

Policies and Procedures

LSUHSC-NO Master of Physician Assistant Studies

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Important Note:
All students, faculty and staff are reminded that this booklet does not serve as the sole location for all University and Program policies. In addition to the information provided here, it is essential to refer to the LSUHSC-NO Permanent and Chancellor Memorandums, University Faculty Handbook, the School of Allied Health Student Handbook, the School of Allied Health Faculty Manual, the Student Handbook, the Clinical Handbook, and the Admissions Guidelines for comprehensive policies and procedures. These resources collectively govern the standards and expectations within the Program and the broader university.

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POLICY AND PROCEDURE 1: Departmental Mission Statement

Master of Physician Assistant Studies Program Mission

The Mission of the LSUHSC-NO Master of Physician Assistant Studies Program is to recruit and educate individuals of the highest quality to provide evidence-based, patient-centered healthcare to the people of Louisiana.

Master of Physician Assistant Studies Program Vision Statement

The LSUHSC-NO Master of Physician Assistant Studies Program will be a leader in the education of competent, compassionate, health care providers providing access to care for the people of Louisiana.

Program Goals of the LSUHSC-NO Master of Physician Assistant Studies Program

- Recruit highly qualified applicants for enrollment as students in the LSUHSC-NO PA Program.
- Achieve a graduation rate of 90% or higher for students entering the LSUHSC-NO PA Program.
- Maintain a high five-year first-time pass rate at or above the national average on the Physician Assistant National Certification Examination (PANCE).
- Maintain accreditation-continuing status.
- Educate high quality healthcare providers who obtain licensure to practice in Louisiana.

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POLICY AND PROCEDURE 2: Continuous Program Assessment

To ensure that continuous program assessment and improvements are maintained, and that the program goals and objectives, the strategic plan, and the mission and vision statements are consistent with those of the University, the School of Allied Health Professions and of the faculty in the Master of Physician Assistant Studies Program, the program goals and objectives, and mission and vision statements will be reviewed annually and amended/revised as needed.

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POLICY AND PROCEDURE 3: Faculty and Staff Orientation

The Office of Human Resource Management (HRM) is responsible for new employee orientation. Information about the timing of this orientation will be sent directly from HRM.

The SAHP also holds orientation for all new faculty. Ideally, the School orientation session will occur as soon as possible after the date of hire, but that may depend upon the number of new faculty hires. New faculty will be contacted via email indicating the date and time of such a session.

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POLICY AND PROCEDURE 4: Faculty/Staff/Student Non-discrimination

The Louisiana State University Health Sciences Center has a commitment to Equal Employment Opportunity policies and procedures in the recruitment, hiring, transfer, promotion, and other terms or conditions of employment without regard to race, color, religion, sex, national origin, age, handicap, marital status or veteran's status or other non-merit factor which cannot lawfully be used as the basis for an employment decision. The LSUHSC NO PA Program adheres to the University policies and procedures surrounding equal opportunities, sexual harassment, gender-based harassment and discrimination.

References:

- LSU Permanent Memorandum 55 (PM-55)
- LSUHSC Chancellor's Memorandum 10 (CM-10)
- LSU Permanent Memorandum 73 (PM-73)
- LSUHSC Chancellor's Memorandum (CM-49)

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POLICY AND PROCEDURE 5: Americans with Disabilities Act Statement

LSU Health Sciences Center at New Orleans (LSUHSC-NO) is committed to promoting an atmosphere that prevents discrimination against individuals with disabilities, to bringing persons with disabilities into the social and economic mainstream, to providing enforceable standards to address discrimination against individuals with disabilities, and to providing reasonable accommodations or auxiliary aids or services for persons with disabilities.

LSUHSC-NO prohibits discrimination and harassment against persons with disabilities in all activities, programs, public services, transportation, public accommodations, information technology, and employment. It is the policy of LSUHSC-NO that equal treatment and opportunity will be provided to all persons, without regard to disability, in the recruitment of, admission to, participation in, or employment in the programs, activities, and events operated and sponsored by LSUHSC-NO.

The LSUHSC-NO Master of Physician Assistant Studies Program complies with Institutional policy addressing the Americans with Disability Act.

Students With Disabilities
The School of Allied Health Professions seeks to comply with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 (ADA) by providing reasonable accommodations to students with documented disabilities. Students must contact the Office of Disability Services to obtain accommodations.

References:

LSUHSC Chancellor's Memorandum 26 (CM-26)

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POLICY AND PROCEDURE 6: Emergency Preparedness Plan

The following plan outlines the emergency response procedures to be followed by students and faculty of the LSUHSC-NO Physician Assistant Program. It aligns with the guidelines provided by LSUHSC Emergency Preparedness and is designed to ensure the safety and well-being of all individuals associated with the Program.

Emergency Contacts:

- LSUHSC Campus Police: 504-568-8999
- LSU Shield App: https://911.lsuhsc.edu/report/lsushield.aspx
- UTip Instructions: https://911.lsuhsc.edu/report/utip.aspx
- Local Emergency Services: 911

Faculty Contacts:

Brittany Booth
(504) 556-3432 (office)

Brittany Hall
(504) 556-3422 (office)

Stephanie Eschete
(504)556-3408 (office)

Madison Rovira
(504) 556-3431 (office)

Amber Weydert
(504) 556-3423 (office)

Emily Jones
(504)556-3425 (office)

Mykell Venable
(504) 556-3420 (office)

Communication:

- LSUHSC Emergency Alert System (EAS) will be used to disseminate emergency alerts and updates. Students are required to sign up for text alerts as it is the preferred method of communication in a time sensitive situation. Students should use this link to sign up: https://911.lsuhsc.edu/eas/.
- Monitor the official LSUHSC website (https://www.lsuhsc.edu) and other authorized communication channels for real-time information.
- Monitor LSUHSC e-mail for communication from University officials regarding University closures.

- Monitor text and e-mail communication from PA Program Administration and faculty for important messages during an emergency.

Evacuation Procedures:

- Students, faculty, and staff:
  - Are responsible for knowing the evacuation routes and assembly areas specific to the LSUHSC Physician Assistant Program.
  - Shall follow evacuation orders and instructions provided by LSUHSC Security, local authorities, or designated program personnel.
  - Will assist individuals with disabilities or special needs in evacuating safely.

Shelter-in-Place Procedures:

- In situations where evacuation is not advised or feasible, follow shelter-in-place instructions provided by LSUHSC Security or local authorities.
- Move to designated shelter areas within the building.
- Close and seal windows, doors, and any other openings to create a barrier against external hazards.
- Await further instructions and updates.

Medical Emergencies:

- Call 911 for immediate medical assistance in case of life-threatening emergencies.
- Notify LSUHSC Security and Program faculty members about the situation.

Weather Emergencies:

- The PA Program follows Chancellor's Memorandum 51 (CM-51) regarding Weather Related Emergencies.

Hurricanes:

- Only the Chancellor, or his designee, may order closure of the campus or any portion thereof.
- Monitor local weather alerts and LSUHSC notifications regarding hurricane watches or warnings.
- Follow instructions from LSUHSC Security or designated personnel for evacuation or sheltering which is based on the "Activation of Hurricane Plan".

Severe Weather (Tornadoes, Floods, etc.):

- Seek shelter in designated areas away from windows and exterior walls.
- Remain there until the "all clear" announcement is given.

The PA Program will follow CM-51 for all university closures related to severe weather threats. Return to normal operations will align with University guidance. It is the student, staff, and faculty's responsibility to monitor the LSUHSC website (https://911.lsuhsc.edu/eas/) and e-mail communications for up-to-date information.

Fire Safety:

- Familiarize yourself with the location of fire exits, fire alarms, and fire extinguishers within the LSUHSC Physician Assistant Program facilities.
- In case of a fire, activate the fire alarm and evacuate the building immediately.
- Do not use elevators during fire emergencies.
- Notify LSUHSC Security and/or designated Program faculty members about the fire.

Active Shooter/Security Threat:

- Run, Hide, Fight:
- Run: Evacuate the premises if it is safe to do so.
- Hide: Find a secure location, lock doors, turn off lights, and remain quiet.
- Fight: As a last resort, defend yourself against the attacker.
- Call 911 and LSUHSC Security to report the incident and provide any available information.

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POLICY AND PROCEDURE 7: LSU IT Information Security and Use

Louisiana State University (LSU) is committed to protecting the data that is critical to teaching, research, business operations, and the communities that it supports, including data regarding students, faculty, staff, and the public.

All LSUHSC-NO Master of Physician Assistant Studies Program core faculty and staff have access to the LSU IT Infrastructure LAN Shared drive, also known as the "T:\ Drive". The purpose of the shared drive is to establish a local, accessible location for the placement of electronic documents for all Physician Assistant Program activities that is password protected and secured (as is dictated by the Family Educational Rights and Privacy Act Regulations Subpart D, Section 99.32). Each individual faculty member has access to their own partition of a mainframe denoted as the "O:\" drive. The purpose of this drive is to provide adequate space for the faculty members to back up their local documents housed on their independent hard drives (C:\ drives) to a safe and secured location.

The LSUHSC-NO Master of Physician Assistant Studies Program adheres to the Institutional and university policies and procedures regarding information security and use.

References:

LSU Permanent Memorandum 36 (PM-36)
LSUHSC Chancellor's Memorandum 42 (CM-42)

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POLICY AND PROCEDURE 8: Use of Social Media

Students must use discretion and maintain confidentiality when information is shared via social networking sites or online discussions. The LSUHSC-NO Master of Physician Assistant Studies Program and faculty supports confidentiality in all aspects of the Program.

We believe that all employees and students should understand what it means to be a health care professional, and that professional reputation is priceless. Individuals are responsible for protecting their professional reputation.

What You Should Never Post:

- Confidential LSUHSC-NO information: Do not disclose anything confidential.
- Patient information: Do not disclose anything about patients or release patient information.
- Personnel Information: Do not refer to your colleagues or fellow students in an abusive or harassing manner.
- Legal Information: Do not disclose anything to do with a legal issue, legal case, or attorneys.
- Materials that belong to someone else: Do not share copyrighted publications, logos or other images that are trademarked. If you do use someone else's material, give them credit. In some cases, you may also need their permission.

The School of Allied Health Professions maintains a presence on social media. The LSUHSC-NO Master of Physician Assistant Studies Program follows all rules and regulations put forth in the section titled "Social Media" in the School of Allied Health Student Handbook.

References:

LSUHSC Chancellor's Memorandum 48 (CM-48)
LSUHSC SAHP Student Handbook – pages 39-41

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POLICY AND PROCEDURE 9: Administration of Final Course Evaluations

Final course and faculty evaluations are made available to all students to assess the student's perception of the course, its value, as well as individual faculty performance as instructors of the content. Each faculty member is expected to use this information for the benefit of themselves, the students, and future course instruction.

At the conclusion of each semester, final course and faculty evaluations are available online for all SAHP students to complete for each course they are enrolled in. A notification email is sent to all students from the office of the Dean of SAHP when the evaluations are available. Students complete the evaluations online and the evaluations are anonymous.

Results are compiled by the office of the Dean of the School of Allied Health Professions who then posts the data and notifies faculty via email when the results are available for review. Results are made available online. Each faculty member has a specific log-in to ensure access only to those courses in which they are listed as faculty with the SAHP. The Program Director has access to all faculty and course evaluations and may review and discuss with faculty as appropriate.

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POLICY AND PROCEDURE 10: Student Advising

The objective of academic advising is to foster the students' professional, academic and clinical development. All students are assigned an academic advisor. During the first semester of the Program, the advisor will meet with advisees to inform them of the advising process, and then again at the end of the semester. In addition to regularly scheduled meetings at least once a semester, students are encouraged to meet with their advisor more frequently if they are having academic challenges. It is the student's responsibility to schedule meetings with their advisor. Faculty may not provide medical care or medical advice to students, therefore other support services will be recommended for matters regarding a student's physical, psychological, and emotional health.

The faculty will record notes from each advising session to include major topic areas discussed, deficiencies noted, and description of the action plan devised to assist the student in meeting desired outcomes. The student and the faculty advisor will sign the advising notes. These notes will then be placed in the student record.

Academic advising is designed to be vertically progressive through the course of the curriculum. General advisement begins with such topics as transition to adult learning and differences between undergraduate and graduate education. Over time, there are greater discussions about such topics as readiness for clinical practice and professional development, including faculty and student self-assessment. Student-specific advisement topics will usually include discussion of current course grades and overall GPA, study habits, test-taking skills, and any other aspects of PA education that are particularly difficult for the student. It is critical that any weaknesses or academic problems be identified proactively, and interventions initiated to maximize each student's opportunity for success.

The student is responsible for completing and sending the corresponding advising forms to their faculty advisor at least 2 days prior to the scheduled advising meeting.

Advising Schedule

Session #	Semester	Topics	Advising Form
1	Spring 1	Adjustment to adult learning; student study strategies	A1
2	Spring 1	Progression through spring curriculum; student specific issues	A1

3	Summer 2	Adjustment to increased rigor; student issues; progression through summer curriculum	A1
4	Fall 1	Adjustment to progressive curriculum; student burn-out; student strategies, student issues	A1
5	Spring 2	Adjustment to progressive curriculum; student burn-out; student vision as a provider; progression; readiness for SCPEs; student issues; student assessment of Program competencies	A1, A3
6	Summer 2	All students should meet with advisor at least once during callback days each semester during the clinical year; discuss clinical experiences; performance on EOR exams; preparation for the independent practice and PANCE; student issues	A2
7	Fall 2	All students should meet with advisor at least once during callback days each semester during the clinical year; discuss clinical experiences; performance on EOR exams; preparation for the independent practice and PANCE; student issues	A2
8	Spring 3	All students should meet with advisor at least once during callback days each semester during the clinical year; discuss clinical experiences; performance on EOR exams; preparation for the independent practice and PANCE; student issues; student assessment of Program competencies.	A2, A3

Advising Forms

A1: Didactic Advising Form

A2: Clinical Advising Form

A3: Student Assessment of Program Competencies

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POLICY AND PROCEDURE 11: Student Worker Job Description

Student workers can be a valuable resource to the Master of Physician Assistant Studies Program and are hired in accordance with the policies and procedures of the institution and university.

When available, student workers may be placed with the LSUHSC-NO Master of Physician Assistant Studies Program to assist with administrative tasks and other tasks as may be assigned by the faculty or Program Director.

The student worker will report directly to the Administrative Assistant for daily assignments. Tasks assigned by the Department Head take absolute priority over previously assigned tasks.

Students enrolled in the Master of Physician Assistant Studies Program will not be eligible for employment in the Department.

References:

LSU Permanent Memorandum 8 (PM-8)
LSUHSC Chancellor's Memorandum 15 (CM-15)

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POLICY AND PROCEDURE 12: Textbook Adoption

All faculty who requires the student purchase of textbooks and materials for their courses must complete a Textbook Adoption Request form and submit it to the LSUHSC-NO Campus Bookstore for processing within 30-60 days before the start of the semester the course is to be taught in.

The faculty members should also send a copy of the textbook information for all required and recommended texts utilized in their courses to the program coordinator. During this time frame (30-60 days before the start of the semester) the program coordinator will compile a list of required and recommended texts for the upcoming semester and distribute it to the respective class.

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POLICY AND PROCEDURE 13: Personal Rights and Confidentiality of Records

All records and personal information pertinent to faculty and students are kept strictly confidential and are accessible only to the Department Head, apart from student records, which are accessible to faculty and staff. Student records (including those related to disciplinary action, remediation, progression, advising and attendance) are kept for a period of at least three years after graduation or termination. These records are stored in locked storage maintained by the Program. Electronic student records are kept in a password protected area. When deemed appropriate, paper records are destroyed by shredding.

The LSUHSC-NO Master of Physician Assistant Studies Programs adheres to the policies and procedures outlined by the institution and university related to nondisclosure of confidential information, including employee personnel records, student records, patient records, release of information from medical records, consent for the release of confidential information, confidentiality of information transmitted via facsimile, and third party concurrent medical record review.

References:

- LSU Permanent Memorandum 36 (PM-36)
- LSUHSC Chancellor's Memorandum 53 (CM-53)
- LSUHSC Chancellor's Memorandum 42 (CM-42)
- FERPA Information for Faculty and Staff

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POLICY AND PROCEDURE 14: Faculty Meetings

Program faculty meetings are held monthly for the purpose of announcements, discussion of departmental and university committee business, quality improvement issues, curricular programming, and/or professional issues. Additional meetings may be called at the discretion of the Program Director.

The Program Director/Program Coordinator will prepare and distribute the agenda and conduct the meeting. Notes of the meeting will be placed on the T: drive.

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POLICY AND PROCEDURE 15: Administrative Committee

The purpose of this committee is to review current policies and procedures and departmental adherence to the policies and procedures as stated. The committee will also be responsible for identifying and implementing mechanisms to ensure effective and efficient administration of department activities. The committee will be comprised of the core faculty and staff. Members will be appointed to the committee by the Program Director.

The committee will meet annually to analyze how well the policies and procedures meet the needs, goals and objectives of the Program, and the extent the faculty adhere to the practices and procedures. Additional meetings may be held as needed and will be called by the Committee Chair and arranged by a member of the Administrative Committee.

Additionally, the Administrative Committee's role/task is to perform random audits of the policies and procedures and check for adherence to current practice. Any inconsistencies will be discussed with the faculty during the following faculty meeting, or a special meeting may be called to address the issue.

The committee will report any issues relating to the curriculum to the Curriculum Committee for consideration of proposed curricular changes.

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POLICY AND PROCEDURE 16: Admissions Committee

The purpose of the Admissions Committee is to review and evaluate the application files of prospective applicants to the Program. The committee will also review and edit admission requirements as necessary. The committee identifies issues and concerns regarding the admissions process, which are either resolved within the committee, or referred back to the general faculty for further discussion.

The committee will be composed of the core PA faculty. Members will be appointed to the committee by the Program Director.

The committee will meet at least annually for strategic planning and development of admissions activities, including informational sessions, recruitment, and revision of admissions requirements and materials.

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POLICY AND PROCEDURE 17: Curriculum Committee

The Curriculum Committee will consist of all core PA faculty, with the Program Director appointing one member to serve as Chair.

The committee is responsible for overseeing the curriculum and conducting continuous program assessments through the review of student performance data, including course evaluations, summative and end-of-rotation exam results, course grades, PANCE pass rates, and other outcome measures. This self-assessment process informs necessary updates and enhancements to the curriculum.

The committee will convene at least once per year, with additional meetings as needed, to perform a comprehensive review of the curricular content, sequencing, student assessments, program goals, objectives, and admission and completion criteria. Proposed changes are made based on student and graduate outcome data, revisions to curricular goals and objectives, and current healthcare trends. Suggestions are shared with the faculty for feedback, and a majority vote from the core PA faculty is required for approval by the Program Director.

Major curriculum changes necessitate unanimous approval from the core faculty and must be submitted to the School of Allied Health Professions Academic Affairs Committee for final review. Once approved by the Academic Affairs Committee, changes must then be authorized by the Dean of the School of Allied Health Professions and the Vice Chancellor of Academic Affairs at LSUHSC-NO.

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POLICY AND PROCEDURE 18: Promotions Committee

The Promotions Committee will be composed of the core faculty. The committee will meet after each semester to review the academic and professional progression of all enrolled students as outlined in the PA and SAHP handbooks.

The Promotions Committee has the responsibility for final action relating to student promotions. They also have an obligation to conduct a comprehensive review of the records of students who have acquired deficiencies, using all pertinent data available from any appropriate source, such as student files, and associated information from the Office of Student Affairs and Records. To assure that the committee has adequate information for making a proper decision, it may be indicated to seek comments from a student's faculty advisor or any other faculty member designated by the student.

In reaching a decision on action to be taken in connection with a student who has incurred deficiencies, the committee shall give due consideration to the nature, extent, and significance of the deficiencies manifested. It shall consider the relationship of the activity and time required for completion of the measures for removal of deficiency specified by the departments involved. It shall also evaluate the influence of other factors which relate to the best interest of the student and the School.

The committee may designate an appropriate course of action as described below:

- Promotion after removal of all deficiencies as specified
- Dismissal for failure to meet the requirements in a satisfactory manner
- Special procedure which may be indicated in exceptional cases

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POLICY AND PROCEDURE 19: Making, Changing, Disseminating, & Evaluating Policy and Procedure

The Administrative Committee, consisting of core program faculty and staff, will meet annually to analyze how well the policies and procedures meet the needs, goals and objectives of the program, and the extent to which the faculty and staff adhere to the practices and procedures.

This committee will ensure all policies and procedures are based on appropriate criteria and conform to legal guidelines. The Department Coordinator will arrange and attend the meeting and record the minutes. The Program Director will set policy as needed during the interim periods.

All Program policies and procedures affecting faculty, staff, and students are provided in writing prior to implementation, and are applied equitably to all participating faculty, staff, and students.

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POLICY AND PROCEDURE 20: Temporary Change in Committee Structure and Function

The purpose of this policy is to allow for the temporary override of the policy and procedures that govern the number and composition of departmental committees as well as the number of meetings convened by departmental committees when a faculty shortage of core faculty exists. In this situation, the minimum number of faculty necessary to accomplish committee work will be appointed by the Program Director. The number of times a committee meets in an academic year will be mutually determined by the committee Chair and the Program Director.

A shortage of core faculty may also necessitate temporary suspension of activities of certain committees. The Program Director will be responsible for making the decision for which committees will have activities suspended.

Once core faculty numbers have been restored, committees will resume activities based upon previously established policy and procedure at the discretion of the Program Director.

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POLICY AND PROCEDURE 21: Faculty and Staff Evaluations

The goals of the LSUHSC-NO Master of Physician Assistant Studies Program reflect the Program's unique contribution to the accomplishment of the stated goals for the LSUHSC: teaching effectiveness, scholarly productivity, and service to the University and Community. The faculty and staff of the Master of Physician Assistant Studies Program represent diverse individual talents and aspirations which directly contribute to the realization of the Program and Institutional goals through personal effort and achievement.

The annual faculty and staff performance appraisal adopts a positive focus on the development of the individual member. The University mandates a systematic annual evaluation of every faculty member, both tenured, and non-tenured, as per the LSUHSC-NO faculty handbook. Faculty and staff of the Physician Assistant Program are evaluated regularly as a part of their annual performance appraisals with regards to teaching skills, research, professional activities, and service.

See the LSUHSC-NO handbook for university terminology and definition of faculty appointments.

Additionally, students evaluate faculty via course evaluations as a part of their appraisal of the Master of Physician Assistant Studies Program.

Faculty evaluations remain in their respective faculty and staff folders in a locked filing cabinet in the office of the Program Director and are available by request.

References:

LSUHSC Faculty Handbook Section 6.0 - pages 33-42

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POLICY AND PROCEDURE 22: Faculty Access to Malpractice and Health Insurance Coverage

Faculty will receive malpractice coverage provided by the institution LSUHSC-NO at no charge. Health, dental, vision, life, and disability insurance are offered at standard employee rates. See the Benefits Summary Booklet.

Procedure: Malpractice insurance is provided automatically upon hire (and licensure). During employee orientation, faculty and staff will be given an opportunity to select the health/dental coverage plan in which they wish to enroll. Faculty may elect not to participate at that time as well.

References:

LSUHSC Malpractice Insurance Certificate
LSUHSC Human Resources Management Benefits Summary

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POLICY AND PROCEDURE 23: Employee Access to Medical Care/Counseling

As an employee of LSUHSC-NO, emergency medical care is available and expenses covered by health insurance policies, and/or workman's compensation law. The employee is responsible for costs not covered by health insurance or workman's compensation. Counseling and referral services are available to employees through the Campus Assistance Program (CAP). A list of Community programs, resources and web links can be found on the LSUHSC-NO Home page under Community Health, Wellness, and Safety Resources.

Participation in these employee benefit programs is voluntary. Additionally, the employee shares some of the costs associated with health insurance premiums. See Benefits Summary Booklet for details and current rates/information.

References:

LSUHSC Human Resources Management Benefits Summary
LSUHSC Campus Health, Wellness, Safety and Academic Resources
LSUHSC Campus Assistant Program

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POLICY AND PROCEDURE 24: Department Budgeting

The Program Director is responsible for presenting an annual budget to the Dean of the SAHP for input and feedback. The Dean of the SAHP will advise the Program Director as needed. The departmental budget will become a part of the overall budget for LSUHSC-NO upon approval of the Dean of SAHP.

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POLICY AND PROCEDURE 25: Faculty Practice and Income Plan

Faculty as employees of the School of Allied Health Professions, Louisiana State University Health Sciences Center, may provide health and human services for patients and clients that generate income to the School. Additionally, the School obligates itself through contracts and agreements with health care institutions and others for the professional services of its faculty.

Consistent with proper discharge of their primary duties as employees of the School, full and part-time allied health faculty have the privilege of engaging in professional practice, using the facilities of the School and sharing in professional practice income as additional compensation as detailed elsewhere in this Plan.

Specific goals, objectives, and procedures can be found in the LSUHSC-NO Faculty Income Plan.

References:

LSUHSC Chancellor's Memorandum 19 (CM-19)
LSUHSC-NO MPAS Departmental Practice Plan

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POLICY AND PROCEDURE 26: Use of Human Subjects and Procedure for Informed Consent

Faculty and Students participating in studies involving human subjects must comply with the University's Institutional Review Board (IRB). Faculty and Students will obtain written informed consent of persons involved in demonstration studies, case studies, and/or clinical trials. All other applicable federal, state, local, or corporate rules, regulations, policies, or procedures must also be followed. Consent forms must receive IRB approval. All forms and procedures must comply with HIPAA regulation.

References:

Human Subject Research Determinations
LSUHSC Chancellor's Memorandum 53 (CM-53)

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POLICY AND PROCEDURE 27: Compliance Regulations

Appropriate safety regulations are posted and reviewed in accordance with Louisiana State University policy and procedure including regulations outlining universal precautions, use of equipment, and storage and use of any hazardous materials.

The Office of Compliance is responsible for notifying all LSUHSC-NO employees when new compliance training and updates are required. Compliance training and updates may be completed online at https://www.lsuhsc.edu/administration/ocp/training_requirements.aspx

Faculty are required to complete all assigned training modules no later than thirty (30) days after arrival and repeated annually as required by the Office of Compliance.

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POLICY AND PROCEDURE 28: General Student Complaint Resolution

Student complaints and concerns will be addressed by the department in a number of ways. The process for handling student complaints or concerns is determined by whether the complaint is from an entire class or from an individual student.

Informal Complaints
The process for addressing informal student complaints or concerns depends on whether the complaint is from an individual student or an entire class.

For Individual Student Complaints:

1. The student should report the complaint to their faculty advisor.
2. The faculty advisor may either suggest options for resolving the complaint or forward it to the appropriate faculty member or department head.
3. If the student feels uncomfortable reporting the complaint to their faculty advisor, they should direct the complaint to the department head.

For Class-Wide Complaints (defined as greater than 50% of the class):

1. The class should report the complaint to their class president.
2. The class president may suggest options for resolving the complaint or forward it to a PA faculty member.
3. If the class president feels uncomfortable reporting the complaint to a PA faculty member, they should report it directly to the department head.
4. The department head will discuss the complaint directly with the relevant party within 14 days to work toward a resolution. If the complaint remains unresolved after the department head's involvement, or if the complaint is against the department head, the student can submit a formal complaint through the LSU Cares website.

Note: Feedback regarding individual faculty members or courses should be submitted through student evaluations of teaching, which are available at the end of each course.

Formal Complaints
Students always have the option to file a formal complaint at any time via the LSU Cares website, even if they have already used the informal complaint process. Formal complaints can address a wide range of concerns, including: concerning behaviors, academic or non-academic misconduct, bias, discrimination, Title IX issues, ethics violations, or general concerns. The University Academic Affairs Department will review each complaint and direct it to the

appropriate authority depending on its nature. Each complaint will be investigated, and a formal resolution will be determined.

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POLICY AND PROCEDURE 29: Faculty/Staff Employment Resignation

Faculty and Staff have the right to resign from employment with the department at any time but must give reasonable notice to the Program Director in advance. Reasonable notice for a staff member is no less than 30 days written notice, while reasonable notice for faculty is no less than 90 days written notice.

In addition, as employees of Louisiana State University Health Sciences Center, the employee must abide by the policies and procedures of LSUHSC-NO for the termination of employment.

References:

LSUHSC Faculty Handbook, Separation section 9.0 (pages 43-47)

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POLICY AND PROCEDURE 30: Employee Dismissal

Any faculty appointment, term or tenure, may be terminated for cause. Cause for termination may include, but is not limited to incompetence, failure to perform assigned duties, willful breach of university policies and procedures, serious breach of professional ethics or standards, dishonesty, moral turpitude or conviction of a felony. Actions that constitute exercise of academic freedom or rights guaranteed by State or federal law shall not be cause for termination. Prior to termination for cause, a faculty member shall be entitled to due process as set forth in the Bylaws and Regulations of the Board of Supervisors and in the Faculty Handbook as discussed in section 9.3.2, due process rights.

References:

LSUHSC Faculty Handbook, Separation section 9.0 (pages 43-45)

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POLICY AND PROCEDURE 31: Equipment Maintenance

Equipment and Materials used in the Master of Physician Assistant Program shall be maintained as specified in the equipment's user's manual by the LSUHSC-NO Physical Plant, Department of Maintenance, or other designee. Electronic equipment and appliances are inventoried and inspected annually according to the policy of LSUHSC-NO.

Administrative materials, such as paper, printer ink, pens, and folders are ordered as needed by the Department Coordinator and kept in a locked storage closet accessible only by faculty and staff members.

In the event equipment requires maintenance, then the faculty or staff member who makes the discovery is then responsible to label the equipment as non-operational and lock it in the storage closet until repairs or replacement can be made. The individual should make every effort to contact the appropriate entity to initiate the repair/replacement process.

The employee should notify the Program Director if funds will be required to repair or replace the equipment. The Program Director will determine if such funding is available.

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POLICY AND PROCEDURE 32: Laboratory Policy and Procedure

The primary function of the laboratory and student physical examination rooms in the Master of Physician Assistant Program is to provide space and equipment for educational purposes. Training and educational activities have absolute priority over all other uses. Classes scheduled in these areas have precedence, and anyone wishing to use the laboratory or examination rooms during a class must first obtain permission from the class instructor. If the rooms appear vacant, individuals must obtain permission from the instructor scheduled to use the space. When the rooms are officially scheduled as vacant, PA department faculty, staff, and students may use them for educational purposes, with faculty and staff having priority over students. Access to the laboratory and examination rooms requires reserving the space and equipment in advance, and entry is allowed only with the approval of a faculty member who will oversee the activities. The lab must remain locked when not in use.

Students must have either direct or indirect faculty supervision when using any equipment. All equipment must be used and maintained according to the instructions in the user manuals, which will be stored in the laboratory. All users of the laboratory and examination rooms are expected to maintain the space and return any items to their original location after use. Eating, drinking, smoking, and storing food or drink on shelves, countertops, or in cabinets are prohibited. Additionally, while using laboratory spaces, all students must adhere to the dress code as outlined in the LSUHSC-NO Physician Assistant Program Handbook.

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POLICY AND PROCEDURE 33: Identification

Student Identification
Students in the LSUHSC-NO Physician Assistant Program will identify themselves at all times in all settings as John/Jane Doe, Physician Assistant-Student.

Those students who have other professional titles (RN, PhD, LVN, EMT, DVM, etc.) cannot not use these titles while in patient care settings.

The signature John/Jane Doe, PA-S may be used for documentation.

Students are required to wear a name tag at all times in both the classroom and clinical setting that identifies the individual as a Physician Assistant Student.

Student Identification Cards
Student identification cards are issued upon matriculation by the Office of the Registrar and are electronically validated each subsequent semester of enrollment. Students must present their cards for identification to authorized University authorities, for building access, for access to library services, and for use with the campus wide Pay-Paw system. The identification card must be worn at all times while on campus. Replacement identification cards are available from the Office of the Registrar. A fee will be charged for each replacement of a lost card.

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POLICY AND PROCEDURE 34: Criminal Background Clearance and Drug Testing

Criminal Background Clearance and Drug testing is required of all students prior to matriculation and before the start of clinical rotations. This will be conducted through the vendor authorized by the University.

Additional drug testing and criminal background clearance may be required while enrolled in the Program by the discretion of the Campus Assistant Program.

The student is responsible for all costs incurred.

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POLICY AND PROCEDURE 35: Immunization, Health and Insurance Requirements

Health Screening Requirements
Accepted applicants must complete the personal information screening paperwork provided by the Office of Student Health prior to the start of the Program.

Student Health Insurance
Every student must be covered by health insurance.
The University shall provide to its students health insurance coverage for testing and prophylactic treatment of blood-borne diseases following at-risk contact with blood or other body fluids from human or animal sources. This contact may include but is not limited to needle sticks. Students shall be responsible for the costs. In addition, students shall be required to purchase or provide proof of health insurance for exposure to infectious and environmental hazards, or other occupational injuries.

Liability Insurance
Each student must purchase their own professional liability insurance prior to their first clinical rotation with limits of no less than $1,000,000 per occurrence and $3,000,000 aggregate.

Immunizations and Screening
Students must maintain an up-to-date immunization record at all times.

To support student safety and preparedness for clinical education, the LSUHSC-NO Physician Assistant Program encourages all students to follow the Centers for Disease Control and Prevention (CDC) immunization guidelines for healthcare personnel. These recommendations are intended to protect students, patients, and colleagues during clinical training.

While the Program does not require immunizations, students are advised that many clinical rotation sites do have specific immunization and health clearance requirements. Students who are unable or unwilling to meet a clinical site's health requirements, including immunization recommendations, may be denied access to that site. The Program is under no obligation to secure alternate clinical placements for students in such cases, and inability to complete required rotations may delay or prevent graduation.

Students are strongly encouraged to review their immunization records and discuss any needed updates with their healthcare provider early in their training. Students may also consult LSUHSC Student Health Services for guidance.

CDC-Recommended Immunizations for Healthcare Personnel

Hepatitis B

- Completion of a Hepatitis B vaccine series (2-dose or 3-dose series depending on vaccine type) followed by serologic testing 1–2 months after the final dose to confirm immunity.

Influenza

- 1 dose of the seasonal influenza vaccine annually.

MMR (Measles, Mumps, Rubella)

- 2 doses of MMR vaccine administered at least 28 days apart or laboratory evidence of immunity.

Varicella (Chickenpox)

- 2 doses of varicella vaccine administered at least 4 weeks apart, laboratory evidence of immunity, or documentation of prior disease.

Tetanus, Diphtheria, Pertussis (Tdap)

- 1 dose of Tdap if not previously received, followed by a Td or Tdap booster every 10 years.

COVID-19

- Healthcare personnel should remain up to date with current COVID-19 vaccination recommendations.

Meningococcal

- Recommended only for healthcare personnel with specific occupational exposure risks, including microbiologists routinely exposed to *Neisseria meningitidis*.

Polio (IPV)

- Completion of a primary IPV series for individuals not previously vaccinated. A single lifetime booster dose may be recommended for those at increased risk of exposure.

Tuberculosis (TB) Screening

- Baseline TB screening upon matriculation using either a TB blood test (IGRA) or tuberculin skin test (TST). Additional screening or testing will be performed based on exposure risk, symptoms, or clinical site requirements.

Important Notes:

The PA Program does not require immunizations or process exemption requests. However, clinical site requirements supersede Program policy.

Students are responsible for complying with health requirements of clinical sites, including immunizations and TB screening.

Failure to meet site-specific requirements may result in limited clinical placement options, and could impact progression or graduation from the Program.

References:

LSUHSC Health Care Services

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POLICY AND PROCEDURE 36: Exposure to Infectious and Environmental Hazards

The LSUHSC-NO Master of Physician Assistant Studies Program follows the University policy and procedures regarding students exposure to infectious and environment hazards.

The Office of Compliance requires all students to complete a learning module on exposure to infectious and environmental hazards that outlines the policy and verifies understanding of the procedure. Students will complete this training on matriculation, and yearly thereafter.

The University's Environmental Health & Safety Policy Manual contains the Bloodborne Pathogens – Exposure Control Plan.

The Student Health Website contains an easy to understand outline of the post-exposure protocol for students, including insurance coverage for exposures.

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POLICY AND PROCEDURE 37: Student Conduct

The LSUHSC-NO Masters of Physician Assistant Studies Program adheres to the School of Allied Health Professions policy and procedures relative to student conduct. Students are also responsible for adhering to the conduct expectations noted in the Student and Clinical Handbooks.

References:

LSUHSC-NO MPAS Student Handbook
LSUHSC-NO MPAS Clinical Handbook
LSUHSC SAHP Handbook – Student Conduct (pages 17-23)
LSUHSC Chancellor's Memorandum 56 (CM-56)

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POLICY AND PROCEDURE 38: Attendance and Timeliness

Students are expected to attend all scheduled appointments in each course. Excessive absence, regardless of the cause thereof, may be construed as sufficient reason for considering a student as academically deficient. Determination of the number of absences, which may be interpreted as excessive rests with the course director and department. Please see the LSUHSC-NO MPAS Student Handbook and Clinical Handbook for specifics.

References:

LSUHSC-NO MPAS Student Handbook
LSUHSC-NO MPAS Clinical Handbook

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POLICY AND PROCEDURE 39: Personal Grooming and Attire

Students in the Master of Physician Assistant Program are expected to maintain a professional appearance that reflects the image of a healthcare provider. As representatives of the Health Sciences Center, and specifically the PA Program, students' appearance and conduct contribute to the impressions formed by patients, colleagues, and the public. Being well-groomed and neatly dressed is a fundamental aspect of professionalism, and this expectation extends to virtual activities such as Zoom meetings. In addition, safety and comfort considerations for both patients and clinicians further necessitate appropriate attire in professional settings.

The trunk region must be fully covered at all times, both in classroom and clinical settings. Students are prohibited from wearing the following: shorts, cut-offs, hats, jeans, capris, clothing with rips or tears, halter tops, t-shirts, flip-flops, sandals, short skirts, athletic wear (sweatpants, yoga pants, warm-up pants), leggings, or tights during normal working hours. Faculty members may require specific attire for certain classes that supersede the department's dress code, and students will be informed of such requirements in advance. Uniform attire must always be clean.

Clothing should allow for free movement during patient care and must not restrict mobility. Jewelry is limited to watches, engagement rings, wedding rings, and class rings. Students may wear no more than two pairs of earrings per ear, with no dangling or oversized styles allowed. Excessive jewelry is not permitted, and no other visible body piercings are allowed. Nails must be well-groomed and clean, and in clinical settings, artificial nails and nail polish are prohibited. Tattoos must not be visible at any time. The use of personal scents, such as perfume, aftershave, or strong shampoos, should be moderate, as excessive use is not permitted. Hair must be clean, neatly groomed, and styled in a manner that does not interfere with patient care. Facial hair must also be neatly groomed and clean. The LSUHSC-NO ID badge must be worn at all times, in both classroom and clinical settings.

History and Physical Lab Dress Code:
For lab sessions, students are required to wear loose-fitting t-shirts, shorts and athletic shoes. Female students must also wear a sports bra. Students should have several sets of lab clothes readily available at school. Lab attire must remain confined to the laboratory, except when moving between the dressing room or student lounge. Students should not be seen in reception areas or hallways in lab attire. However, if lab sessions begin or end the day, students may arrive or leave campus in lab clothes, provided they are appropriately covered when leaving the lab floor.

Casual Dress on Campus:
On days when students are on campus but not in the School of Allied Health Professions (SAHP) or PA Department (e.g., studying in the library), casual but appropriate attire is allowed, such as jeans or sweatpants.

Clinical Dress Code:
During clinical work or class visits to clinical settings, students are required to wear the LSUHSC-NO PA Program polo shirt, full-length cotton twill slacks, and flat shoes with closed heels and toes. Specific clinic dress code requirements, such as the need for lab coats, neckties, or scrubs, take precedence over the PA Program dress code when at that facility. A clean, pressed, short white coat with the appropriate LSUHSC-NO PA Program badge and ID must be worn at all times in clinical settings. Open-toed shoes are strictly prohibited in patient care areas.

Enforcement:
Faculty, clinical preceptors, and other clinical supervisors have the authority to ask a student who is inappropriately dressed to leave and return in proper attire. Repeated dress code violations will result in a meeting with the Program Director.

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POLICY AND PROCEDURE 40: Student Evaluation

Physician Assistant students are evaluated throughout each semester in terms of their academic, clinical and professional progress. Multiple methods of evaluation may be utilized by individual faculty in individual courses as approved by the course director.

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POLICY AND PROCEDURE 41: Academic Standing

All students will be notified of their academic standing at the end of each academic semester by the Office of the Registrar. The grade point average is derived by dividing the total number of quality points by the total number of hours attempted.

An A has the value of 4 quality points, B=3 quality points, C=2 quality points, D=1 quality point, and F=no quality points. Thus, a 2.0 ratio is equivalent to a C average.
For more information on academic standing and GPA calculations, please read the SAHP Student Handbook from the link noted below.

References:

LSUHSC SAPH Student Handbook Grading (page 14-16)

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POLICY AND PROCEDURE 42: Examination Policies

Didactic Year Policy

When possible, all exams will occur in a low distraction room such as the 3rd floor testing center. Exam times, dates, and locations will be provided to the students via the semester schedule and, or syllabus. Majority of exams will occur via Lockdown Browser through Moodle.

Exams will consist of any combination of the following: multiple choice, short answer, True/ False, matching, and essays.

Prior to the exam:

- Students will check in the classroom associated with the course.
- All personal items (backpacks, purses, keys, computers, tablets, electronic items, and any other item) will be left in the classrooms on the 2nd floor to be monitored by PA faculty/ staff.
- Phones and smart watches will be collected in the classroom with other personal items but held separately in a wall hanging pocket with a number.
    - Each student will be assigned a number to hold their phone and smart watch. This numbering system will be displayed on the wall hanging pocket.
- After a student has deposited all items in the classroom and wall hanging pocket, they may proceed to the testing area with only a pen or pencil.
- The exam will start promptly at the time listed.
- Food and drinks are not allowed in testing areas.
    - If a student wishes to keep a personal beverage outside of the testing area for use during an exam, they may. Tests/ quizzes/ exams in Moodle do not have the ability to pause their exam for this break.
- Upon entering the testing area, please refrain from talking.
- A blank paper will be provided as scratch for each student. If applicable a laminated lab reference will be provided as well.
- The exams will start promptly at the assigned time and end promptly at the exact time regardless of when a student arrives. To ensure that the student has ALL time allotted to them during an exam, the student should arrive **prior** to the exam starting and be seated at the testing terminal 5 minutes before the start time. Students who arrive after the start time, or do not "enter" the exam via Moodle at the start will not be provided additional time to take the exam.

During the exam:

- No questions will be answered before, during, or after the exam.
- All challenges must be submitted immediately after the exam on the cover sheet provided.
- The faculty proctor will provide a "cover" sheet of paper after the exam has started.
- The use of mobile phones, smart watches or other electronic devices is strictly prohibited. Any student found with any of these devices will be subject to violation of the Honor Code and academic misconduct. Prior to entering the testing area, students will leave all personal belongings in the agreed upon area. Cell phones, smart watches, and other electronic devices are not allowed in the testing areas.

After the exam:

- Once a student submits the exam, he or she should promptly and quietly leave the testing area.
- Before exiting the testing area, all cover sheets and lab reference sheets must be labeled and turned into the exam proctor. **Failure to return your cover sheet will result in a 10% grade reduction.**
    - Do not throw away your cover sheet.
- Grades for exams may be automatically released or delayed pending course director preference.

Clinical Year Testing Policy:

All exams will occur in a low distraction test environment. Exam times, dates, and locations will be provided to students via the semester schedule and/or syllabus. All exams will be administered via PAEA's testing platform.

Prior to the exam:

- All personal items (backpacks, purses, keys, computers, tablets, electronic items, and any other item) will be left in the agreed upon classroom on the 2nd floor to be monitored by PA faculty/ staff.
- Phones and smart watches will be collected in the classroom with other personal items, but held separately in a wall hanging pocket with a number.
    - Each student will be assigned a number to hold their phone and smart watch. This numbering system will be displayed on the wall hanging pocket.
- After a student has deposited all items in the classroom and wall hanging pocket, they may proceed to the testing area with only a pen or pencil.
- The exam will start promptly at the time listed.
- Food and drinks are not allowed in testing areas.
    - If a student needs access to food or drink during the exam, they may access these items outside of the testing area. PAEA End of Rotation Exams allow a break in between the 60 question exams.
- Upon entering the testing area, please provide Clinical Documents to the Clinical Coordinators.
- A labeled paper with exam codes will be provided to each student.
- There is no talking or questions in the testing areas before the exams.

- The exams will start promptly at the assigned time and end promptly at the exact time regardless of when a student arrives. To ensure that the student has ALL time allotted to them during an exam, the student should arrive **prior** to the exam starting, and be seated at the testing terminal 5 minutes before the start time.
- To ensure that the student has ALL time allotted to them during an exam, the student should arrive, be seated in the terminal, and logged in before the start time. Students who arrive after the start time may not be allowed to start the exam.

During the exam:

- No questions will be answered before, during, or after the exam.
- The use of mobile phones, smart watches or other electronic devices is strictly prohibited. Possession or use of these devices during an exam is a violation of the Honor Code and considered academic misconduct. Prior to entering the testing area, students will leave all personal belongings in the agreed upon area. Cell phones, smart watches, and other electronic devices are not allowed in the testing areas.

After the exam:

- Once a student submits the exam, he or she should immediately leave the testing area.
- Before exiting the testing area, all cover sheets and lab reference sheets must be labeled and turned into the exam proctor. **Grades will not be released until all grade sheets have been returned.**
    - Do not throw away your cover sheet.
- Grades will be released to the students at the discretion of the course director.

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POLICY AND PROCEDURE 43: Exam Rescheduling Policy

The LSUHSC-NO Master of Physician Assistant Studies Program upholds the importance of a balanced examination schedule for successful academic progression of our students. To avoid unnecessary disruption to student study plans and to the timeline of additional examination dates, changes to PYAS course exam dates are discouraged.

Conditions for Exam Date Changes:

- **Faculty Initiated:** Exam date changes will be considered when initiated by the course director or by the Program Director/Director of Didactic Education on behalf of course directors that are outside of the MPAS Program. Considerations for rescheduling an exam must align with academic standards.
- **Exceptional Circumstances:** Changes may be made in extraordinary situations that arise from Unanticipated University closures. See CM-51 for more information on weather related emergency procedures.

Procedure for Changing Exam Dates:

- **Proposal Submission:** Faculty proposing a change must submit a detailed request either for inclusion on the agenda of the next Program faculty meeting or via e-mail if a more immediate decision is required.
- **Review and Approval:** The proposal will be discussed and reviewed during a faculty meeting with core principle MPAS faculty, who have comprehensive knowledge of the curricular sequence and components. This ensures that decisions are well-informed and considers the overall curricular integrity.
- **Communication:** If an exam change is approved, students will be informed via email as soon as possible, detailing the new exam date and any necessary adjustments to course schedules or deadlines.

Responsibility and Compliance:
Faculty Responsibility: Faculty are expected to adhere to the established testing schedule and propose changes only when essential.
Student Adaptation: Students should adjust their study plans according to any officially communicated changes.
Program Administration: The MPAS Program administration is tasked with ensuring changes serve the students' academic interests and are communicated effectively.

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POLICY AND PROCEDURE 44: Rounding Policy

There will be no rounding of individual components of a course or the average of the final grade.

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POLICY AND PROCEDURE 45: Procedure for Grade Review and Appeal

The LSUHSC-NO PA Program follows the SAHP policies and procedures for grade appeals as outlined in the SAHP Student Handbook on page 15-16.

References:

LSUHSC SAPH Student Handbook Grading (page 15-16)

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POLICY AND PROCEDURE 46: Program Grading Policy and Procedure

The LSUHSC-NO PA Program holds students to the highest standards of professional knowledge acquisition. To assure excellence in the provision of healthcare, the Program adheres to the following course grading standards:

"A" is given to all students whose quality of performance is considered to be excellent and who have demonstrated a degree of understanding and ability which is considered above the level of adequacy required for passing status.

"B" signifies that all work in a given course has been completed at a level above the minimal requirement but below that of "A".

"C" is indicative that minimal requirements for completion of the course work have been met.

"F" is the grade assigned to students who are inadequate in meeting the minimum course requirements and have demonstrated a degree of deficiency which makes them ineligible to be promoted, or to continue in the program.

A grade of temporary significance which may be issued by the PA Program but which is not recorded on the student's permanent record is "I"(Incomplete).

The I grade is recorded for a student whose work is satisfactory but, for reasons beyond the student's control, is incomplete at the time grades for the course are reported.

All students will be notified of their academic standing at the end of each academic semester by the Office of the Registrar. The grade point average is derived by dividing the total number of quality points by the total number of hours attempted.

An A has the value of 4 quality points, B=3 quality points, C=2 quality points, D=1 quality point, and F=no quality points. Thus, a 2.0 ratio is equivalent to a C average.

An I grade will be converted to F unless it is removed during the next regular semester in which the student is in residence in the LSU System prior to the deadline for adding courses for credit as noted in the "Calendar".

Letter grades are assigned on the basis of the following distribution:

90 - 100% A
80 - 89.99% B
70 - 79.99% C
<70% F

All comprehensive examination files are to remain online for a period of 3 years after the student graduates or leaves the Program and may be deleted or destroyed after that date.

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POLICY AND PROCEDURE 47: Remediation Process

At the graduate level, and in the interest of patient and public safety, students are expected to complete all graded elements with a grade of "70" or higher and maintain a 3.0 semester and cumulative GPA. The goal of remediation is to help the student to master the material, not improve the numerical grade. **Therefore, remediation of any activity will not change the numerical grade of the exam, assignment, or activity.**

The remediation process is designed to help faculty identify and assist students who may experience academic or professional difficulty. The process is pro-active, with the goal of identifying at-risk students as early as possible. The LSUHSC-NO PA Program uses the following process to identify and remediate students deemed at-risk:

At-Risk Student Identification
Evaluation of Root Causes
Remediation Plan Development
Remediation Plan Implementation
Remediation Plan Evaluation

- At-Risk Student Identification
    - The student is expected to be proactive and notify the instructor/coordinator AND faculty advisor when there are knowledge deficits.
    - The instructor, coordinator or faculty advisor will identify the at-risk student through weekly review of exam grades or advisory sessions.
    - The faculty remediation coordinator will be notified of at-risk students to track and document the process.
- Evaluation and Assessment
    - The student, with assistance from the instructor or course coordinator, will do an assessment for root causes.
    - Referrals to campus assistant programs may be encouraged or required.
- Plan Development
    - The student is required to submit a detailed remediation plan. This plan is a self-assessment of strengths, weaknesses, and opportunities for improvement (time management, study skills and techniques, etc.) for the subsequent exam and comprehensive final exam.

    - The student will submit the plan to the instructor and/or course coordinator for review, feedback and approval.
    - All remediation plans must be forwarded to the faculty remediation coordinator to be placed in the student's academic file within the Program.
- Plan Implementation
    - The student will complete the remediation plan within the indicated timeline.
- Plan Evaluation
    - Depending on the remediation needed, the student should be prepared for an additional assessment to determine competency. The instructor, course coordinator or remediation coordinator will prepare the additional assessment. The student must achieve a grade of 70% on any remediation activities.
    - The faculty remediation coordinator will track the progress of the student and place all documentation in the student's academic file housed within the Program.

Remediation Process – Didactic Phase

The PA Program will adhere to the following policies regarding remediation in the didactic phase of the Program:

Examinations

The PA Program gives examinations based on body systems. Failure of any examination demonstrates a significant lack of knowledge and skills needed to progress to the clinical phase or entry level PA practice. Students **MUST** pass all examinations with a 70%. Failure to do so will result in the inability to progress to the next sequence of the curriculum.

- Using the remediation process previously described the student who performs less than 70% on an examination will complete the remediation plan within the timeframe provided by the course director with approval of the remediation coordinator. At the end of the agreed upon timeframe, the student will be given a second examination.
- If the student is unable to successfully pass a second examination with a grade of 70%, the student has one additional attempt to pass the exam. The student will be given additional time to prepare for the third examination. Failure to pass the third examination with a grade of 70% will result in student dismissal from the Program.
- Depending on the timing of the repeat examinations, this may occur after the course is completed. In that event, an "incomplete" will be given until the remediation process is successfully completed. SAHP policies regarding an "I" letter grade will be followed should the student fail to complete required remediation.
- Students may complete this remediation process for a maximum of two examinations per semester per didactic course.

The Program recognizes that it may be mathematically possible for a student to earn less than a 70% on one or more exams and still earn a B or C in the course as course grades are calculated by averaging multiple exams, assignments, homework, case studies, etc. Therefore, the Program will limit remediation to two examinations per course. A student who receives a grade below 70% on three examinations in any one course will be dismissed from the Program.

Assignments/Class Activities/Quizzes

Activities outside of examinations (e.g. assignments, class activities or quizzes) are remediated at the discretion of the course director. Any student who receives a grade below 70% will meet with the instructor or course coordinator for feedback and determination if remediation is needed.

Remediation Process – Clinical Phase
The PA Program will adhere to the following policies regarding remediation in the clinical phase of the Program:

End of Rotation Examinations
The PA Program utilizes the Physician Assistant Education Association (PAEA) assessments for end of rotation examinations (EOR). Failure of any EOR demonstrates a significant lack of knowledge and skills needed for entry level PA practice. Students **MUST** pass all examinations with a 70%. Failure to do so will result in the inability to progress to the next phase of the curriculum.

- Using the remediation process previously described, the student will be given two weeks to complete the defined remediation plan. At the end of the two-week period, the student will be given a second EOR examination.
    - In the interim, an "incomplete" will be given in course of the failed EOR. Students will be required to make up any course work that is delayed due to remediation. It should be noted that any delays in progression due to remediation can result in a delayed graduation date. SAHP policies regarding an "I" letter grade will be followed should the student fail to complete required remediation.
- If the student is unable to successfully pass a second examination with a grade of 70%, the student has one additional attempt to pass the exam. When a third attempt is required, the student will withdraw from the current clerkship and be given an additional two weeks to study and prepare for the third examination. Failure to pass the third examination with a grade of at least 70% will result in student dismissal from the Program.
- Failure of a 3rd EOR examination at any point will result in dismissal from the Program.

**The Program carries the financial burden for the initial PAEA EOR examination. Any student requiring remediation will be responsible for the cost of the additional PAEA EOR examinations.

The Program recognizes that it may be mathematically possible for a student to earn less than a 70% on one or more exams and still earn a B or C in the course as course grades are calculated by averaging multiple exams, preceptor evaluations, assignments, homework, case studies, etc. Therefore, the Program will limit remediation to two EOR examinations. A student who receives a grade below 70% on three EOR examinations will be dismissed from the Program.

Preceptor Evaluations
All clinical preceptors are asked to evaluate students by completing a student evaluation form. A student who receives less than 70% on the preceptor evaluation will remediate the clinical

experience of the clerkship. The clinical coordinator will reach out to the preceptor to gain more information to help guide student remediation efforts. This information will be shared with the remediation coordinator who will develop a remediation plan. The student will receive an "incomplete" for the course until all remediation efforts are complete. The student will be allowed to remediate the failed preceptor evaluation once by repeating the clinical experience of the clerkship. If the student receives less than 70% on the second preceptor evaluation, the student will be dismissed from the Program. Students may complete this remediation process for a failed preceptor evaluation for a maximum of one rotation. Failure of a second preceptor evaluation will result in dismissal from the Program.

OSCEs (Pre-Summative OSCEs)

Students are expected to complete all Observed Structured Clinical Experiences (OSCE) with an overall grade of 70%. A student performing below expectation will meet with the instructor or course coordinator for feedback. A remediation activity will be given to the student to ensure competency is obtained. This activity is at the discretion of the instructor or course coordinator and could include, but is not limited to, a repeat OSCE, oral presentation, written assignment, physical exam assessment or critical thinking activity. The student will remediate until successful completion is achieved.

Summative Examination

All students are required to take and pass a summative examination within the last four months of the Program. The summative examination could include multiple choice assessments, OSCEs, clinical and technical skill assessments and other written assignments. Students must score 70% or higher on each section assessed during OSCEs. In addition, students must complete skills checkoffs with a minimum grade of 70%. For the end of curriculum examination, students must earn a minimum of "satisfactory" as calculated by PAEA Exam Driver. Failure to meet these benchmarks will initiate the remediation process. Students will be given time to prepare for a second examination attempt. Failure to pass the 2nd examination will result in Program dismissal.

**The Program carries the financial burden for the initial summative examination. Any student requiring remediation will be responsible for the cost of the additional summative examinations.

Remediation Process Professionalism

Professionalism is a core competency required for successful practice as a PA. It encompasses adherence to ethical principles, effective communication, respect for others, and appropriate conduct. Any breach of professionalism will be addressed through the outlined remediation process.

If a student displays unprofessional behavior, the incident will be reviewed by the course director or clinical coordinator, who will assess the severity and impact of the behavior. Based on this assessment, a remediation plan will be formulated. The student will receive specific feedback and guidance on how to address the deficiency, which may include seeking services

from the campus assistance program (CAP), targeted workshops, frequent advising sessions, and reflective assignments.

The remediation plan will be created and outlined by either the course director, clinical coordinator or faculty advisor. Should the student repeat unprofessional behavior, more severe disciplinary actions may be considered, adhering to the SAHP policies regarding student conduct and disciplinary procedures.

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POLICY AND PROCEDURE 48: Criteria for Progression

Didactic Phase Progression
To progress through each of the didactic semesters and to progress to the clinical phase, students must:

- Take all courses in order, and, in sequence indicated on the curriculum plan.
- Successfully complete all course requirements (and remediation requirements) before the start of the next semester.
- Pass all didactic courses with a C or higher.
- Earn no more than 12 hours of C in the Program.
- Maintain a cumulative GPA of 3.0 or higher.
- Not earn a GPA below 3.0 for two consecutive semesters.
- Adhere to professionalism standards and policies outlined in the PA Program Handbook.
- Meet and maintain compliance with the Technical Standards.
- Maintain compliance with all Health and Safety requirements.

Clinical Phase Progression
To progress through the clinical phase, students must:

- Complete 10 clinical rotations (7 core, 3 electives).
- Successfully complete all course requirements (and remediation requirements) before the start of the next clinical semester.
- Pass all clinical courses with a grade of C or higher.
- Earn no more than 12 hours of C in the Program.
- Maintain a cumulative GPA of 3.0 or higher.
- Not earn a GPA below 3.0 for two consecutive semesters.
- Adhere to professionalism standards and policies outlined in the PA Program Handbook.
- Meet and maintain compliance with the Technical Standards.
- Maintain compliance with all Health and Safety requirements.

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POLICY AND PROCEDURE 49: Clinical Rotations Policy

No assignments will be made for rotations that involve direct contact and evaluation by members of the respective student's family (by kinship, adoption, or marriage).

Enrolled or prospective students are not required to solicit or supply their own clinical sites or preceptors.

All clinical rotations sites will be within the United States.

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POLICY AND PROCEDURE 50: Student Work/Teaching Restrictions

Students in the LSUHSC-NO Master of Physician Assistant Studies Program are not allowed or required to work for the Program. Additionally, students cannot substitute or function as instructional faculty, clinical or administrative staff while enrolled in the Program.

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POLICY AND PROCEDURE 51: Requirements for Graduation

To be eligible for graduation, the PA Program requires that the PA student must:

- Obtain a minimum cumulative GPA of 3.0.
- Not earn a GPA below 3.0 for two consecutive semesters.
- Successfully complete all didactic and clinical phase course requirements (and remediation activities) with a grade of C or higher.
- Earn no more than 12 hours of C in the Program.
- Successfully complete a summative examination administered within 4 months of graduation.
- Successfully complete all requirements for the Capstone (Master's) project.
- Demonstrate ethical, professional, behavioral and personal characteristics requisite to practicing as a Physician Assistant.
- Receive approval and recommendation by the core faculty of the PA Program for conferring of the degree, Master of Physician Assistant Studies.

Students unable to fulfill the requirements by the day of graduation will not be permitted to participate in the commencement ceremony without permission of the Program Director and the Dean of the SAHP. Students will not be considered graduates of the LSUHSC-NO PA Program until they have successfully completed all the above requirements.

Students must complete the Program within 41 months of matriculation.

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POLICY AND PROCEDURE 52: Deceleration

Deceleration is defined as a loss of a student from the entering cohort who remains matriculated in the PA Program. It represents a documented change in the student's progression through the curriculum.

Circumstances for Deceleration

- **Medical or Personal Leave:** Students in good standing may decelerate at any point in the Program for a documented medical/sick or personal leave. Approval is subject to the discretion of the Dean and may be granted for illness or other appropriate reasons.
- **Clinical Phase Remediation:** During the clinical phase, deceleration may occur if a student is required to remediate the clinical experience portion of a course, such as when performance standards are not met on a preceptor evaluation. Repeating a clinical experience may delay progression and extend the overall Program timeline.

Academic Planning and Program Completion

Upon approval of deceleration, the student will be provided with an individualized academic plan outlining the revised curriculum sequence, timeline, and expectations for successful Program completion. The content and sequence of the curriculum will not be altered; only the timeline for completion may be modified.

All students granted deceleration must complete the Program within 41 months of matriculation.

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POLICY AND PROCEDURE 53: Medical Care of Students

Student health care cannot be provided by PA Program core faculty or clinicians including but not limited to the Program Director, Medical Director and principal faculty involved in any aspect of the student's education, with the exception of emergency care.

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POLICY AND PROCEDURE 54: Technical Standards

TECHNICAL STANDARDS & ESSENTIAL FUNCTIONS FOR PHYSICIAN ASSISTANT STUDENTS

Medical education requires that the accumulation of knowledge be accompanied by the acquisition of skills and professional attitudes and behavior. Allied health school faculties have a responsibility to society to matriculate and graduate the best possible physician assistants, and thus admission to PA school is offered to those who present the highest qualifications for the study and practice of medicine. Technical standards presented in this document are prerequisite for admission, progression, and graduation from Louisiana State University School of Allied Health in New Orleans. To accomplish its mission LSUHSC-New Orleans has developed a curriculum consisting of core courses and clerkships, required rotations, and elective rotations. The faculty and administration of the school have developed essential functions with which all students must comply independently in order to satisfy PA school curriculum demands. All core courses in the curriculum are required so that students can develop the essential knowledge and skills necessary to function in a broad variety of clinical situations and to render a wide spectrum of patient care.

The LSUHSC School of Allied Health- PA Program in New Orleans maintains a strong Institutional commitment to equal education opportunities for qualified students with disabilities who apply for admissions to the LSUHSC- NO PA or who are already enrolled. The technical standards are not intended to deter any candidate for whom reasonable accommodations will allow the fulfillment of the complete curriculum. In compliance with the Americans with Disabilities Act LSUHSC has determined that certain technical standards must be met by prospective candidates and students. A candidate for the Master of Physician Assistant Studies degree must possess aptitude, abilities, and skills in the five areas discussed below as advised by the Special Advisory Panel on Technical Standards for Medical School Admissions convened by the AAMC. (memorandum 79-4).

The Technical Standards listed are identical to the technical standards required of students matriculating in the LSUHSC- NO School of Medicine and conform to these standards. This description defines the capabilities that are necessary for an individual to successfully complete the LSUHSC-NO PA curricula.

Observation:
The individual must be able to observe demonstrations and participate in experiments of science, including but not limited: to dissection of cadavers, examination of specimens in

anatomy, pathology and neuroanatomy laboratories, physiologic and pharmacologic demonstrations, microbiologic cultures, and microscopic studies of microorganisms and tissues. PA students must be capable of viewing and interpreting diagnostic modalities and to detect and interpret non-verbal communication from patients.

Communication:
Students should be able to communicate with patients in order to elicit information, detect changes in mood, activity and to establish therapeutic relationships. Students should be able to communicate effectively and sensitively with patients and all members of the health care team both in person, in writing and possibly through telecommunication.

Motor Function and Coordination:
Individuals must possess the capacity to perform physical examinations and diagnostic maneuvers. Individuals must be able to perform motor activities required in providing general and emergency treatment to patients, such as cardiopulmonary resuscitation, administering intravenous medication, applying pressure to stop bleeding, opening obstructed airways, suturing simple wounds, and performing routine obstetrical maneuvers.

Intellectual Abilities: Conceptual, Integrative and Quantitative:
Individuals must have sufficient cognitive abilities and effective learning techniques to assimilate detailed and complex information presented in the PA school curriculum. Individuals must be able to learn through a variety of modalities including classroom instruction; small group, team and collaborative activities; individual study; preparation and presentation of reports and use of computer and information technology. Individuals must be able to memorize, measure, calculate, reason, analyze, synthesize, and transmit information by multiple mechanisms. Problem solving, a critical skill demanded of physician assistants, may require all of these intellectual abilities. Individuals must meet applicable safety standards for the environment and follow universal precaution procedures.

Behavioral and Social Attributes:
Individuals must possess the emotional health required for the appropriate use of their intellectual and mental abilities, including logical thinking, good judgment, impulse control, empathy, interest, and motivation. These abilities should be sufficient to assure the development and maintenance of therapeutic relationships with patients and those who care for them. Individuals must be able to maintain emotional health despite stress, uncertainty, and physically taxing workloads and to adapt to changing situations while handling the responsibilities associated with medical education and patient care. Individuals must accept responsibility for learning, exercising good judgment and promptly completing all responsibilities attendant to the diagnosis and care of patients.

The technical standards outlined above must be met with or without accommodation. Students who, after review of these technical standards, determine that they require reasonable accommodation to fully engage in the Program should contact the Office of Disability Services at (504) 568-2211 or ods@lsuhsc.edu to confidentially discuss their accommodation needs.

Given the clinical nature of our programs, time may be needed to create and implement the accommodations. Accommodations are never retroactive; therefore, timely requests are encouraged.

Louisiana State University School of Allied Health - New Orleans Physician Assistant Program will consider for admission, progression, and graduation individuals who demonstrate the knowledge and the ability to perform or learn to perform the skills described in this document. Individuals will be assessed not only on their scholastic accomplishments, but also on their physical and emotional capacities to meet the requirements of the school's curriculum and to graduate as skilled and effective practitioners of medicine.