used in the last 5 years, must be a site that we will use again and the site should be familiar with us. If you have a contact in an organization we have an affiliation agreement with, please forward the contact information to the clinical team (up to but not exceeding 5 preceptors or sites—if the contacts do not work, we will place you in a UPAP established rotation. Students must allow at minimum 3 months to set up the rotation and we may not be willing to cancel a rotation that is already scheduled.

*UPAP has the right to send you anywhere for a rural rotation within the surrounding states
*Students' rural housing will be reimbursed for 4 weeks only, even if a student does more than one rural rotation (All are required to do one rural rotation)

Final note: Rotations are assigned. No out of state rotations are ever guaranteed and UPAP has ultimate discretion over your clinical rotations.

Requesting New Clinical Sites

If a student identifies a clinical rotation where they would like to rotate, UPAP may consider the rotation and determine if it meets our standards. Rotations out-of-area can be extremely difficult to arrange for multiple reasons. Therefore, no out-of-area rotation is ever guaranteed. Please note that students are not required to arrange their own rotations and in some cases students may not be able to rotate in a clinical site of their choosing. Should the student identify a special rotation please note that this process can take up to 90-days, sometimes longer. The following steps outline the process the student must follow:

1. Contact the clinical team to communicate details of any rotation a student has identified on their own. This must be done at least 90-days in advance. Placement is always at the Clinical Director’s discretion.
2. If the rotation meets our standards and our policy listed above, the clinical team will arrange affiliation agreement with all appropriate parties. This is a legal document needed for each institution or facility the preceptor desires to have the student participate, including all hospitals. This process must be completed before a site can be approved and assigned to a student.

Transportation and Housing

Students are responsible for transportation to and from all clinical sites. Some sites may require students to commute and UPAP requires students to maintain access to reliable transportation throughout the year. Students are also responsible for their own transportation to Return Visits throughout the clinical year. Additionally, should a student elect or be assigned to a clinical rotation away from home that requires housing, UPAP clinical staff will attempt to assist you with housing arrangements but the student has the final responsibility to arrange and cover housing.

Paperwork for each rotation

At the onset of each rotation students are responsible to read and complete all instructions in the TYPHON scheduling database. All rotations have a different set of requirements and students may be required to:

1. Attend a formal orientation (including HIPPA and EMR training or operating room scrub classes) at multiple sites throughout the year. This may be time consuming and seem like
a duplication of training but the student must comply.

2. If asked, UPAP will share documentation of HIPPA Certification, background check and drug screening results with a clinical site. UPAP can also share with the site that the student has all required immunizations and a negative PPD. However, some sites will require that the student personally bring this information into the Medical Staff or Human Resources office. UPAP is also not allowed to share copies of your immunization history. Please maintain a folder of HIPPA certification, updated immunization records, PPD records, and a CV, be prepared to present this if requested.

   **Immunization policy:** TB due Aug. 14- you will not be allowed to attend clinic until the requirement is complete. Every missed clinic day will come out of your vacation days.

   Flu- Flu shots will be arranged for you during your first Return Visit. It is acceptable to receive a flu shot with the clinic you are rotating with so long as proper documentation is handed in. Documentation is due the Friday of return visit. You will not be allowed to attend clinic until the requirement is complete. Every missed clinic day will come out of your vacation days.

3. Students should contact the preceptor or preceptor’s designee **at least 10-14 days prior to the start date.** It is the student’s responsibility to get this contact information from Typhon or the clinical team. The intent of this communication is to personally introduce oneself and inquire about the expectations for the first day, start time/place, dress code, etc.

4. At the end of each rotation, students are required to give their preceptor a Thank You note. UPAP strongly encourages you to purchase a box of Thank You notes and make an effort to personally thank each preceptor for their time and effort. The preceptor does not only appreciate this, but this also helps maintain our relationship with the site for future students.

**TYPHON Tracking**

Students are **required** to log all patient encounters on a daily basis in TYPHON. This includes every encounter regardless of the setting or level of the student’s participation (please note that if the patient encounter involves ‘observation only’ the student must still log this encounter). These logs allow us to evaluate the adequacy of the student’s clinical encounters and the quality of clinical rotation sites. They are also used to determine if the student has met the clinical year requirements. Typhon logging is **mandatory assignment.** All entries are due for the prior week every Monday morning at 8am. The Director of Evaluation will review students’ Typhon logs every Monday morning. Student entries may also be evaluated on a random basis against clinical records for accuracy. If a student does not complete Typhon logging in a timely manner, it is considered unprofessional, and an incomplete assignment. Students will be pulled from clinic to complete their Typhon log if they are behind. The time taken from clinic to complete the assignment will come out of students’ flextime, and may require extension beyond graduation. Falsification of entries is considered a violation of the student honor code and the consequences may result in probation or dismissal.

**Evaluation Forms**

1. Preceptor Evaluation of Student: Students must ensure that preceptors receive, complete, and submit the *Preceptor Evaluation of Student* form at the end of each rotation. Please schedule time during the last week in clinic for your preceptor to fill out the evaluation and ensure it is completed before the student leaves the rotation.

2. Complete one *Student Evaluation of the Preceptor and Site* on the last Friday of each rotation.
3. Complete one **Self-Evaluation** on the last Friday of each rotation.

Full details in section titled, “Process of Evaluation During the Clinical Year”

**Incident Reports**

Occasionally, accidents will occur on clinical site or in the laboratory. Should a student, patient, or other staff member be injured as a result of an accident involving a student, the student must first comply with all accident and injury protocols established at the individual institution. **In order for the student to be covered under the Workers Compensation that UPAP maintains for students, the student needs to supply any clinic performing testing with the University Workers Compensation Form.** The student should immediately send this completed form to the program along with a completed **Physician Assistant Program Incident Report.** These forms need to be sent to UPAP no later than 3 days following the incident. Additionally, students must notify the clinical team of any such incident as soon as possible. **Incident Report and Workers Compensation forms can be found on the UPAP website.** Only forward original forms.

**Attendance**

Regular attendance is expected for all scheduled rotations and associated educational activities. Promptness is expected. As a rule, 3 days of excused absence will be allowed during the clinical phase of the program. Extenuating circumstances requiring more than 3 days off will be considered on individual basis and granted as deemed necessary. Absences in excess of 3 days will come out of vacation time or require scheduled makeup. Makeup time will be scheduled at the discretion of the program and may occur during vacation time or after the completion of the normally scheduled clinical year. Unexcused absences will not be permitted.

The following situations will qualify for consideration as excused absences:

- Personal illness
- Family emergency
- Bereavement
- Transportation failure

**In such an event, the student must notify UPAP and the preceptor as soon as possible but no later than the day prior to or early on the day of the absence.** It is the student’s responsibility to keep the program and the preceptor informed in a timely manner if an illness extends beyond one day. (TYHPOP will be monitored weekly in part to assure attendance.)

Any absence from the clinical year that has not been approved by UPAP will constitute an unexcused absence. Unexcused absences will result in:

- Referral to the Academic Standards and Conduct Committee
- Appropriate disciplinary action (including probation or dismissal)
- Forfeiture of allotted flexible absence days
- Scheduled makeup time as designated by the Program

**Time Off**

**Students will adhere to the clinical schedules assigned by preceptors and/or coordinators.** This includes days off and holidays. Some rotations may not offer holidays off. An option does exist for
students in good standing to take time off during the clinical year. Again, adult learning principles imply that students should be able to utilize time off with a minimum of restrictions, but a maximum of professionalism. A total of **5 working days** are available to use at the student’s discretion with the following requirements:

1. Students must request prior approval from the clinical director to utilize time off.
2. Time off during required core rotations may not be allowed and will need to be made up.
3. Time off is not permitted during emergency medicine, general surgery, pediatrics, women’s health, trauma, or other inpatient rotations except for illness or family emergency.
4. If a student is planning to take 5 consecutive days off, the clinical team must be notified prior to the start of the clinical year.

The following is a list of potential ideas if you are not sure how to use time off:

1. Time to work on EBMWUs or Master’s project
2. Study time for PANCE
3. Job interviews

**Ethical Code of Behavior for Utah PA Program Students**

As UPAP students progress through the clinical year they will represent the program as well as the PA profession and will come into contact with many physicians, physician assistants, other health care personnel, and patients. The image they project will have a significant impact on the perception and subsequent acceptance of the profession. The following are guidelines and appropriate protocol for deportment as a PA student:

**Student Role**

While at clinical sites, students must always work under the supervision of a preceptor. During clinical experiences, PA students must not be used to substitute for clinical or administrative staff or assume primary responsibility for a patient's care. Students shall not treat and discharge a patient from care without consultation with a clinical preceptor. Students shall perform only those procedures authorized by the program, clinical site and preceptor. Students must adhere to all regulations of the program and the clinical sites at all times. **Students should be prepared for clinical site regulations to change from site to site.**

**Patient Rights**

- Every person has a right to privacy in all aspects of life. Only that person can give permission to access his or her privacy.
- Members of helping professions must respect the confidentiality of all information that is procured in the process of treating the patient, including psychological, physiological, social, and institutional information.
- Information regarding patients can be shared only with those directly involved in the care of the patient. Patient information may never be revealed to other students, family, friends, or the general public.
- Pictures and/or tape recordings of patients may never be taken or used without the informed consent of the patient following the prescribed legal proceedings within that institution.
Respect for the Individual

Individuals in the helping professions must have respect for the integrity and dignity of the individual in all areas:

- Patients must always be treated with dignity and respect for their needs, sensitivities, and safety.
- Students must be sensitive to the feelings and needs of the patient regarding modesty, propriety, and privacy.
- Students must use tact and discretion in discussing patients.
- Students must endeavor to be aware of their prejudices and take steps to prevent acting upon them in their relations with patients, staff, family and visitors.

Respect for Self

Some examples of student behaviors which would likely lead to automatic and immediate dismissal from the Program:

1. Using any cooperating agency to procure or distribute illegal substances.
2. Initiating exploitative student-patient relationships which:
   - are incongruous with student role,
   - result in financial gain,
   - involve illegal transactions, and/or,
   - involve professionally unacceptable behavior.
3. Failing to report errors and accidents.
4. Violating a patient’s rights, to privacy and confidentiality of information.
5. Cheating on tests or plagiarism of papers or other assignments.
6. Criminal behavior, felony/misdemeanor.
7. Falsifying reports.
8. Rendering patient care while impaired (i.e., under the influence of alcohol, prescribed, or illegal substances).
9. Rendering services while under the influence of narcotics or other controlled dangerous substances.

Volunteer and Work Experiences

Students who are involved in, or commence volunteer or paid work during the course of their PA training cannot use their affiliation with the Utah Physician Assistant Program in any aspect of that job. Work outside the Physician Assistant Program undertaken by the student, independent of the Program, is not covered by the liability insurance. Students may not function as a PA student at any health care facility that is not pre-approved by the program and may not identify themselves as a PA student. Students are not allowed to participate in any clinical activity that is not formally approved by the program. Additionally, students are not to take on any role other than that of a PA student while in a scheduled clinical rotation.

Identification and Misrepresentation

Students are required to wear the nametag provided by UPAP at all times while in clinical settings. Students will introduce themselves as “physician assistant students” and sign all documentation with their legible full signature followed by ‘PA-S’ or ‘PA student’. At no time should a student misrepresent him/herself as being any type of medical provider other than a physician assistant student. Students should not reference other credentials while acting as a PA student. Failure to identify oneself
appropriately or to misrepresent oneself is an egregious infraction of Utah state laws that would very likely result in the Academic Standards and Conduct Committee recommending dismissal from the Program.

Limitations

**Students must be aware of their limitations as students, and of the limitations and regulations pertaining to PA practice.** Students should seek advice when appropriate and should not be evaluating or treating patients without direct supervision from, and access to a supervisor at all times. Students should never discharge a patient without reviewing the case with and obtaining the permission of, the preceptor or designated clinical supervisor.

E-Mail

All students are required to use and maintain an active University of Utah email account while enrolled at UPAP. The program will use technology to disseminate information including important dates, course evaluations, and communications during the year. Students should check their University of Utah e-mail regularly so as not to miss important schedule changes and announcements. **Students are responsible for any and all information sent from the program to their University e-mail account,** regardless of whether or not it is successfully forwarded to any other account.

Social Media Guidelines

The University of Utah School of Medicine provides guidelines on the use of social media. The Physician Assistant Program uses these standards as a guide. They can be found at: [http://medicine.utah.edu/paa/programs/social_media.php](http://medicine.utah.edu/paa/programs/social_media.php)

Health and Safety

PA students shall not exhibit any behavior that may jeopardize the health and safety of patients, faculty, staff or fellow students. The University of Utah Physician Assistant Program follows the Department of Family and Preventive Medicine safety procedures. Please Review safety procedures on the UPAP website: [http://medicine.utah.edu/upap/](http://medicine.utah.edu/upap/)

Weapons

The University of Utah Physician Assistant Program follows the University of Utah Policy on firearms and other weapons on campus. Please review the weapons policy on the University website: [http://www.admin.utah.edu/ppmanual/1/1-19.htm](http://www.admin.utah.edu/ppmanual/1/1-19.htm)

Student Dress Code

Attire and grooming reflect personal taste and are influenced by the cultural milieu of the individual. Hence, we believe that it is impractical to dictate or enforce a specific dress code. Unless instructed otherwise by the specific site or preceptor, the uniform should consist of a student white lab coat with a visible nametag identifying you as a PA student. Students are expected to be neat and well groomed and avoid extremes in dress. UPAP students are acting as ambassadors both of the program and of the profession. The impression you leave with a preceptor and his/her staff could well influence the availability of that site for future PA students or PA employees. If providers at a particular clinic dress
business casual or wears ties, that mode of dress will also be expected of the student. Lab coats should be worn unless specifically asked by the provider or clinic management not to. Please also review the School of Medicine Dress code in this Handbook.

PROCESS OF EVALUATION DURING THE CLINICAL YEAR

The following section describes explicitly the areas in which students are evaluated and the process of evaluation during the clinical year. It is intended to provide an accurate assessment of the following elements: 1) student responsibilities, 2) methods used for evaluation of student clinical performance, 3) estimation of the adequacy and variety of clinical experiences, and 4) student preparation for graduation and certification from UPAP to sit for the PA National Certification Exam (PANCE). Failure in any one area of evaluation will be cumulative from the didactic year and may require meeting with the appropriate faculty committee and/or the Academic Standards and Conduct Committee, and could lead to probation or dismissal from the PA program.

The sections listed below are detailed in the following sections:

1. Clinical Performance Criteria
2. Evidence-Based Medicine Case Write-Ups (EBMWU)
3. Master’s Project
4. TYPHON based patient tracking
5. Evaluation Forms
   a. Preceptor evaluation of the student
   b. Student’s self evaluation
   c. Student’s evaluation of the preceptor
6. Site Visits
   a. General Evaluation form
7. Return Visits (RV)
   a. OSCE
   b. Clinical Skills Testing
   c. Standardized Testing
8. End of Rotation Exams
9. Family Medicine Cases
10. Professionalism and Behavioral Competencies
11. Service Learning
Clinical Performance Criteria

During the clinical year UPAP requires that the student meet certain Clinical Performance Criteria. These criteria are outlined in 3 sources: 1) The Rotation Objectives, 2) ICD/CPT Code Lists and 3) the NCCPA Competencies. It is the student’s responsibility to be familiar with these criteria and students will be evaluated on them throughout the clinical year. At graduation, the student should be able meet these clinical performance criteria without advice or assistance.

ICD/ CPT Code Lists

The student should be able to initiate a work-up and facilitate management of selected ICD/CPT codes. These are tracked through TYPHON. These codes represent procedure and behavioral competencies. Please note the top 500 ICD-9 and CPT codes are available in Typhon and can be found under "Help" on the homepage, to "Instructions and Videos" to Data Entry Instructions. Students will then be able to download the list of codes in PDF format or download them to a portable device.

NCCPA Competencies

The NCCPA exam content blueprint provides you a list of competencies that students will be evaluated on during the clinical year. These competencies also make up the PA National Certification Exam (PANCE) content. The categories are listed below, the full Blueprint can be found on the NCCPA.net web site: http://www.nccpa.net/ExamsContentBlueprint.aspx

The Blueprint is broken down into 7 Knowledge and Skill Areas and 14 Sample Diseases/Disorders by Organ System. These lists are not exhaustive but can be used to categorize areas in which you may encounter test questions during the clinical year.

<table>
<thead>
<tr>
<th>% Of Exam Content on PANCE</th>
<th>Knowledge and Skill Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>History Taking &amp; Performing Physical Examinations</td>
</tr>
<tr>
<td>14</td>
<td>Using Laboratory &amp; Diagnostic Studies</td>
</tr>
<tr>
<td>18</td>
<td>Formulating Most Likely Diagnosis</td>
</tr>
<tr>
<td>14</td>
<td>Clinical Intervention</td>
</tr>
<tr>
<td>18</td>
<td>Clinical Therapeutics</td>
</tr>
<tr>
<td>10</td>
<td>Health Maintenance</td>
</tr>
<tr>
<td>10</td>
<td>Applying Scientific Concepts</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% Of Exam Content on PANCE</th>
<th>Sample Diseases/Disorders by Organ System</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>Cardiovascular System</td>
</tr>
<tr>
<td>12</td>
<td>Pulmonary System</td>
</tr>
<tr>
<td>10</td>
<td>Gastrointestinal System / Nutrition</td>
</tr>
<tr>
<td>10</td>
<td>Musculoskeletal System</td>
</tr>
<tr>
<td>9</td>
<td>Eyes, Ears, Nose &amp; Throat</td>
</tr>
<tr>
<td>8</td>
<td>Reproductive System</td>
</tr>
<tr>
<td>6</td>
<td>Endocrine System</td>
</tr>
<tr>
<td>6</td>
<td>Neurologic System</td>
</tr>
<tr>
<td>6</td>
<td>Psychiatry / Behavioral Science</td>
</tr>
<tr>
<td>6</td>
<td>Genitourinary System</td>
</tr>
</tbody>
</table>
Evidence Based Medicine Case Write-Ups (EBMWUs) and Master's Project

The program is responsible for the efficient tracking of EBMWUs and Master’s projects including: collection, logging, grade recording, and return of papers to students. Clinical Associates grade the EBMWUs and Faculty Advisors grade the Master's Project. **EBMWUs will be submitted by students to UPAP by the following deadlines:**

Master’s Project assignments will be submitted by students to Faculty Advisors by the following deadlines:

See Specific Handbooks for full details.

**WARNING**

Failure to adhere to the EBMWU or Master's Project schedule will result in the student being placed on clinical suspension until the assignment is completed and handed in. The student will be required to make up time missed at any clinical site. Any outstanding EBMWU or Master’s Project will result in an INCOMPLETE as a grade for the semester. An INCOMPLETE for a final course grade will delay and could permanently alter financial aid payments.

**TYHPON Based Patient Tracking System**

A computerized tracking system, TYPHON, is utilized to monitor the patient encounters documented by every student during the clinical year. Students will record every patient encounter on this tracking program. The program is designed to catalogue a limited amount of information on each patient. Data includes, but is not limited to: clinical rotation, clinical setting, medical discipline, patient’s age, gender, complaint, and the system (or systems) involved. Use of TYPHON begins during the didactic year in Friday Clinics.

UPAP utilizes the data collected from the tracking program to assess and monitor the number and kinds of clinical problems being encountered by the student and to determine the extent of involvement by the student in the case. As noted before, TYPHON allows UPAP to evaluate the adequacy of the student’s clinical encounters and the quality of clinical rotation sites. Data is also used to determine if the student has met the clinical year requirements. As TYPHON is reviewed, the clinical affairs faculty may determine to make adjustments to specific rotations. For example, if the student is deficient in seeing patients of a particular age group (e.g., geriatric) the student would then be advised to make an effort to see patients in this age group or possibly be assigned a clinical training period in that discipline to round out their experience. As the total number of patient experiences is tabulated, an estimation of a students developing clinical acumen can be gauged. Dan Crouse administrates the TYPHON system. Contact Dan or Meghan Crowell for problems and/or questions. **Failure to use TYPHON will result in clinical suspension.**
Evaluation Forms for the Clinical Year

Evaluations completed by preceptors and students is critical to determine progress in the clinical year. Students are required to schedule an ‘exit interview’ one week prior to the conclusion of the rotation, usually on the last Friday of the rotation. At the exit interview, the student will ensure that the preceptor has received the Preceptor Evaluation of Student and the preceptor will review progress with the student and give feedback on performance. They will also fill out the Student Evaluation of Preceptor and Site and Student Self Evaluation on the last Friday of each rotation.

<table>
<thead>
<tr>
<th>Evaluation form</th>
<th>Completed by</th>
<th>Site</th>
<th>Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preceptor Evaluation of Student</td>
<td>Preceptor</td>
<td>All sites</td>
<td>Mid-rotation evaluation (if rotation is longer than 16 weeks) and the last Friday of each rotation</td>
</tr>
<tr>
<td>Student Evaluation of Preceptor and Site</td>
<td>Student</td>
<td>All sites</td>
<td>Once for primary site (end); last Friday of each rotation</td>
</tr>
<tr>
<td>Student Self Evaluation</td>
<td>Student</td>
<td>All sites</td>
<td>Last Friday of each rotation.</td>
</tr>
<tr>
<td>Evaluation of Student done at Site Visit</td>
<td>UPAP Faculty</td>
<td>Variable</td>
<td>At least once during the clinical year.</td>
</tr>
<tr>
<td>Global Clinical Year Evaluation</td>
<td>Student</td>
<td>UPAP</td>
<td>End of clinical year.</td>
</tr>
</tbody>
</table>

Site Visits

During your clinical year UPAP faculty will visit each student at least once. UPAP will make an effort to see students early in their clinical training, but site visits can occur any time of the year. Students may be visited multiple times throughout the year. The goal of the site visit is to evaluate a student’s clinical progress, to assess the clinical preceptor and student learning team, and to monitor progress of case presentation, patient encounter documentation, and TYPHON completion. The main components of the site visit are as follows:

1. The site visitor will accompany the student and observe multiple patient encounters (with the permission of the preceptor and patient).
2. The site visitor will have time to speak individually with the student about his/her learning experience, to the preceptor about the student, and visit with the student and preceptor together.
3. The site visitor will speak with staff including but not limited to office managers, nursing staff, clerks and medical assistants about the student’s professionalism.
4. The site visitor may review charts of patients previously seen and charted by the student.
Return Visits (RV)

In compliance with ARC-PA Standards, “The program must conduct frequent, objective, and documented formative evaluations of students to assess their acquisition of knowledge, problem-solving skills, and psychomotor and clinical competencies” UPAP will host four Return Visits on the campus throughout the clinical year. **Attendance is MANDATORY for the entirety of each Return Visit.**

Activities designed to meet and exceed this standard will take the form of one or more of the following: OSCEs, clinical skills tests, standardized tests and other methods determined by the program. Students are required to pass all aspects of each return visit. Failure to pass any aspect of any return visit may result in a meeting with the Academic Standards and Conduct Committee. The dates for return visits are as follows but subject to change:

End of Rotation Exams

Following completion of each of the four required specialty rotations (pediatrics, women's health, general surgery and emergency medicine) each student must show competency in the material through passing an end of rotation examination. These exams will be administered through PAEA and registered for through the Clinical Coordinator at UPAP (Julie Thompson or Meghan Crowell). A student tutorial is available through PAEA once the student is registered. It is also recommended that students study rotation objectives to prepare for the end of rotation examinations.

**These exams must be done on the last Friday of the rotation at 2pm.** Students must communicate with Meghan to ensure that they are scheduled for the examination.

These exams are CLOSED book. The End of Rotation Exams are timed. Students have 120 minutes to complete each 120-question exam. Students need to have a passing grade on each exam or remediation will be required. Passing grades are determined by national averages, and statistical analysis will be performed to determine a passing score for each exam based on this information. Keep in mind that because national averages vary for each test, passing grades may be different for each exam. Feedback will be given to each student on their individual raw score, a breakdown of organ system/ task area as well as a keyword list on missed items. All specialty exams must be completed by July 29, 2016.

Family Medicine Cases

These self-directed family medicine cases will be made available to students throughout the clinical year as an extra study tool. The link to the family medicine cases is: [http://www.med-u.org/](http://www.med-u.org/) Login information will be sent by the Clinical Coordinator to students. Occasionally cases will be assigned to students.

Self-Reflection Papers

Self-reflection papers will be assigned during the clinical year in association with various clinical experiences, to include professionalism topics, long term care, geriatrics and service learning. Grades for these papers are pass/fail, and completion is mandatory. Details and dates will be communicated with students via email during the clinical year.

Behavioral Competencies & Professionalism
A primary objective during the clinical year is to develop professional competencies. Professionalism is an academic issue and will be evaluated throughout the year. Preceptors and faculty will evaluate such things including timeliness of Typhon logging, personal attitudes, initiative, response to criticism, interpersonal interactions and honesty. Please read and observe the “Guidelines for Ethical Conduct for the Physician Assistant Profession,” “NCCPA Code of Conduct for Certified and Certifying PAs,” “PA Student Code of Conduct” and “The Utah Physician Assistant Program Professionalism Code” which will you be required to sign at the beginning of the clinical year. All of these documents are included in this handbook.

**Service Learning**

As part of the course Service Learning II, students will be complete at least 2 full day community service experiences during the clinical year. Activities will be tracked in TYPHON. Participation is mandatory, and grades for the reflection papers are pass/fail. See the Service Learning Handbook for course goals, objectives, description of service learning projects and assignment details.

**The Summative Evaluation**

The PA role demands sound judgment, intellectual honesty, appropriate interpersonal skills, and the capacity to react to emergencies in a calm and reasoned manner. An attitude of respect for self and others, adherence to the concepts of privilege and confidentiality in communicating with patients, and a commitment to patient welfare are essential attributes. UPAP standards mandate that each student have a summative evaluation completed and documented prior to program completion to assure that students meet defined program objectives for the knowledge, skills, and attitudes that demonstrate suitability for practice.

This evaluation is based on the sum of a student’s performance during the clinical year and all return visits. The summative portfolio will include:

1. The clinical competency portfolio:
   a. Completion of TYPHON
      i. Tracking of clinical performance criteria
   b. Evaluation Forms
      i. Preceptor Evaluations
      ii. Site Visit Evaluations
      iii. Self-Evaluations
      iv. Student Evaluations of Site/Preceptor
   c. Return Visit Performance (all return visits)
      i. OSCEs
      ii. Clinical Skills Tests
      iii. Other standardized tests including Family Medicine and Internal Medicine tests
   d. End of Rotation Exams
   e. Behavioral Competencies and Professionalism
   f. Participation in Service Learning activities
   g. Other testing as assigned
2. The graduate EBM curriculum, Master’s Project and paper

If it is deemed that a student’s portfolio does not reflect that they are prepared clinically and
professionally then the student will require remediation, may be required to meet with the Academic Standards and Conduct Committee and may not graduate as scheduled.

UTAH PA PROGRAM ADMINISTRATIVE POLICIES FOR GRADING AND PROFESSIONALISM

Introduction

Physician assistant students must demonstrate superior interpersonal and communication skills, high motivation, unblemished moral and ethical character, a strict knowledge of limitations, the ability and willingness to live and work among ethnically and culturally diverse populations, and a sincere desire to care for others. To that end, UPAP’s administrative policy extends to any case of alleged misconduct by a student whenever the alleged misconduct raises the question of whether a student would be an appropriate PA. Dishonesty, falsification, cheating, plagiarism, or inappropriate behavior are evidence of unprofessional conduct and will, when appropriately documented, lead to sanctions including dismissal from the program. Students are expected to maintain a professional personal appearance, especially with regard to clinical experiences throughout the training period.

Grading Criteria for the Clinical Year

The three clinical semesters are graded PASS / FAIL, based on several numeric grades and the evaluation tools listed below. Not all entities are specifically graded, but each must be complete and accounted for each semester in order to receive a passing grade. The Director of Clinical Evaluation will track all the above criteria and issue warnings if needed. If a student is missing any evaluations at the end of a semester they may be given an INCOMPLETE (I) and will not start the next semester or have the grade converted until all evaluations are accounted for. This includes Typhon logging. An INCOMPLETE may adversely affect financial aid status.

Students are expected to be prompt with all assignments. To achieve passing grades students must keep TYPHON updated and turn in quality on-time work for all other assignments. Late work may result in clinical suspension and a possible incomplete as noted above. Poor preceptor evaluations will require you to meet with the clinical team or program faculty. Any failed rotation (clinical skills and/or professionalism) could result in an automatic appearance in front of Academic Standards and Conduct Committee. Two overall marginal passes could result in an appearance in front of Academic Standards and Conduct Committee.

Below is the Grading Scale with minimums for PASS:

<table>
<thead>
<tr>
<th>Entity</th>
<th>Fall 2015</th>
<th>Spring 2016</th>
<th>Summer 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 EBMWU’s</td>
<td>80%</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>2 Master’s Presentation</td>
<td>--</td>
<td>Pass/ Fail</td>
<td>--</td>
</tr>
<tr>
<td>3 TYPHON Tracking</td>
<td>Pass/ Fail</td>
<td>Pass/ Fail</td>
<td>Pass/ Fail</td>
</tr>
<tr>
<td>4 Evaluations</td>
<td>Pass/ Fail</td>
<td>Pass/ Fail</td>
<td>Pass/ Fail</td>
</tr>
<tr>
<td>5 Site Visit</td>
<td>Pass/ Fail</td>
<td>Pass/ Fail</td>
<td>Pass/ Fail</td>
</tr>
<tr>
<td>6 RV (all components)</td>
<td>Pass/Fail</td>
<td>Pass/ Fail</td>
<td>Pass/ Fail</td>
</tr>
<tr>
<td>7 End of Rotation Exams</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
</tr>
</tbody>
</table>
Promotion Policies and Procedures

The clinical promotion process is overseen first by the Director of Clinical Evaluations. The core faculty as a group has the responsibility of overseeing student matriculation through the program, specifically academic, clinical, and behavioral performance in the clinical year. Faculty advisors will meet with and review individual student’s progression at each semester’s RV.

In general, promotion from one grading period to the next is contingent upon satisfactory completion of courses and/or requirements in each grading period and evidence of the fulfillment of the Clinical Performance Competencies. Evaluation of student progress in the clinical year is based upon assessment of the student’s demonstrated clinical skills, professionalism and medical knowledge using preceptor evaluations and examinations. Ultimately, the program determines whether a student passes or fails a rotation based on the above information. Poor performance or failure in any rotation will require meeting with the appropriate faculty committee or Academic Standards and Conduct Committee and could lead to remediation or dismissal from the PA program.

Remediation During the Clinical Year

Less than satisfactory or passing performance on any evaluated area of the clinical year will result in mandatory remediation. This may range from remediating a single component of a RV to remediating an entire clinical rotation. The UPAP Faculty will determine appropriate remediation and the student may be required to meet with the Academic Standards and Conduct Committee if further sanctions are required.

Academic Standards and Conduct Committee

The Academic Standards and Conduct Committee is a committee designed to evaluate the student who is experiencing academic difficulty (i.e., deficient or failing grades), any student who has exhibited alleged unprofessional or inappropriate behavior, or for any substandard evaluation. The committee may recommend various actions or sanctions including probation or dismissal from the program.

Due Process Procedures

Students have agreed to follow UPAP’s policies and procedures for due process. The appeals process will follow policies of the University of Utah Student Code (http://www.regulations.utah.edu/academics/6-400.html) which can also be found in the University Policy Appendix of this Handbook.

Dismissal from the Program

Dismissal of a student may be recommended for the following:

1. If a student is currently on academic probation and fails a course, test or clinical rotation.
2. If a student is on academic probation and repeatedly performs at marginal or unsatisfactory level.
3. If a student has demonstrated character, personality, unprofessionalism or behavior unsuitable for the practice of medicine. Examples include but are not limited to: substance abuse, aggression, abusiveness, inappropriate behavior, etc. Cheating, plagiarism, and
falsification of records will be considered an unacceptable professional performance and grounds for automatic dismissal.

Policy 6-400: Code of Student Rights and Responsibilities ("Student Code")
Section I: General Provisions and Definitions

General Provisions
1. The Code of Student Rights and Responsibilities has seven parts: General Provisions and Definitions, Student Bill of Rights, Student Behavior, Student Academic Performance, Student Academic Conduct, Student Professional and Ethical Conduct, and Student Records.

2. The mission of the University of Utah is to educate the individual and to discover, refine and disseminate knowledge. The University supports the intellectual, personal, social and ethical development of members of the University community. These goals can best be achieved in an open and supportive environment that encourages reasoned discourse, honesty, and respect for the rights of all individuals. Students at the University of Utah are encouraged to exercise personal responsibility and self-discipline and engage in the rigors of discovery and scholarship.

3. Students at the University of Utah are members of an academic community committed to basic and broadly shared ethical principles and concepts of civility. Integrity, autonomy, justice, respect and responsibility represent the basis for the rights and responsibilities that follow. Participation in the University of Utah community obligates each member to follow a code of civilized behavior.

4. The purposes of the Code of Student Rights and Responsibilities are to set forth the specific authority and responsibility of the University to maintain social discipline, to establish guidelines that facilitate a just and civil campus community, and to outline the educational process for determining student and student organization responsibility for alleged violations of University regulations. University policies have been designed to protect individuals and the campus community and create an environment conducive to achieving the academic mission of the institution. The University encourages informal resolution of problems, and students are urged to discuss their concerns with the involved faculty member, department chair, dean of the college or dean of students. Informal resolution of problems by mutual consent of all parties is highly desired and is appropriate at any time.

5. In cases where a more formal resolution of problems is needed, distinct administrative procedures and time lines have been established for proceedings under the Standards of Behavior (Section III), the Standards of Academic Performance (Section IV), the Standards of Academic Conduct (Section V) and the Standards of Professional Conduct (Section VI). Certain conduct by students may fall within more than one section of the Student Code. When this is the case, an appropriate University administrator shall determine which section of the code is the appropriate section under which to proceed. In special circumstances, the appropriate University administrator may extend time lines in the interest of fairness to parties or to avoid injury to one of the parties or to a member of the University community.

6. The University, the Committees and all participants shall take reasonable steps to protect the rights and, to the extent appropriate, the confidentiality of all
parties involved in any proceedings under the Student Code.

At the sole discretion of the University, proceedings under the Student Code may be postponed when acts or conduct involving possible violations of the Standards of Behavior, the Standards of Academic Conduct or the Standards of Professional Conduct are also the subject of ongoing criminal or civil enforcement proceedings brought by federal, state, or local authorities and when postponing the proceedings will serve the best interests of the University or will better facilitate the administration of justice by such authorities. The vice president for student affairs, or designee, shall make the decision regarding proceedings under the Standards of Behavior. The senior vice president for academic affairs or the senior vice president for health sciences, or their designees, shall make the decision regarding proceedings under the Standards of Academic Conduct and the Standards of Professional Conduct.

The dean of students, or the senior vice president for academic affairs, or the senior vice president for health sciences, or their designees, may place a hold on the student's records and/or registration pending the resolution of proceedings under the Student Code.

Definitions

1. As used in the Student Code:

   “Academic action” means the recording of a final grade (including credit/no credit and pass/fail) in a course, on a comprehensive or qualifying examination, on a culminating project, or on a dissertation or thesis. It also includes a decision by the appropriate department or college committee to place a student on academic probation, or to suspend or dismiss a student from an academic program because the student failed to meet the relevant academic standards of the discipline or program. The term “academic action” does not include the decision by a department or program to refuse admission of a student into an academic program. Academic action also does not include academic sanctions imposed for academic misconduct or for professional misconduct.

   “Academic misconduct” includes, but is not limited to, cheating, misrepresenting one’s work, inappropriately collaborating, plagiarism, and fabrication or falsification of information, as defined further below. It also includes facilitating academic misconduct by intentionally helping or attempting to help another to commit an act of academic misconduct.

   “Cheating” involves the unauthorized possession or use of information, materials, notes, study aids, or other devices in any academic exercise, or the unauthorized communication with another person during such an exercise. Common examples of cheating include, but are not limited to, copying from another student's examination, submitting work for an in-class exam that has been prepared in advance, violating rules governing the administration of exams, having another person take an exam, altering one's work after the work has been returned and before resubmitting it, or violating any rules relating to academic conduct of a course or program.

   Misrepresenting one’s work includes, but is not limited to, representing material prepared by another as one’s own work, or submitting the same work in more than one course without prior permission of both faculty members.

   “Plagiarism” means the intentional unacknowledged use or incorporation of any other person’s work in, or as a basis for, one’s own work offered for academic consideration or credit or for public presentation. Plagiarism includes, but is not limited to, representing as one’s own, without attribution, any other individual's words, phrasing, ideas, sequence
of ideas, information or any other mode or content of expression.

“Fabrication” or “falsification” includes reporting experiments or measurements or statistical analyses never performed; manipulating or altering data or other manifestations of research to achieve a desired result; falsifying or misrepresenting background information, credentials or other academically relevant information; or selective reporting, including the deliberate suppression of conflicting or unwanted data. It does not include honest error or honest differences in interpretations or judgments of data and/or results.

“Academic sanction” means a sanction imposed on a student for engaging in academic or professional misconduct. It may include, but is not limited to, requiring a student to retake an exam(s) or rewrite a paper(s), a grade reduction, a failing grade, probation, suspension or dismissal from a program or the University, or revocation of a student's degree or certificate. It may also include community service, a written reprimand, and/or a written statement of misconduct that can be put into an appropriate record maintained for purposes of the profession or discipline for which the student is preparing.

“Arbitrary and capricious” means that there was no principled basis for the academic action or sanction.

“Behavioral misconduct” includes acts of misconduct as further defined in Section III A.

“Behavioral sanction” means a sanction imposed on a student for engaging in behavioral misconduct. It may include, but is not limited to, a written reprimand, the imposition of a fine or payment of restitution, community service, probation, or suspension or dismissal from the University.

“Business day” is every day that the University is open for business, excluding weekends and University-recognized holidays. The official calendar is maintained by the University registrar's office.

“Department” means an academic unit, program, department, division, college or school, whichever is the appropriate academic unit of organization.

“Disciplinary records” are all records relating to the imposition of an academic sanction or a behavioral sanction.

“Faculty” or “faculty member” refers to an individual who teaches or conducts research at or under the auspices of the University and includes students with teaching responsibilities and other instructional personnel. It also refers to the chair of a faculty committee that has assessed an academic action.

“Notice” or “Notification” refers to the date of delivery if notification is delivered personally or ten (10) business days after the time of postmark if the notification is mailed by U.S. mail. In the case of grades, notification refers to the date the grades are available on the World Wide Web.

“Professional misconduct” means the violation of professional or ethical standards for the profession or discipline for which a student is preparing as adopted or recognized as authoritative by the relevant academic program. The term also includes specific misconduct that demonstrates the student's unfitness for such profession or discipline.

“Program” refers to any set of courses that may be a degree, major, minor, certificate, or related course of study.

“Sexual harassment” is defined in Policy and Procedures 5-107.

“Staff” or “Staff member” refers to a person other than a faculty member who receives compensation for work or services from funds controlled by the University, regardless of the source of funds, the duties of the position, or the amount of compensation paid.

“Student” refers to a person who is currently, or was at the time of the offense, matriculated and/or registered in any class or program of instruction or training offered by the University at any level, whether or not for credit.
“University” means the University of Utah and all of its undergraduate, graduate and professional schools, divisions and programs.

“University activities” are teaching, research, service, administrative functions, ceremonies, or programs conducted under the auspices of the University.

“University premises” means the University campus and any other property, building or facility, that is owned, operated or controlled by the University.

Section II: Student Bill of Rights

Students have certain rights as members of the University community in addition to those constitutional and statutory rights and privileges inherent from the State of Utah and the United States of America. Nothing in this document shall be construed so as to limit or abridge students’ constitutional rights. Students have the responsibility not to deny these rights to other members of the University community. Students have the additional legal rights and privileges described below and they will not be subject to discipline for the exercise of such rights and privileges.

1 Learning Environment. Students have a right to support and assistance from the University in maintaining a climate conducive to thinking and learning. University teaching should reflect consideration for the dignity of students and their rights as persons. Students are entitled to academic freedom and autonomy in their intellectual pursuits and development. Students have a right to be treated with courtesy and respect.

2 Rights in the Classroom. Students have a right to reasonable notice of the general content of the course, what will be required of them, and the criteria upon which their performance will be evaluated. Students have a right to have their performance evaluated promptly, conscientiously, without prejudice or favoritism, and consistently with the criteria stated at the beginning of the course.

3 Role in Governance of the University. Students have a right to participate in the formulation and application of University policy affecting academic and student affairs through clearly defined means, including membership on appropriate committees and administrative bodies. Students have a right to perform student evaluations of faculty members, to examine and publish the numerical results of those evaluations, and to have those evaluations considered in the retention, promotion, tenure and post-tenure reviews of faculty members.

4 Due Process. Students have a right to due process in any proceeding involving the possibility of substantial sanctions. This includes a right to be heard, a right to decision and review by impartial persons or bodies, and a right to adequate notice.

5 Freedom from Discrimination and Sexual Harassment. Students have a right to be free from illegal discrimination and sexual harassment. University policy prohibits discrimination, harassment or prejudicial treatment of a student because of his/her race, color, religion, national origin, sex, sexual orientation, gender identity/expression, age, or status as an individual with a disability, or as a protected veteran.

6 Freedom of Expression. Students have a right to examine and communicate ideas by any lawful means. Students will not be subject to academic or behavioral sanctions because of their constitutionally protected exercise of freedom of association, assembly, expression and the press.

7 Privacy and Confidentiality. Students have a right to privacy and confidentiality subject to reasonable University rules and regulations. Matters shared in confidence (including, but not limited to, information about a student's views, beliefs and political associations) must not be revealed by faculty members or University administrators except to persons entitled to such information by law or University policies. Students have a right to be free from unreasonable search and seizures.

8 Student Records. Students have a right to protection against unauthorized disclosures
of confidential information contained in their educational records. Students have a right to examine and challenge information contained in their educational records. For detailed information regarding confidentiality of educational records, and student access to records, students should refer to Part VII, Student Records.

I. Student Government and Student Organizations. Students have a right to participate in elections for the Associated Students of the University of Utah. Students have a right to form student organizations for any lawful purpose.

Section III: Student Behavior

Standards of Behavior

1. In order to promote personal development, to protect the University community, and to maintain order and stability on campus, students who engage in any of the following acts of behavioral misconduct may be subject to behavioral sanctions:

Acts of dishonesty, including but not limited to the following:
Forgery, alteration or misuse of any University document, record, fund or identification.
Intentional disruption or obstruction of teaching, research, administration, disciplinary proceedings or other University activities.
Physical or verbal assault, sexual harassment(1), hazing, threats, intimidation, coercion or any other behavior which threatens or endangers the health or safety of any member of the University community or any other person while on University premises, at University activities, or on premises over which the University has supervisory responsibility pursuant to state statute or local ordinance.
Attempted or actual theft, damage or misuse of University property or resources.
Sale or distribution of information representing the work product of a faculty member to a commercial entity for financial gain without the express written permission of the faculty member responsible for the course. (“Work product” means original works of authorship that have been fixed in a tangible medium and any works based upon and derived from the original work of authorship.)
Unauthorized or improper use of any University property, equipment, facilities, or resources, including unauthorized entry into any University room, building or premises.
Use, possession or distribution of any firearm or other dangerous weapon, incendiary device, explosive or chemical, unless such possession or use has been authorized by the University.
Use, possession or distribution of any narcotic or other controlled substance on University premises, at University activities, or on premises over which the University has supervisory responsibility pursuant to state statute or local ordinance, except as permitted by law and University regulations.
Use, possession or distribution of alcoholic beverages of any type on University premises except as permitted by law and University regulations.
Violation of published University policies, rules or regulations.
Violation of federal, state or local civil or criminal laws on University premises, while participating in University activities, or on premises over which the University has supervisory responsibility pursuant to state statute or local ordinance.

Initial Oral or Written Complaint

1. Any person directly aggrieved by an alleged violation of the Standards of Behavior or any faculty member, student, or staff member may submit an oral(2) or written complaint to the dean of students, or designee, within forty-five (45) business days of the date of discovery of the alleged violation.

2. A complaint that is frivolous, that fails to state facts that constitute a violation of the Standards of Behavior, or that is not timely, may be dismissed by the dean of students, or designee, after an initial review. A person who knowingly and intentionally files a false complaint may be referred to the appropriate committee.
or office within the University for possible disciplinary action as described in Policy 5-111 (staff), Policy 6-316 (faculty) or this code (students).

Initial Inquiry and Informal Resolution

1. After an oral or written complaint has been submitted, the dean of students, or designee, shall, within ten (10) business days, give written notice to the student against whom the complaint was lodged (the responding student) of the allegations of the complaint and the procedures under the Student Code to resolve the issue.

2. Within twenty (20) business days of receipt of the complaint, the dean of students, or designee, shall begin an initial inquiry to determine whether there is a reasonable basis for believing that the responding student violated the Standards of Behavior. The dean of students, or designee, shall interview the complaining party, the responding student and any other persons believed to have pertinent factual knowledge of the allegations. The dean of students, or designee, may also review any other relevant evidence, including documentary material.

3. At the conclusion of the initial inquiry the dean of students, or designee, shall determine whether there is a reasonable basis for believing that the responding student violated the Standards of Behavior. The dean of students, or designee, shall notify the student and the complaining party in writing of his or her decision.

4. If the dean of students, or designee, determines that there is a reasonable basis for believing that the responding student violated the Standards of Behavior, he/she shall determine whether efforts at informal resolution are appropriate and, if so, shall take whatever steps are useful to that end. Efforts to informally resolve the dispute shall occur within ten (10) business days of the conclusion of the initial inquiry or within thirty days (30) business days of receipt of the initial complaint (whichever is later). If an informal resolution is reached and the responding student complies with the terms and conditions, if any, of the resolution, no further action against the responding student will be taken and the matter will be closed.

Formal Written Complaint and Referral to Student Behavior Committee

1. If informal resolution is inappropriate, or if efforts at informal resolution are not successful within the allowed time period, the dean of students, or designee, shall determine whether the initial written complaint (if any) is sufficiently detailed to submit to the Student Behavior Committee. If the initial complaint was oral, or was not sufficiently detailed, the dean of students shall instruct the complaining party to prepare and submit, within five (5) business days of this instruction, a detailed formal written complaint of the circumstances giving rise to the complaint.

2. If a complaining party elects not to pursue a matter before the Student Behavior Committee, the dean of students, or designee, or another University official, may submit a formal written complaint against the responding student and pursue the matter before the Student Behavior Committee.

3. The dean of students, or designee, shall provide the responding student with a copy of the formal written complaint.

4. Within five (5) business days of receiving the formal written complaint, the responding student may submit a written response to the complaint to the dean of students, or designee.

5. The dean of students, or designee, shall refer the formal written complaint and any written response from the responding student to the Student Behavior Committee.

Proceedings Before the Student Behavior Committee

1. Makeup of the Committee. The Student Behavior Committee shall be composed of seven (7) members. Two members shall be faculty appointed by the president of the University upon nomination by the Personnel and Elections Committee of the Academic Senate. Two members shall be staff appointed by the president upon nomination by the vice president for student affairs. Three members shall be
students appointed by the president upon nomination by the vice president for student affairs, in consultation with the president of ASUU. At least one of the students shall be a graduate student. The president shall appoint three alternates to the Committee: one student, one faculty member, and one staff member. Student members shall serve staggered two-year terms. Faculty and staff members shall serve staggered three-year terms. The Committee chair shall be appointed by the president. The Committee shall establish internal procedures consistent with the Student Code.

2 Conflict of Interest. Upon written request of one of the parties or Committee members, the dean of students may excuse any member of the Committee if the dean determines that the member has a conflict of interest. The dean shall notify the appropriate alternate member (i.e., student, faculty member, or staff member) to replace the excused member.

3 Proceedings Before the Committee. When a timely complaint and response are filed, the Committee chair shall schedule a hearing date if:

The documents raise material issues of disputed fact;
The Committee chair determines that a hearing is necessary or otherwise desirable to aid in the resolution of the issues; or
The possible sanctions against the responding student may include dismissal from the University, suspension from the University for longer than ten (10) business days, or revocation of the student's degree or certificate.

If the Committee chair determines that no circumstances exist that require a hearing, as provided above, the chair shall notify the complaining party and the student in writing of this determination and convene a closed meeting of the Committee to consider the documentation submitted by the complaining party and the student. The Committee chair shall prepare a written report of the Committee's findings and recommendations and present it to the vice president for student affairs, or designee, within ten (10) business days after the Committee meeting.

4 Notice of Hearings Before Committee. If the Committee chair determines that a hearing is required, the chair shall schedule a hearing date and notify the parties in writing of the date of the hearing, the names of the Committee members, and the procedures outlined below at least fifteen (15) business days prior to the hearing.

5 Hearing Procedures. Hearings shall be conducted according to the following procedures:

Hearings shall be conducted within a reasonable time after the Committee's receipt of the complaint. At least five (5) business days prior to the date of the hearing, the parties shall make available to each other and to the Committee a list of their witnesses and a list of the documents to be offered at the hearing. In exceptional circumstances, the Committee may allow a party to call witnesses not listed or submit additional documents at the hearing.

The parties have a right to be accompanied by any person as advisor, including legal counsel, who will be permitted to attend, but not directly participate in, the proceedings.

Hearings shall be closed to the public.

The hearing, except for Committee deliberations and voting, shall be recorded and a copy made available to any party upon request. Committee deliberations and voting shall take place in closed sessions.

The Committee must have a quorum present to hold a hearing. A quorum consists of five (5) members, including at least one (1) student. If there is more than one hearing in a matter, or if the hearing continues over more than one session, the same five members must be present for all sessions. All findings and recommendations of the Committee shall require a majority vote of the
Committee members present at the hearing.

At the hearing, the parties shall have the right to present questions to witnesses through the Committee chair, to present evidence and to call witnesses in their own behalf, in accordance with the Committee's internal procedures.

The Committee shall not be bound by strict rules of legal evidence or procedure and may consider any evidence it deems relevant.

University legal counsel shall serve as a resource to the Committee and may be present at the hearing to provide guidance on substantive law and procedural matters.

If a majority of the Committee members find, by a preponderance of the evidence that the responding student violated the Standards of Behavior, the Committee may recommend any behavioral sanction it deems appropriate given the entire circumstances of the case, including but not limited to a written reprimand, the imposition of a fine or payment of restitution, community service, probation, suspension, or dismissal from the University.

The Committee shall make its findings and recommendations based only on evidence and testimony presented by the parties at the hearing. Committee members shall not conduct their own investigations, rely on prior knowledge of the facts or develop their own evidence.

If the complaining party or the responding student fails to attend the hearing without good cause, the Committee may proceed with the hearing and take testimony and evidence and report its findings and recommendations to the vice president for student affairs, or designee, on the basis of such testimony and evidence.

The Committee chair shall prepare a written report of the Committee’s findings and recommendations and present it to the vice president for student affairs, or designee, within ten (10) business days after the conclusion of the hearing.

Review and Decision by the Vice President for Student Affairs or Designee

1 The vice president for student affairs, or designee, shall consider the documentation submitted to the Committee and the findings and recommendations of the Committee in making a decision. Based upon such review, and without conducting further hearings, the vice president, or designee, shall, within ten (10) business days, take one of the following actions:

Accept the Committee's findings and recommendations;

Return the report to the Committee chair, requesting that the Committee reconvene to reconsider or clarify specific matters, materials, and issues, and forward to the vice president, or designee, a second report of its findings and recommendations relating to the specific matters referred by the vice president, or designee, for further consideration; or

Reject all or parts of the Committee's findings and recommendations, stating reasons and actions to be taken therefore. The vice president may impose a greater or lesser sanction than recommended by the Committee.

2 Written notification of the vice president's, or designee's, decision shall be communicated to the parties concerned within ten (10) business days of receipt of the recommendation.

3 The vice president's, or designee's, decision is final unless appealed to the president within ten (10) business days of receipt of the decision.

Appeal to President

1 Within ten (10) business days of receipt of the vice president's or designee's decision, any party may appeal the decision by filing a written notice of appeal with the president and delivering a copy to the other party. The other party may file a response to the appeal with the president within five (5) business days of receipt of the appeal. In the case of an appeal:

The president shall consider the appeal and the response and may solicit whatever counsel and advice the president deems appropriate to arrive at a final decision. The president...
may also convene an ad hoc committee composed of students and faculty members from outside the Student Behavior Committee to determine if there were substantial defects that denied basic fairness and due process. After receiving the appeal, the president shall, within ten (10) business days, or twenty (20) business days if an ad hoc committee is formed, take one of the following actions:

Accept the decision of the vice president for student affairs or his/her designee;

Return the report to the vice president, or his/her designee, requesting that he/she clarify specific matters, materials, and issues, and forward to the president a second report of his/her decision relating to the specific matters referred by the president for further explanation; or

Reject all or parts of the vice president's, or designee's, decision, stating reasons and actions for either imposing a greater or lesser sanction than determined by the vice president.

Written notification of the president's decision and the basis for that decision shall be communicated to the parties concerned within ten (10) business days after receipt of the appeal, or within twenty (20) business days after receipt of the appeal if an ad hoc committee is formed.

The decision of the president is final.

Suspension or Dismissal from the University for Behavioral Misconduct

The sanctions of suspension or dismissal from the University for behavioral misconduct may be imposed: (1) if agreed upon in informal resolution between the responding student and the dean of students or designee; (2) if recommended by the Student Behavior Committee to the vice president for student affairs or designee; (3) by the vice president for student affairs or designee notwithstanding the recommendation of the Committee; or (4) by the president notwithstanding the decision of the vice president for student affairs. A student who has been suspended or dismissed from the University shall be denied all privileges accorded to a student.

Suspension

Suspension from the University shall be for a minimum time of one semester following the semester the student is found responsible for the behavioral misconduct.

The office of the dean of students shall notify the student in writing of the suspension, conditions for reinstatement, and of the obligation of the student to petition for reinstatement. Notice of the suspension shall also be provided to the student's department chair.

Petitions for reinstatement shall be submitted to the office of the dean of students and shall explain how the conditions for reinstatement have been met.

The office of the dean of students shall consider the petition and shall issue a decision regarding the student's reinstatement within fifteen (15) business days of receipt of the petition.

The office of the dean of students may grant conditional reinstatement contingent upon the student meeting written requirements specified by the office of the dean of students or by the chair of the Student Behavior Committee in the original sanction to the extent that such conditions pertain to the original offense in the original sanction.

Dismissal

Dismissal from the University is final. A student dismissed from the University for behavioral misconduct may not petition for reinstatement.

Permanent records of dismissal shall be kept in the office of the dean of students. Notice of the dismissal shall be provided to the student's department chair.

The dismissed student's transcript will reflect his/her dismissal. [See Procedure 6-400-Sec.VII#1]

Dismissal should be reserved for only the most egregious of offenses.
Administrative Suspension to Protect the University Population

The vice president for student affairs (or designee) or the senior vice president for academic affairs (or designee) or the senior vice president for health sciences (or designee) may suspend a student from the University prior to an initial inquiry and hearing before the Student Behavior Committee if such action appears necessary to protect the health or well-being of any member of the University community, any member of the public, or to prevent serious disruption of the academic process. Prior to, contemporaneous with, or immediately after the suspension, the vice president shall give the student written notice of the suspension specifying the alleged misconduct and setting forth briefly the relevant facts and supporting evidence. The vice president shall then provide the student with an opportunity to meet with him/her to present the student's views and object to the suspension. This meeting shall take place prior to the suspension taking effect or as soon as possible thereafter. The vice president shall thereafter immediately refer the complaint to the appropriate University administrator for proceedings under the code, and the suspension will be in effect pending a final determination of the matter. The vice president shall notify other University administrators of the suspension as appropriate.

Other University Proceedings

If the filing of a complaint or an appeal concerning behavioral misconduct under the Student Code raises issues of academic misconduct or professional misconduct, the dean of students, or designee, shall immediately notify the involved faculty member, dean or cognizant senior vice president and these individuals shall determine the appropriate procedure(s) for processing the complaint or the appeal.

Retention of Records of Proceedings

Records of proceedings under the Student Code shall be confidential to the extent permitted by law. Records of behavioral misconduct shall be kept in the office of the dean of students, and a copy may be retained in other academic departments as appropriate.

Section IV: Student Academic Performance

Standards of Academic Performance

In order to ensure that the highest standards of academic performance are promoted and supported at the University, students must:

Meet the academic requirements of a course; and

Meet the academic requirements of the relevant discipline or program.

Faculty members are qualified as professionals to observe and judge all aspects of a student's academic performance, including demonstrated knowledge, technical and interpersonal skills, attitudes and professional character, and ability to master the required curriculum. An academic action, as defined in Section I.B., may be overturned on appeal only if the academic action was arbitrary or capricious.

Appeals Process

A student who believes that an academic action taken in connection with Subsection A above is arbitrary or capricious should, within twenty (20) business days of notification of the academic action, discuss the academic action with the involved faculty member(4) and attempt to resolve the disagreement. If the faculty member does not respond within ten (10) business days, if the student and faculty member are unable to resolve the disagreement, or if the faculty member fails to take the agreed upon action within ten (10) business days, the student may appeal the academic action in accordance with the following procedures. It is understood that all appeals and proceedings regarding academic actions will
initiate with the faculty and administrators in the college or program offering the course in question. If the course is cross-listed, appeals and proceedings shall take place with the faculty and administrators offering the section for which the student is registered.

**Appeal to Chair of the Department or Dean's Designee(5).** Within forty (40) business days of notification of the academic action, the student shall appeal the academic action in writing to, and consult with, the chair of the relevant department regarding such academic action. Within fifteen (15) business days of consulting with the student, the chair shall notify the student and faculty member, in writing, of his/her determination of whether the academic action was arbitrary or capricious and of the basis for that decision. If the chair determines that the academic action was arbitrary or capricious, the chair shall take appropriate action to implement his/her decision unless the faculty member appeals the decision. If the chair fails to respond in fifteen (15) business days, the student may appeal to the Academic Appeals Committee.

**Appeal to Academic Appeals Committee.** If either party disagrees with the chair’s decision, that party may appeal to the college’s Academic Appeals Committee within fifteen (15) business days of notification of the chair’s decision in accordance with the procedures set forth in Subsection C, below.

**Proceedings Before the Academic Appeals Committee**

1. **Written Appeal.** The appeal to the Academic Appeals Committee shall set forth in writing the reasons for the appeal, shall be addressed to the Committee, and shall be delivered to the chair of the Committee, with a copy to the other party.

2. **Response to Appeal.** The faculty member whose decision is being appealed, or the student in the case of a faculty member’s appeal, may deliver a response to the appeal to the chair of the Academic Appeals Committee, with a copy to the other party, no later than five (5) business days after receipt of the complaint and recommendations.

3. **Makeup of the Committee.** The dean of each college shall ensure that an Academic Appeals Committee is constituted according to college procedures, subject to the following parameters. Two faculty members shall come from the college. The Personnel and Elections Committee of the Academic Senate shall appoint one faculty member from outside the college. The faculty members shall be appointed to the Committee for staggered three-year terms. The dean shall appoint two undergraduate student members and two graduate student members who are either from the relevant Student Advisory Committee or listed as a major within the college. Undergraduate student and graduate student members will be appointed for staggered two-year terms(6). No more than one faculty member and two Committee members in total may come from the same department in a multi-department college. The members of the Committee who shall hear the case are the three faculty members and the two students from the appealing student's peer group (i.e., undergraduates or graduates). The dean shall designate one of the faculty members to serve as chair of the Committee. The Committee shall establish internal procedures consistent with the Student Code.

4. **Conflicts of Interest.** Upon written request of one of the parties or Committee members, the dean may excuse any member of the Committee if the dean determines that the member has a conflict of interest. The dean shall select an appropriate replacement for the excused member (i.e., student or faculty member).

5. **Proceedings Before the Committees.** When an appeal and response are filed in a timely manner, the Committee chair shall schedule a hearing date if:

   - The documents raise material issues of disputed fact;
   - The Committee chair determines that a hearing is necessary or otherwise desirable to aid in the
resolution of the issues; or
The academic action included dismissal from a program.

If the Committee chair determines that no circumstances exist that require a hearing, as provided above, the chair shall within a reasonable time notify the student and the faculty member (the parties) in writing of this determination and convene a closed meeting of the Committee to consider the documentation submitted by the parties. The Committee chair shall prepare a written report of the Committee's findings and recommendations and present it to the dean of the college, or designee, within ten (10) business days after the Committee meeting.

6 Notice of Hearings Before Committees. If the Committee chair determines that a hearing is required, the chair shall schedule a hearing date and notify the parties in writing of the date of the hearing, the names of the Committee members, and the procedures outlined below at least fifteen (15) business days prior to the hearing.

7 Hearing Procedures. Hearings shall be conducted according to the following procedures:

Hearings shall be conducted within a reasonable time after the Committee's receipt of the written appeal and written response to the appeal.

At least five (5) business days prior to the date of the hearing, the parties shall make available to each other and to the Committee a list of their witnesses and a list of the documents to be offered at the hearing. In exceptional circumstances, the Committee may allow a party to call witnesses not listed or submit additional documents at the hearing.

The parties have a right to be accompanied by any person as advisor, including legal counsel, who will be permitted to attend, but not directly participate in, the proceedings.

Hearings shall be closed to the public.

All hearings, except Committee deliberations and voting, shall be recorded and a copy made available to any party upon request. Committee deliberations and voting shall take place in closed sessions.

The Committee must have a quorum present to hold a hearing. A quorum consists of three (3) members, including at least one (1) student and the faculty member from outside the college. If there is more than one hearing in a matter, or if the hearing continues over more than one session, the same three members must be present for all sessions. All findings and recommendations of the Committee shall require a majority vote of the Committee members present at the hearing.

At the hearing, the parties shall have the right to present questions to witnesses through the Committee chair, to present evidence and to call witnesses in their own behalf, in accordance with the Committee's established internal procedures.

The Committee shall not be bound by strict rules of legal evidence or procedure and may consider any evidence it deems relevant.

University legal counsel shall serve as a resource to the Committee and may be present at the hearing to provide guidance on substantive law and procedural matters.

To overturn the original academic action, the Committee must find that the academic action was arbitrary or capricious.

The Committee shall make its findings and recommendations based only on evidence and testimony presented by the parties at the hearing. Committee members shall not conduct their own investigations, rely on prior knowledge of the facts or develop their own evidence.

If either party to the appeal fails to attend the hearing without good cause, the Committee may proceed with the hearing and take testimony and evidence and report its findings.
and recommendations to the dean of the college, or designee, on the basis of such testimony and evidence.

The Committee chair shall prepare a written report of the Committee’s findings and recommendations and present it to the dean of the college, or designee, within ten (10) business days after the conclusion of the hearing.

Review and Decision by the Dean or Designee
1. The dean of the college, or designee, shall consider the documentation submitted to the Committee and the findings and recommendations of the Committee in making a decision. Based upon such review, and without conducting further hearings, the dean of the college, or designee, shall, within ten (10) business days, take one of the following actions:
   - Accept the Committee’s findings and recommendations;
   - Return the report to the Committee chair, requesting that the Committee reconvene to reconsider or clarify specific matters, materials, and issues, and forward to the dean of the college, or designee, a second report of its findings and recommendations relating to the specific matters referred by the dean of the college, or designee, for further consideration; or
   - Reject all or parts of the Committee’s findings and recommendations, stating reasons and actions to be taken therefore.

2. Written notification of the dean’s, or designee’s, decision shall be communicated to the parties, to the chair of the Academic Appeals Committee and to the cognizant vice president within ten (10) business days after receipt of the recommendation.

3. The dean’s, or designee’s, decision is final unless appealed to the cognizant vice president within ten (10) business days after receipt of the decision.

Appeal to Cognizant Senior Vice President
1. Within ten (10) business days of receipt of the dean’s, or designee’s, decision, any party may appeal the decision by filing a written notice of appeal with the senior vice president for academic affairs or the senior vice president for health sciences, as appropriate, and delivering a copy to the other party. The other party may file a response to the appeal with the vice president within five (5) business days of receipt of the notice of appeal. In the case of an appeal:
   - The vice president shall consider the appeal and response to the appeal, and may solicit whatever counsel and advice the vice president deems appropriate to arrive at a final decision. The vice president may also convene an ad hoc committee composed of students and faculty members from outside the college or department to determine if there were substantial defects that denied basic fairness and due process. After receiving the appeal, the vice president shall within ten (10) business days, or within twenty (20) business days if an ad hoc committee is formed, take one of the following actions:
     - Accept the decision of the dean of the college or his/her designee;
     - Return the report to the dean of the college, or his/her designee, requesting that he/she clarify specific matters, materials, and issues, and forward to the vice president a second report of his/her decision relating to the specific matters referred by the vice president for further explanation; or
     - Reject all or parts of the dean’s, or designee’s, decision, stating reasons and actions to be taken therefore.

   Written notification of the vice president’s decision and the basis for that decision shall be communicated to the parties, to the chair of the Academic Appeals Committee and to the dean within ten (10) business days after receipt of the appeal, or within twenty (20) business days after receipt of the appeal if an ad hoc committee is formed.

The decision of the vice president is final. At the conclusion of the appeals process, the chair of the department or dean of the college considering the academic appeal shall
take appropriate action to implement the final decision.

Copies of Documents to Department Chair

During the appeals process and at the time they are submitted, the following documents should be copied to the chair of the department considering the academic appeal: the first written appeal, all subsequent appeals, all responsive documents, and all written recommendations or decisions made at each level of the appeal.

Programs That Do Not Report to Academic Deans

In cases where a program does not report directly to an academic dean, the program director will serve as department chair, and the cognizant associate vice president will serve as dean for purposes of these proceedings. Any ambiguity concerning appeal procedures for courses offered in a program (e.g., determination of the relevant Academic Appeals Committee) shall be resolved by the program director, in consultation with the cognizant associate vice president, and in a manner that preserves the spirit and intent of this policy.

Section V: Student Academic Conduct

Standards of Academic Conduct

In order to ensure that the highest standards of academic conduct are promoted and supported at the University, students must adhere to generally accepted standards of academic honesty, including but not limited to refraining from cheating, plagiarizing, research misconduct, misrepresenting one's work, and/or inappropriately collaborating.

Academic Misconduct

A student who engages in academic misconduct as defined in Part I.B. may be subject to academic sanctions including but not limited to a grade reduction, failing grade, probation, suspension or dismissal from the program or the University, or revocation of the student's degree or certificate. Sanctions may also include community service, a written reprimand, and/or a written statement of misconduct that can be put into an appropriate record maintained for purposes of the profession or discipline for which the student is preparing.

Any person who observes or discovers academic misconduct by a student should file a written complaint with the faculty member responsible for the pertinent academic activity within thirty (30) business days of the date of discovery of the alleged violation.

A faculty member who discovers or receives a complaint of misconduct relating to an academic activity for which the faculty member is responsible shall take action under this code and impose an appropriate sanction for the misconduct.

Upon receipt of a complaint or discovery of academic misconduct, the faculty member shall make reasonable efforts to discuss the alleged academic misconduct with the accused student no later than twenty (20) business days after receipt of the complaint, and give the student an opportunity to respond. Within ten (10) business days thereafter, the faculty member shall give the student written notice of the academic sanction, if any, to be taken and the student's right to appeal the academic sanction to the Academic Appeals Committee for the college offering the course. Such sanctions may include requiring the student to rewrite a paper(s) or retake an exam(s), a grade reduction, a failing grade for the exercise, or a failing grade for the course. In no event shall the academic sanction imposed by the faculty member be more severe than a failing grade for the course.

If the faculty member imposes the sanction of a failing grade for the course, the faculty member shall, within ten (10) business days of imposing the sanction, notify in writing, the chair of the student's home department and the senior vice president for academic affairs or senior vice president for health sciences, as
appropriate, of the academic misconduct and the circumstances which the faculty member believes support the imposition of a failing grade. If the sanction imposed by the faculty member is less than a failing grade for the course, the faculty member should report the misconduct to the dean or chair of the student's home department or college. Each college shall develop a policy specifying the dean and/or the chair as the appropriate person to receive notice of sanctions less than a failing grade for the course.

A student who believes that the academic sanction given by the faculty member is arbitrary or capricious should discuss the academic sanction with the faculty member and attempt to resolve the disagreement. If the student and faculty member are unable to resolve the disagreement, the student may appeal the academic sanction to the Academic Appeals Committee for the college offering the course within fifteen (15) business days of receiving written notice of the academic sanction.

If the faculty member, chair or vice president believes that the student's academic misconduct warrants an academic sanction of probation, suspension or dismissal from a program, suspension or dismissal from the University, or revocation of a student's degree or certificate, he/she may, within thirty (30) business days of receiving notice of the misconduct, prepare a complaint with recommendations, refer the matter to the chair or dean's designee of the student's home department or college, and notify the student of the complaint and recommendation. The chair and/or dean's designee of the home department/college may undertake an investigation of the allegations and recommendations set forth in the complaint. Within ten (10) business days of receipt of the complaint, the chair and/or dean's designee shall forward the complaint and recommendation to the Academic Appeals Committee of the home college for proceedings in accordance with Section C, below, and so notify the student in writing. The chair and/or dean may accompany the complaint with his/her own recommendation supporting or opposing the sanction sought in the complaint. The person initiating the original complaint continues as the complainant in the case unless that person and the chair/dean's designee both agree that the latter shall become the complainant. If the student has appealed the academic sanction imposed by the faculty member, the time periods set forth in this paragraph may be extended until ten (10) business days after the resolution of the student's appeal.

If a department chair, the dean, the senior vice president for academic affairs and/or the senior vice president for health sciences, become aware of multiple acts of academic misconduct by a student, they or their designees may, within thirty (30) business days after receiving notice of the last act of misconduct, prepare a complaint with recommendations for probation, suspension or dismissal from a program, suspension or dismissal from the University, or revocation of a degree or certificate, and refer the matter to the Academic Appeals Committee of the student's home college for proceedings in accordance with Section C, below, and so notify the student in writing.

Proceedings Before the Academic Appeals Committee
1 Written Complaint and Recommendations or Appeal. The written complaint and recommendations or the written appeal shall be delivered to the chair of the Committee, with a copy to the other party.
2 Response to Complaint and Recommendations or Appeal. The person responding to the complaint and recommendations or the appeal may deliver his/her response to
the chair of the Academic Appeals Committee, with a copy to the other party, no later than five (5) business days after receipt of the complaint and recommendations.

3 Makeup of the Committee. The dean of each college shall ensure that an Academic Appeals Committee is constituted according to college procedures, subject to the following parameters. Two faculty members shall come from the college. The Personnel and Elections Committee of the Academic Senate shall appoint one faculty member from outside the college. The faculty members shall be appointed to the Committee for staggered three-year terms. The dean shall appoint two undergraduate student members and two graduate student members who are either from the relevant Student Advisory Committee or listed as a major within the college. Undergraduate student and graduate student members will be appointed for staggered two-year terms.(15) No more than one faculty member and two Committee members in total may come from the same department in a multi-department college. The members of the Committee who shall hear the case are the three faculty members and the two students from the peer group of the student accused of academic misconduct (i.e., undergraduates or graduates). The dean shall designate one of the faculty members to serve as chair of the Committee. The Committee shall establish internal procedures consistent with the Student Code.

4 Conflicts of Interest. Upon written request of one of the parties or Committee members, the dean may excuse any member of the Committee if the dean determines that the member has a conflict of interest. The dean shall select an appropriate replacement for the excused member (i.e., student or faculty member).

5 Scheduling Hearings Before the Committees. When a complaint and recommendations or an appeal, together with a response, are filed in a timely manner, the Committee chair shall schedule a hearing date if:

- The documents raise material issues of disputed fact;
- The Committee chair determines that a hearing is necessary or otherwise desirable to aid in the resolution of the issues; or
- The possible sanctions against the student may include dismissal from the University, dismissal from a program, suspension from either for longer than ten (10) business days, or revocation of the student's degree or certificate.

If the Committee chair determines that no circumstances exist that require a hearing, as provided above, the chair shall notify the student and the faculty member (the parties) in writing of this determination and convene a closed meeting of the Committee to consider the documentation submitted by the parties. The Committee chair shall prepare a written report of the Committee’s findings and recommendations and present it to the dean of the college, or designee, within ten (10) business days after the Committee meeting.

6 Notice of Hearings Before Committees. If the Committee chair determines that a hearing is required, the chair shall schedule a hearing date and notify the parties in writing of the date of the hearing, the names of the Committee members, and the procedures outlined below at least fifteen (15) business days prior to the hearing.

7 Hearing Procedures. Hearings shall be conducted according to the following procedures:

- Hearings shall be conducted within a reasonable time after the Committee's receipt of the written complaint and recommendations or the written appeal, and the response.
- At least five (5) business days prior to the date of the hearing, the parties shall make available to each other and to the Committee a list of their witnesses and a list of the
documents to be offered at the hearing. In exceptional circumstances, the
Committee may allow a party to call witnesses not listed or submit
additional documents at the hearing.

The parties have a right to be accompanied by any person as advisor, including legal counsel, who will be permitted to attend, but not directly participate in, the proceedings.

Hearings shall be closed to the public.
All hearings, except Committee deliberations and voting, shall be recorded and a copy made available to any party upon request. Committee deliberations and voting shall take place in closed sessions.

The Committee must have a quorum present to hold a hearing. A quorum consists of three (3) members, including at least one (1) student and the faculty member from outside the college. If there is more than one hearing in a matter, or if the hearing continues over more than one session, the same three members must be present for all sessions. All findings and recommendations of the Committee shall require a majority vote of the Committee members present at the hearing.

At the hearing, the parties shall have the right to present questions to witnesses through the Committee chair, to present evidence and to call witnesses in their own behalf, in accordance with the Committee's established internal procedures.

The Committee shall not be bound by strict rules of legal evidence or procedure and may consider any evidence it deems relevant.

University legal counsel shall serve as a resource to the Committee and may be present at the hearing to provide guidance on substantive law and procedural matters.

In the hearing, the Committee must determine, by a preponderance of the evidence, whether the student engaged in the alleged academic misconduct. If the Committee answers this question in the affirmative, the Committee may then recommend any academic sanction it deems appropriate under the entire circumstances of the case, including but not limited to suspension or dismissal from the program or the University, or revocation of a student's degree or certificate.

The Committee shall make its findings and recommendations based only on evidence and testimony presented by the parties at the hearing. Committee members shall not conduct their own investigations, rely on prior knowledge of the facts or develop their own evidence.

If either party presenting to the Academic Appeals Committee fails to attend the hearing without good cause, the Committee may proceed with the hearing and take testimony and evidence and report its findings and recommendations to the dean of the college, or designee, on the basis of such testimony and evidence.

The Committee chair shall prepare a written report of the Committee's findings and recommendations and present it to the dean of the college, or designee, within ten (10) business days after the conclusion of the hearing. A report that recommends sanctions no more serious than a failing grade shall be presented to the dean of the college offering the course. Reports recommending sanctions greater than a failing grade (e.g. suspension or dismissal) shall be presented to the dean of the student's home college.(16)

Review and Decision by the Dean or Designee

The dean of the college, or designee, shall consider the documentation submitted to the Committee and the findings and recommendations of the Committee in making a decision. Based upon such review, and without conducting further hearings, the dean of the college, or designee, shall, within ten (10) business days, take one of the following actions:

For any recommendation other than dismissal or suspension from the University or revocation of a degree or certificate, accept the Committee's findings and
recommendations and impose the recommended sanctions;

For a recommendation of dismissal or suspension from the University or revocation of a degree or certificate, concur with the Committee’s findings and recommendations and refer the matter with a confirming recommendation to the cognizant vice president for a decision;

Return the report to the Committee chair(17), requesting that the Committee reconvene to reconsider or clarify specific matters, materials, and issues, and forward to the dean of the college, or designee, a second report of its findings and recommendations relating to the specific matters referred by the dean of the college, or designee, for further consideration. (If a report to the dean recommends sanctions greater than a failing grade and has originated from a Committee outside of the dean's college, the dean may refer the matter to the chair of his/her own college Academic Appeals Committee for further review and recommendations.); or

Reject all or parts of the Committee's findings and recommendations, stating reasons and actions to be taken therefore. The dean may impose (or recommend to the cognizant vice president) a greater or lesser sanction than recommended by the Committee.

2 Written notification of the dean's, or designee's, decision shall be communicated to the parties, to the chair of the Academic Appeals Committee and to the cognizant senior vice president within ten (10) business days of receipt of the Committee's findings and recommendations.

3 The dean's, or designee's, decision is final unless appealed to the cognizant senior vice president within ten (10) business days.

Appeal to Cognizant Senior Vice President (or to the President when appropriate)(18)

1 Within ten (10) business days of receipt of the dean's, or designee's, decision, any party may appeal the decision by filing a written notice of appeal with the senior vice president for academic affairs or the senior vice president for health sciences, as appropriate, and delivering a copy to the other party. The other party may file a response to the appeal with the vice president within five (5) business days of receipt of the appeal. In the case of an appeal:

The vice president shall consider the appeal and response to the appeal, and may solicit whatever counsel and advice the vice president deems appropriate to arrive at a final decision. The vice president may also convene an ad hoc committee composed of students and faculty members from outside the college or department to determine if there were substantial defects that denied basic fairness and due process. After receiving the appeal, the vice president shall, within ten (10) business days, or within twenty (20) business days if an ad hoc committee is formed, take one of the following actions:

Accept the decision of the dean of the college or his/her designee;

Return the report to the dean of the college, or his/her designee, requesting that he/she clarify specific matters, materials and issues, and forward to the vice president a second report of his/her decision relating to the specific matters referred by the vice president for further explanation; or

Reject all or parts of the dean's, or designee's, decision, stating reasons and actions for imposing a greater or lesser sanction than determined by the dean.

Written notification of the vice president's decision and the basis for that decision shall be communicated to the parties, to the chair of the Academic Appeals Committee and to the dean within ten (10) business days after receipt of the appeal, or within twenty (20) business days after receipt of the appeal if an ad hoc committee is formed.

The decision of the vice president is final.

Suspension or Dismissal from a Program or from the University, or Revocation of a Degree or Certificate
The sanctions of suspension and dismissal and revocation for academic misconduct may be imposed: (1) if recommended by the Academic Appeals Committee to the dean; (2) if deemed appropriate by the dean notwithstanding the recommendation from the committee; or (3) by the cognizant vice president notwithstanding the decision (or recommendation) of the dean. A student who has been suspended or dismissed from the University shall be denied all privileges accorded to a student.

Suspension from a Program or from the University.
Suspension shall be for a minimum time of one semester following the semester the student is found responsible for academic misconduct.

The dean of the relevant college shall notify the student in writing of the suspension, conditions for reinstatement, and of the obligation of the student to petition for reinstatement.

Petitions for reinstatement shall be submitted to the relevant dean and shall explain how the conditions for reinstatement have been met.

The relevant dean shall consider the petition and shall issue a decision regarding the student's reinstatement within fifteen (15) business days of receipt of the petition.

The relevant dean may grant conditional reinstatement contingent upon the student meeting written requirements specified in the original sanction (e.g., minimum grade point average requirement, ineligibility to participate in specified student activities or on specified student committees).

The notice of the dates for which the student is suspended will remain on his/her transcript until he/she has been reinstated to the program or to the University, or for five (5) years if he/she is not reinstated to the program or to the University. [See Procedure 6-400-Sec.VII #1]

Dismissal from a Program or from the University.
Dismissals from a program or from the University are final. A student dismissed from a program or from the University for academic misconduct may not petition for reinstatement.

Permanent records of dismissal shall be kept in the office of the registrar.
The dismissed student's transcript will reflect his/her dismissal. [See Procedure 6-400-Sec.VII #1]

Revocation of a Degree or Certificate.
Decisions to revoke a degree or certificate are final.

Permanent records concerning the revocation of a degree or certificate shall be kept in the office of the registrar.

The revocation of a degree or certificate shall be noted on the student's transcript. [See Procedure 6-400-Sec.VII #1]

Revocation of a degree or certificate should be reserved for only the most egregious of offenses.
Copies of Documents to Department Chair
During the appeals process and at the time they are submitted, the following documents should be copied to the chair of the department considering the academic misconduct: the first written complaint and recommendations, the first written appeal, all subsequent appeals, all responsive documents, and all written recommendations or decisions made at each level of the appeal.

Programs That Do Not Report to Academic Deans
In cases where a program does not report directly to an academic dean, the program director will serve as department chair, and the cognizant associate vice president will serve as dean for purposes of these proceedings. Any ambiguity concerning procedures set forth in this policy for courses offered in a program (e.g. determination of the relevant Academic Appeals Committee) shall be resolved by the program director, in consultation with the cognizant associate
vice president, and in a manner that preserves the spirit and intent of this policy.

Implementation of Sanction for Academic Misconduct

At the conclusion of the appeals process, the chair of the department or dean of the college considering the academic misconduct shall take appropriate action to implement the final decision. If the student is found responsible for academic misconduct, the chair or dean shall notify, in writing, the student's department or program of study of the violation, the proceedings, and the final decision. If the sanction involves suspension or dismissal from a program or from the University or revocation of a degree or certificate, the chair or dean shall also convey the decision to the office of the registrar for notation on the transcript.

[See Procedure 6-400-Sec.VII #1]

Reporting of Academic Misconduct

No University employee shall provide information to a person or entity concerning a student's academic misconduct without fully complying with The Family Educational Rights and Privacy Act (20 U.S.C.A. § 1232g) and the Government Records Access and Management Act (Utah Code Title 63G - Chapter 2). In most circumstances, such as requests from a licensing body or an employer, information may only be provided with the prior written consent of the student. In some circumstances, however, such as requests from other institutions where the student seeks or intends to enroll, information may be provided without the consent of the student but only after following appropriate procedures outlined in these statutes.

Other University Proceedings

If the filing of a complaint or an appeal relating to academic misconduct raises other issues concerning behavioral or professional misconduct, the cognizant senior vice president, or designee, the dean of students, and the involved University administrator shall determine the appropriate procedure(s) for processing the complaint or the appeal.

Retention of Records of Proceedings

Records of proceedings under the Student Code shall be confidential to the extent permitted by law. Records of academic misconduct shall be kept in the office of the registrar, and a copy may be retained in other academic departments as appropriate.

Section VI: Student Professional and Ethical Conduct

Standards of Professional Conduct

In order to ensure that the highest standards of professional and ethical conduct are promoted and supported at the University, students must adhere to the prescribed professional and ethical standards of the profession or discipline for which the student is preparing, as adopted or recognized as authoritative by the relevant academic program.

Professional Misconduct

A student who engages in professional misconduct (see Section I.B.) may be subject to academic sanctions including but not limited to a grade reduction, failing grade, probation, suspension or dismissal from the program or the University, revocation of a student's degree or certificate, or comparable professional credentialing sanctions. Sanctions may also include community service, a written reprimand, and/or a written statement of misconduct that can be put into an appropriate record maintained for purposes of the profession or discipline for which the student is preparing.

Any person who observes or discovers that a student has engaged in professional misconduct shall file a written complaint with the office of the dean of the college within forty-five (45) business days of the date of discovery of the alleged violation.

Upon receipt of the complaint, the dean of the college shall notify the department chair or program
director, and within a reasonable time discuss the alleged misconduct with the accused student and give the student an opportunity to respond. The dean of the college may interview the complaining party and any other persons believed to have pertinent factual knowledge of the allegations. The dean of the college may also review any other relevant evidence, including documentary evidence. The dean may delegate the above responsibilities to a designee, who will report his/her findings to the dean.

The dean of the college shall determine whether there is a reasonable basis to believe that the student engaged in professional misconduct.

If the dean of the college determines that there is no reasonable basis to believe that the student engaged in professional misconduct, the dean of the college, or designee, shall, within twenty (20) business days of receipt of the complaint, notify the student and the matter will be dismissed.

If the dean of the college determines that there is a reasonable basis for believing that the student engaged in professional misconduct, he/she shall determine whether efforts at informal resolution are appropriate and, if so, shall take whatever steps are useful to that end within twenty (20) business days of receipt of the complaint. If an informal resolution is reached and the responding student complies with the terms and conditions of the resolution, no further action against the student will be taken and the matter will be closed.

If informal resolution is inappropriate, or if efforts at informal resolution are not successful, the dean of the college shall, within twenty (20) business days of receipt of the complaint, refer the complaint, including his/her recommendation for academic sanctions, to the Academic Appeals Committee for proceedings in accordance with Section C, below, and so notify the student in writing.

Proceedings Before the Academic Appeals Committee

1. Written Complaint and Recommendations. The written complaint and recommendations shall be delivered to the chair of the Committee, with a copy to the student.

2. Response to Complaint and Recommendations. The student responding to the complaint and recommendations may deliver his/her response to the chair of the Academic Appeals Committee, with a copy to the dean, no later than five (5) business days after receipt of the complaint and recommendations.

3. Makeup of the Committee. The dean of each college shall ensure that an Academic Appeals Committee is constituted according to college procedures, subject to the following parameters. Two faculty members shall come from the college. The Personnel and Elections Committee of the Academic Senate shall appoint one faculty member from outside the college. The faculty members shall be appointed to the Committee for staggered three-year terms. The dean shall appoint two undergraduate student members and two graduate student members who are either from the relevant Student Advisory Committee or listed as a major within the college. Undergraduate student and graduate student members will be appointed for staggered two-year terms. No more than one faculty member and two Committee members in total may come from the same department in a multi-department college. The members of the Committee who shall hear the case are the three faculty members and the two students from the peer group of the student accused of professional misconduct (i.e., undergraduates or graduates). The dean shall designate one of the faculty members to serve as chair of the Committee. The Committee shall establish internal procedures consistent with the Student Code.

4. Conflicts of Interest. Upon written request of one of the parties or Committee members, the dean may excuse any member of the Committee if the dean determines that the member has a conflict of interest. The dean shall select an appropriate
replacement for the excused member (i.e., student or faculty member).

5 Scheduling Hearings Before the Committees. When a complaint and recommendations together with a response are filed in a timely manner, the Committee chair shall schedule a hearing date if:

The documents raise material issues of disputed fact;
The Committee chair determines that a hearing is necessary or otherwise desirable to aid in the resolution of the issues; or

The possible sanctions against the student may include dismissal from the University, dismissal from a program, suspension from either for longer than ten (10) business days, or revocation of the student's degree or certificate.

If the Committee chair determines that no circumstances exist that require a hearing, as provided above, the chair shall notify the student and the dean of the college (the parties) in writing of this determination and within a reasonable time convene a closed meeting of the Committee to consider the documentation submitted by the parties. The Committee chair shall prepare a written report of the Committee's findings and recommendations and present it to the cognizant senior vice president, or designee, within ten (10) business days after the Committee meeting.

6 Notice of Hearings Before Committees. If the Committee chair determines that a hearing is required, the chair shall schedule a hearing date and notify the parties in writing of the date of the hearing, the names of the Committee members, and the procedures outlined below at least fifteen (15) business days prior to the hearing.

7 Hearing Procedures. Hearings shall be conducted according to the following procedures:

Hearings shall be conducted within a reasonable time after the Committee's receipt of the written complaint and recommendations and the response.

At least five (5) business days prior to the date of the hearing, the parties shall make available to each other and to the Committee a list of their witnesses and a list of the documents to be offered at the hearing. In exceptional circumstances, the Committee may allow a party to call witnesses not listed or submit additional documents at the hearing.

The parties have a right to be accompanied by any person as advisor, including legal counsel, who will be permitted to attend, but not directly participate in, the proceedings.

Hearings shall be closed to the public.

All hearings, except Committee deliberations and voting, shall be recorded and a copy made available to any party upon request. Committee deliberations and voting shall take place in closed sessions.

The Committee must have a quorum present to hold a hearing. A quorum consists of three (3) members, including at least one (1) student and the faculty member from outside the college. If there is more than one hearing in a matter, or if the hearing continues over more than one session, the same three members must be present for all sessions. All findings and recommendations of the Committee shall require a majority vote of the Committee members present at the hearing.

At the hearing, the parties shall have the right to present questions to witnesses through the Committee chair, to present evidence and to call witnesses in their own behalf, in accordance with the Committee's established internal procedures.

The Committee shall not be bound by strict rules of legal evidence or procedure and may consider any evidence it deems relevant.

University legal counsel shall serve as a resource to the Committee and may be present at the hearing to provide guidance on substantive law and procedural matters.
In the hearing, the Committee must determine, by a preponderance of the evidence, whether the student engaged in the alleged professional misconduct. If the Committee answers this question in the affirmative, the Committee may then recommend any academic sanction it deems appropriate under the entire circumstances of the case.

The Committee shall make its findings and recommendations based only on evidence and testimony presented by the parties at the hearing. Committee members shall not conduct their own investigations, rely on prior knowledge of the facts or develop their own evidence.

If either party presenting to the Academic Appeals Committee fails to attend the hearing without good cause, the Committee may proceed with the hearing and take testimony and evidence and report its findings and recommendations to either the senior vice president for academic affairs, or senior vice president for health sciences, as appropriate, on the basis of such testimony and evidence.

The Committee chair shall prepare a written report of the Committee's findings and recommendations and present it to the cognizant senior vice president within ten (10) business days after the conclusion of the hearing.

Review and Decision by the Cognizant Senior Vice President

1. The vice president shall consider the documentation submitted to the Committee and the findings and recommendations of the Committee in making a decision. Based upon such review, and without conducting further hearings, the vice president shall, within ten (10) business days, take one of the following actions:
   - Accept the Committee's findings and recommendations;
   - Return the report to the Committee chair, requesting that the Committee reconvene to reconsider or clarify specific matters, materials, and issues, and forward to the vice president a second report of its findings and recommendations relating to the specific matters referred by the vice president for further consideration;
   - Reject all or parts of the Committee's findings and recommendations, stating reasons and actions to be taken therefore. The vice president may impose greater or lesser sanctions than recommended by the Committee.

2. Written notification of the vice president's decision shall be communicated to the parties, to the chair of the Academic Appeals Committee and to the president within ten (10) business days of receipt of the Committee's findings and recommendations.

3. The vice president's decision is final unless appealed to the president within ten (10) business days of receipt of the decision.

Appeal to President

1. Within ten (10) business days of receipt of the vice president's decision, any party may appeal the decision by filing a written notice of appeal with the president and delivering a copy to the other party. The other party may file a response to the appeal with the president within five (5) business days of receipt of the appeal. In the case of an appeal:

   The president shall consider the appeal and response to the appeal and may solicit whatever counsel and advice the president deems appropriate to arrive at a final decision. The president may also convene an ad hoc committee composed of students and faculty members from outside the college or department to determine if there were substantial defects that denied basic fairness and due process. After considering the appeal, the president shall, within ten (10) business days, or within twenty (20) business days if an ad hoc committee is formed, take one of the following actions:

   - Accept the decision of the vice president;
Return the report to the vice president, requesting that he/she clarify specific matters, materials, and issues, and forward to the president a second report of his/her decision relating to the specific matters referred by the president for further explanation; or

Reject all or parts of the vice president's decision, stating reasons and actions for imposing a greater or lesser sanction than determined by the vice president.

Written notification of the president's decision and the basis for that decision shall be communicated to the student, to the academic dean or dean's designee, to the vice president, and to the chair of the Academic Appeals Committee within ten (10) business days after receipt of the appeal, or within twenty (20) business days after receipt of the appeal if an ad hoc committee is formed.

The decision of the president is final.

Suspension or Dismissal from a Program or from the University, and Revocation of a Degree or Certificate

1. The sanctions of suspension, dismissal, and revocation for professional misconduct may be imposed: (1) if agreed upon in informal resolution between the responding student and the dean of the college; (2) if recommended by the Academic Appeals Committee to the cognizant vice president; (3) by the vice president notwithstanding the recommendation from the committee; or (4) by the president notwithstanding the decision of the vice president. A student who has been suspended or dismissed from the University shall be denied all privileges accorded to a student.

Suspension from a Program or from the University.

Suspension shall be for a minimum time of one semester following the semester the student is found responsible for professional or academic misconduct.

The dean of the relevant college shall notify the student in writing of the suspension, conditions for reinstatement, and of the obligation of the student to petition for reinstatement.

Petitions for reinstatement shall be submitted to the relevant dean and shall explain how the conditions for reinstatement have been met.

The relevant dean shall consider the petition and shall issue a decision regarding the student's reinstatement within fifteen (15) business days of receipt of the petition.

The relevant dean may grant conditional reinstatement contingent upon the student meeting written requirements specified in the original sanction.

The notice of the dates for which the student is suspended will remain on his/her transcript until he/she has been reinstated to the program or to the University, or for five (5) years if he/she is not reinstated to the program or to the University. [See Procedure 6-400-Sec.VII #1]

Dismissal from a Program or from the University.

Dismissals from a program or from the University are final. A student dismissed from a program or from the University for professional misconduct may not petition for reinstatement.

Permanent records of dismissal shall be kept in the office of the registrar.

The dismissed student's transcript will reflect his/her dismissal. [See Procedure 6-400-Sec.VII #1]

Dismissal should be reserved for only the most egregious of offenses.

Revocation of a Degree or Certificate.

Decisions to revoke a degree or certificate are final.

Permanent records concerning the revocation of a degree or certificate shall be kept in the office of the registrar.

The revocation of a degree or certificate shall be noted on the student's transcript. [See Procedure 6-400-Sec.VII #1]

Revocation of a degree or certificate should be reserved for only the most egregious of offenses.
Internal Reporting of Professional Misconduct

1 The dean shall take appropriate action to implement the final decision. If the student is found responsible for professional misconduct, the dean shall notify, in writing, the student's department or program of study of the violation, the proceedings, and the final decision. If the sanction involves suspension or dismissal from a program or from the University or revocation of a degree or certificate, the dean shall also convey the decision to the office of the registrar for notation on the transcript. [See Procedure 6-400-Sec.VII #1]

Administrative Suspension to Protect the University Community or the Public

1 The senior vice president for academic affairs (or designee) or the senior vice president for health sciences (or designee) may suspend a student from the University prior to an initial inquiry and hearing before the Academic Appeals Committee if such action appears necessary to protect the health or well-being of any member of the University community, any member of the public or to prevent serious disruption of the academic process. Prior to, contemporaneous with, or immediately after the suspension, the vice president shall give the student written notice of the suspension specifying the alleged misconduct and setting forth briefly the relevant facts and supporting evidence. The vice president shall then provide the student with an opportunity to meet with him/her to present the student's views and object to the suspension. This meeting shall take place prior to the suspension taking effect or as soon as possible thereafter. The vice president shall thereafter immediately refer the complaint to the appropriate University administrator for proceedings under the code, and the suspension will be in effect pending a final determination of the matter. The vice president shall notify other University administrators of the suspension as appropriate.

Reporting of Professional Misconduct

1 No University employee shall provide information to a person or entity concerning a student's professional misconduct without fully complying with The Family Educational Rights and Privacy Act (20 U.S.C.A. § 1232g) and the Government Records Access and Management Act (Utah Code Title 63G - Chapter 2). In most circumstances, such as requests from a licensing body or an employer, information may only be provided with the prior written consent of the student. In some circumstances, however, such as requests from other institutions where the student seeks or intends to enroll, information may be provided without the consent of the student but only after following appropriate procedures outlined in the statutes.

Other University Proceedings

1 If the filing of a complaint or an appeal relating to professional misconduct under the Student Code raises other issues concerning behavioral or academic misconduct, the cognizant senior vice president, or designee, the dean of students, and the involved University administrator shall determine the appropriate procedure(s) for processing the complaint or the appeal.

Retention of Records of Proceedings

1 Records of proceedings under the Student Code shall be confidential to the extent permitted by law. Records of professional misconduct shall be kept in the office of the registrar, and a copy may be maintained in other academic departments as appropriate.

Section VII: Student Records

General

1 The privacy and confidentiality of all student records shall be preserved as outlined in relevant federal and local laws (i.e. The Family Educational Rights and Privacy Act (20 U.S.C.A. § 1232g) and the Government Records Access Management Act (Utah Code Title 63G - Chapter 2). University interpretation of
the Family Educational Rights and Privacy Act as it pertains to University of Utah
students is available from the office of the vice president for student affairs.

2

Official student records shall be maintained only by members of the
University staff employed for that purpose. Separate record files may be
maintained under the following categories: (i) academic, academic counseling,
financial aid, and placement; (ii) disciplinary; (iii) medical, psychiatric, and health
counseling. When justified by legitimate law enforcement needs, the campus
security agency may maintain confidential records relating primarily to its
investigative function.

Access and Challenge of Accuracy of Records

Access to the student's official records and files is guaranteed every
student subject to the limitations set forth in relevant federal and local laws (i.e.
The Family Educational Rights and Privacy Act (20 U.S.C.A. § 1232g) and the
Government Records Access and Management Act (Utah Code Title 63G -
Chapter 2). Students with complaints, inquiries, or requests for review of official
records are directed to the vice president for student affairs.

Matters Prohibited in Official Records

Except as required by law or governmental regulations or as authorized by
written consent of the student involved, official student records will not contain
information regarding a student's race, religion, disability, political opinions, social
opinions, or membership in any organizations other than honorary and
professional organizations directly related to the educational process. Except as
required by law or applicable governmental or University regulations, information
regarding marital status shall not be included in the official student records of any
student who has filed a written objection to the inclusion of that information in
his/her records and has not filed a subsequent written revocation thereof.

Official Disciplinary Records

Records of behavioral or academic sanctions imposed by the Student
Behavior Committee, by the Academic Appeals Committee, or by any authorized
official of the University shall be maintained in the office of the dean of students
and/or the office of the registrar. Records of behavioral, academic or professional
misconduct may also be maintained in the official files of a department or
program, and by the senior vice president for academic affairs or senior vice
president for health sciences. No notation of behavioral or academic sanctions
shall be entered or made on the student's academic transcripts except in the
following circumstances: 1) when the student is suspended from a program or
from the University for academic or professional misconduct; 2) when the student
is dismissed from a program or from the University for behavioral, academic or
professional misconduct; or 3) when the student's degree or certificate has been
revoked. In a case of dismissal, suspension, or revocation, the entry on the
transcripts of the student shall merely state: "Dismissed from the University for
Behavioral Misconduct" or "Dismissed/Suspended from the [program]/University
for Academic/Professional Misconduct" or "Degree/Certificate Revoked for
Academic/Professional Misconduct" and the date of such action. Notices of
dismissal or revocation shall not be removed from the student's academic
transcripts. Notices of suspension shall be entirely removed from the student's
academic transcripts when the student is reinstated in the program or at the
University. If the student is not reinstated due to his/her failure to fulfill the
conditions of the suspension, the notice shall be removed five (5) years after the
suspension is first imposed. [See Procedure 6-400-Sec.VII #1]

Confidential Character of Student Records

The University must conform to the requirements of the statutes referred to
in Subsection A “General” and Subsection B “Access to and Challenge of
Accuracy of Records” forbidding the release of personally identifiable student education records or files, or personal information contained therein, without the written consent of the student. Subject to applicable legal requirements, it is the policy of the University that:

Members of the administration and the instructional staff will have access to student records for legitimate purposes such as student advising, administrative planning and statistical reporting.

Directory information, such as the student’s name, address, telephone number, date and place of birth, major field of study, participation in officially recognized activities or sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received, the most recent previous educational agency or institution attended by the student, current semester class schedule, and other similar information may be disclosed to an inquirer unless the student specifically withholds permission to do so.

Authorized representatives of federal and state governments may have access to student records to the extent necessary for audit and evaluation of federally supported education programs or of compliance with federal legal requirements relating to such programs, and subject to the limitation that personally identifiable data shall not be disclosed except to the extent specifically authorized by federal law.

The right of access to a student’s records without the consent of the student is not extended to the parents of the student unless the student has been established as a “dependent” as defined in Section 152 of the Internal Revenue Code of 1954.

Records created or maintained by a physician, psychologist, or other recognized professional or para-professional acting in that capacity, which are created, maintained, and used only in connection with treatment of a student are not available for review except by an appropriate professional of the student’s choice, or in compliance with an order from a court of competent jurisdiction.

Treatment of Official Records Following Graduation or Withdrawal

Upon graduation or withdrawal from the University, the official records of former students shall continue to be subject to the provisions of this code.

[Note: Parts IV-VII of this Regulation (and all other University Regulations) are Regulations Resource Information – the contents of which are not approved by the Academic Senate or Board of Trustees, and are to be updated from time to time as determined appropriate by the cognizant Policy Officer and the Institutional Policy Committee, as per Policy 1-001 and Rule 1-001.]

Rules, Procedures, Guidelines, forms and other related resources.

Rules (reserved)

Procedures

1 University Procedure 6-400-Sec.VII #1

Guidelines (reserved)

Forms (reserved)

Other related resource materials (reserved)

Contacts

The designated contact officials for this Policy are:

1 Policy Owner (primary contact person for questions and advice): Dean of Students.

2 Policy Officers: Sr. Vice President for Academic Affairs and the Sr. Vice President for Health Sciences.

These officials are designated by the University President or delegee, with assistance of the Institutional Policy Committee, to have the following roles
and authority, as provided in University Rule 1-001:
"A 'Policy Officer' will be assigned by the President for each University Policy, and will typically be someone at the executive level of the University (i.e., the President and his/her Cabinet Officers). The assigned Policy Officer is authorized to allow exceptions to the Policy in appropriate cases.... "
"The Policy Officer will identify an 'Owner' for each Policy. The Policy Owner is an expert on the Policy topic who may respond to questions about, and provide interpretation of the Policy; and will typically be someone reporting to an executive level position (as defined above), but may be any other person to whom the President or a Vice President has delegated such authority for a specified area of University operations. The Owner has primary responsibility for maintaining the relevant portions of the Regulations Library... [and] bears the responsibility for determining - requirements of particular Policies... ." University Rule 1-001-III-B & E

History:
Renumbering: Renumbered as Policy 6-400 effective 9/15/2008, formerly known as PPM 8-10, and formerly as University Regulations Chapter X.
Revision History:
1. Current version: Revision 8
   Editorialy revised: July 9, 2009
2. Earlier versions:
   Revision 7: effective dates July 1, 2009 to July 8, 2009
   Legislative History of Revision 7
3. Revision 6:
4. effective dates February 3, 2006 to July 1, 2009.
   Revision 5: effective dates May 10, 2004 to February 2, 2006
   Revision 4: effective dates February 10, 2003 to May 9, 2004
   Revision 3: effective dates July 14, 1997 to February 9, 2003

1. Allegations of sexual harassment generally will be handled by OEO/AA in accordance with Policy and Procedures 5-210. However, allegations of student to student sexual harassment may be handled under the Student Code, rather than by the office of OEO/AA.
2. Oral complaints presented to the dean of students shall be recorded by the dean's office either electronically or in transcribed form.
3. The parties to a complaint before the Student Behavior Committee are the responding student, the complaining party, and the dean of students.
4. If the academic action results from a decision of a committee, e.g., the Promotions Committee of the School of Medicine, the chair of the committee is the "faculty member" for purposes of these procedures.
5. In colleges without departments, the student shall appeal in writing to the dean of the college. The dean of the college shall appoint one or more faculty members from the college to serve as chair for purposes of these procedures. In cases where the appeal occurs in a program that does not report directly to an academic dean, but rather to an associate vice president, the cognizant program director shall serve as department chair, and the cognizant associate vice president shall serve as dean for purposes of these procedures.
6. Colleges or departments offering only graduate programs may appoint only graduate student members.
7. Claims of misconduct in sponsored research will be handled in accordance with Policy and Procedures 7-001. In addition, such claims may also be consider under this code.
8. If a student attempts to withdraw from a course after engaging in academic misconduct, withdrawal may be denied by the University whether or not the attempt is made before the official withdrawal date and a failing grade may be imposed for the course.
9. In colleges without departments, the faculty member shall notify the dean of the college.
10. If the student's home department is unknown or undecided, the faculty member should report the
academic misconduct to the senior vice president for academic affairs or the senior vice president for health sciences and the Associate Dean for Advising, University College.

11. See FN 10.
12. If the student's home college is unknown or undecided, the person pursuing the complaint should report the academic misconduct to the senior vice president for academic affairs, or the senior vice president for health sciences. The action for misconduct may then be pursued through the Academic Appeals Committee of the college offering the course.

13. If the student appeals a failing grade or other lesser sanction imposed for the last act of misconduct, the dean or vice president for the student's home college may delay action under this section until ten (10) business days following notice of the determination on the student's appeal.

14. If the student's home college is unknown or undecided, proceedings for misconduct should be pursued through the Academic Appeals Committee of the college in which the last act of misconduct occurred.

15. See FN 6.
16. See FN 10.
17. In cases where the dean recommends a sanction of suspension or dismissal from the University or revocation of a degree or certificate, which sanction is implemented by the cognizant vice president, the appeal shall be made directly to the president of the University.

18. See FN 10.
19. When necessary to comply with accreditation or licensing standards, a department may establish a departmental Academic Appeals Committee in lieu of the college Academic Appeals Committee to hear allegations of professional misconduct. The departmental committee shall be composed of two faculty members and two students from the department (or professional program within the department) and one faculty member from outside the department. Hearings by the departmental committee shall be conducted in accordance with the procedures established in Part VI.C, for the college Academic Appeals Committee.


UNIVERSITY OF UTAH PHYSICIAN ASSISTANT AND SCHOOL OF MEDICINE
STANDARDS OF CONDUCT IN THE EDUCATIONAL ENVIRONMENT

Preamble

UPAP will provide an educational environment for students that facilitate and enforce behaviors and attitudes of mutual respect between preceptors and medical student learners.

Standards of Conduct

Students have a right to have support and assistance from UPAP in maintaining a climate conducive to thinking and learning. University teaching reflects consideration for the dignity of students and their rights as persons. Student mistreatment in the course of the teacher-learner environment will not be tolerated. Examples of behaviors or situations that are unacceptable include, but are not limited to:
1) discrimination based on race, color, religion, national origin, sex, age, sexual orientation, disability, and veteran status
2) sexual harassment
3) unwanted physical contact
4) verbal abuse, profanity, or demeaning comments
5) inappropriate or unprofessional criticism which belittles, embarrasses, or humiliates a student
6) unreasonable requests for a student to perform personal services
7) grading used to punish or reward a student for nonacademic activities rather than to evaluate performance
8) a pattern of intentional neglect or intentional lack of communication
9) requiring students to perform tasks beyond their level of competency
10) student work hour expectations that exceed resident work hour guidelines

Feedback is a necessary part of the educational process. When students fail to meet educational standards, appropriate constructive comments are necessary. An evaluation that is painful is not, by definition, abusive. However, feedback should be given in such a way as to promote learning, and avoid student humiliation.

**Procedures to Address an Infraction of the Standards**

Any student who feels that he or she may have been subjected to abuse, illegal discrimination, harassment, or mistreatment of any kind has the right to seek remedy through one of multiple options. UPAP will ensure that this process shall be free of retaliation. The student has both informal and formal options available. Whenever possible, the student is encouraged, but not required, to seek remedy at the most informal level which will adequately and appropriately address the student’s concerns.

If a student wishes to report an incident this can be done by contacting the clinical affairs division. The clinical affairs division will assist the student in seeking remedy. Allegations of illegal discrimination or sexual harassment will be referred to the Office of Equal Opportunities and Affirmative Action (OEO/AA).

**INFECTIOUS AND ENVIRONMENTAL EXPOSURE**

Students must observe Occupational Safety and Health Administration (OSHA) standard universal precautions for minimizing risk of exposure to infectious disease at all times when on clinical rotations. The following policy applies to UPAP students because the Program is part of the Department of Family and Preventive Medicine, School of Medicine.

**University of Utah School of Medicine Policy on Infectious and Environmental Exposures**

**Purpose**

This document outlines the University of Utah School of Medicine’ policy regarding exposure to infectious materials and environmental hazards. The following policy has been developed using the most contemporary knowledge available regarding these issues and is based on established principles of epidemiology, disease prevention, and infection control.

**References**
Definitions

- "Student" means an individual enrolled in medical school classes at the School of Medicine, including physician assistant students.
- "Employee" means an individual employed by the School of Medicine or one of its departments.
- "Bloodborne Pathogen" means an infectious disease transmitted by blood, including Human Immunodeficiency Virus (HIV), Hepatitis B or Hepatitis C (HBV), or any other disease primarily transmitted in the blood.
- "Body Substance Precautions" means a method of infection control to protect the individual and others by which all-human blood; moist body substances and other potentially infectious materials are treated as if known to be infectious for HIV, HBV, and any other blood borne pathogen.
- "Blood" means human blood, including components and products.
- "Occupational Exposure Incident" means a specific eye, mouth, non-intact skin, inoculation, or injection contact with blood or other potentially infectious materials or exposure to an environmental hazard that results from an activity related to education or employment.
- "Other Potentially Infectious Materials" means semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, amniotic fluid, concentrated HIV and HBV viruses, aerosolized particles and saliva.
- "Airborne Pathogen" means an infectious disease transmitted via aerosolized particles including Tuberculosis, Chicken Pox (Varicella) and Measles.
- "Environmental Hazard" means any exposure, which may have health repercussions, such as chemical spills or radiation.
- "Personal Protective Equipment" is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

Scope
This policy applies to all students and employees of the University of Utah School of Medicine ("personnel").

Policy

The School of Medicine strives to safeguard the health and well being of its students, faculty, residents, staff, and patients. It is the policy of the School of Medicine to treat in a sensitive and compassionate manner, any individual infected with AIDS or any other bloodborne or airborne pathogen. The School of Medicine does not discriminate against any individual with such an infection and complies with all applicable federal and state laws, including the ADA, Section 504, and OSHA.

1. Education and Training
   One of the prime objectives of this policy is to encourage those in the medical school community to educate themselves about HIV/AIDS, tuberculosis, and other infectious materials and environmental hazards. Education is the best protection against fear, prejudice, and infection.

2. Body Substance Precautions
   All personnel are required to follow appropriate infection control procedures, including body substance precautions, where there is a risk of parenteral, mucous membrane or cutaneous exposure to blood, body fluids or aerosolized secretions from any patient, irrespective of the perceived risk of bloodborne or airborne pathogen. Personnel will wear appropriate personal protective equipment (e.g., gloves and goggles) in situations where exposure to blood, body fluids or environmental hazards is possible. Current epidemiological data indicate that individuals infected with HIV and other bloodborne pathogens present no risk of transmitting infection when participating in educational activities or in the patient care environment when standard infection control practices are used. Individuals infected with tuberculosis, measles, chicken pox and other airborne pathogens only pose a risk during the infectious stage of these diseases.

3. Patient Non-Discrimination
   Personnel shall provide competent and compassionate care to all patients, irrespective of their known or suspected AIDS, HIV, TB or other infection status.

4. Personnel with Bloodborne and Airborne Infections
   Personnel infected with bloodborne or other pathogens shall not, solely because of such infection, be excluded from participation in any phase of medical school life, including educational opportunities, employment and extra-curricular activities, except as otherwise required by applicable federal, state or local law or unless their health care condition presents a direct threat to the health and safety of others. Personnel infected with airborne pathogens may be excluded from participation in such activities during the infectious stage of their disease. In some cases, students may be unable to participate fully in medical school life or meet the Technical Standards of the School of Medicine because of their disease. In these cases, the individual should contact the University Center for Disabled Student Services (CDSS) to discuss the existence and nature of the disability and whether reasonable accommodations are available. (See the School of Medicine Technical Standards.) Employees who cannot perform their job responsibilities as a result of their disease should contact their administrative supervisor to discuss the situation and explore available options.

Personnel who know or who have a reasonable basis for believing that they are infected with bloodborne or airborne pathogens are expected to seek expert advice regarding their health circumstances to have a clear understanding of the medical issues presented by these infections. Supportive, confidential and individualized counseling is available through Hospital Epidemiology/Occupational Health.

Personnel who are at high risk of infection from patients or other personnel because of their immune status or any other reason are encouraged to discuss their work responsibilities and educational activities with their personal health care provider. If the health care provider believes that there are certain assignments the individual should not accept for personal health reasons, this should be
discussed with the appropriate administrator. Accommodations may be available under the Technical Standards.

5. **Environmental Hazards**
   Personnel working in circumstances where exposure to environmental hazards is possible will follow all regulations and protocols established by OSHA, the University of Utah Bio-safety Manual and the University of Utah Chemical Use Protocol, including the wearing of appropriate personal protective equipment.

6. **Occupational Exposure Incidents (Modified for UPAP students)**
   Personnel must immediately report any occupational exposure incident to the Program and Occupational Health Services Office of the health care facility at which the exposure occurs and follow the established protocol of that facility regarding occupational exposure incidents. PA students rotating at private clinics with no such department are advised to go the University of Utah Medical Center. The Occupational Health nurses at the University of Utah Medical Center (801-581-2227) are willing to accept students with exposure incidents as their schedules permit, but students may be referred to the ER. If out of the area, go to the nearest emergency facility. In some circumstances, the costs incurred in dealing with an occupational exposure (such as testing) will be covered by the health care facility at which the exposure occurred. In some circumstances however, the health care facility may refuse to bear financial responsibility for the exposure. In these cases, costs will be covered by Worker's Compensation. Personnel should also be aware that if, in the course of the testing required by occupational exposure incident protocols, they test positive for AIDS, HIV, or TB, Occupational Health is required by law to report this information to the State Health Department.

7. **Confidentiality and Testing**
   The School of Medicine shall respect the confidentiality of individuals with bloodborne or airborne pathogens to the extent permitted by state and federal law. (See F, above). Personnel will not be tested for HIV, other bloodborne pathogens, or airborne pathogens without their knowledge or consent, except that in certain circumstances testing may be a condition of employment or may be required by occupational exposure protocols. In cases of non-occupational exposure, confidential testing is available through Hospital Epidemiology, the Student Health Service or the Salt Lake County Health Department.

8. **Research**
   All research and laboratory directors, principal investigators and laboratory workers shall recognize their responsibility for preventing the transmission of bloodborne and other pathogens when handling human blood and other potentially infectious materials in the laboratory. Researchers must comply with the University of Utah Biosafety Manual and the Bloodborne Pathogen Exposure Control Plan, available from the Environmental Health and Safety Department. Environmental hazards are also present in the research setting and all research and laboratory directors, principle investigators and laboratory workers must be familiar with and follow the guidelines established in the University of Utah Chemical Use Protocol, available from the Environmental Health and Safety Department.

9. **University of Utah Office of Equal Opportunity**
   If any individual believes he/she has been discriminated against because he/she is or perceived to be infected with AIDS, HIV, HBV, TB or other pathogen, he/she should contact the University of Utah Office of Equal Opportunity/Affirmative Action at 135 Park Building, 581-8
UNIVERSITY OF UTAH PA PROGRAM POLICY TO PROMOTE A 
DRUG FREE EDUCATIONAL ENVIRONMENT

Purpose

1. To promote a drug free educational environment in which each individual student can maximize his or her potential for educational accomplishment.
2. To facilitate the early identification and treatment referral of any PA student whose academic or clinical performance is compromised by chemical or alcohol use.
3. To educate faculty and students about the disease of chemical dependency.
4. To ensure that medical students provide health care in a safe and responsible fashion.

References

2. Federal Law, Drug Free Schools and Communities Act Amendments of 1989
3. University of Utah Policies and Procedures #2-12
4. Association of American Medical Colleges Memorandum #92-54; 1992
5. Diagnostic and Statistical Manual IV
6. Technical Standards of the University of Utah School of Medicine

Definitions

1. Educational Environment - Any classroom, clinical location or other educational setting in which medical education or other medical school activity is conducted under the auspices of the University of Utah Physician Assistant Program.
2. Student - any student matriculated in the University of Utah Graduate School of Education, Utah Physician Assistant Program.
3. Controlled Substance - any controlled substance in Schedules I-IV of Section 202 of the Controlled Substance Act (21 U.S.C. 812). A copy of these schedules is available for review by any member of the School of Medicine community at the Offices of Student Affairs and/or Student Advising and Counseling.
4. Criminal Drug Statute - criminal drug statute involving the manufacture, distribution, dispensation, use or possession of any controlled substance or alcohol.

Policy

1. It is the policy of the University of Utah Physician Assistant Program to maintain a drug free educational environment. It is a violation of this policy for students to engage in the manufacture, distribution, dispensation, possession, and/or use of a controlled substance or alcohol at any location in the educational environment, or when such manufacture, distribution, dispensation, possession, and/or use violates any criminal drug statutes, except as expressly permitted by law and university policy.
2. Violations of this policy are referred to the Academic Standards and Conduct Committee as an academic matter and may result in disciplinary sanctions and/or the recommendation of dismissal. The committee will conduct such investigation, as it deems necessary and appropriate in accordance with the committee’s usual standards of due process.
3. In appropriate cases, students may be referred to the Utah Recovery Assistance Program, a Diversion Program at the State of Utah Division of Occupational and Professional Licensing for evaluation and/or treatment. In these cases, compliance with evaluation and treatment protocols may be established as a precondition to continued enrollment in the Physician Assistant Program. If a student fails to follow the established evaluation or treatment protocol, the case will be re-examined.
by the Academic Standards and Conduct Committee and appropriate sanctions, including
disciplinary measures or recommendation of dismissal, may ensue.

4. Students are encouraged to self-identify to their faculty advisors when they have problems with chemical or alcohol abuse.
University of Utah Guidelines for Professional Dress:

Student professional dress and conduct should at all times reflect the dignity and standards of the medical profession. It is important that PA students dress in a manner that is respectful to their professors, classmates, patients, and staff.

Guidelines for professional dress are listed below. Course/clerkship directors have the authority to set dress code requirements at his/her discretion. These dress codes may be more specific or less rigorous than the guidelines outlined herein. These guidelines include PA student attire on days with no patient care responsibilities. Maternity clothes are not exempt from these guidelines.

ID Badge

Proper identification as required by each training site must be worn and clearly displayed at all times. The ID badge must be worn so that it is easily readable by patients and hospital personnel. The badge may not be clipped to a waistband or belt, put inside a pocket or otherwise obscured by clothing.

White Coats

White coats are required, and must be clean and neat. If wearing scrubs outside the operating area, a clean white coat should be worn over scrubs.

Scrubs

Scrubs should not be worn outside of the hospital. Scrubs are expected to be clean when worn in a public area, and should be covered with a white coat. The ID Badge must be worn outside the white coat. Scrubs may be worn only as delineated by individual departmental policy.

Shoes

Footwear must be clean, in good condition, and appropriate. For safety reasons, open-toed shoes and sandals are not allowed in patient care areas.

Style

No tank or halter-tops, midriffs or tube tops. No sweatshirts or shirts with messages, lettering or logos (except UUMC, LDS/IMC or VAMC). No shorts. Jeans are discouraged. A tie is recommended for men, unless described as optional in specific department policy.

Fragrance

No colognes or perfumes as patients may be sensitive to fragrances.

Hands

Fingernails must be clean and short to allow for proper hand hygiene, use of instruments, prevent glove puncture and injury to the patient. Artificial nails and nail polish are prohibited.
Hygiene

Daily hygiene must include clean teeth, hair, clothes, and body, including use of deodorant. Clothing should be clean, pressed, and in good condition.

Hair

Mustaches, hair longer than chin length, and beards must be clean and well trimmed. Students with long hair who participate in patient care should wear hair tied back to avoid interfering with performance of procedures or coming into contact with the patient.

Jewelry

Jewelry should not be functionally restrictive or excessive. Stud-type earrings are acceptable. Wearing more than one earring in each ear is discouraged. There should be no visible jewelry in body piercings, with the exception of stud earrings. Nose piercings which have religious significance are acceptable. No other facial jewelry (e.g., tongue, eyebrow piercings etc...) is allowed.

Tattoos

All tattoos shall be appropriately covered so as not to be visible

Students in violation of course/clerkship specific dress codes or the guidelines above may be asked to change into appropriate attire. Repeated violations will result in referral of the student to the Office of Professionalism, Accountability and Assessment, and presentation of the student to the Promotions Committee.
COMPETENCIES FOR THE PA PROFESSION

Preamble

In 2003, the National Commission on Certification of Physician Assistants (NCCPA) initiated an effort to define PA competencies in response to similar efforts being conducted within other health care professions and growing demand for accountability and assessment in clinical practice. The following year, representatives from three other national PA organizations, each bringing a unique perspective and valuable insights, joined NCCPA in that effort. Those organizations were the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), the body that accredits PA educational programs; the Association of Physician Assistant Programs (APAP), the membership association for PA educators and program directors; and the American Academy of Physician Assistants (AAPA), the only national membership association representing all PAs.

The resultant document, Competencies for the Physician Assistant Profession, is a foundation from which each of those four organizations, other physician assistant organizations, and individual physician assistants themselves can chart a course for advancing the competencies of the PA profession.

Introduction

The purpose of this document is to communicate to the PA profession and the public a set of competencies that all physician assistants regardless of specialty or setting are expected to acquire and maintain throughout their careers. This document serves as a map for the individual PA, the physician-PA team, and organizations that are committed to promoting the development and maintenance of these professional competencies among physician assistants.

The clinical role of PAs includes primary and specialty care in medical and surgical practice settings. Professional competencies for physician assistants include the effective and appropriate application of medical knowledge, interpersonal and communication skills, patient care, professionalism, practice-based learning and improvement, systems-based practice, as well as an unwavering commitment to continual learning and professional growth, and the physician-PA team, for the benefit of patients and the larger community being served. These competencies are demonstrated within the scope of practice, whether medical or surgical, for each individual physician assistant, as that scope is defined by the supervising physician and appropriate to the setting.

1 In 1999, the Accreditation Council for Graduate Medical Education (ACGME) endorsed a list of general competencies for medical residents. NCCPA’s Eligibility Committee, with substantial input from representatives of AAPA, APAP, and ARC-PA, has modified the ACGME’s list for physician assistant practice, drawing from several other resources, including the work of Drs. Epstein and Hundert; research conducted by AAPA’s EVP/CEO, Dr. Steve Crane; and NCCPA’s own examination content blueprint.
PHYSICIAN ASSISTANT COMPETENCIES

The PA profession defines the specific knowledge, skills, and attitudes required and provide educational experiences as needed in order for physician assistants to acquire and demonstrate these competencies.

Medical Knowledge

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

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

Interpersonal & Communication Skills

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

- Create and sustain a therapeutic and ethically sound relationship with patients
- Use effective listening, nonverbal, explanatory, questioning, and writing skills to elicit and provide information
- Appropriately adapt communication style and messages to the context of the individual patient interaction
- Work effectively with physician and other health care professionals as a member or leader of a health care team or other professional group
• Apply an understanding of human behavior
• Demonstrate emotional resilience and stability, adaptability, flexibility, and tolerance of ambiguity and anxiety
• Accurately and adequately document and record information regarding the care process for medical, legal, quality, and financial purposes.

Patient Care

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

• Work effectively with physicians and other health care professionals to provide patient centered care
• Demonstrate caring and respectful behaviors when interacting with patients and their families
• Gather essential and accurate information about their patients
• Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
• Develop and carry out patient management plans
• Counsel and educate patients and their families
• Competently perform medical and surgical procedures considered essential in the area of practice
• Provide health care services and education aimed at preventing health problems or maintaining health.

Professionalism

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

• Understanding of legal and regulatory requirements, as well as the appropriate role of the physician assistant
• Professional relationships with physician supervisors and other health care providers
• Respect, compassion, and integrity
• Responsiveness to the needs of patients and society
• Accountability to patients, society, and the profession
• Commitment to excellence and ongoing professional development
• Commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
• Sensitivity and responsiveness to patients' culture, age, gender, and disabilities
• Self-reflection, critical curiosity, and initiative.

Practice-Based Learning & Improvement

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

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

Systems-Based Practice

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

• Use information technology to support patient care decisions and patient education
• Effectively interact with different types of medical practice and delivery systems
• Understand the funding sources and payment systems that provide coverage for patient care
• Practice cost-effective health care and resource allocation that does not compromise quality of care
• Advocate for quality patient care and assist patients in dealing with system complexities
• Partner with supervising physicians, health care managers, and other health care providers to assess, coordinate, and improve the delivery of health care and patient outcomes
• Accept responsibility for promoting a safe environment for patient care and recognizing and correcting systems-based factors that negatively impact patient care
• Use information technology to support patient care decisions and patient education
• Apply medical information and clinical data systems to provide more effective, efficient patient care
• Utilize the systems responsible for the appropriate payment of services.
NCCPA Code of Conduct for Certified and Certifying PAs:

Preamble

The National Commission on Certification of Physician Assistants endeavors to assure the public that certified physician assistants meet professional standards of knowledge and skills. Additionally, NCCPA attempts to ensure that the physician assistants it certifies are upholding appropriate standards of professionalism and ethics in practice. The NCCPA’s Code of Conduct for Certified and Certifying Physician Assistants outlines principles that all certified or certifying physician assistants are expected to uphold. Breaches of these principles may be cause for disciplinary review. Disciplinary actions taken at the conclusion of that review may include formal censures, fines, revocation of certification or eligibility for certification and/or other actions as deemed appropriate by NCCPA. Some disciplinary actions are reported to the state licensing authorities and the Federation of State Medical Boards. This Code of Conduct represents some, though not necessarily all, of the behaviors that may trigger review under NCCPA’s Policies and Procedures for Disciplinary Review.

Principles of Conduct

Certified or certifying physician assistants shall protect the integrity of the certification and recertification process. They shall not engage in cheating or other dishonest behavior that violates exam security (including unauthorized reproducing, distributing, displaying, discussing, sharing or otherwise misusing test questions or any part of test questions) before, during or after an NCCPA examination.

They shall not obtain, attempt to obtain or assist others in obtaining or maintaining eligibility, certification, or recertification through deceptive means, including submitting to the NCCPA any document that contains a misstatement of fact or omits a fact.

They shall not manufacture, modify, reproduce, distribute or use a fraudulent or otherwise unauthorized NCCPA certificate.

They shall not represent themselves in any way as a Physician Assistant-Certified (PA-C) designee unless they hold current NCCPA certification. When possessing knowledge or evidence that raises a substantial question of cheating on or misuse of questions from an NCCPA examination, fraudulent use of an NCCPA card, certificate or other document or misrepresentation of NCCPA certification status by a physician assistant or any other individual, they shall promptly inform the NCCPA.

Certified or certifying physician assistants shall comply with laws, regulations and standards governing professional practice in the jurisdictions and facilities in which they practice or are licensed to practice. Certified or certifying physician assistants shall respect appropriate professional boundaries in their interactions with patients.
Certified or certifying physician assistants shall avoid behavior that would pose a threat or potential threat to the health, well-being or safety of patients apart from reasonable risks taken in the patient's interest during the delivery of health care.

Certified or certifying physician assistants shall recognize and understand their professional and personal limitations.

Certified or certifying physician assistants shall practice without impairment from substance abuse, cognitive deficiency or mental illness.

Certified or certifying physician assistants shall maintain and demonstrate the ability to engage in the practice of medicine within their chosen areas of practice safely and competently.
# Guidelines for Ethical Conduct for the Physician Assistant Profession


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Introduction

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

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

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

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

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

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

Justice means that patients in similar circumstances should receive similar care. Justice also applies to norms for the fair distribution of resources, risks, and costs.
Physician assistants are expected to behave both legally and morally. They should know and understand the laws governing their practice. Likewise, they should understand the ethical responsibilities of being a health care professional. Legal requirements and ethical expectations will not always be in agreement. Generally speaking, the law describes minimum standards of acceptable behavior, and ethical principles delineate the highest moral standards of behavior.

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

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

**Statement of Values of the Physician Assistant Profession**

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

**The PA and Patient**
PA Role and Responsibilities

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

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

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

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

The PA and Diversity

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

Nondiscrimination

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

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

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

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

**Informed Consent**

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

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

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

**Confidentiality**

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

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

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

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

The Patient and the Medical Record

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

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

Disclosure

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

Care of Family Members and Co-workers

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

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

**Genetic Testing**

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

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

**Reproductive Decision Making**

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

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

**End of Life**

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

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

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

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

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

The PA and Individual Professionalism

Conflict of Interest

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

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

Professional Identity

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

Competency

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

Sexual Relationships

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

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

**Gender Discrimination and Sexual Harassment**

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

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

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

**The PA and Other Professionals**

**Team Practice**

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

**Illegal and Unethical Conduct**

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

**Impairment**

Physician assistants have an ethical responsibility to protect patients and the public by identifying and assisting impaired colleagues. “Impaired” means being unable to practice medicine with reasonable skill and safety because of physical or mental illness, loss of motor skills, or excessive use or abuse of drugs and alcohol.
PAs should be able to recognize impairment in physician supervisors, PAs, and other health care providers and should seek assistance from appropriate resources to encourage these individuals to obtain treatment.

**PA–Physician Relationship**

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

**Complementary and Alternative Medicine**

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

**The PA and the Health Care System**

**Workplace Actions**

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

**PAs as Educators**

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

**PAs and Research**

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

Physician assistants involved in research must be aware of potential conflicts of interest. The patient's welfare takes precedence over the desired research outcome. Any conflict of interest should be disclosed.
In scientific writing, PAs should report information honestly and accurately. Sources of funding for the research must be included in the published reports.

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

**PAs as Expert Witnesses**

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

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

**The PA and Society**

**Lawfulness**

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

**Executions**

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

**Access to Care / Resource Allocation**

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

**Community Well Being**

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

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