

Student Handbook

Baylor College of Medicine
School of Allied Health Sciences
Physician Assistant Program

The logo for Baylor College of Medicine, featuring the letters 'BCM' in a large, serif font. The 'B' and 'C' are blue, and the 'M' is maroon.

Baylor College of Medicine

2009-2010

**Student Handbook
Baylor College of Medicine
School of Allied Health Sciences
Physician Assistant Program**

As a student enrolled in the School of Allied Health Sciences' academic programs, you should be knowledgeable of the College's policies, rules, regulations, and administrative procedures that affect you. This Student Handbook provides guidelines and policies for all Allied Health students and specific information for physician assistant students. Students are responsible for all the information presented in this book.

While every effort has been made to verify the accuracy of information, Baylor College of Medicine reserves the freedom to change, without notice, degree requirements, curriculum, courses, teaching personnel, rules, regulations, tuition, fees, and any other information published herein. This publication is not to be regarded as a contract.

This Student Handbook also is available in expanded format and periodically updated on the Internet at: <http://www.bcm.tmc.edu/ahs/ahs-handbook.html>. Further information can be obtained from personnel in the following offices:

Office of Student Affairs
Baylor College of Medicine
One Baylor Plaza, MailStop BCM365
DeBakey Bldg., Room M220
Houston, Texas 77030
(713) 798-4600

School of Allied Health Sciences
Baylor College of Medicine
One Baylor Plaza, MailStop BCM115
Taub Annex Bldg., Room 107
Houston, Texas 77030
(713) 798-4613

Graduate Program in Nurse Anesthesia
Baylor College of Medicine
One Baylor Plaza, MailStop BCM115
Taub Annex Bldg., Suite 210
Houston, Texas 77030
(713) 798-8650

Physician Assistant Program
Baylor College of Medicine
One Baylor Plaza, MailStop BCM115
Taub Annex Bldg., Room 109
Houston, Texas 77030
(713) 798-3663

Baylor College of Medicine admits students of any race, sex, marital status, sexual orientation, color, national or ethnic origin, disability, or age to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, sex, marital status, sexual orientation, color, national or ethnic origin, disability, or age, in administration of its educational policies, admissions policies, scholarship and loan programs, athletic and other school-administered programs.

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Section 1

BCM Mission Statement

School of Allied Health Sciences

Mission

Compact Between Teachers, Learners, and
Educational Staff

Governance

Accreditation

Alumni

Administration

Baylor College of Medicine School of Allied Health Sciences

The faculty and staff of the School of Allied Health Sciences contribute to Baylor College of Medicine's standing as a national leader in advancing human health through the integration of patient care, research, education, and community service by:

- Educating allied health professionals to deliver quality patient care
- Advancing knowledge of allied health education, health care delivery, and health promotion through research
- Fostering healthy lifestyles among adults and children through innovative health education programs
- Augmenting patient care services provided through Baylor and affiliated hospitals

The term "allied health" has been used for the past 35 years to identify a cluster of health professions educational programs, which are administratively aligned as an academic unit of a school, college or university. The health professions represented in each cluster vary across colleges, universities, and governmental agencies. At Baylor College of Medicine, the "Allied Health" cluster currently includes the disciplines of Nurse Anesthesia and Physician Assistant, which are administratively aligned within the School of Allied Health Sciences (SAHS).

Compact Between Teachers, Learners, and Educational Staff

Learners pursuing a career in medicine assume responsibility to develop in-depth knowledge, acquire and apply special skills, and demonstrate professionalism. Teachers guide and educate learners, and model appropriate attitudes, interpersonal skills and professional behaviors. Core educational staff support both learners and teachers. This Compact serves both as a pledge and a reminder to teachers, learners, and educational staff that moral, ethical and professional behavior by all BCM personnel is essential to the basic principles of this institution.

Guiding Principles of the Educational Compact

- DUTY** All participants in the education mission have a duty to sustain a learning environment conducive to maintaining the knowledge, attitudes, and skills necessary for providing contemporary standards of care. These standards should be respectful of the social contract and thinking essential to the practice of medicine.
- INTEGRITY** All education participants/parties will behave in a manner that reflects individual and institutional commitment to intellectual and moral excellence.
- RESPECT** Fundamental to the ethic of medicine is respect for every individual. Mutual respect between learners, as newer members of the medical profession, and their teachers, as experienced professionals, is essential for nurturing that ethic. In addition to individual respect, all educational parties must respect and follow established professional policies.

As a teacher, I pledge to:

- **Maintain** currency in my professional knowledge and skills
- **Ensure** excellence of the educational curriculum
- **Be a Model** of professionalism in all of my interactions with faculty, learners, patients, colleagues, and staff

- **Respect** all faculty, learners, patients, colleagues, and staff as individuals, without regard to gender, age, race, national origin, religion, or sexual orientation; and oppose observed disrespect or bias
- **Nurture** learner commitment to achieve personal, family, and professional balance such as demonstrated in Baylor's commitment to duty hour rules and regulations
- **Recognize** and acknowledge expressions of professional attitudes and behaviors as well as the achievement of quantifiable academic excellence
- **Respond** vigorously to unprofessional behavior and indications of abuse or exploitation of faculty, learners, patients, colleagues, or staff
- **Create** a safe environment in which faculty, learners, and staff can communicate any concern about breaches of this compact
- **Accept** responsibility for instilling these attributes in learners and faculty for whom I have responsibility

As a learner, I pledge to:

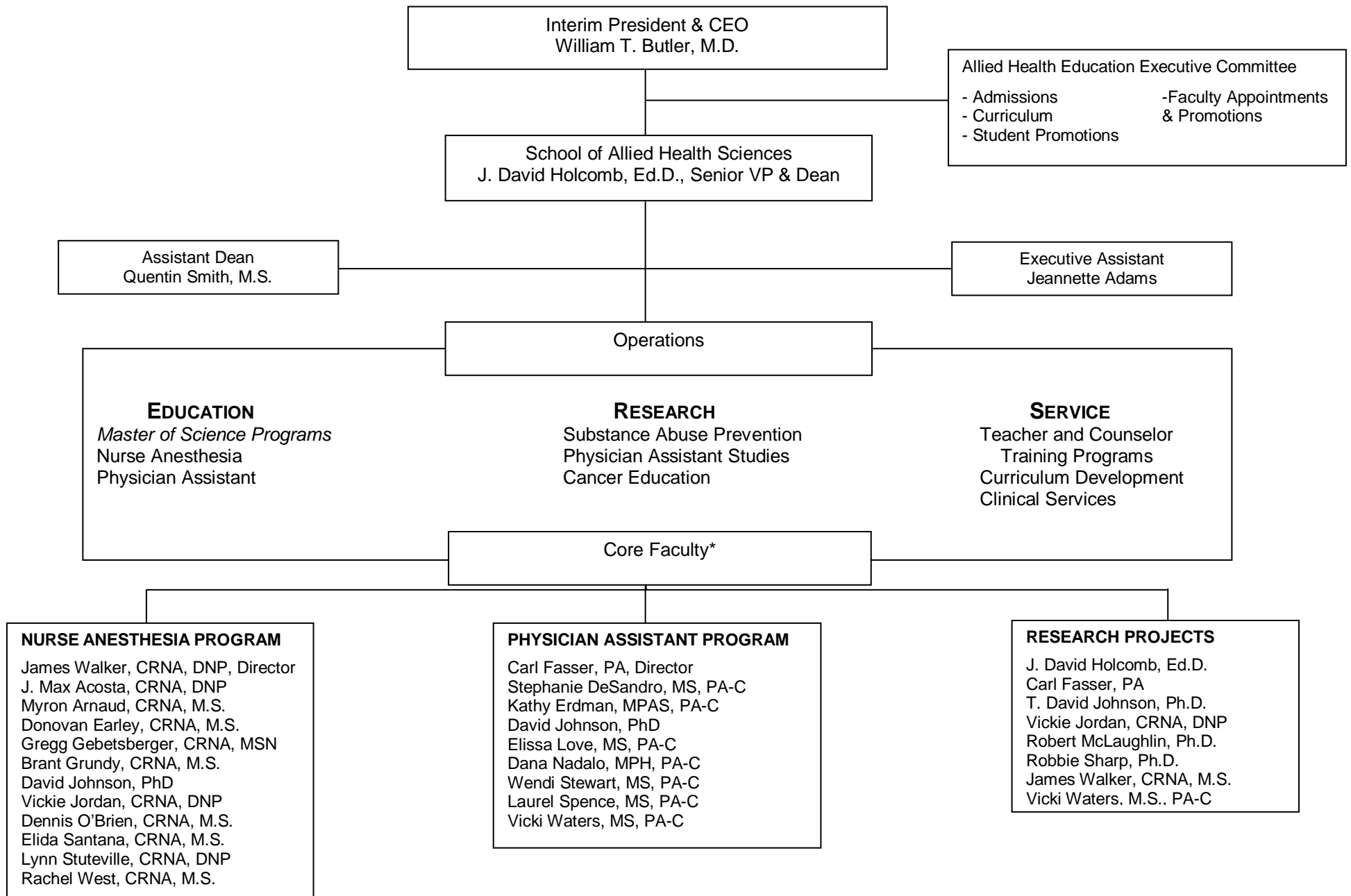
- **Acquire** the knowledge, skills, attitudes, and behaviors necessary to fulfill all established educational objectives
- **Embody** the professional virtues of integrity, empathy, altruism, compassion, respect, honesty, courage, and trustworthiness
- **Respect** as individuals, without regard to gender, race, national origin, religion, or sexual orientation, all patients, peers, faculty and staff
- **Uphold** the highest professional standards and conduct myself accordingly in all interactions with patients, peers, faculty and staff
- **Assist** my fellow learners in meeting their professional obligations, while fulfilling my own obligations as a professional
- **Help create** a safe environment in which faculty, learners, and staff can communicate any concern about breaches of this compact

As Educational Staff, I pledge to:

- **Maintain** currency in my professional knowledge and skills
- **Help ensure** excellence of the educational curriculum
- **Embody** professionalism in all of my interactions with faculty, learners, patients, colleagues, and staff
- **Respect** all faculty, learners, patients, colleagues, and staff as individuals, without regard to gender, age, race, national origin, religion, or sexual orientation; and oppose observed disrespect or bias
- **Help create** a safe environment in which faculty, learners, and staff can communicate any concern about breaches of this compact

Governance – The School of Allied Health Sciences is an academic unit of Baylor College of Medicine. The School is the academic home for allied health faculty, degree programs, and students (See Figure 1). The academic programs are affiliated with the Departments of Anesthesiology and Family and Community Medicine.

Figure 1: ORGANIZATION CHART: SCHOOL OF ALLIED HEALTH SCIENCES



*Faculty academic appointments are held within the Departments of Anesthesiology, the School of Allied Health Sciences, and other BCM departments.

The academic policies of the School are established by the College and the Allied Health Education Executive Committee. Allied Health Admissions, Curriculum, Student Promotions and Academic Achievement, and Faculty Appointments and Promotions Committees are subcommittees of the Allied Health Education Executive Committee. These subcommittees implement the College's policies in their respective areas and recommend new policies to the Allied Health Education Executive Committee for consideration.

Accreditation – The School of Allied Health Sciences' Programs are accredited as follows:

Council on Accreditation of Nurse Anesthesia Educational Programs – The Nurse Anesthesia Program is accredited through May 2014.

Accreditation Review Commission on Education for the Physician Assistant – The Physician Assistant Program is accredited through 2012.

As an academic component of Baylor College of Medicine, Allied Health Sciences' programs are also accredited by the Southern Association of Colleges and Schools and the Liaison Committee on Medical Education, American Medical Association and the Association of American Medical Colleges.

Alumni – Characteristics of the alumni of School of Allied Health Sciences Programs are as follows:

Nurse Anesthesia Alumni

- As of December 2008, there were 346 nurse anesthesia alumni.
- Approximately 50% of the nurse anesthesia graduates practice in Texas.

Physician Assistant Alumni

- As of December 2008, there were 828 physician assistant alumni.
- Approximately 50% of the physician assistant graduates have remained in Texas and practice in primary care settings (Family Medicine, Pediatrics, Medicine)

Administration and Faculty – The administration, faculty, and staff of the School of Allied Health Sciences are listed below along with their telephone numbers and email addresses.

School of Allied Health Sciences

Dean

J. David Holcomb, Ed.D. jholcomb@bcm.edu 713-798-4613

Assistant Dean

Quentin W. Smith, M.S. qsmith@bcm.edu 713-798-4613

Executive Assistant

Jeannette Adams jlewis@bcm.edu 713-798-3447

Administrative Support Coordinator

Diana Romero djromero@bcm.edu 713-798-4489

Academic Faculty

T. David Johnson, Ph.D. tjohnson@bcm.edu 713-798-8604

Graduate Program in Nurse Anesthesia

Director		
James R. Walker, CRNA, DNP	jrwalker@bcm.edu	713-798-8650
Associate Directors		
Myron Arnaud, CRNA, M.S.	marnaud@bcm.edu	713-798-8650
Vickie Jordan, CRNA, DNP	vsjordan@bcm.edu	713-798-8650
Academic Faculty		
J. Max Acosta, CRNA, DNP	jmacosta@bcm.edu	713-798-8650
Donovan Earley, CRNA, M.S.	dearley@bcm.edu	713-798-8650
Gregg Gebetsberger, CRNA, MSN	gebetsbe@bcm.edu	813-798-8650
Brant Grundy, CRNA, M.S.	bgrundy@bcm.edu	713-798-8650
Dennis O'Brien, CRNA, M.S.	dmobrien@bcm.edu	713-798-8650
Elida Santana, CRNA, M.S.	esantana@bcm.edu	713-798-8650
Lynn Stuteville, CRNA, DNP	lynns@bcm.edu	713-798-8650
Rachel West, CRNA, M.S.	rcwest@bcm.edu	713-798-8650
Administrative Coordinator		
Ramona Miller	ramonam@bcm.edu	713-798-8650

Physician Assistant Program

Director		
Carl Fasser, PA	cfasser@bcm.edu	713-798-5405
Assistant Director		
Kathy Erdman, MPAS, PA-C	kerdman@bcm.edu	713-798-5632
Assistant Director for Experiential Learning		
Vicki Waters, MS, PA-C	vwaters@bcm.edu	713-798-8556
Academic Faculty		
Elissa Love, MS, PA-C	love@bcm.edu	713-798-2010
Dana Nadalo, MHS, PA-C	dnadalo@bcm.edu	713-798-4772
Stephanie DeSandro, MS, PA-C	desandro@bcm.edu	713-798-5947
Laurel Spence, MS, PA-C	lspence@bcm.edu	713-798-5411
Wendi Stewart, MS, PA-C	wstewart@bcm.edu	713-798-8757
Pre-clinical Affairs Contact		
Yvonne Baier	cbaier@bcm.edu	713-798-5821
Clinical Affairs Contact		
Patricia Kelley	pkelley@bcm.edu	713-798-5002
Cross Cultural Coordinator		
Debbie Lopez	debbiec@bcm.edu	713-798-4680

Office of Student Affairs

Senior Associate Dean
Donald T. Donovan, M.D.

ddonovan@bcm.edu

713-798-3373

Director and Registrar
John Rapp, M.Ed.

jrapp@bcm.edu

713-798-4517

Associate Registrar
Stephanie Tefas, M.S.

stefas@bcm.edu

713-798-3092

Emergency Messages for Students

School of Allied Health Sciences
Nurse Anesthesia Program Office
Physician Assistant Program Office

713-798-4600

713-798-4613

713-798-8650

713-798-3663

Section 2

Excerpts from
**Academic and Administrative Policies,
Procedures, and Operational Guidelines**

School of Allied Health Sciences



Baylor College of Medicine

(Approved by Academic Council on November 15, 2004)
(Approved by BCM Board of Trustees on January 26, 2005)
(Approved by Allied Health Education Executive Committee on June 26, 2008)

Article 2 Academic Governance

The SAHS' academic governance is based on College policies and procedures and administered through the Allied Health Education Executive Committee and its four subcommittees, and a Senior Advisory Committee (See Illustration 2).

Article 2.1 Allied Health Education Executive Committee – The Allied Health Education Executive Committee is a Standing Committee of the College. The Executive Committee sets policies regarding the governance of Allied Health programs that are consistent with BCM's Policies and Procedures and Faculty Bylaws. The Executive Committee: (1) reviews existing Allied Health programs for quality, needed improvements, and future growth; (2) develops strategies for promoting Allied Health programs, internally and externally; (3) reviews Allied Health student appeals and grievances as specified in the SAHS' Policies and Procedures; (4) approves membership of the Admissions, Curriculum, Student Promotions, and Faculty Appointments and Promotions Committees; and (5) recommends new Allied Health programs to the Academic Council. The Executive Committee is chaired by the Senior Vice President and Dean, SAHS, and includes Allied Health program directors, chairs of the Allied Health Admissions, Curriculum, Student Promotions, and Faculty Appointments and Promotions Committees, 3-4 BCM faculty members, at-large, with interest in Allied Health programs, and 1-2 public members (as required by accrediting agencies). The Executive Committee's membership is approved annually by the Academic Council.

Article 2.2 Allied Health Admissions Committee: The Allied Health Admissions Committee for each academic program reviews and ranks each applicant who meets or exceeds the minimum requirements for admission and who completes the admission interview process. The Committee submits its rankings to the Office of Admissions for verification of records and recommendations for acceptance to the Senior Vice President and Dean, SAHS. The Admissions Committee also makes recommendations to the Allied Health Education Executive Committee on policies concerning applicants to the SAHS. The Admissions Committee reviews admissions requirements as outlined in application materials for accuracy and consistency. Membership on the Committee includes Allied Health faculty and students and other BCM faculty members.

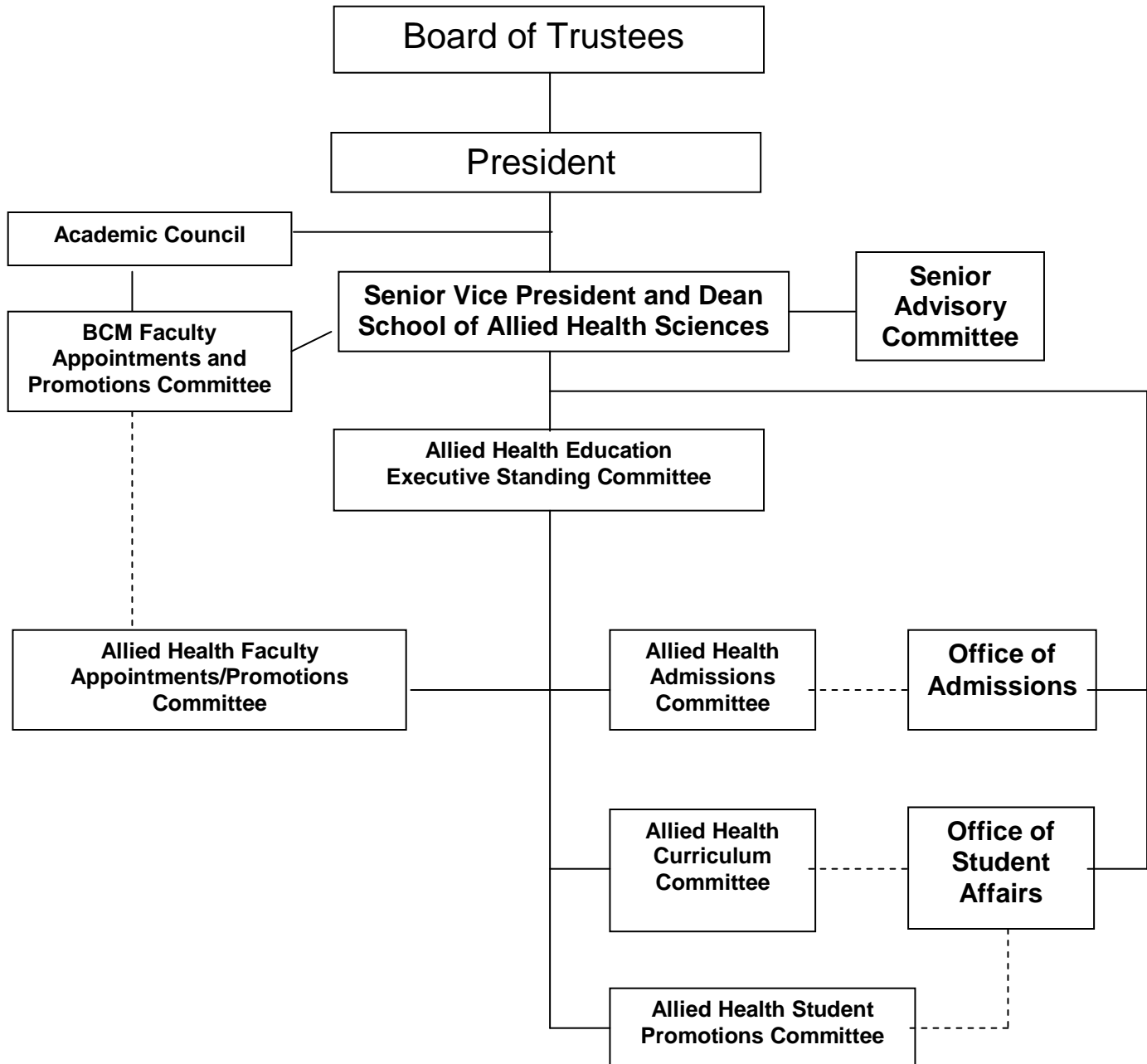
Article 2.3 Allied Health Curriculum Committee: The Allied Health Curriculum Committee provides oversight, guidance, and evaluation of the curricula for Allied Health programs. The Committee oversees curriculum planning, scheduling, development, and assessment. The Allied Health Curriculum Committee Chair reports to the Allied Health Education Executive Committee regarding major curricular revisions, and results of course assessments. The Committee's membership is composed of Allied Health faculty and students and an interdisciplinary cross section of BCM faculty members with teaching responsibilities in Allied Health programs.

Article 2.4 Allied Health Student Promotions Committee: The Allied Health Student Promotions Committee is charged with monitoring student academic performance. The Committee ensures that each student satisfactorily completes each required course in the curriculum, meets all criteria for promotion from year to year, and ultimately satisfies all the requirements for graduation. The Allied Health Student Promotions Committee Chair reports to the Allied Health Education Executive Committee regarding grading policies, assessment of academic achievement, and other topics-related to students' academic progress. The Committee is composed of Allied Health faculty and faculty, at large, who participate in activities of each Allied Health program

Article 2.5 Allied Health Faculty Appointments and Promotions Committee: The Allied Health Faculty Appointments and Promotions Committee advises the Senior Vice President and Dean, SAHS, regarding faculty appointment and promotions policies and specific promotion decisions, including periodically reviewing appointment and promotions criteria and recommending revisions, as needed. The Committee reviews qualifications of individuals to be recommended for appointments and/or promotions in the SAHS. The Committee assists the Senior Vice President and Dean, SAHS, in planning and implementing faculty development initiatives.

Article 2.6 Senior Advisory Committee – A Senior Advisory Committee provides guidance, critique, advocacy, and support. The Senior Advisory Committee assists in planning SAHS’ activities for the upcoming year, compares outcomes with SAHS goals, and recommends strategies for growth and development.

Illustration 2: Academic Governance School of Allied Health Sciences



Article 5 Allied Health Students

Article 5.1 Admissions -- Students enrolled in the SAHS' programs are selected after screening by Allied Health faculty members, interviewed by Allied Health and other BCM faculty members and students, reviewed and ranked by the Allied Health Admissions Committee, and officially accepted to the College by the Senior Vice-President and Dean, SAHS. The admission process is conducted in accordance with the policies of BCM's Office of Admissions.

Minimum admissions requirements for the SAHS' master's degree programs include the following:

- a baccalaureate degree from an accredited college/university in the United States.
- completion of specific course requirements (prerequisites).
- an overall grade point average of 3.0 on a 4.0 scale.
- competitive scores on the Graduate Record Examination.
- a completed application submitted on or before the published deadline for receipt of applications

In addition to the above requirements, the Nurse Anesthesia Program requires that all applicants be Registered Nurses with one or more years of intensive care nursing experience and be eligible for R.N. licensure by the State of Texas.

Article 5.2 Non-Discrimination Policy – BCM and the SAHS admits students of any race, religion, sex, marital status, sexual orientation, color, national or ethnic origin, disability or age to all the rights, privileges, programs and activities generally accorded or made available to students at the School. It does not discriminate on the basis of race, religion, sex, marital status, sexual orientation, color, national or ethnic origin, disability or age, in administration of its educational policies, admissions policies, scholarship and loan programs, and other school-administered programs.

Article 5.3 Enrollment – All Allied Health students must enroll officially through the Registrar's Office. Enrollment must be for full-time study; no part-time or "lightened load" is allowed. Furthermore, students are encouraged not to be employed while concurrently enrolled in a Master of Science program.

Article 5.4 Tuition and Fees – Tuition and fees are set by the President each academic year. Allied Health students are required to pay 2 ½ years' tuition charges. Students who repeat coursework or otherwise extend their enrollment beyond the 2 ½ year length of their programs will be charged tuition and fees for each additional period of enrollment. Title IV Federal financial aid recipients who meet degree requirements prior to the end of the semester will be subject to the Return of Title IV Funds Policy. All other students will be subject to the Institution's Refund and Repayment Policy.

Students who return from an approved Leave of Absence (LOA), or otherwise begin attending after the start of an academic term, will be charged tuition and fees for the number of months remaining in the term. A month's charges will be assessed if the student returns/enters prior to the 16th of the month. Yearbook and Graduation fees are not pro-rated, and Graduation fees are only charged once for each program the student completes.

Students who are on an approved LOA during an academic year may continue their health insurance while on leave. Payment will be due before the student starts his/her LOA.

Students who withdraw, are dismissed or otherwise cease to be a student at BCM are allowed to continue their health insurance for no more than three months. Payment must be made prior to the date the student ceases to be enrolled.

Article 5.5 Falsification of Admission Application – Occasionally candidates make inaccurate statements or submit false material in connection with their admissions application. In most cases, these misrepresentations are discovered during the application process and the application is rejected. If the misrepresentation is discovered after the candidate is admitted, the offer for admission is normally withdrawn. If misrepresentation is discovered after a student is registered, the offer of admission normally will be revoked and the student will be required to leave the school. If the discovery is made after a degree has been awarded, the degree may be rescinded. The determination that the application is inaccurate or contains misrepresentation rests solely with the Admissions Office and will be resolved outside the student disciplinary process.

Article 5.6 Attendance – For students in good standing in didactic courses, attendance at lectures is highly recommended, but not obligatory; however, laboratory and small group learning attendance may be required. At departmental discretion, attendance in laboratory and conferences may be a factor in deriving a student's grade. Students who are repeating a course because of previous academic failure are required to attend all lectures and labs of the course in question. If a faculty member in a department finds that a student is not meeting attendance requirements, the student will be notified by the faculty of the department in writing with a copy of the letter sent to the program director and the Senior Vice President and Dean, SAHS. Students on Academic Warning are strongly encouraged to attend all lectures, laboratory sessions and conferences in each course. A student who is on Academic Probation is required to attend all lectures, laboratory sessions and conferences in the curriculum.

Article 5.7 Attendance: Clinical Curriculum - Attendance during all aspects of clinical courses is expected and considered an important part of the student's responsibility and education, and may be an important component in the evaluation of student performance. Students form an integral part of the hospital team and are accorded active clinical roles based on the expectation that they will fulfill their educational and patient care responsibilities. All students are required to be present on the first day of a new clinical course. Participation in the orientation session of a new clinical course is mandatory since important information regarding course expectations and procedures is covered on the first day. Requests for exceptions must be arranged with the program director. Course expectations and attendance requirements for clinical courses are determined and recorded by the department. In addition, students are expected to remain available to discharge clinical responsibilities until released from duty on the final day of the applicable term.

Article 5.8 Grading and Grading Policies – At the conclusion of didactic or clinical courses, each department or course director shall render a grade for each enrolled student according to the following grading system:

Grade	Score Range	Quality Points	Interpretation
A	90 – 100	4.0	Exceptional performance
B	76 – 89	3.0	Performance meeting expectations
C	70 – 75	2.0	Minimally passing performance
D	65 – 69	1.0	Performance below expectations
F	0 – 64	0.0	Unsatisfactory performance

No arbitrary percentage of a class is designated for any grade category.

Grading policies and the weight given to each component used to compute final grades are determined by individual departments and course directors. Grades are not final until accepted by the Allied Health Committee on Student Promotions. Following formal action of the committee, grades become part of each student's official transcript.

1. This grading policy will apply to both didactic and clinical courses.
2. The option of having a pass/fail grading scale remains an option for evaluating academic work appropriate to this grading schema.
3. Students are required to maintain an overall GPA of 3.0 to remain in good academic standing.
 - a. An overall GPA of 2.7 – 2.99 may result in the AHSPC placing the student on academic warning.
 - b. An overall GPA of 2.5 – 2.69 may result in the AHSPC placing the student on academic probation.
4. Students are required to have a minimum overall GPA of 3.0 to graduate.
5. Students must make a C or better in all courses. There may be some courses that require a B or better.
6. If a grade of C is allowed, however, the overall GPA (on a 4-point scale) must be 3.0 or greater.
7. Students achieving a grade of D
 - a. Course director directs a targeted remediation of areas of weakness. This remediation can occur prior to the AH Student Promotions Committee meeting.
 - b. This targeted remediation is geared toward gaining points to raise the original grade to a grade of C. Students would only be allowed to raise the grade to a C, not to a higher level, using targeted remediation.
 - c. Successful remediation will result in a grade of C being reported to the Registrar.
 - d. Unsuccessful remediation will result in the original grade of D being reported to the Registrar, and referral to the AHSPC for further disposition. Options include full remediation, repeat course in its entirety, or other actions deemed appropriate by the AHSPC.
 - e. This procedure will be followed for students achieving a grade of C in a course that requires a grade of B or better. The targeted remediation will be designed to achieve a grade of B.
8. Students achieving a grade of F
 - a. Referred to the AHSPC for further disposition.
 - b. If remediation is offered by the AHSPC, full remediation is required (not targeted).
 - c. Two final grades of F will result in consideration of dismissal.

Article 5.8.1 Preclinical Curriculum - The following courses require a grade of C or better:

- Clinical Biochemistry
- Human Anatomy 1 & 2
- Human Physiology 1 & 2
- Medical Ethics (PA Students)
- Nervous System (NA Students)

Article 5.8.2 The following courses, listed by program, require a grade of B or better:

Nurse Anesthesia Program

Biomedical Instrumentation
 Chemistry for Anesthesia Practice
 Clinical Orientation
 Genetics for Allied Health
 Health Research Methods
 Human Anesthesia Simulation 1 & 2
 Immunology for Allied Health
 Integrated Anesthesia Concepts 1 & 2
 Pharmacology in Advance Practice 1 & 2
 Physics for Anesthesia Practice
 Principles of Anesthesia
 Advanced Principles of Anesthesia

Physician Assistant Program

Behavioral Dynamics
 Clinical Medicine 1 & 2
 Clinical Prevention 1 & 2
 Cultural Competency
 Diagnostic Testing
 Electrocardiography
 Health Behavioral Counseling
 Health Research Methods
 Immunology for Allied Health
 Pediatrics
 Pharmacology 1 & 2
 Physical Diagnosis 1 & 2

Professional Aspects of Nurse Anesthesia 1 & 2 Problem Solving in Medicine 1 & 2
 Radiology for Allied Health Professional Roles and Responsibilities
 Seminars in Anesthesia Women's Health
 Evidence Based Anesthesia Practice
 Research Colloquium in Anesthesia
 Capstone Project in Anesthesia
 Comprehensive Examination in Anesthesia
 Critical Concepts in Anesthesia 1 & 2

Article 5.8.3 Clinical Curriculum - In clinical courses, clinical rotations and clinical elective rotations, grades are rendered as follows:

Grade	Score Range	Quality Points	Interpretation
A	90 – 100	4.0	Exceptional performance
B	76 – 89	3.0	Performance meeting expectations
C	70 – 75	2.0	Minimally passing performance
D	65 – 69	1.0	Performance below expectations
F	0 – 64	0.0	Unsatisfactory performance

Article 5.9 Transcripts – All final grades appear on transcripts. In the Didactic Curriculum, final grades are not available until the course is completed. However, a cumulative grade sheet that shows all interim and final grades by Term is maintained in the student's official folder. An updated copy is usually placed in each student's folder at the end of each term.

When a completed course has been failed, the grade of (F) becomes part of the student's official transcript. Performance and subsequent work for the same course will appear on the transcript when work is satisfactorily completed. A transcript will reflect a failure and all remedial and repeat grades. If a course is failed and a student takes a remedial examination the highest grade that can be achieved is a B. If a course is repeated in its entirety, then any grade may be achieved.

Example:
 XXXX F
 XXXX (Remedial) B

XXXX F
 XXXX (Repeat) A
 or
 XXXX F
 XXXX (Remedial) F
 XXXX (Repeat) A

In the Clinical Curriculum, a final grade is rendered at the end of each clinical rotation. All grades will appear on the student's transcript. The policies as outlined above apply to remedial or repeated clinical experiences required by the Allied Health Student Promotions Committee. If all course requirements have not been met, a grade of "I" (Incomplete) will appear on the transcript. All "I" designations for courses taken, but not successfully completed, must be replaced by passing grades prior to graduation from an SAHS program. Students are required to have a minimum overall GPA of 3.0 to graduate.

Article 5.10 Student Records – The Registrar is responsible for maintenance of all official academic records of SAHS students. All student records maintained in the Nurse Anesthesia or Physician Assistant Offices are transferred to the Registrar upon the student's separation from the College.

BCM's policy regarding creation and maintenance of student records is based upon practices recommended by the American Association of American Collegiate Registrar's and Admissions Officers. In addition, the school's policy is governed by regulations affecting educational institutions written by the United States Department of Health and Human Services. A copy of these policies is available in the Office of Student Affairs.

A file on each Allied Health student is maintained in the Registrar's Office. Included in a student file is the student's original application form, the undergraduate college record, and the letter of acceptance. Subsequent to enrollment at BCM, the student file contains course enrollment forms, grades, letters of correspondence concerning the student, narrative summaries rendered by the faculty concerning the student's academic work, letters indicating actions of the Allied Health Student Promotions Committee, communications concerning scholarships and loans, and other correspondence relating to the student's education at BCM. In addition to written material kept in the student's file, general information is maintained about each student, i.e., courses taken, grades, summary statements of academic action, and enrollment information.

Subsequent to graduation, withdrawal, or dismissal the academic record is sealed. Requests for transcripts, enrollment verification, loan deferments, certification of graduation, certification of diplomas, state licensure forms, and hospital privileges will be retained for one year and then scheduled for destruction.

It is institutional policy that the material contained in a student record is confidential, with transfer of such information within the school permissible only for legitimate academic purposes. The school complies with the provisions of both the Texas Open Records Act of 1973 and the Federal Family Educational Rights and Privacy Act of 1974.

By means of verbal or written request to the Registrar, a student may examine his or her records at BCM. These records shall be made available for review to the student as promptly as possible. The records shall be examined in the office in which they are kept, under observation, and shall not be altered, destroyed, or removed from the office. Material in records which relate to more than one individual will not be made available for direct review, but the student will be told the information on such records which relate to him or her. Former students have the same access to their records as those currently enrolled. All personnel outside of the Office of the Registrar and the deans in Student Affairs must sign the written form kept within the record and indicate the date and the reason for the review.

A student may obtain a copy of his or her student record. The costs of photocopying or duplicating records shall be borne by the student.

Students may challenge the accuracy of information contained in a record. In the case of a challenge, the student should meet with the faculty member or administrative official responsible for the information and may, through discussions with the student, concur with the challenge points and correct or delete the information accordingly. Those corrections or deletions must be made in writing. If a change in a grade is made, the faculty member must indicate in writing the reason for doing so. If the faculty member is unwilling to amend the academic record, the student should discuss this issue with a dean in the Office of Student Affairs. If a satisfactory solution cannot be reached, the student may request that the Sub-Committee on Educational Records be convened to review the appeal and render a decision.

Any review of information in the file by the faculty members and administrative officers, other than by those persons responsible for keeping the records or a dean in the Office of Student Affairs requires the dated signature of the faculty member or administrative official on a written form kept within the records. The reviewer must include a brief statement indicating the reason for review of the record.

The student will be notified of the transfer of any information within the student file to persons or institutions other than those associated with or affiliated with BCM. Such information may be transferred only:

- a. by reason of a valid subpoena or judicial order of a court;
- b. to federal or state educational agencies providing the agency requests the information in writing and specifies the purpose for acquiring the information;
- c. to organizations responsible for the accreditation of BCM;
- d. upon written request of the student to persons he or she designates (e.g., educational institutions, hospitals, and licensing boards, etc.)

The records of students are kept under the name used for admission to BCM, unless the student properly files a change-of-name form with the Office of Registrar.

Article 5.11 Release of Information – BCM adheres to the Family Educational Rights and Privacy Act (FERPA) that affords students over 18 years of age certain rights with respect to their education records.

1. The right to inspect and review the student's education record.
2. The right to request the amendment of the student's education record that the student believes are inaccurate or misleading.
3. The right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent (directory information).
4. The right to file a complaint with the U.S. Department of Education concerning alleged failures by BCM to comply with the requirements of FERPA.

Students may request in writing that BCM withhold their directory information from inquiring educational sources. Directory Information includes but is not limited to: name, local address and telephone number, major field of study, dates of attendance, class schedules, degrees granted and graduation dates, class standing, and BCM email address.

Official Grades may only be transmitted from BCM to another institution through an official transcript issued by the Office of the Registrar.

If a student requests a letter of recommendation, the individual faculty member may state only the official grade received in the course and a narrative. Official grades are A, B C, D and F. Departments and faculty of BCM may not transmit any numerical grade to another institution or individual faculty member. Program directors may transmit required numeric information at the request of the student to academic institutions, licensing agencies, or other official entities.

Departments may discuss grades with individual students and release an individual sealed, confidential report to each student. Departments may post or release general information about course grades including: mean scores and grade distributions; however, Federal Law prohibits the general posting or group release of individual grade information which in any way identifies individual students including the use of a code.

Article 6 Regulations Concerning Conduct and Performance

Article 6.1 Academic Rules – Honesty and integrity are essential to the academic functions of the SAHS. The following rules are promulgated in the interest of protecting the validity of the College's grades and degrees, and to assist students in developing standards and attitudes

appropriate to academic life and the practice of health care. Violation of academic rules can result in dismissal from the College.

- No student shall receive assistance not authorized by an instructor in the preparation of any assignment, laboratory exercise, report, or examination submitted as a requirement for an academic course or rotation.
- No student shall knowingly give unauthorized assistance to another student in such preparation.
- No person shall sell, give, lend, or otherwise furnish to any unauthorized person material that can be shown to contain the questions or answers to any examination scheduled to be given at any subsequent date, in any course of study offered by the SAHS, excluding questions and answers from tests previously administered when supplied by the department.
- Any persons taking, or attempting to take, steal, or otherwise procure in any unauthorized manner any material pertaining to the conduct of a class, including examinations, laboratory equipment, etc. shall be in violation of this regulation.

Article 6.2 Non-Academic Rules: The rules of conduct listed below are intended for all students; however, it is hoped that all persons within the BCM complex, faculty and students alike, will adhere to these rules. Any student who feels that any person's conduct, behavior, etc., is not in keeping with appropriate and acceptable behavior in the areas listed below, either in an academic or non-academic setting should notify the relevant program director, the Senior Vice President and Dean, School of Allied Health Sciences, or other appropriate college official depending on the nature of the offense.

Any student may be dismissed from enrollment in the College if, in the opinion of the faculty, his/her knowledge, character or mental or physical fitness cast grave doubts upon his/her potential capabilities as a health professional. Any student who exhibits personal characteristics that seem inappropriate to one seeking to become a health care provider will be considered for dismissal regardless of academic performance.

Failure to meet these standards may result in probation, suspension or dismissal from the College and should be reported to the relevant Program Director and/or the Senior Vice President and Dean, SAHS.

Article 6.3 Disorderly Assembly – No person shall assemble on campus for the purpose of causing a riot or destruction or disorderly diversion that interferes with the normal educational process and operation of the College. This does not deny any student(s) the right of peaceful assembly in accordance with College policy. Likewise, no person or group of persons shall obstruct the free movement of other persons about the campus, interfere with the use of College facilities, or prevent the normal operation of the College.

Article 6.4 Unprofessional Conduct – Behavior that disrupts the academic pursuits, or infringes upon the privacy, rights, or privileges of other persons is prohibited. In this regard:

- No student shall push, strike, physically assault, haze or threaten any member of the faculty, staff, or student body or any visitor to the College community.
- Misbehavior related to alcohol or other substances usage on College property, at functions sponsored by the College or any recognized College organization is prohibited.
- No student shall enter or attempt to enter any College sponsored event without required credentials for admission.

- Conduct which is lewd, indecent, or obscene, or which is offensive to the prevailing standards of an academic community is prohibited.
- No student shall interfere with, or fail to cooperate with, any properly identified College faculty or staff personnel while these persons are in the performance of their duties.
- Dress shall be primarily a matter of individual judgment. Students not meeting department standards of dress may be denied access to patients and may thereby jeopardize their grade and satisfactory completion of the rotation or elective. Students are encouraged to be neat and clean. In the clinical setting, students should dress in a fashion such that their patients accept them as health care providers. Allowances are made for mandated dress codes by some religions. Students should ask their program director for information on religion-related dress code allowances.
- The use, possession, or distribution of narcotics, amphetamines, barbiturates, marijuana, hallucinogens, and any other dangerous or controlled drugs, not prescribed by a properly licensed healthcare provider, is prohibited.
- Malicious damage or destruction of property belonging to the College or to its affiliated institutions is prohibited.

Article 6.5 Falsification of College Records – Intentional falsification of any records used by the College relative to a student’s enrollment, performance, and graduation is prohibited.

- Students must complete all College records honestly.
- No student shall alter, counterfeit, forge, falsify or cause to be altered any record, form, or document used by the College.

Article 6.6 Other Prohibited Activities

- When violation of any federal, state, or local law by a student indicates that the student’s continued presence on campus creates a substantial likelihood of danger to the educational process of the College community, the College may institute disciplinary action.
- Fire and Explosion Safety
 - No student shall tamper with fire safety equipment.
 - No student shall set or cause to be set any unauthorized fire in or on College property.
 - The possession or use of firearms, fire works, or explosives on College property is strictly forbidden.
 - No student shall make, or cause to be made, a false fire alarm.
- Gambling is prohibited on College property.
- Consumption of alcoholic beverages is prohibited on College property, unless approved by the College.
- No person shall take, attempt to take, or keep in his or her possession, items of College property or items belonging to students, faculty, staff or student groups without proper authorization.
- No student shall make unauthorized entry into any College building, office or other facility, nor shall any person remain without authorization in any building after normal closing hours.
- No person shall make unauthorized use of any College facility. Upon appropriate notice by College officials, authorization for the use of College facilities may be withdrawn or otherwise restricted.

Article 7 Faculty Review of Student Performance

Article 7.1 Academic Standards – Allied Health students are expected to meet standards of academic excellence established by the faculty of the SAHS. These standards are reviewed on an annual basis by the didactic and clinical faculty through the activities of the Allied Health Student Promotions Committee. The documentation of academic standard achievement is accomplished through scheduled programs of testing and the observation of student performance. The testing and observation of student performance may also be independent of courses and rotations. Various methods are employed to provide students with a measure of their progress as they transition through their education and training. Examples of these processes and instruments include: written examinations, skill-based tests, faculty observations, oral presentations, student self-assessments of progress, daily and/or monthly faculty performance evaluations, and quarterly evaluations by the student's academic advisor.

Article 7.2 Review of Didactic Performance – Each student's didactic performance is assessed by the faculty at specified intervals throughout the didactic phase of the curriculum. This is accomplished using methods of evaluation such as written, demonstrative, and verbal assessments of knowledge and skills. The responsible course coordinator or Program Director will submit grades to the Allied Health Student Promotions Committee for review and acceptance. To be promoted and begin clinical rotations, a student must achieve a passing grade in all courses in the didactic phase of the curriculum.

Article 7.3 Review of Clinical Performance – Each student's clinical performance will be evaluated by the program faculty as well as the clinical faculty and preceptors with whom they work. This will be accomplished using faculty performance evaluations, written examinations, patient simulation testing, and skills tests. These evaluations are submitted to the Program Director. The Allied Health Program faculty will review these evaluations, in conjunction with all other available credible information concerning the student's performance. The Program Director will submit grades to the Allied Health Student Promotions Committee for their review and acceptance. The Allied Health Program faculty and/or Program Director may make recommendations to the Allied Health Student Promotions Committee regarding academic action(s). Any such recommendations are not final until accepted by the Allied Health Student Promotions Committee, at which point they become actions of the committee.

Article 7.4 Review of Professional Behavior - It is also the responsibility of the SAHS to ensure that its graduates meet local and national standards of professional conduct and responsibility. Students will be held accountable for their own actions. Integrity, respect, personal demeanor and appearance, accountability, collegial interaction, commitment to excellence, empathy and self-reflection have been identified as those professional attributes that facilitate honest communications, nurture confidentiality, facilitate boundary maintenance, encourage lifelong learning, engage in compassionate care provision, and acknowledge the value of others in the caring process. Students will be assessed, in part on their reliability, honesty and integrity, responsibility, and professional relationships with patients, families, and colleagues as well as their responsibility related to substance use and abuse. Any behavior that calls into question a student's professionalism or potential capabilities as a future healthcare provider will be reviewed.

Article 7.5 Suspension of Clinical Privileges - In the event that the Program Director determines that a student's conduct has presented concerns regarding patient safety, substandard care, or was unprofessional in nature, the student's clinical education will be immediately suspended. The matter will be forwarded to the Allied Health Student Promotions Committee for further consideration and action. Following the suspension of clinical privileges by the Program Director, the student is prohibited from any clinical activities pending the outcome of the deliberations of the Allied Health Student Promotions Committee. During the period between clinical privileges being suspended and the decision(s) of the Allied Health Student Promotions

Committee, the student shall remain in good standing. The Program Director may require the student to, or prohibit the student from, participating in non-clinical activities during this time.

Article 7.6 Allied Health Student Promotions Committee – The Allied Health Student Promotions Committee, a subcommittee of the Allied Health Education Executive Committee, is charged with monitoring student academic performance during the program. It is composed of faculty members from Basic Science and Clinical departments, usually including faculty from Basic Science courses, clinical rotations, and the dean, School of Allied Health Sciences. The academic progress and professional development of each student is reviewed at regular intervals throughout each academic year. Grades, examination scores, narrative summaries and professional conduct and development are assessed to ensure the successful progress of each student. The Allied Health Student Promotions Committee has the primary responsibility for the following:

1. setting academic standards and requirements necessary for promotion and graduation;
2. recommending qualified students for promotion;
3. recommending awarding of the Master's Degree, or appropriate certificate after careful review of academic records;
4. setting requirements for remedial work or revised academic course load for students whose academic work is unsatisfactory;
5. ensuring that each student demonstrates the academic competency and personal qualities of a nurse anesthetist or physician assistant;
6. taking action on students whose academic work is consistently unsatisfactory or whose behavior cast grave doubts about their ability to function as a nurse anesthetist or physician assistant;
7. proceeding with suspension or dismissal of students;
8. designating awarding of the Master of Science degree with Highest Honor, High Honor and Honor for exceptional academic work throughout the period of education;
9. reviewing the system of evaluation of student performance (i.e., grading system and narrative summaries); and
10. rendering a decision on a student whose academic work is consistently unsatisfactory or whose behavior casts grave doubt in his/her ability to function as a healthcare professional.

Article 7.7 Academic Performance – Periodic promotion and ultimately the recommendation to the President of the College to grant the Master of Science degree require the satisfactory completion of all required courses, examinations and credits as well as demonstration by the student that he or she is capable of conduct appropriate for a nurse anesthetist or physician assistant.

In the case of a student whose academic performance has been unsatisfactory in one or more courses or clinical rotations, the options of the Allied Health Student Promotions Committee may require the student:

1. to take a special make-up examination;
2. to be placed on Academic Warning;
3. to be placed on Academic Probation;
4. to enroll in a remedial course of study;
5. to repeat specific courses or rotations even if previously passed;
6. to repeat an academic year of study;
7. to withdraw from the College;

8. to be dismissed from the BCM and not be allowed to pursue further studies at the institution; and/or
9. other actions as appropriate.

The Allied Health Student Promotions Committee employs the following guidelines:

1. Academic Warning – any interim or final grade of C.
2. Academic Probation – two or more interim or final grades of C or any interim or final grade of D or F.

If the Allied Health Student Promotions Committee wishes to accept the recommendation of a course director or the department, it may do so. However, the departmental recommendation then becomes an action of the Allied Health Student Promotions Committee. In determining the appropriate action, the Committee, except in very unusual circumstances, follows a set of established policies and guidelines. Students who are required to repeat a didactic or clinical course are responsible for the same academic work and examinations as required of other students taking the course. Examination or re-examination in any course for a student who has been suspended, withdrawn or dismissed or is on leave-of-absence is contrary to policy.

To be promoted and begin clinical courses, a student must achieve passing grades in all courses of the preclinical curriculum. All grades reflected on the transcript including remedial and repeated courses are counted. Students required to repeat an entire year of study are expected to complete successfully all the courses in the curriculum. Request for dispensation and waivers of this latter policy must be made in writing and requires advance approval of the Allied Health Student Promotions Committee.

The Allied Health Student Promotions Committee reviews at regular intervals all grades and evaluations regarding academic and clinical performance. Both academic performance and inappropriate conduct by a student in connection with his or her academic and clinical activities will be considered by the committee under these procedures. Conduct considered unacceptable or inappropriate includes, but is not limited to, breaches in trust or confidence or personal actions including cheating, plagiarism or unauthorized use of materials in academic exercises or examinations; misrepresentation, distortions or serious omissions in data reports, research and clinical care; abuse, misrepresentation or seriously improper conduct in relation to patients or colleagues in clinical training or academic settings; repeated failures without adequate excuse to meet assigned obligations in professional, clinical, and research clinical training; and breaches of other standards of professional conduct and responsibility.

Article 7.8 Non-Academic Performance – A student may be placed on Probation, Suspended, or Dismissed from BCM for non-academic reasons such as: unethical or unprofessional acts; violations of the regulations concerning conduct of students at the SAHS; dishonesty; negligence; nonpayment of bills owed to the BCM; criminal acts; failure to meet clinical responsibilities; and any other conduct not in keeping with the ethical standards of the College or the health professions.

Inappropriate conduct may include, but is not limited to, dishonesty, willful destruction of property, substance abuse, violence or threat of violence, or serious breach of trust or confidence. Serious misconduct, misrepresentation, or failure in personal actions, or in meeting obligations that raise serious unresolved doubts about the integrity, character and faithfulness of the student in meeting the overall obligations of a medical career are all considered inappropriate behavior. If the student engages in illegal, unethical or professionally inappropriate behavior outside the medical school community, these issues may be considered and addressed.

If a student is engaged in conduct inappropriate to a health professional, it shall be brought to the attention of the relevant Program Director or the Senior Vice President and Dean, SAHS. The

Senior Vice President and Dean, SAHS, in conjunction with the program director and or other relevant faculty members, when appropriate, will investigate and review the allegations. If allegations prove to be frivolous, lacking in credibility or/are personal in nature, the matter may be dismissed or handled informally. If the allegations are deemed to be of a serious nature and appear to be valid, the Senior Vice President and Dean, SAHS, may require the student to refrain from clinical activities or restrict contact with certain individuals and will convene an ad hoc committee of three faculty members, some or all of whom may be from the Allied Health Student Promotions Committee. This ad hoc committee will investigate the allegations via interviews, evaluation of records, and all pertinent information. The student will be informed of the allegations and the ad hoc committee will meet with the student to hear the student's response to the allegations. At that meeting, the student may be accompanied by an advisor, who may be a student, faculty member, or administrative official of the College, but that person may not directly participate in the proceedings. Documentation of the charges and records pertaining to the investigation will be held in the Offices of the Senior Vice President and Dean, SAHS. If the allegations are determined to be without merit, the case will be dropped. If the charges brought before the committee are true and deemed serious in nature, the ad hoc committee may recommend warning, probation, suspension or dismissal. This ad hoc committee will forward its findings and recommendations to the Allied Health Student Promotions Committee, which will review the findings and the recommendations of the ad hoc committee.

In the case of a student whose non-academic performance or behavior and conduct are found to be unsatisfactory, the Allied Health Student Promotions Committee may:

1. reprimand the student and require corrective action or restriction,
2. place the student on warning with remedial work required,
3. place the student on probation with restrictions, corrective actions, or remedial work required,
4. suspend the student, or
5. dismiss the student from the College.

Placement on Warning, Probation or Suspension may continue until: (a) satisfactory performance has been demonstrated, (b) remedial work has been completed, or (c) correction of deficiencies have been shown or appropriate professional evaluation, counseling and treatment has been sought and successfully completed to the committee's satisfaction. Students placed on Probation or Suspension for non-academic reasons may have to meet specific standards or have their activities restricted during the period of Probation or Suspension while any appeals are resolved.

Any student may be dismissed from enrollment in the College if, in the opinion of the Allied Health Student Promotions Committee, his or her knowledge, character or mental and physical fitness cast grave doubts upon his/her capabilities as a health professional. Any student who exhibits personal characteristics that seem inappropriate to one seeking to become a health professional is considered for dismissal regardless of academic performance.

A student who has been suspended or dismissed from the College for academic or non-academic reasons has the right to an appeal.

Article 8 Policies and Procedures Concerning Rights, Responsibilities, and Appeals

In general, procedures regarding appeals are implemented with every effort made to ensure fairness, objectivity and thoroughness. The confidentiality of these procedures is maintained to every extent possible and consistent with other obligations of the faculty and the College, including the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

These are academic, not legal, procedural matters. Any evidence that a review committee deems relevant and trustworthy may be considered. In any matter under appeal, the review committee has access to and may consider a student's academic and disciplinary record as a whole. Although a student may seek legal advice with respect to these procedures, a student may not be represented by an attorney before a reviewing body and attorneys do not attend interviews of a student or other witnesses. The student must represent him/herself. The Senior Vice President and Dean, SAHS and/or a Department Chair with whom the Program is affiliated may attend hearing(s) held by the Appeals Review Subcommittee, which is described below. Information obtained in confidence by a student counseling service or other health care providers, whether medical or psychiatric, will not be sought or disclosed to a person or committee without the student's consent. Any information relative to a student's health history that is requested in such instances will be managed in accordance with relevant State and Federal laws, including HIPAA regulations. The absence of such information may preclude the person or committee from considering a medical excuse. A reviewing body, in connection with its deliberations or as part of a remedial or corrective action, may require a student to obtain medical or psychiatric assistance and may require a student to consent to disclosure of relevant information from that health care provider in order for the committee to make its final recommendation. Procedures outlined below may be somewhat modified by prior notice to the student when necessary to achieve a full and fair resolution of the matter. Remedial and corrective actions and sanctions that may be imposed under the appeals procedure include, but are not limited to, academic remediation, personal counseling, reprimand, warning, probation, suspension, withdrawal and dismissal. The Allied Health Student Promotions Committee is responsible for assessing the satisfactory completion of the conditions of any probation and its termination.

Article 8.1 Actions, Sanctions, and Appeals Regarding Academic and Non-academic Performance

1. Grades are rendered by departmental and program course directors and reflect the students' performance. They become official when accepted by the Allied Health Student Promotions Committee. Students' concerns about grades or evaluations of academic or clinical performance should be directed to the course director. If such concerns are not satisfactorily resolved, the student should bring the matter to the attention of the Program Director and the Senior Vice President and Dean, SAHS, who may consult with the course director to discuss the grade, evaluation or report to assist the student in understanding and resolving the matter. A dean in no way has any authority to change or modify a grade rendered by the course director and approved by the Allied Health Student Promotions Committee.
2. The Allied Health Student Promotions Committee takes formal action on any student who demonstrates a deficiency of academic or clinical performance or where concerns arise about inappropriate, irresponsible, or unprofessional conduct. The student is notified in writing of the decision, including rationale for the decision, and action regarding recommendations or sanctions approved by the Allied Health Student Promotions Committee. Sanctions may include, but are not limited to, reprimand, warning, probation,

suspension, dismissal and/or requirements to repeat courses, alter course loads, or re-take examinations.

3. The Program Director shall be available to counsel students whose academic work has been deemed unsatisfactory. The Senior Vice President and Dean, SAHS, shall be available to interpret the actions of the Allied Health Student Promotions Committee to the student, to inform students of written narrative comments by the faculty concerning unsatisfactory academic work, to review with a student the steps in the Appeal process and to counsel students.

Article 8.2 Student Options and Procedures for Appeals

Procedures for appeal of sanctions by the Allied Health Student Promotions Committee available to students who have been notified of formal action by the Committee are as follows. (See Illustration 3 for appeals process flow diagram.)

1. A student may accept the formal action of the Allied Health Student Promotions Committee and comply with its stipulations.
2. A student may appeal formal actions of the Allied Health Student Promotions Committee in the form of a letter directed to the chairman of the Allied Health Student Promotions Committee within one week of the receipt of the letter notifying the student of the previous action of the Allied Health Student Promotions Committee. Additionally, a copy of the letter must be filed with the Senior Vice President and Dean, SAHS. The appeal must be in writing and must contain a full statement of reasons upon which re-consideration is requested. Appeals will be considered that are based on evidence demonstrating that (a) new information exists that is both pertinent to the situation giving rise to the original action and not considered in the original decision, and/or (b) due process has been violated. The appeal may include supporting documentation or written statements from faculty members in support of the appeal, provided they are pertinent. Letters of character testimony or other general support will not be considered pertinent. Official performance evaluations included in the student's file shall be given the highest consideration in the review of the student's appeal.
3. The Chairman of the Allied Health Student Promotions Committee, within one week of receiving the official written appeal, will appoint an ad hoc Appeal Review Subcommittee consisting of three members of the Allied Health Student Promotions Committee, therein designating who shall chair the subcommittee. This subcommittee shall consist of one member of the profession of the student's program (i.e. Physician Assistant, Nurse Anesthetist), and two additional members. When issues are related to a student's clinical performance, the ad hoc Appeal Review Subcommittee shall include at least two members with knowledge of the clinical area of practice.
4. This ad hoc subcommittee will review the previous action of the Allied Health Student Promotions Committee, review all relevant material including but not limited to, the reasons for the actions of the Allied Health Student Promotions Committee, and materials presented by the student. The ad hoc Appeal Review Subcommittee shall convene a confidential hearing at which the student may present written or verbal evidence in support of the appeal. All evidence offered must be reasonably related to the facts and statements concerning the reasons for the sanction and the student's appeal. Both the student and program administration may present additional documents at the hearing that were not available prior to filing the request for appeal. The student and the program administrators shall have full access to all documents and evidence that is presented during the appeal. No evidence may be offered except when both parties are present. The ad hoc subcommittee must also consider input from the Program Director and, as appropriate, the Department Chair (or designee), both of whom shall have the right to be present and to present evidence at the appeal hearing. Neither the Program Director nor the Department Chair shall cast a vote in support of or against the matter.

5. The process for the appeals hearing will be as follows:
 - a. Introductions
 - b. Presentation of agenda
 - c. Review of information pertaining to original decision
 - d. Review of information submitted related to the appeal
 - e. Faculty input
 - f. Student input
 - g. Deliberations
 - h. Submission of recommendation
6. The student may, but is not obligated to, utilize a faculty advisor. Students desiring to utilize a faculty advisor must submit a written request to the Senior Vice President and Dean, SAHS. The Senior Vice President and Dean, SAHS, shall assign a faculty advisor only upon the student's request for a faculty advisor. A faculty advisor is a salaried Baylor faculty member who is familiar with the appeal process, the structure of School of Allied Health Sciences and the degree program in which the student is enrolled. The faculty advisor should have no direct previous involvement with the student and shall not be a faculty member of the student's program or clinical department. The role of the faculty advisor at the appeal hearing shall be limited to advising the student and shall not include questioning of, or making statements to, witnesses, parties, or ad hoc Appeal Review Subcommittee members. Neither the faculty advisor, nor the student, shall be permitted to vote or to be present for or participate in the deliberations of the ad hoc Appeal Review Subcommittee. The use of a faculty advisor does not modify any time parameters related to the appeal.
7. Unless a two-thirds majority of the ad hoc Appeal Review Subcommittee agrees to support the appeal, the original sanction will stand. Within one week of being appointed, the chair of the ad hoc Appeal Review Subcommittee will submit a confidential written report, including the specific rationale for its recommendation, to the Chair of the Allied Health Student Promotions Committee. Within 1 week following receipt of the Appeal Review Subcommittee's recommendation, the Allied Health Student Promotions Committee will render a decision to affirm, revise, or revoke the previous sanction.
8. The student shall be notified promptly in writing of the final action of the Allied Health Student Promotions Committee concerning the appeal.
9. The chair of the Allied Health Student Promotions Committee (or his designee), the program director, and the Senior Vice President and Dean, SAHS, will be available to review with the student actions of the Allied Health Education Executive Committee concerning the appeal.

Article 8.3 Appeal of Actions of the Allied Health Student Promotions Committee

1. Students may appeal the final action of the Allied Health Student Promotions Committee in the form of a letter directed to the Senior Vice President and Dean, SAHS. The appeal must be in writing and must contain a full statement of reasons upon which reconsideration is requested. Appeals will be considered that are based on evidence demonstrating that (a) new information exists that is both pertinent to the situation giving rise to the original action and not considered in the original decision, and/or (b) due process has been violated. The appeal may include supporting documentation or written statements from faculty members in support of the appeal, provided they are pertinent. Letters of character testimony or other general support will not be considered pertinent. Official performance evaluations included in the student's file shall be given the highest consideration in the review of the student's appeal.
2. The letter of appeal must be received by the Senior Vice President and Dean, SAHS, within one week after the student has been notified of the final action of the Allied Health Student Promotions Committee.

3. The Senior Vice President and SAHS Dean will appoint, within 1 week following receipt of the student appeal, an ad hoc Appeal Review Committee composed of five BCM faculty members. This ad hoc committee shall consist of at least one member of the Allied Health Education Executive Committee, one member of the Allied Health Student Promotions Committee, and at least one member of the profession of the student's program (e.g. Physician Assistant, Nurse Anesthetist). When issues are related to a student's clinical performance, the ad hoc committee shall include at least three members with knowledge of the clinical area of practice. The ad hoc Appeal Review Committee shall consider the appeal within two weeks of the completion of its formation and the receipt of its charge from the Senior Vice President and Dean, SAHS. In the absence of the Dean, the President of the College will assume these responsibilities.
4. The student may elect to forward to the chair of the ad hoc Appeal Review Committee written statements in support of the appeal. All evidence offered must be pertinent to the facts and statements concerning the reasons for the sanction and the student's appeal. The student shall be given the opportunity to appear in person before the ad hoc Appeal Review Committee.
5. The student may, but is not obligated to, utilize a faculty advisor. Students desiring to utilize a faculty advisor must submit a written request to the Senior Vice President and Dean, SAHS. The Dean shall assign a faculty advisor only upon the student's request for a faculty advisor. A faculty advisor is a salaried Baylor faculty member who is familiar with the appeal process, the structure of School of Allied Health Sciences and the degree program in which the student is enrolled. The faculty advisor should have no direct previous involvement with the student and shall not be a faculty member of the student's program or clinical department. The role of the faculty advisor at the appeal hearing shall be limited to advising the student and shall not include questioning of, or statements to, witnesses, parties, or ad hoc Appeal Review Committee members. Neither the faculty advisor, nor the student, shall be permitted to vote or to be present for or participate in the deliberations of the ad hoc Appeal Review Committee. The use of a faculty advisor does not modify any time parameters related to the appeal.
6. The ad hoc Appeal Review Committee will render a recommendation to the Senior Vice President and Dean, SAHS, for final action within 2 weeks after its formation and the receipt of its charge from the Senior Vice President and Dean, SAHS. The student shall be notified promptly in writing of the decision of the Senior Vice President and Dean, SAHS.
7. The decision of the Senior Vice President and Dean, SAHS, is final.
8. The Senior Vice President and Dean, SAHS, and the Program Director shall be available to review the action of the Committee concerning the appeal with the student.
9. If the sanction being appealed is a suspension or dismissal, the student shall be accorded student rights and privileges appropriate to the circumstances of the suspension or dismissal until all appeals have been exhausted. Students who have been suspended or dismissed, however, may be restricted from entering classrooms or certain areas of the College, or from participating in clinical activities, during the appeal process.
10. The student remains responsible for all tuition and fees covering the period during which the appeals process occurs.

Illustration 3: Student Appeal Process Flow Diagram

School of Allied Health Sciences

Initial Appeal
Student notified of formal action by AHSPC in writing
Student files initial appeal with the AHSPC Chairman within 1 week of notification of AHSPC formal action
AHSPC Chairman appoints Appeal Review Subcommittee within 1 week of receiving student appeal
Appeal Review Subcommittee holds hearing, deliberates, develops recommendation within 1 week of being appointed
AHSPC renders decision regarding appeal within 1 week of receiving recommendation from Appeal Review Subcommittee
Student is notified of the AHSPC decision regarding the appeal in writing
Final Appeal
Student files final appeal with the SAHS Dean within 1 week of notification of AHSPC decision regarding the initial appeal
SAHS Dean appoints Appeal Review Subcommittee within 1 week of receiving student appeal
Appeal Review Subcommittee holds hearing, deliberates, develops recommendation within 2 weeks of being appointed
SAHS Dean renders decision within 1 week of receiving recommendation from Appeal Review Subcommittee. The Dean's decision is final and may not be appealed.
Student is notified of the Dean's decision in writing

The time frames detailed in the appeal process may be changed for legitimate reasons by the Dean, SAHS.

AHSPC = Allied Health Student Promotions Committee

SAHS = School of Allied Health Sciences

Article 8.4 Leave of Absence – Allied Health students are expected to complete the course of study for the Master of Science Degree within 30 months. Permission must be obtained and arrangements made for any student who will require more than 30 months from matriculation to complete the course of study.

- Reasons for an administrative leave should be stated in the request. Reasons for taking an administrative leave of absence include, but are not limited to, educational endeavors at another institution of higher learning, financial distress of a student necessitating full-time employment, and illness in the family.
- An administrative leave of absence may be granted, after consulting the Program Director, by the Senior Vice President and Dean, SAHS, for a period not to exceed one calendar year upon request by a student. The total amount of time that can be taken as administrative leave of absence is one calendar year. If additional time for a leave of absence is desired, it should be requested in writing. The request will then be subject to review and approval by the Allied Health Student Promotions Committee.
- A medical leave of absence may be granted by the Senior Vice President and Dean, SAHS, for periods not to exceed one calendar year based upon the written opinion of the student's physician that a medical leave of absence is necessary. Return to active student status from medical leave of absence must be supported by a physician's letter. At that time, if additional leave of absence is desired, it should be requested in writing. The request will then be subject to review and approval by the Allied Health Student Promotions Committee.
- Students granted a LOA are not officially enrolled at the College and may not avail themselves of the benefits/resources and financial or scholarship disbursements associated with enrollment. Students on LOA may not represent themselves as officially enrolled at BCM. Violation of these guidelines while on LOA will jeopardize a student's return to official enrollment.

Allied Health Student Leave of Absence (LOA) Approval Process

- Student submits written request for LOA to the Program Director and/or SAHS Dean.
- LOA request is reviewed by the Program Director and the SAHS Dean.

If LOA request is approved:

- Official Student Clearance Process form is issued from the Dean's office. The date of action recorded on this form will document the last day of attendance.
- Student obtains signatures from the following offices signifying that each area's responsibilities have been completed:
 - BCM NA/PA Program Office. Clinical ID badges, pagers, keys, etc. must be turned in to the Program Office.
 - BCM Benefits Office
 - BCM Student Account Services
 - BCM Scholarships & Student Financial Planning
 - BCM Education Resource Center (ERC)
 - TMC Jesse H. Jones Library
 - BCM Office of the Registrar
- The Office of the Registrar certifies that the clearance process has been finalized. BCM ID badge and proximity card(s) must be turned in to the Registrar's Office.

Article 8.5 Withdrawal from the College – A student who wishes to withdraw from the SAHS must personally meet with the Senior Vice President and Dean, SAHS, and the Program Director and submit a letter requesting withdrawal. The official records of a student who does not officially withdraw from the institution will not be released until the student has cleared the College by obtaining the required signatures on the withdrawal form and returning it to the Registrar's Office. The student shall remain responsible for tuition and fees up to the date that the Registrar certifies that the clearance process has been finalized.

Article 8.6 Reinstatement of Students Previously Dismissed or Voluntarily Withdrawn
A student who wishes to be re-admitted to BCM should apply to the Office of Admissions in the same way as any new applicant. The Office of Admissions shall have available the student's entire permanent record at BCM. The Admissions Committee may request any additional information that might help them in their decision. This might include documentation of additional academic and work experience, medical and psychiatric data, etc.

This procedure is applicable to the following:

- Students dismissed for academic reasons
- Students dismissed for nonacademic reasons
- Students who have withdrawn from Baylor College of Medicine.

Article 8.7 Student Grievance Policy – This Student Grievance Policy does not supersede policies and procedures concerning student rights, responsibilities, and appeals (Articles 8.0 – 8.3). Moreover, nothing in the policy supplants actions/decisions of the Allied Health Student Promotions Committee. A student's dissatisfaction with an examination or grade is not grounds for a grievance against the faculty member who assigned the grade.

A grievance is a complaint arising out of any alleged unauthorized or unjustified act or decision by a member of the faculty, administration, or staff which that adversely affects the status, rights, or privileges of a member of the student body. The burden of proof shall rest with the complainant.

Student complaints or grievances should initially be addressed, if possible, by the student with the individual (student, faculty, staff) most closely related to the grievance. If no resolution is established, the student must ask her/his Allied Health program director for assistance. If the problem cannot be resolved informally or with the assistance of the respective Allied Health program director, the student may file a formal, written grievance with the Senior Vice President and Dean, SAHS (referred to below as the dean).

The written statement should be as specific as possible regarding the action that precipitated the grievance; including date, place, people involved, witnesses, a summary of the incident, efforts made to settle the matter informally, and the remedy sought. The submission of a written complaint in good faith will not affect the student's status, rights or privileges.

Within one week of receiving the written statement, the dean will provide the individual(s) whose actions or inactions are the subject of the grievance a copy of the written complaint, including the complainant's identify, and allow her/him an opportunity to respond to the allegations in writing. The dean will also send a copy of the formal grievance to the respective Allied Health program director.

The dean will meet with all concerned parties within two weeks of receiving the written grievance statement. The dean may request both oral and written presentations and may make independent inquiries in order to arrive at a decision regarding the grievance. Within one week after such a meeting, the dean will make a decision as to the merits of the grievance and present

a resolution of the problem. Copies of the dean's decision will be sent to the student, the subject of the grievance, and the Allied Health program director.

If dissatisfied with the decision of the dean, the student may appeal the decision to the President of the College. The President shall appoint an ad hoc grievance committee composed of a faculty member, a staff member, an administrator, and a student from each respective program in the School of Allied Health Sciences. Within two weeks after the appeal, the ad hoc grievance committee shall make a recommendation as to the merits of the appeal and resolution of the grievance. The President shall render a decision to the student. The decision of the President is final. Copies of this decision are sent to the student, the subject of the grievance, the Allied Health program director, and the Senior Vice President and Dean, School of Allied Health Sciences.

A record of all formal grievances will be kept on file in the Office of the President. Respective deans and grievance committees are encouraged to consider these files in the process of evaluating the merit of the appeal.

Article 9 Academic Standards for Financial Aid Eligibility

All students enrolled at BCM are considered to be making satisfactory progress unless otherwise determined by the Allied Health Student Promotions Committee. This policy has been developed to ensure that the BCM Student Financial Aid Program meets or exceeds the requirements set forth by federal regulations governing Academic Standards of Progress for Financial Aid Eligibility for students who receive Title IV funding. The policy may also serve as a guide to regulate non-Title IV or private funding.

Article 9.1 Time Limits on Financial Aid Eligibility – A student will be permitted a time limit of 150% the length of the standard required length of study as a full-time student to complete the program for which he or she is enrolled.

	Standard	Maximum
Master of Science/Physician Assistant	30 Months	45 Months
Master of Science/Nurse Anesthesia	30 Months	45 Months

Transfer students completing only the Clinical Phase of training at BCM will be permitted a time limit of 150% the length of the standard required length of study to complete the clinical phase.

	Standard	Maximum
Clinical Phase – Physician Assistant	17 Months	25 Months
Clinical Phase – Nurse Anesthesia	18 Months	27 Months

Students electing a Leave of Absence for academic or personal reasons will be evaluated for Financial Aid Eligibility based on the timeline during their full-time academic enrollment only. A student failing to complete degree requirements by the maximum permitted time will be suspended from financial aid eligibility.

Article 9.2 Grade Requirements and Financial Aid – BCM does not measure academic progress by means of a cumulative grade point average. Students are required to have a minimum overall GPA of 3.0 to graduate. Therefore, grade performance as a measure of satisfactory academic progress for financial aid eligibility must be reviewed in the context of each course for which the student registers. The standards of academic progress are based on the guidelines used by the Allied Health Student Promotions Committee, which determine whether a

student is making Satisfactory Academic Progress.

Allied Health students will be evaluated for Academic Progress as follows during their academic career:

Physician Assistant Students

- December, upon completion of Fall 1
- July, upon completion of Spring 1
- December, upon completion of Fall 2
- June, upon completion of Spring 2
- November, upon completion of final clinical year

Nurse Anesthesia Students

- December, upon completion of Fall 1
- July, upon completion of Spring 1
- December, upon completion of 5 clinical rotations
- July, upon completion of 12 clinical rotations
- December, 3rd-year students with incomplete requirements

Any student required to remediate or repeat coursework, will be reviewed by the Office of Scholarships & Student Financial Planning in Fall 1 and Spring 2. Third-year students will be reviewed on advice from the Allied Health Student Promotions Committee. If a student has not achieved satisfactory academic progress, the Office of Scholarships & Student Financial Planning will be notified by written notification from a dean of Student Affairs.

A student who fails to meet grade and course requirements will be placed on financial aid probation for a full year by the Director of Scholarships & Student Financial Planning. Students on probation for financial aid eligibility must, by the end of the probationary enrollment year, attain satisfactory academic status. Failure to do so will result in suspension of financial aid eligibility by the Director of Scholarships & Student Financial Planning.

Article 9.3 Appeals of Financial Aid Probation or Suspension – A student on probation or suspension may submit a written appeal to the Financial Aid Subcommittee of the Student Affairs Committee, including (a) reasons why he/she did not achieve minimum academic standards and (b) reasons why his/her aid eligibility should not be terminated or should be reinstated if the aid has been terminated. Each appeal will be considered on its own merit. Individual cases will not be considered as a precedent. The financial aid process will be on hold and funding will not be provided for individual student during the process of an appeal of suspension.

The Financial Aid Subcommittee will review the appeal within three (3) weeks of its receipt and determine if exceptional circumstances exist. The Office of Scholarships & Student Financial Planning will be advised in writing of the decision within one week of the appeals' consideration.

A student wishing to appeal the Financial Aid Subcommittee's decision to the Senior Vice President and Dean, SAHS, may do so in accordance with the following procedures:

1. A written appeal must be sent to the Senior Vice President and Dean, SAHS, within two weeks of the Financial Aid Subcommittee's decision.
2. The Senior Vice President and Dean, SAHS, will review the student's appeal and communicate his decision to the Financial Aid Subcommittee.

3. The Financial Aid Subcommittee will notify the student in writing of a final decision within one week.

Article 9.4 Reinstatement – A student shall be reinstated for financial aid eligibility at such time as he or she successfully remediates any deficiency in meeting eligibility requirements as set forth in this policy. The Office of Scholarships and Financial Planning will confirm with the Registrar the ruling made by the Allied Health Student Promotions Committee indicating whether the student has met the minimum requirements for reinstatement.

Article 9.5 Enforcement – The Office of the Senior Vice President and Dean, SAHS, shall have the primary responsibility for enforcing this policy. The Office of the Registrar and the Office of Scholarships and Financial Planning and other offices that maintain student information relevant to the enforcement shall provide information, when requested by the Senior Vice President and Dean, SAHS.

Other policies concerning all BCM students are included in Appendix A. These include specific policies regarding the following:

- Acceptable Use Policy
- Health Insurance
- Personal Responsibilities
- Infection Control
- Institutional Policy on AIDS
- Policy on Harassment
- Services for Students with Disabilities
- Sexual Assault
- Standard Precautions
- Student Health
- Psychiatric Counseling for Students
- Substance/Alcohol Abuse Policy
- Other Services

Appendix A:

Acceptable Use Policy (AUP) – Access to computers, information systems and networks owned or operated BCM impose certain responsibilities and obligations on those granted such access. An individual user's access must always be in furtherance of the user's responsibilities at BCM. Use by BCM personnel, or third parties granted access by BCM, should always be legal, ethical, academically honest and in accord with community or professional standards.

No use of BCM computers, information systems and networks should be made that would subject the user or BCM to any legal action, or which would be generally perceived as improper or inappropriate. Use of BCM computers, information systems and networks must be consistent with the intellectual property rights of BCM, other BCM users and third parties. The rights of other Authorized Users to access BCM computers, information systems and networks must be respected, and each user should consider such other users' rights and needs with respect to shared resources. Violations of the AUP may result in a range of disciplinary actions including informal warning, formal warning, temporary or permanent suspension of access to BCM equipment, suspension or dismissal from the user's position with BCM or criminal prosecution.

The above summary statement is not to be construed as a replacement for the detailed policy (BCM Policy and Procedure Manual - Information and Communication: Security/Access Policies - Policy No.12.2.01).

Health Insurance – All current Allied Health students must complete the online enrollment/waiver process for the BCM Health Care Program for Students. Incoming Allied Health students' enrollment/waiver period is the month of July. In order to avoid unnecessary charges for health insurance coverage being placed on your personal account with Student Account Services, you should complete all your online enrollment/waiver information as soon as possible during the specific enrollment period.

You may also enroll your eligible family members during your specific enrollment/waiver period. Students are responsible for the cost of their family members' coverage, and premium payment arrangements must be made through Aetna Student Health. You may charge these premiums to your credit card or pay by e-check. No personal checks will be accepted.

Details about completing the online enrollment/waiver process are available on the Aetna Student Health website, www.aetnastudenthealth.com. Follow the menu: select the "Student Connection," "Find Your School," and type in "Baylor College of Medicine." Click on the College's name and the process begins.

BCM contracts with Aetna Student Health to provide our students with access to an insured Preferred Provider Organization (PPO) health care program. A PPO allows you flexibility and choice when making health care decisions. It is important that you understand the program so that you can make informed health care decisions that best fit your situation. Aetna Preferred Providers offer a large local and national preferred provider network (PPO) of physicians, hospitals, and pharmacies. You can go to any provider or facility you choose in a PPO. However, by choosing network providers and facilities, there are no claims to file. In most cases, when you access a network provider, you will have to pay a small co-payment and/or co-insurance for services provided. You will have no more than \$1,000 out-of-pocket expenses (excluding all co-payments) per person or \$3,000 out-of-pocket per family in any academic year. The network physicians include general practitioners and internists (PCPs) as well as specialists. No physician referral is necessary for you to see a specialist. You may choose the specialist you wish to see.

You may also choose to receive care through a non-network provider; however, you will experience a reduced benefit, and you will be responsible for a significant amount of out-of-pocket expense. If you choose to receive care through a non-network provider, you will also have to file your own claims, which means your provider will expect payment when services are provided.

For complete details, please access Aetna Student Health website at http://www.aetnastudenthealth.com/stu_conn/student_connection.aspx?groupID=812828.

Allied Health students are responsible for paying the cost of their health insurance coverage. Student financial aid and scholarship funds are used to reduce the balance of the charges placed on students' personal accounts by Student Account Services. If a student is not receiving such funds, he or she is expected to pay the charges as directed by Student Account Services. *The monthly premium for student-only coverage is \$244.00.* Health insurance charges are placed on current Allied Health students' personal accounts on July 1 by Student Account Services and payments are due twice per academic year, August 1 and February 1 of the following year. Incoming Allied Health students' health insurance charges are placed on their personal accounts the date of orientation.

More information can also be found at <http://www.bcm.edu/osa/handbook/?PMID=7607>.

Policy on Harassment – BCM prohibits sexual harassment or harassment of and by faculty, staff, students, post doctoral trainees, residents, fellows and non-employees. Violation of this policy by an employee shall subject him/her to disciplinary action, up to and including discharge.

Other available remedies may be utilized for violation of this policy by a non-employee.

Harassment includes, but is not limited to:

- Slurs
- Jokes
- Verbal, graphic, or physical conduct related to an individual's race, color, sex, religion, national origin, age, physical or mental disability, or marital or veteran status.

Harassment also includes unwelcome sexual advances and requests for sexual favors from a party of the same or different sex. These behaviors constitute harassment when submission is a condition of:

- Employment
- Promotion
- Evaluation
- Educational advancement
- Submission to or rejection of such is used as the basis for employment or academic decisions.

The College also prohibits retaliation against any faculty, staff, students, post doctoral trainees, residents, or fellows who rejects, protests, or complains about harassment. Retaliation is a violation of College policy.

Complaints of harassment will receive prompt attention. Information obtained during the course of an investigation of harassment will be maintained in a confidential manner to the extent possible and will be shared only with individuals who have a need to know for the purposes of the investigation and resolution of the complaint. Individuals who make false statements during the course of a harassment investigation may be subject to discipline, which may include discharge. All faculty, staff, students, post doctoral trainees, residents, and fellows are expected to cooperate fully with such investigations. There will be no discrimination, recrimination, or reprisal against any faculty, staff, students, post doctoral trainees, residents, or fellows for making a good faith report of harassment.

Any faculty, staff, students, post doctoral trainees, residents, or fellows who believes that he, she or another individual is being harassed in any manner by a supervisor, manager, co-work, customer, vendor or other person should inform the alleged harasser that his or her actions are offensive, unwelcome, and/or inappropriate and immediately bring the matter to the attention of his or her supervisor or any of the following individuals:

- Director, Nurse Anesthesia Program or Director, Physician Assistant Program
- Senior Vice President and Dean, School of Allied Health Sciences
- Chairperson of the Committee on the Prevention of Sexual Harassment
- Office of Student Affairs
- Departmental Administrator
- Direct Supervisor/Manager
- Human Resources/Employee Relations or Vice President of Human Resources
- Corporate Officers of BCM

Services for Students with Disabilities – BCM students with medically documented permanent or temporary disabilities who need special services are advised to contact a dean in the Office of Student Affairs as early as possible. Appropriate documentation will be required of any student requesting special consideration during examinations, performance of course work, laboratories, or clinical duties.

BCM's goal is to provide access to needed resources, for students with disabilities so these students are given every opportunity to do their best work. A disability is understood to be any

impairment that substantially limits an individual in one or more major life activity (e.g. walking, seeing, hearing, learning). If requested, a dean will collaborate with other administrators and faculty on adaptations needed for courses and examinations.

Sexual Assault – BCM is committed to fostering a safe and supportive environment conducive to the goals of the institution. All members of the College community share responsibility for fostering this environment by adhering to standards of conduct. Sexual assault is a serious violation of these standards.

A member of the College (faculty, staff, residents, or students) charged with sexual assault can be proceeded against both within the College and in the local criminal and civil court system. Even if criminal justice authorities choose not to prosecute, the College can pursue disciplinary action. This disciplinary action could result in dismissal or suspension of a resident or student, or the discharge of an employee, from BCM.

For purposes of this policy, sexual assault is defined as sexual contact without consent and includes intentional touching, either of the victim or when the victim is forced to touch, directly or through clothing, another person's genitals, breasts, thighs or buttocks; rape (sexual intercourse without consent whether by an acquaintance or a stranger); attempted rape; sodomy (oral sex or anal intercourse) without consent; or sexual penetration with an object without consent. To constitute lack of consent, the act(s) must be committed either by force, intimidation, or through use of the victim's mental incapacity or physical helplessness, including intoxication.

Verbal misconduct, without accompanying physical contact as described above, is not defined as sexual assault. Verbal misconduct may constitute sexual harassment, which also is prohibited under a separate BCM policy, as well as by the code.

Educational Programs – Educational programs to promote awareness of sexual assault, acquaintance rape and other sex offenses are offered through various BCM departments. The Office of Student Affairs conducts an annual sexual assault awareness program during orientation for new students. Rape and acquaintance rape awareness brochures are made available to all new students, and a program on campus safety is included in new student orientation. These and other presentations and programs are promoted on Campus bulletin boards and other posting areas as well as the Security web site for all faculty, staff, and employees of BCM.

Counseling Services for Victims – BCM provides confidential, professional counseling and referrals for students needing assistance for problems related to sexual assault. Residents and students may obtain assistance by calling the College Counseling Assistance Program at 713-798-4881. The BCM Employee Assistance Program is available to all others at 1-800-893-3776 or 713-500-3008, 24 hours per day.

Procedures if you are Sexually Assaulted

- Victims may wish to discuss an incident of sexual assault with the Security Department (713-798-3000), and/or the Houston Police Department (911), while considering the option to make a formal police report. If requested, BCM's staff will assist the individual in calling either Security or HPD. The Security staff will keep all personally identifiable information confidential, if requested. They may be obligated, however, to report the time, date, nature and location of the incident.
- It is important to preserve evidence that may be necessary to prove criminal sexual assault. Evidence can be gathered using a rape kit at the hospital within 24 hours of an assault. Do not shower or bathe, douche or change clothes before undergoing a medical exam. Do not drink liquids or use the restroom before going to the hospital. Do not clean or disturb the physical area in which the assault occurred.

- If you desire assistance from BCM, promptly call the Security Department or any other College staff or faculty member with whom you feel comfortable. You may also call the Employee Assistance Program or the Human Resources Department.
- The Security Department will escort you to the Methodist Hospital Emergency room. You will be asked for your name and the time and location of the incident. You may request to be taken to another hospital of your choice or to be transported by ambulance. Bring a change of clothes with you.
- The Security Department will call the Houston Police Department, appropriate BCM officials and the appropriate counseling service.
- A counselor will come to the emergency room to provide assistance, if so requested. You can request that the counselor leave at any time.
- You are encouraged, but are not required, to file a report with the police.
- You have a right to have a BCM representative (such as a staff member from the Department of Human Resources or the College Counseling Assistance Program) with you when questioned by the Houston Police. You may ask the representative to leave at any time.
- You are encouraged to call the Office of General Counsel to learn about your rights as a victim of sexual assault. Call the Office of General Counsel at 713-798-6392. Students alleging assault by staff or faculty will be referred to appropriate BCM offices. Even if you file criminal charges, you are encouraged to file a complaint with the Department of Human Resources if any member of BCM assaulted you.
- You have the option to request, and will be provided assistance, to change your academic or employment situations after an alleged sexual assault incident, if such changes are reasonably available. To do so, call your appropriate Academic Office and/or Department of Human Resources. In addition, the College reserves the right to change education or employment arrangements of any person involved in sexual assault incidents to the extent necessary to protect the safety, well-being, or property of the members of the College, to protect the individual's own physical or emotional safety and well-being, or to preserve the orderly functioning or the operations of the College.

Off Campus Resources and Assistance

The following organizations provide local referrals and information on sexual assault:

Emergency (24 hrs)

Adult Protective Services	1-800-252-5400
Children's Protective Services	1-800-252-5400
Crisis Hotline	713-228-1505
HAWC Rape Crisis Hotline	713-528-7273

Crisis Centers (24 hrs)

Bay Area Turning Point Crisis Hotline	281-286-2525
Bay Area Women's Center	281-422-2292
Brazoria County Women's Center	1-800-243-5788
Bridge Over Troubled Water	713-473-2801
Covenant House (21 & under)	713-523-2231
Family Time	281-448-2615
Fort Bend County Women's Center Hotline	281-342-4357
Houston Area Women's Center Hotline	713-528-2121
Montgomery County Women's Center	281-577-8967
Salvation Army	713-650-6530

Legal

Aid to Victims of Domestic Abuse	713-224-9911
DA's Family Criminal Law	713-755-5888
DA's Victim Witness Division	713-755-6655
Houston Volunteer Lawyers	713-228-0735
Mayor's Office Crime Victim's Assistance	713-247-1410
Sheriff's Dept Domestic Violence Unit	713-967-5743

Houston Police Dept (HPD)

Crime Victim Services Unit	713-308-0080
Major Assault	713-308-3600
Sex Crimes (Adult)	713-308-1180

Procedures for On-Campus Disciplinary Action If You Are Allegedly a Victim of Sexual Assault By Another Student:

If you believe that you have been a victim of sexual assault, you may wish to discuss the situation with a BCM staff member while considering the option of filing a formal disciplinary complaint. The Human Resources Department and/or College Counseling Assistance Program can offer support and information.

If you decide to file a complaint, you must file, in writing, with the Department of Human Resources. The School may proceed against the accused student on behalf of the College, should the alleged victim choose not to do so. This procedure follows those outlined in the "Non-Academic Rules" section of the "Regulations Concerning Conduct" chapter of the Student Handbook.

There is a fundamental difference between administrative discipline and criminal law. While some terminology and procedures may resemble those used in the courts, the conduct of all disciplinary cases within the College must be consistent with the mission of BCM, rather than simply emulating legal proceedings. The discipline imposed is based on a finding that, more likely than not, a violation of a policy occurred, rather than guilt beyond a reasonable doubt.

In cases involving alleged sexual assault, both the accuser and the accused are entitled to the same opportunities to have an adviser present during a disciplinary proceeding. Both the accuser and the accused shall be informed of the outcome of the proceeding (final determination with respect to the alleged sex offense and the sanction, if any, of the accused).

In cases involving alleged sexual assault, in which both the accused and the individual filing the complaint work in the same area or department, BCM officials may move the accused to another department until the matter is resolved.

Possible Sanctions – Possible sanctions BCM may impose following a final determination of disciplinary proceedings regarding rape, acquaintance rape, or other forcible or non-forcible sex offenses are indicated in the school policy and include: dismissal, suspension, probation, discretionary sanctions, restitution, fines, restricted access, probation of a student organization, suspension of a student organization, and termination of a student organization.

Campus Sex Crimes Prevention Act Notification – BCM periodically receives information concerning all known registered sex offenders. The Department of Human Resources checks this list against information at BCM to determine if any of the known registered sex offenders are associated with the College as faculty, staff, residents or students. A list of current sex offenders, if any, associated with BCM is maintained and available for review in the Security Department, Services Building, Room 112-H, during normal business hours. The Department of Public Safety website for sex offenders is: <http://records.txdps.state.tx.us>.

Personal Responsibility – Learning and practicing medicine has always involved exposure to infectious agents. Personal risks can be minimized by intelligent attention to immunizations, standard precautions and other preventable measures. Each student must take personal responsibility for being aware of his/her status and taking proper precautions.

BCM subscribes to the American Association of Medical Colleges' statement of responsibility in treating patients with HIV: students, residents, and faculty have a fundamental responsibility to provide care to all patients assigned to them regardless of diagnosis. Failure to accept responsibility violates a basic tenant of the medical profession to place the patient's interest and welfare first.

Infection Control – Students exposed to or with infectious or communicable illnesses including chicken pox, diarrheal illness, measles, tuberculosis, group A strep infection or draining lesions on the hands must see their primary care physician or consult a physician in the Family Medicine department. In addition, students with such circumstances should consult with the infection control office in the institution where the infection occurred or where the student is doing a clerkship about the advisability of working with patients to be sure that he or she is following the local regulations. When caring for patients with TB, students should adhere to local regulations. Precautions may include wearing appropriate masks, or custom fitted masks.

Institutional Policy on AIDS – The risk to health care workers of acquiring Human Immunodeficiency Virus (HIV) infection in the routine performance of duties is quite low. Students, house officers, faculty, and staff will be expected to care for patients so infected as they would any patient suffering from other potentially communicable diseases in accordance with the recommendations of the Center for Disease Control (CDC) and existing hospital policies.

Students, house officers, faculty, staff with HIV infection will be handled as any other medical problem in that restrictions on activities will be based on the advice of that individual's physician and guidelines set forth by the CDC.

BCM does not have routine, mandatory testing of HIV for students. However, the State of Texas requires health care workers who know they are infected with HIV or hepatitis B to seek a fitness for duty evaluation from the institution. Students who are known to be infected with HIV, hepatitis B or hepatitis C must seek an evaluation with the Occupational Health Program to determine whether restrictions on activities are necessary. Restrictions on activities, if any, will be based on the advice of that individual's physician, standards of medical practice and guidelines set forth by the CDC.

Standard Precautions - All students working in the laboratory or clinical situations with patients should follow standard precautions, formerly called Universal Precautions, at all times:

- a. Consider all blood and all body fluids from patients to be infectious.
- b. Wear gloves when exposure to blood or bodily fluids may occur and change gloves and wash your hands after each procedure and before contact with another patient.
- c. Wear mask and goggles, safety eye wear or face shield when blood or bodily fluids may splash into your face.
- d. Wear fluid resistant gown when you anticipate your clothing may be splashed with bloody or bodily fluids. The most common exposure risks include Hepatitis B, Hepatitis C, and human immunodeficiency virus (HIV).

All students should report immediately any incidence of exposure to blood and bodily fluids by: Direct needle stick or cut, by instrument that has been in contact with patients blood or bodily fluids, or mucus membrane splashed to eyes, nose or mouth; or cutaneous contact of patients blood or bodily fluids on ungloved hands or other skin surfaces that may be cut, chapped, or infected by active dermatitis.

The appropriate response to any of the above exposures should include an immediate response to clean the wound or area of exposure with soap and water, and if needed, flush mucus membranes with water or saline for fifteen minutes. After first aid has been applied, prompt notification is needed to evaluate possible treatment options including immunoglobulin therapy for Hepatitis and anti-HIV therapy from HIV exposure. The potential benefit of prophylactic intervention for all of these types of infections is time dependent. For maximum benefit, intervention should be initiated in the initial hours after exposure, particularly with reference to HIV.

Students should discuss any exposure with their supervising house officer and attending physician. Students are required to discuss their exposure with the infection control officer in the institution where the incident occurred and with the person in BCM Occupational Health. Current information is available through the Office of Occupational Health 713/798-7880.

A BCM incident report needs to be filled out for exposure or injuries occurring at any institution. At Ben Taub, a Harris County Employee Incident Report needs to be filled out. These can be found at any nursing station. At St. Luke's, an Employee Injury report needs to be filled out. These can be found at any nursing station.

Student Health

Health Requirements and Services – Before registration, all students must complete the Student Health Assessment, and show proof of immunizations/serologic confirmation required by the Texas Education Code and BCM:

Tetanus/Diphtheria	Rubella
Measles (rubella)	Mumps
Hepatitis B	Polio
Tuberculosis*	Varicella
(PPD/Mantoux)	(Chicken Pox)

*If positive, a chest x-ray is required.

Health care services are offered by primary care providers chosen by the student at the time of registration. The Occupational Health Program Office consults with students in regard to safety and health related issues pertinent to all health care professionals and conducts TB testing annually. All student health records are maintained in accordance to guidelines specified by the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

Training – The Office of Environmental Safety requires that all students view the annually updated OSHA Bloodborne Pathogens (BBP) Training Film and be trained to prevent transmission of tuberculosis. Students may consult with a dean in the Office of Student Affairs in regard to all available health care service options in the Texas Medical Center.

The Office of Corporate Compliance Programs requires that all BCM students, visiting students and Observers complete the on-line training in regard to HIPAA.

Psychiatric Counseling for Students – The Psychiatric Counseling Service for Students, directed by the Department of Psychiatry & Behavioral Sciences, provides confidential, free counseling for students, spouses, significant others, or couples. Students and spouses interested in obtaining counseling may call 713-798-4881. An appointment will be made to see a BCM faculty psychiatrist, or other professional, usually within two or three days. The telephone line has a 24-hour answering service. Through the service, consultation, counseling (including marital counseling), crisis intervention or psychotherapy up to 12 sessions are provided free of charge.

Information given to the counselor will be treated as confidential. It will not be available to the administration, faculty, or any committee of the College. With the permission of or at the request of the student, limited information may be given. No claim will be made against medical insurance.

The counselor will not participate in any academic decision concerning students. If a psychiatric evaluation is requested by the school administration to aid in decisions concerning admission,

leave of absence, disciplinary issues, etc., such matters will be referred to psychiatrists who do not serve as counselors.

In the event of a psychiatric emergency or when a faculty psychiatrist cannot be reached immediately, a student may go directly to The Methodist Hospital or Ben Taub General Hospital emergency rooms.

For extended treatment of psychiatric problems requiring hospitalization, a student may be referred to other specialists in the Department of Psychiatry and Behavioral Sciences or to one in the community. For psychiatric treatment in these instances, there will be fees which will come under the provisions of the student's health insurance policy and the student's own resources. One option among these is the BCM Psychiatry Clinic, where a student or spouse can be seen for ongoing psychotherapy by a Psychiatrist resident at the clinic's minimum fee. In addition, if a student needs ongoing psychotherapy in order to remain enrolled and cannot afford to pay for it, BCM will pay for the treatment-which will be provided by a voluntary faculty psychiatrist as often as once a week for up to one year. This will be available only to a few students at a time and will be determined on the basis of financial need.

Substance and Alcohol Abuse Policy

Purpose – The federal Drug-Free Workplace Act is the foundation for the BCM Substance and Alcohol Abuse Policy (Number 02.5.34). Particular areas of emphasis in this Act are:

Publishing a policy statement notifying BCM Persons of prohibitions against the use, possession, distribution, dispensing, or manufacture of any Prohibited Substance in the workplace and on BCM premises and against the excessive consumption of alcohol, in the circumstances described in this policy.

Establishing an ongoing drug-free awareness program that periodically informs BCM Persons of the dangers of drug abuse and explains our drug-free workplace policy, possible penalties for policy violations, and of the available drug counseling, rehabilitation and assistance programs.

Establishing a mechanism for reporting suspected violations of this policy.

Creating a healthy and safe work environment is a top priority of BCM. This substance and alcohol abuse policy has been established to help keep BCM Persons healthy, productive, and free from injury. Compliance with this policy is a condition to continued employment, enrollment, or association, as applicable, of all BCM Persons.

The term "BCM premises" includes any and all property owned or leased by BCM, hospitals, clinics, and any other practice site affiliated with BCM, and any vehicle engaged in BCM operations.

The term "Prohibited Substance" includes illegal drugs, controlled substances being misused, and prescription and over-the-counter drugs with abuse potential being taken in amounts not in accordance with the prescribed or recommended dosage.

Policy – Prohibited Substance – All BCM Persons are strictly prohibited from engaging in the use, possession, distribution, dispensing, manufacture, or sale of any Prohibited Substance while BCM premises, while BCM business, or while representing BCM in any educational, research, clinical, or community service activity. Any BCM Person who comes to work or class, as applicable, under the influence of any Prohibited Substance will be subject to discipline, up to and including dismissal and referral to law enforcement agencies.

In situations in which a supervisor of a BCM Person at work or in class has a reasonable suspicion that such BCM Person may be using a Prohibited Substance, BCM may require the Person to submit to testing. A reasonable suspicion of use does not necessarily imply a reasonable suspicion of impairment. A supervisor is either defined by an approved job description or identified by title as a Chair or Section Chief.

Circumstances that may create reasonable suspicion of use include, but are not limited to, physical symptoms of impairment; observable phenomena, such as direct observation of drug use or possession; a pattern of abnormal or erratic behavior; arrest or conviction for a drug-related offense, or identification of an employee as the focus of a criminal investigation into illegal drug possession, use or trafficking; or reports from reliable and credible sources.

Alcohol – BCM persons found to have consumed alcohol in excess of the applicable legal limit while on BCM premises, while on BCM business, or while representing BCM in an educational, research, clinical, or community service activity also may be subject to testing and/or discipline under the terms of this policy. Any BCM person who comes to work or class, as applicable, under the influence of alcohol, in excess of the applicable legal limit, will be subject to discipline, up to and including dismissal.

If authorized in advance by the Office of Public Affairs, alcohol may be consumed on BCM premises.

Additional Guidelines – Vendors who appear at BCM under the influence of any Prohibited Substance or under the influence of alcohol will be removed from the premises and possibly prohibited from doing future business with the College.

BCM Persons convicted of a criminal drug offense that occurred on BCM premises (or while the Person was engaged in BCM business) must notify BCM in writing of the conviction within five (5) days thereof and satisfactorily complete an approved rehabilitation program.

BCM will establish such procedures as it deems necessary to effectively enforce its substance and alcohol abuse policy. Refusing to cooperate with these procedures may be cause for disciplinary action, up to and including dismissal.

BCM will make every effort to keep the results of drug and alcohol tests confidential. The BCM Person's supervisor will be notified of the test results, and other management personnel may be notified of the test results. BCM Persons should be aware that test results may be used in administrative hearings and court cases. Results also may be sent to state and/or federal agencies as required by applicable law.

BCM Persons who perform activities in BCM affiliated institutions are also subject to the substance and alcohol abuse policies of each such affiliated institution.

Baylor College of Medicine School of Allied Health Sciences

Technical Standards for Admission and Graduation

It is the policy of Baylor College of Medicine that no person shall be denied admission to the school, or awarded a degree from the school on the basis of any disability, pursuant to the Americans with Disabilities Act (ADA) of 1990 and section 504 of the Rehabilitation Act of 1973, provided that the person demonstrates ability to meet the minimum standards set forth herein. Baylor College of Medicine will reasonably accommodate individuals with disabilities, provided that the standards required by the school of all graduates and the integrity of the school's curriculum are upheld. Mastery of essential skills is required of all students.

These standards are developed as criteria to achieve the Master of Science degree in preparation for practice as a Nurse Anesthetist or Physician Assistant. The faculty is equally cognizant of its responsibilities to patients who will be a part of the educational process and to future patients who will entrust their welfare and lives to graduates of our school. The safety of the patient, on whom the medical education process is largely focused, has been given a primary consideration in developing these standards. The faculty therefore, must carefully consider the personal and emotional characteristics, motivation, industry, maturity, resourcefulness, and personal health of the aspiring health care professional.

Abilities and Skills Requisite for Nurse Anesthesia and Physician Assistant Program Completion:

A candidate for the Master of Science degree in either Nurse Anesthesia or Physician Assistant Studies must have abilities and skills in six essential areas: (1) observation, (2) communication, (3) motor, (4) conceptual, integrative, and quantitative, (5) behavioral and social, and (6) ethical. Technological compensation can be made for disabilities in certain of these areas, but a candidate must be able to perform certain basic functions in a reasonably independent manner. The use of a trained intermediary to observe or interpret information or to perform procedures is deemed to compromise the essential function of the health care professional and may jeopardize the safety of the patient. The six areas of abilities/skills are detailed as follows:

1. **Observation.** The candidate must be able to:
 - a. observe demonstrations and experiments in the basic sciences
 - b. observe a patient accurately at a distance and close at hand
 - c. discriminate variations in human responses to disease using visual, auditory, tactile, and other sensory cues
 - d. Discriminate changes in monitoring devices and alarms using visual and auditory senses

2. **Communication.** The candidate must be able to:
 - a. communicate clearly, effectively, and sensitively in English through oral and written methods in order to communicate with other health care providers and patients of all ages
 - b. speak, to receive information in oral form, and to observe patients in order to elicit information, to describe changes in mood, activity and posture, and to perceive non-verbal communications

3. **Motor.** The candidate must have sufficient motor function to:
 - a. elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers

- b. execute motor movements reasonably required to provide general care and emergency treatment to patients. Examples of general care and emergency treatment reasonably required of Nurse Anesthetists and/or Physician Assistants include, but are not limited to, cardiopulmonary resuscitation, airway management, vascular access, medication administration, catheter insertions, suturing, application of pressure to stop bleeding, obstetrical maneuvers, etc.
 - c. coordinate gross and fine motor movements, equilibrium and functional use of the senses of touch and vision.
4. **Intellectual-Conceptual Integrative and Quantitative Abilities.** The candidate must be able to:
- a. use reason, analysis, calculations, problem solving, critical thinking, synthesis, self-evaluation and other learning skills to acquire knowledge, comprehend and synthesize complex concepts
 - b. independently access and interpret medical histories or files
 - c. identify significant findings from history, physical examination, and laboratory data
 - d. provide a reasoned explanation for likely diagnoses and prescribed medications and therapy
 - e. interpret information derived from auditory, visual, written, and other visual data to determine appropriate patient management plans.
 - f. recall and retain information in an efficient and timely manner
 - g. incorporate new information from peers, teachers, and the medical literature in formulating diagnoses and plans
 - h. identify and communicate knowledge to others when indicated
5. **Behavioral and Social Attributes.** The candidate must possess the emotional health required:
- a. for full utilization of his/her intellectual abilities
 - b. for the exercise of good judgment
 - c. for the prompt completion of all responsibilities attendant to the diagnosis and care of patients
 - d. for the development of mature, sensitive, and effective relationships with patients
 - e. to tolerate physically taxing workloads
 - f. to function effectively under stress
 - g. to adapt to changing environments
 - h. to function flexibly and effectively in stressful and rapidly changing situations
 - i. to learn to function in the face of uncertainties and ambiguities inherent in the clinical problems of many patients
 - j. to employ compassion, integrity, concern for others, interpersonal skills, interest and motivation
 - k. to accept criticism and respond by appropriate behavior modification
 - l. to use supervision appropriately, and act independently when indicated
 - m. to demonstrate personal and professional self-control as well as tactfulness, sensitivity, compassion, honesty, integrity, empathy, and respect
6. **Ethical Standards:** The candidate must demonstrate professional demeanor and behavior, and must perform in an ethical manner in all dealing with peers, faculty, staff and patients.

Certain disabilities can be accommodated without sacrificing the standards required by the school or compromising the integrity of the curriculum. The school is committed to development of competitive and qualified disabled candidates. At the same time, the school recognizes the essential need to preserve the standards and integrity of the curriculum requisite for competent and effective practice as a Nurse Anesthetist or Physician Assistant. Since the treatment of patients is an essential part of the educational program, the health and safety of those patients must be protected as a first priority.

Section 3

Requirements for Graduation Physician Assistant Program

Graduate Program Overview
Didactic Instruction
Clinical Instruction
Master's Paper Research
Student Research Day
Expected Graduate Competencies

Requirements for Graduate Physician Assistant Program

Graduate Program Overview

Advances in molecular biology, genetics, immunology, pharmacology and the information sciences coupled with more sensitive diagnostic technologies continue to transform the methods and techniques of clinical practice. Changes in the economics of medical care along with clarification of ethical policies surrounding the provision of care are likewise altering the manner in which healthcare is now and will be delivered in the future. The innovative 30-month curriculum of the Master of Science Physician Assistant (PA) Program is designed to address these transformations in the sciences and techniques of medicine. This is accomplished using a creative combination of courses in the administrative, behavioral, and medical sciences organized and delivered in the following manner.

- First, the attitudes and skills of critical thinking and self-directed learning are developed within courses that use case, team, problem and evidence-based learning techniques.
- Second, students are provided a framework from which to view humans as members of an interactive society through service-learning activities coupled with critical reflection.
- Third, the interpersonal, oral and written communication skills of students are assessed during courses and clinical experiences using standardized patients.
- Fourth, students begin the clinical phase of their training with an understanding of the health care system, provider roles and responsibilities, and information systems before they are asked to interface with other professionals, interdisciplinary teams, and patient record systems.
- Fifth, students are provided an understanding of cultures, personality and physical development, abnormal behavior, and the biopsychosocial model before in-depth study of normative responses to stress, illness, injury and at-risk behaviors.
- Lastly, students are exposed to the principles of public health, clinical prevention, epidemiology and research methods before undertaking learning experiences that challenge them to identify and use treatments that have proven effectiveness.

Approached in the above fashion, the curriculum presents each student with the opportunity to appreciate the narrative nature of the illness experience, the intuitive and subjective aspects of the clinical method, and the principles of evidence-based practice.

Didactic Instruction - The first 13 months of the curriculum delivered over six academic periods provides students with a strong foundation in the behavioral, biological, social, ethical, diagnostic and therapeutic aspects of living upon which to place their subsequent studies and practice experiences within the clinical phase of the curriculum. The courses to be completed during the didactic phase of the curriculum are shown below. Team and evidence-based learning strategies are used extensively throughout the didactic phase of instruction as a means of fostering attitudes and skills essential to critical thinking and life-long learning.

Didactic Phase Curriculum 2009-2010

Fall 1			Spring 1		
Term 1	Term 2	Term 3	Term 1	Term 2	Term 3
	Human Physiology	Human Physiology	Human Physiology	Behavioral Dynamics	Behavioral Dynamics
Human Anatomy	Human Anatomy	Human Anatomy	Human Anatomy	Women's Health	Pediatrics
Clinical Biochemistry	Clinical Biochemistry	Clinical Genetics		Medical Ethics	
Clinical Medicine	Clinical Medicine	Clinical Medicine	Clinical Medicine	Clinical Medicine	Clinical Medicine
Physical Diagnosis	Physical Diagnosis	Physical Diagnosis	Physical Diagnosis	Physical Diagnosis	Physical Diagnosis
		Problem Solving	Problem Solving	Problem Solving	Problem Solving
	Pharmacology	Pharmacology	Pharmacology	Research Methods	
	Clinical Immunology		Diagnostic Testing	Diagnostic Testing	Electrocardiography
Clinical Prevention	Clinical Prevention	Clinical Prevention	Clinical Prevention		
Cultural Competency	Cultural Competency	Cultural Competency	Professional Roles Issues	Professional Role Issues	Professional Role Issues
Health Behavioral Counseling	Health Behavioral Counseling	Health Behavioral Counseling			
12 credits	21 credits	22 credits	18 credits	20 credits	17 credits
110.5 hours	208.5 hours	196 hours	174 hours	198 hours	148 hours

Clinical Instruction - The 17-month clinical phase of the curriculum is comprised of four core areas of activity: a clinical core, advanced clinical core, research core, and the integration core. The clinical, advanced clinical and integration cores offers students an in-depth exposure to individuals of both genders and all ages seeking preventive, acute and chronic disease management services. Over a period of 15 months, each student will complete eight required rotations in the areas traditionally defined by emergency medicine, family and community medicine, geriatrics, internal medicine, obstetrics and gynecology, pediatrics, psychiatry, and surgery. While assigned to various ambulatory clinic, emergency center, an in-hospital, and long-term care settings each student will interview and examine patients, identify health care risks and problems, transmit patient information in verbal and written form to physicians, obtain specimens for diagnostic testing, participate in surgeries, monitor programs of evaluation and therapy, and discuss health risk behaviors with patients and families. These skills are coupled with the application of scientific concepts to further understand the pathologic processes underlying a wide range of injury and illness. It is the successful completion of this phase of the curriculum that prepares the student to deliver quality illness prevention, injury intervention and disease management services in a wide variety of practice settings.

Rotation	Inpatient	Outpatient
Internal Medicine	8 weeks	4 weeks
Pediatrics	8 weeks	4 weeks
OB/GYN	-	4 weeks
Psychiatry		4 weeks
Geriatrics		4 weeks
Emergency Medicine	-	4 weeks
Surgery	4 weeks	-
Selective		4 weeks
Research 1		4 weeks
Research 2		4 weeks
Community Medicine		8 weeks
Clinical Courses		
Cultural Competency 2		
Professional Roles Issues 2		

Master's Paper Project - Evidence-based practice has emerged as the standard by which established and future providers will be expected to execute the delivery of medical care. Three required learning experiences are used to develop the students' ability to identify questions that may be answered through investigation and properly convey their findings to others. Knowledge of the research process explored in-depth during the Health Research Methods course is used to evaluate the quality of published literature dealing with disease diagnosis, prognosis, treatment, harm and cost-effectiveness. Following completion of the course, students will identify, research and answer a question using the research method coupled with statistical strategies under the mentorship of two faculty members with expertise in the area under investigation. During the Research Core, students come out of the clinical setting and are assigned full-time to the MPP Coordinator for two four-week periods of time. While so assigned, each student participates in orientations, conferences, work group sessions, and mock presentations. The product of these activities is the written Master's Paper and the Poster Presentation during the annual Allied Health Student Research Day. Preparation of the Master's Paper and the Poster Presentation are viewed as a means by which to further develop each student's ability to communicate essential information to others.

Research leading to the Master's Paper can involve: [1] Retrospective chart reviews to answer questions regarding clinical outcomes or to further interpret and compare laboratory results with current practice protocols; [2] Prospective studies assessing outcomes of a clinical or educational intervention; [3] Surveys to gather data on issues such as physician assistant attitudes, roles, and/or education or patient satisfaction regarding a clinical or educational intervention; [4] Meta-analyses/case studies to draw upon the results of other research and literature reviews in

addressing specific research question, or [5] Other research deemed appropriate by the student's research mentors and the program director. Regarding case studies, the topic must be generated from an actual case in which the student was involved.

Student Research Day - Allied Health Student Research Day occurs in December of each year prior to graduation. The posters and presentations provide opportunities for students to share publicly the results of his/her research, discuss the implications of his/her findings with faculty and other students, and gain experience in presenting research data in a scholarly environment. Faculty judges select the "best" poster and second and third place winners. The student author of the "best poster" receives a \$500 cash award and second and third place winners each receive \$250 and \$100, respectively. All third year PA students are required to participate in the competition.

Expected Graduate Competencies - The clinical practice role of the PA mandates that the faculty of Baylor College of Medicine prepare this nonphysician practitioner with the knowledge and skills requisite to accomplishing the following by the time of graduation:

- Recognize personal prejudices and biases that impact on one's ability to incorporate cultural beliefs and alternative therapy practices of patient groups into the care planning process.
- Develop rapport and an atmosphere of trust using interpersonal skills to facilitate patient sharing of personal information including cultural beliefs, at-risk behaviors and alternative therapy practices.
- Elicit a preventive screening and problem-based health history and physical examination to delineate at-risk behaviors, disease risk, acute and chronic illness, and life threatening injuries.
- Select and properly order a range of diagnostic studies to further delineate and monitor health risks, illnesses or injuries under consideration.
- Screen and identify abnormal findings within reports of a range of diagnostic studies used to evaluate and monitor health risks, illnesses and injuries.
- Synthesize collected patient data pertinent to the identification of age-related physiologic changes, health risk factors, medical illness, behavioral disorders, socioeconomic problems, cultural beliefs about health/illness, and alternative therapy practices.
- Define problems of a biological, functional, psychological, environmental and cultural nature and their differential possibilities to the maximum extent possible with accuracy.
- Report, record and retrieve findings obtained through interview, examination and diagnostic testing to the physician and other health care providers in an articulate, efficient and accurate manner.
- Generate accurate care plans relevant to the management of a range of at-risk behaviors, illnesses and injuries that incorporate the cultural beliefs and alternative therapy practices of individuals.
- Implement problem management and treatment decisions for individuals seen initially or in follow-up for a previously diagnosed problem that acknowledges cultural beliefs and alternative therapy practices.
- Provide continuous care of persons in the home, nursing home, extended care facility and hospital considered part of the supervising physician's practice.
- Perform evaluation and therapeutic procedures in an independent manner when responding to life threatening illnesses and injuries.
- Communicate with and counsel individuals and families about growth and development, family planning, disease prevention through risk factor identification, diet and nutrition, immunizations, illness and injury evaluation, and therapeutic management plans encompassing advance care directives.
- Work and communicate with physicians, other members of the health care team and one's peers about the evaluation and management of patients based upon illness severity and personal level of confidence.
- Use critical analysis skills to evaluate whether information in the literature will help to better evaluate, manage and advise patients about diagnosis, prognosis, diagnostic testing and

treatment benefit.

- Identify community providers of mind body practices, bodywork, ceremony and prayer used by patients and families seeking assistance through the use of alternative therapy practices.

The learning experiences within the pre-clinical, clinical and research phases of the graduate-level curriculum are designed to develop each student's ability to demonstrate these competencies.

Section 4

Physician Assistant Program

Program Mission, Goals and Objectives

Professionalism

Technical Standards

Immunizations

Malpractice Insurance

HEPA Masks

Basic Cardiac Life Support

Computer Resources

Duplication of Learning Materials

Managing the Course of Study

Policies and Procedures

Program and Student Performance Evaluation

Instructional Resources

Professional Information and Agency Resources

Physician Assistant Program

Program Mission, Goals and Objectives

Recognized by the Accreditation Review Commission on Education of the Physician Assistant, the 30 month graduate-level program is intended for students who seek careers aimed at improving the health and well-being of children, adolescents, young adults, adult men, women of child bearing age, mothers and older adults. In this regard, the primary mission of the faculty is to ensure that each student has the knowledge and skills requisite to providing quality medical care, functioning as an effective member of the healthcare team, and serving in an advocacy capacity for persons seeking medical care. The specific instructional goals of the faculty teaching in the PA Program are to:

- Develop within each student a strong foundation in the basic and clinical sciences of medicine appropriate to the delivery of quality illness prevention and disease management services in a wide variety of practice settings.
- Engender advocacy for the needs of underserved populations among future nonphysician providers of medical care through early clinical exposures to patients and community partnerships designed to facilitate service learning.
- Foster within future nonphysician providers of medical care the humanistic and interpersonal qualities essential to understanding lifestyle and social forces as major determinants of morbidity and mortality.
- Facilitate active learning and independent judgment about disease prognosis, diagnostic testing, and disease management using skills of critical appraisal.
- Prepare the next generation of faculty with the knowledge and research skills requisite to moving PA education well into the future.
- Provide leadership in the arena of student performance and competency documentation through an active program of health services research and information management.

In addition to the above, a range of didactic, clinical and practical experiences is used to ensure that each student:

- Knows the scientific, clinical and public health foundations underlying illness prevention and disease management.
- Understands the historical, social, family and community content of illness prevention and disease management.
- Has the critical analysis and quantitative skills necessary to assess illness prevention and disease management problems.
- Understands the interdisciplinary nature of solutions to illness and injury prevention and chronic disease management problems involving at-risk populations.
- Has the interpersonal communication skill requisite to the effective planning and implementation of illness prevention and disease management practices and policies.
- Has the analytical and behavioral counseling skill required to select, implement and maintain effective solutions for illness prevention and disease management problems involving at-risk populations
- Understands the role of information technology in the provision, tracking and evaluation of services provided in the clinical setting.

Faculty members teaching in the PA Program are also committed to producing a PA who demonstrates the essential attributes of cultural competence, intelligence, sound clinical judgment, intellectual honesty, the ability to relate to people, and the capacity to react to emergency situations in an appropriately calm and reasoned manner.

Professionalism – Students enrolled in and graduates of the PA Program are expected to be professionally capable, intellectually mature and socially conscious individuals. Those qualities felt to reflect the highest ideals of health care practice and ethical behavior within PA students include:

- *Academic integrity* - students will personally complete all assignments, laboratory exercises, reports,

- and patient assessments identified as a requirement for any academic course or clinical experience.
- *Altruism* - students will consistently put the needs of the patient before their own.
 - *Confidentiality* - information related to any scheduled examination or patient evaluation shall remain confidential unless otherwise authorized for discussion by an individual faculty member or clinical preceptor.
 - *Commitment to Learning* - students will demonstrate intellectual curiosity, seek ways to learn about issues and patient problems, and improve their fund of knowledge in an effort to help others.
 - *Interpersonal Communication* - students will demonstrate the ability to socialize with peers, develop rapport with faculty and professional staff, interact effectively with clinical preceptors and patients, and show courtesy and respect in all interpersonal interactions.
 - *Personal Integrity* - students will perform in a way that is truthful and honest, accepting responsibility for their actions and working diligently to correct identified deficiencies.
 - *Personal Demeanor and Appearance* - students will be neat and clean with attire in the classroom being a matter of individual judgment. When in the clinical setting students are expected to be well groomed and appropriately dressed for working with patients and other health professionals.
 - *Professional Responsibility* - students are expected to actively participate in classroom, laboratory, and small group activities, and be present as scheduled during assigned periods for clinical rotations unless excused by a faculty member or clinical preceptor-in-charge.
 - *Environmental Respect* - students are expected to demonstrate respect for the educational activities offered by the College, the physical facilities of the College and affiliated clinical training sites, the faculty and staff, and their peers.

The purpose of the faculty and staff of the College is to provide an environment conducive to the intellectual and professional development of these attributes essential to the practice of medicine under the supervision of a licensed physician.

Technical Standards - Enrolled students must have abilities and skills in the areas of observation, communication, sensory and motor coordination and function, intellectual-conceptual, integrative and quantitative abilities, and behavioral and social attributes to navigate the complexities of the didactic and clinical phases of the PA Program curriculum effectively. Each of these technical abilities is further defined below.

- *Observation* - students must be able to observe demonstrations, exercises, patients accurately at a distance and close at hand, and note non-verbal as well as verbal signals.
- *Communication* - students should be able to speak intelligibly, hear sufficiently, elicit and transmit patient information in oral and written English to members of the healthcare team, describe changes in mood, activity and posture, and communicate effectively and sensitively with patients. They must possess demonstrated reading skills at a level sufficient to accomplish curricular requirements and provide clinical care for patients. They must be capable of completing appropriate medical records and documents and plans according to protocol in a thorough and timely manner.
- *Sensory and Motor Coordination and Function* - students must possess motor skills sufficient to directly perform palpation, percussion, auscultation, and other basic diagnostic procedures. They must be able to execute motor movements reasonably required to provide basic medical care, such as airway management, placement of catheters, suturing, phlebotomy, application of sufficient pressure to control bleeding, simple obstetrical maneuvers, etc. Such actions require coordination of gross and fine muscular movements, equilibrium, and functional use of the senses of touch and vision.
- *Intellectual-Conceptual, Integrative and Quantitative Abilities* - problem solving, the critical skill demanded of PAs, requires that students have the ability to measure, calculate, reason, analyze, and synthesize. Students must be able to independently access and interpret medical histories or files; identify significant findings from the history, physical examination, and laboratory data; provide a reasoned explanation for likely diagnoses and prescribed medications and therapy; and recall and retain information in an efficient and timely manner. The ability to incorporate new information from

peers, teachers, and the medical literature in formulating diagnoses and plans is essential. Good judgment in patient assessment and diagnostic and therapeutic planning is essential.

- **Behavioral and Social Attributes** - students must possess the ability to use their intellectual capacity, exercise good judgment, and promptly complete all responsibilities attendant to the diagnosis under potentially stressful and/or emergency circumstances. They must also be able to develop empathic, sensitive, and effective relationships with patients. They must be able to adapt to changing environments and to learn in the face of uncertainties inherent in the practice of medicine. Compassion, integrity, ethical standards, concern for others, interpersonal skills, interest, and motivation are all personal qualities that will be assessed during the admissions and educational process. The students must be able to use supervision appropriately and act independently, when indicated.

Students unable to resolve deficiencies in these areas with appropriate accommodation will be counseled to pursue alternate career paths.

Immunizations - At some point during training, students will be interacting with patients in clinical settings. Prior to any exposures to actual patients during the didactic phase of the curriculum students must have documented evidence of adequate protection against *Tuberculosis, Hepatitis B, Varicella/Chickenpox, MMR, and Tetanus and diphtheria*. Failure to provide documentation of all required immunizations will delay your involvement with patients during the pre-clinical phase of your training. You may not begin interviewing and examining patients until these requirements have been met.

Malpractice Insurance - A professional liability insurance policy providing adequate malpractice coverage for each student must be in effect at the time each student begins his/her involvement with patients during the pre-clinical phase of the program.

HEPA Masks - Each student must be fitted for a HEPA mask before he or she can be permitted on the clinical service. A HEPA mask protects you from airborne pathogens, especially tuberculosis. They come in several sizes and models and must be individually fitted. A specific required time will be arranged in Term 6 of the didactic curriculum for you to be fitted for the HEPA mask. A representative of the Environmental Safety Section at Baylor does the fitting. Once you have been fitted, you can obtain the appropriate mask from any TMC clinical facility in which you are working.

Basic Cardiac Life Support - It is the responsibility of each student to obtain and maintain BCLS certification through an approved course throughout the entire PA Program curriculum, both didactic and clinical. Each student is expected to complete BCLS training before seeing patients in the hospital or the outpatient setting. This typically begins during the month of July of the didactic year. A copy of each student's valid BCLS certification card is maintained in the student's file in the PA Program office. Students are responsible for providing the PA Program with this documentation on a timely basis.

Computer Resources - The primary site for completing work that requires access to electronic resources should be the Educational Resources Center on the second floor of the DeBaKey Building. The guidelines for appropriate personal conduct apply to your conduct using the Baylor computer systems. Keep your personal passwords confidential. You are not to log in using another's password. The official Baylor policy regarding access and security is located at ([http:// challenger.uss.bcm.tmc.edu/uss/web/Policies.htm](http://challenger.uss.bcm.tmc.edu/uss/web/Policies.htm)).

The PA Program suite of offices is located on the first floor of the Ben Taub Annex. Students may use the workstation in Room 106 of the Annex for accessing online information or generating reports except for when the workstation area is being used by program faculty or staff. Access to the room is possible only when there are no meetings taking place. Permission must be obtained from a staff member to use this computer stations. Use of the computer is only possible during routine office hours.

Duplication of Learning Materials - The goal of the PA Program is to move to a paperless curriculum. Learning materials are increasingly being placed on the BECON website for student access rather than photocopying materials. This includes, but is not limited to, course descriptions, announcements,

objectives, and assignments. You are expected to check the BECON website on a regular basis to obtain course assignments and other information vital to the completion of your courses. We encourage you to bring materials to be shared with the class in the appropriate electronic format to the PA Program office for posting on the website.

Any materials students feel must be copied for distribution **MUST BE APPROVED** in advance. The student designated to assist didactic faculty in the classroom is the one person with advance permission to make copies of lecture handouts when the presenter fails to bring an adequate number for distribution. **OTHERWISE, USE OF THE COPY MACHINE IS PROHIBITED.** Photocopying machines are available to students at several sites on campus. The HAM-TMC library has multiple copiers and students may purchase copy cards for easy access.

Managing the Course of Study

Completing the documents required to get your course of study underway occurs at the time of the New Student Orientation. There is no formal registration process for courses, clinical rotations or the Master's Paper, and no add/drop period similar to what you experienced in undergraduate school. All newly enrolled students are automatically registered to begin the same two and one-half year of study and continue on that track unless encountering some academic difficulty. An in-depth orientation to the specifics of the PA Program takes place on the second day of enrollment.

Academic Advising - At the time of initial matriculation, each student is assigned an Academic Advisor who is a faculty member with the PA Program in the School of Allied Health Sciences. Your Academic Advisor will assist you with the following:

- Interpreting your didactic and clinical course of study overall and on an academic term-by-term basis.
- Checking requirements for progression based on current level of preparation on an academic term-by-term basis.
- Listening to concerns and questions about course expectations, performance criteria, academic standing, or access to support resources when needed.
- Discussing academic performance and early warnings of academic difficulty in an effort to maximize your learning experiences.
- Assisting with your development of a plan to address issues of course complexity or academic difficulty on an as needed basis.
- Demonstrating genuine and sustained concern for your personal growth and connecting you with appropriate professional counselors should the need arise.
- Providing letters of recommendation in support of your required and elective experiences while enrolled in the PA Program.
- Assisting you complete the requirements for the Master's Paper Project as either a primary or secondary mentor.

Students are required to meet with their assigned advisors once per academic term during the didactic year of the curriculum, and at the time of each Senior Day during the clinical year. The focus of these meetings will be on:

- Providing feedback on the progress in the curriculum in relationship to course, rotation and faculty expectations.
- Assisting students to understand and abide by the published policies and practices of the College, School and Program.
- Providing College resources to deal with issues of an academic and personal nature.
- Providing support and mentoring during the Master's Paper Project activity.

Prior to each scheduled advising session, your Academic Advisor will gather data on each student's performance using the online Self-Learning Assessment – Didactic form. Once each academic term, students will be expected to complete the Student-Faculty Advisor meeting form that serves as the basis for their discussion with their faculty advisor. Students are expected to follow the recommendations of their advisor to help ensure their success in the PA Program.

At the end of each advising session, you will be required to sign the Student-Faculty Advisor meeting form as an indication of your understanding as to the outcome(s) of that meeting. The completed and signed form will also serve as documentation of the interaction and recommendations. These summary sheets are kept in your Student File and may be reviewed by you at any time during regular office hours. Please note that at NO time may your Academic Advisor act as your medical provider or act as a personal counselor. Your advisor may, however, refer you to available College resources and facilities and provide you with additional information to assist you in meeting your personal and educational goals.

Tutoring - Individual instructors and course directors are also available by appointment to answer questions and assist students. Tutoring services are available at little or no cost through the Office of Student Affairs. Initially, tutoring is available on a first-come-first-serve basis. As the year progresses, students in academic difficulty are placed with tutors first. All tutoring is done in a group format. Students are expected to come to tutoring sessions prepared with questions. Tutoring sessions are not reviews. For more information, contact the Office of Student Affairs at 713-798-8646. If you have any difficulties obtaining tutoring services, please contact the Program Director.

Classroom Etiquette and Dress Code - Students are expected to be courteous, respectful, attentive, and on time for all educational activities. This is particularly important during the didactic phase when you have many lecturers from the College and the community who will form an impression of you as an individual and as a class by the manner in which you present yourself in the classroom. For example, eating, sleeping or conversing with another student during a lecture constitutes rude and offensive behavior. If you must arrive late or leave early, take precautions to not disturb the lecturer or your classmates. Ideally, inform the instructor before the lecture starts if you must leave early. Punctuality is a valuable professional trait.

Hospital Visitation and Conduct - Baylor students work in many Texas Medical Center facilities including the Ben Taub General Hospital, Houston VA Medical Center, The Methodist Hospital, M.D. Anderson Cancer Center, St. Luke's Hospital, and Texas Children's Hospital. While these are all teaching facilities, keep in mind that the latter four are also private hospitals with patients less accustomed to being visited by students. You *MUST* wear your white lab coat displaying your name badge, Baylor ID, and other appropriate institutional ID, when you visit patients in the hospital as part of Program activities.

When visiting a hospital ward or clinic either at the beginning of a clinical rotation or to find a patient for a history and physical assignment, go first to the nursing station. Introduce yourself to the staff and explain the reason for your visit. The unit clerks and nurses can be very helpful to you in locating a patient or getting oriented to a new service. While you are welcome in all Baylor affiliated facilities, some hospital staff may be less accustomed to encountering PA students on the ward. If you plan to go to a private facility as part of an educational assignment, please discuss your plans, in advance, with the appropriate PA Program course director. If you encounter problems when visiting a hospital, immediately contact a PA Program faculty member.

Study Groups and Self-Assessments - Up to now in your academic career, you have been encouraged to focus on individual achievement and rank. Now that you are in professional training, it will be more helpful if you can put aside individual competitiveness. You can accomplish more by working together to master the material. Working through the process of developing a cohesive group out of diverse personalities also helps you develop team skills important to professional practice. Working together for mutual benefit begins to form a network of life-long friends who will soon be your professional colleagues.

Group study can provide a forum for discussion and debate, as well as helping students recognize gaps in their knowledge. It can provide structure to studying and assist progress for deadlines. Most students

will read and consider subjects alone first and then get together with others to clarify areas of confusion and test their understanding. Often, just simple verbalization makes a dramatic difference in retention. Courses that require hands-on skill acquisition usually demand the use of study groups.

Along with group learning the PA faculty use Self-Assessment Examinations over each area of Clinical Medicine as a means of pulling together principles in pathophysiology, physical diagnosis, laboratory diagnostics, and the manifestations and management of disease. These exams are also intended to serve as a review for the final written examinations for the Clinical Medicine course.

Program Director's Time - Program Director's Time is scheduled twice each term. This is a time set aside by the Program Director to hear issues of concern from students. It is also used to relay developments in the Program and in the profession. Since important information is transmitted, attendance by all students is expected. Students are encouraged to share feedback constructively during these sessions.

Stress Management -The demands of PA education are great. You must master a large amount of information in a brief period of time. It is important that you establish ways to maintain balance in your life. We advise you to study hard but also make time for recreation. Maintain your support systems -- family and friends can be a tremendous source of strength and encouragement. Finally, the educational experience offered by the PA curriculum is a challenging and often stressful experience. As a faculty, we attempt to monitor the level of stress during individual advising sessions and during the Program Director's Time. Should you begin to feel overwhelmed faculty members are here to assist you and to facilitate referrals when necessary. Do not hesitate to call on us for help. In an emergency, contact any PA Program faculty member at home or contact - Heather Goodman, M.D., Director, Mental Health Service at 713-798-4881.

Formal and informal stress management sessions are conducted regularly in the Texas Medical Center. Other resources are available through the College and through your student insurance for individual counseling and psychiatric services, if needed.

Employment While in the Program - Outside employment by students while in the didactic or clinical phase of the Physician Assistant Program is strongly discouraged. We recognize that employment may be a necessity for some students. If you choose to have outside employment, please realize that Program obligations will *NOT* be altered due to your work situation. It is expected that work obligations *WILL NOT INTERFERE* with attendance of scheduled classes, laboratories or assignments and that they *WILL NOT IMPEDE* your learning process.

Tape Recording - Tape recording of classroom instruction for individual use is permitted only with the permission of the lecturer. Recording equipment must be battery-operated and should not violate fire or safety codes. Should you wish to tape a lecture, it is recommended that you sit in the front of the room to ensure the best quality recording. Please refrain from changing tapes during lectures. Permission to tape does not preclude classroom attendance. Laptop computers may also be used for note taking purposes.

Electronic Communications - A variety of electronic methods are used to maintain regular communication with you and your fellow classmates. The principle means of disseminating information to all pre-clinical students enrolled in the PA Program about courses, priorities and deadlines is via electronic mail. Notices about class schedule revisions, meetings or special events are posted in this manner throughout the day using the Intranet in conjunction with the Baylor Educational Network (BECON). It is your responsibility to check your email account and BECON daily for course and administrative communications along with reporting any technical problems with the email account to the Information Technology Help Desk.

The final clinical year of the PA Program will be spent off-site. As such, communication during the clinical phase of the curriculum will involve the use pagers, cell phones, site visits, and direct mail to students. The primary mode of contact between students and faculty while students are assigned to off-site clinical settings will be a pager system. Use of the pager system makes it possible for each of us to reach one

another without having to track down clinic and hospital unit telephones as we each go about our day.

By contrast, pagers and cell phones are NOT allowed in classroom settings because of the distraction caused by a pager tone or ringing cell phone. Students disrupting the classroom environment because of a pager or cell phone alert will be asked to leave the classroom and return when the devices are not in their immediate possession.

Program Policies and Procedures

Advanced Placement - There are occasions where prior course work in an academic program may be considered as credit toward a required course in the curriculum of the PA Program. Students who wish to petition for credit for a course or courses appearing within the PA curriculum may do so by submitting a written request to the Program Director. The request must be received 30 days prior to the beginning of the academic term in which the course occurs. Attached to the written request must be the description of the course completed from the catalog of the institution attended and the syllabus from the course. The official transcript from the college attended must also attest to the fact that the course was successfully completed with a "C" grade or better. A letter from the BCM course director must be attached to the petition indicating that the "petition" course is, in fact, equivalent to the course offered in the curriculum. In some instances, the PA Program faculty may require that a candidate demonstrate competency by examination prior to awarding credit. All petitioners will be notified by mail as to whether or not a course has been accepted for transfer credit. All decisions on courses are final.

Good Academic Standing - In order to begin Clinical Rotations, a student must earn a passing grade in all courses in the pre-clinical (didactic) phase of the PA curriculum and pass the comprehensive Clinical Readiness Examination. All grades included on the transcript are counted, including remedial and repeat grades. The repeat of any course or core rotation comes with the requirement that the student is responsible for the same academic work and examinations required of other students taking the same course or rotation. Re-examination in any course for a student that has been dismissed, suspended, or is on leave of absence is contrary to existing policy.

Grading Reports - At the end of each academic term, students may access their grades by calling the Registrar or going on-line through the password-protected system to view their grades for the academic period just completed. No grades are posted until reviewed by the Allied Health Committee on Student Promotions and Academic Achievement. Each student is also provided a printed copy of his or her term-specific grades on the first day of the next academic period.

Examinations - All examinations given students enrolled in the PA Program are done so in the name of the Program and the College. Instructors are encouraged to give written and skill-based exams where indicated to measure student performance in all basic science, pre-clinical courses, and at the end of each clinical rotation. Students are required to be present for all written and practical assessments of knowledge and skills. In cases of acute illness, documentation by an appropriate health care provider must be provided to the Program Director. In cases of death in the family, the Program Director may excuse the student from exams following consultation with a Dean of Student Affairs. **Prior approval of all other cases of absence is required. These cases must be presented in writing to the Course Coordinator and the Program Director. Students who miss an examination for reasons that do not constitute an approved absence will receive a grade of "0" for the exam missed. Examinations missed because of inclement weather or excused absences will be made up on the next Friday between 12:00 noon and 2:00 p.m.**

Exam Performance Review - Faculty course and rotation coordinators teaching in the didactic and clinical phases of the curriculum are interested in knowing how students perform on knowledge- and skill-based exams. Immediate feedback on clinical skills examinations and knowledge-based exams is provided to all students. Post-exam feedback during the didactic phase of the curriculum occurs in two ways. Posted examination answer keys are provided for immediate review by all students taking written exams during the didactic phase of the curriculum. Immediately following skill-based exams, students are informed of their performance against pre-determined standards. Students may also arrange personal

meetings with core PA Program faculty, didactic course coordinators, and clinical preceptors to review their performance in a course, specific academic period, or across periods of time. This includes reviewing clinical performance assessments by preceptors during the student's meetings with his/her assigned faculty advisor or his/her official file in the Office of the Registrar. Questions concerning examinations should be directed to the course or rotation faculty coordinator, Program Clinical Coordinator, or the PA Program Director.

Requirements for Graduation - The following requirements for the M.S. in Physician Assistant Studies must be completed in the manner indicated within a time period that does not exceed twice the total number of months within the curriculum. In this context, students must:

- Satisfactorily complete the basic science courses Anatomical Sciences, Clinical Biochemistry, Clinical Immunology, Human Physiology along with Medical Ethics with a grade of "C" or better.
- Satisfactorily complete the professional courses Behavioral Dynamics, Clinical Medicine, Clinical Prevention, Cultural Competency, Diagnostic Testing, Electrocardiography, Health Behavioral Counseling, Health Research Methods, Pediatrics, Pharmacology, Physical Diagnosis, Problem Solving in Medicine, Professional Role Issues, and Women's Health with a final grade of "B" or better.
- Satisfactorily complete the comprehensive written and practical Clinical Readiness Examination with a grade of "B" or better.
- Satisfactorily complete the clinical core rotations Emergency Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Psychiatry, and Surgery with a final grade of "B" or better.
- Satisfactorily complete the advanced and integration core clinical rotations Geriatrics and Selective along with Community Medicine with a final grade of "B" or better.
- Satisfactorily complete the research core rotations Research 1 and Research 2 with a final grade of "B" or better.
- Satisfactorily complete the comprehensive written and practical Practice Readiness Examination with a final grade of "B" or better.
- Produce a Master's Paper and Poster Presentation meeting all guidelines set forth by the PA Program faculty that results in the receipt of all required institutional signatures.
- Consistently meet the standards of conduct and professionalism set forth by the College.

Following satisfactory completion of the above measures of performance, each student in the PA Program is recommended for graduation to the Allied Health Student Promotions Committee. A decision by the Committee that each of these academic standards has been met leads to award of the Master of Science degree and Physician Assistant Certificate on December 31st of the year of graduation.

Leave of Absence - The faculty of the PA Program recognizes that there are situations when a student may require time away from the Program. The mechanism by which a PA student may be away from the program for more than two or three days is the Leave-of-Absence. Such leaves are granted for a maximum of one year with the approval of the Allied Health Student Promotions Committee. Students considering a leave-of-absence should arrange a meeting with the Program Director to discuss the matter. Approval of a period of leave requires that the affected student complete specific paperwork through the School of Allied Health Sciences and the Financial Aid Office. A formal written letter or email must be received by the School of Allied Health Sciences 30 days prior to termination of the period of leave indicating the student's intent to resume studies as scheduled. A student who fails to return within the designated time must reapply for admission. For more information, see the Academic Policies and Procedures section of the BCM Student Handbook.

Disability Accommodations - Students with documented disabilities may request accommodation under Section 504 of the Rehabilitation Act or the Americans with Disabilities Act. The process begins by contacting a dean in the Office of Student Affairs to discuss the accommodations process. See formal policy guidelines in BCM Student Handbook.

Medical Records - Physician Assistant students are expected to have access to medical records. Personal access codes to electronic medical records systems are not to be shared with anyone. All information recorded by students in the medical record must be reviewed and countersigned by the physician. The PA Program prohibits the duplication of patient records by students in the process of completing assignments for PA Program courses.

Confidentiality - In accordance with HIPAA regulations, learners must maintain the confidentiality of patient information at all times. Never list patient identifying data on assignments. Avoid discussing details of cases with your colleagues that include information that could identify the patient. When discussing cases, do so in a private area where your conversation cannot be overheard.

Charting Guidelines – The following information is provided to you as directions in how to use the medical record:

- Record patient identification information on each page in the chart including name and medical record number.
- Document all contacts with the patient, including telephone calls and prescription refill authorizations.
- Chart the month, day, year and time on each chart entry.
- Sign each entry with your name and credentials (Jane Doe, PAS-2).
- Write legibly and use black ink as it is best for photocopying.
- Chart all information immediately as delays lead to inaccuracies.
- Organize your entries using the SOAP format to ensure that they reflect the thought processes used in making decisions about the patient's care.
- Leave no blank spaces between entries.
- Fill in every blank on forms and record negatives as well as positives.
- Write out words instead of using symbols (+ or -) that can easily be changed.
- Use ONLY standard abbreviations approved by the facility.
- Chart precise quantities and place decimals accurately, always use a leading "0" before a decimal.
- Correct any mistake in charting by drawing a single line through the incorrect portion, label "error" above, initial, and date the correction.
- Date and sign any addenda, corrections, and additions to the record.
- Place completed signed consent forms (whether approving or declining) in the medical record.

At no time are you to obliterate chart entries with "liquid paper", "white out", or scribble, chart subjective comments about the patient, e.g., "Patient is crazy", chart provider names without describing his/her function in relation to patient care, i.e., "Refer to Dr. Jones for evaluation of back pain" as opposed to Bob Jones, and chart inconsistencies that do not agree with the results of diagnostic testing without an explanation given as to why it does not. Under no circumstances are you to alter a medical record if a claim or lawsuit has been filed. Adapted from: *Practice and Liability Management Consultants, Revised 1995*.

Program and Student Performance Evaluation

Evaluation is an essential part of assuring ongoing quality of an educational program. One of our responsibilities as faculty members of the College is to systematically review the effectiveness of the education provided all students enrolled in the PA Program. The assessment process is used to judge the program's compliance with the standards and guidelines for accreditation. It is this same assessment process that leads to necessary changes in the admission, curriculum and other aspects of the program.

Another aspect of the assessment process involves our determining your level of preparedness at pre-determined intervals throughout the didactic and clinical phase of the curriculum.

Evaluation Protocol - The on-line evaluation process through E*Value uses several questionnaires to gather information on the quality and consistency of the learning experiences offered and the effectiveness of the overall program. The collection and analysis of information is carried out each academic term. The information amassed in this manner allows us to better understand specialty practice interests, student-perceived abilities to perform role-related responsibilities, the level of knowledge and skills attainment by students, the consistency of clinical learning experiences over time, and the impact of graduates in the practice setting over time. Your role in this process is outlined below.

Evaluations Required by Students - All students in the PA Program are required each term to complete an evaluation for each instructor and preceptor involved and each course and rotation offered during that term. Learners not in compliance with this policy will receive a grade of "Incomplete" in all courses or rotations for that term until the evaluations are completed and turned in. Didactic phase evaluations must be completed and turn in by close of business on the last day of exams of the current term being evaluated. Clinical rotation and preceptor evaluations must be completed by the end of each Senior Day session.

Course and Rotation Assessment - Several evaluation tools along with focus group sessions are used to assist PA faculty to understand how well the didactic and clinical phases of the PA curriculum are functioning. Each of these tools is briefly described below.

- *Course Questionnaires* – Two electronic instruments are used to help determine the effectiveness of a course presented during the didactic phase of the PA curriculum. The first is the Lecturer Evaluation Questionnaire (LEQ) that is delivered to each student on a regular basis throughout each academic term. The LEQ seeks information about a faculty member's overall teaching effectiveness measured on nine parameters. The second tool is the Course Evaluation Questionnaire (CEQ) that is provided to each student shortly following the finish of each academic term. The CEQ seeks information about the overall effectiveness of each course offered.
- *End-of-Didactic Year Questionnaire* - The EDYQ is administered to students at the Clinical Year Orientation. We use the information generated to understand your impression of how various aspects of the didactic curriculum affected your learning experience. The elements assessed encompass course objectives, textbooks and examinations, faculty and staff, specific courses, and those moments that stick out in your mind as highlights, strengths, and areas in need of improvement.
- *Clinical Rotation Questionnaires* – Four instruments are used to help determine the effectiveness of the clinical phase of the curriculum. The Student Evaluation of Rotation (SER), completed at the end of each core rotation, is used to determine the ability of the rotation to help you understand defined clinical principles and develop technical skills, and the ability of the setting to strengthen your capacity to perform essential role responsibilities. The Student Evaluation of Faculty (SEF) is used to gather student opinions on effectiveness of faculty and resident preceptor as teachers. The Student Self-Assessment-CELS is used to provide feedback about problems encountered with the electronic encounter logging system. The last instrument is the Student Performance Evaluation discussed further below.
- *Clinical Electronic Logging System* – The PDA-based CELS program is used to keep a record of your involvement with patients and procedures and, thus, the ability of each clinical site to provide a consistent minimum level of student experience over time. These data are likewise used when responding to requests for clinical privileges from new graduates.
- *End of Clinical Year Questionnaire* – The ECYQ is administered to graduating students at the final Senior Day. We use the information generated to understand your impression of how various aspects of the program and the curriculum affected your learning experience. The elements assessed encompass rotation objectives, examinations, faculty and staff, specific rotations, and those

moments that stick out in your mind as highlights, strengths, and areas in need of improvement.

The information obtained using these tools allows us to make informed decisions regarding the quality of the didactic and/or clinical experience offered any one student, group of students, or class over time.

Knowledge and Skill Attainment - The formative stage of assessment begins at the time of enrollment, occurs and ends just prior to the time of graduation. Several methods are used to document your level of knowledge and skill attainment from an actual and self-perceived viewpoint. The most frequently used tools include written multiple choice examinations and the direct observations of skills performance using behavioral checklists. The approach to summative evaluation likewise involves the use of written and practical examinations. A brief description of these comprehensive exams is presented below.

- *Clinical Readiness Examination* - The CRE is used to assess to what extent you can use your knowledge and skills to identify, categorize, and further evaluate a range of symptoms, signs, diagnostic studies and abnormal physiologic states. The CRE is administered at the end of the didactic phase of the curriculum.
- *Didactic PACKRAT Examination* – The PACKRAT is a national examination administered to students at the end of the didactic phase of the curriculum. The multiple-choice questions provide an overall score in relation to other students nationally along with body/organ system sub-scores indicating areas of strength and weakness. Excellent formative feedback is provided on areas in need of additional attention during clinical rotations.
- *Practice Readiness Examination* – The PRE is used to assess to what extent you can use your knowledge and skills to evaluate and manage an array of clinical problems. The PRE is administered at the completion of all rotations comprising the Clinical Core.
- *Clinical PACKRAT Examination* – Students are retested with the PACKRAT national exam to indicate areas of strength and those areas in need of greater attention before sitting for national certification examination following graduation.
- *Preceptor Evaluation of Clinical Skills* - This structured evaluation looks at your ability to take a history, perform a physical exam, generate written documents, present and discuss cases, accomplish procedures, synthesize information, formulate management plans, interact with patients and other providers, and exhibit sound professional judgment. This instrument is completed at the end of each core clinical rotation.
- *Self-Assessment of Competencies* – Grounded in self-efficacy theory, the SAC is completed at six-month intervals beginning at the time of enrollment and continuing through to five days prior to graduation. Students are asked to rate their perceived ability to perform the core competencies identified as requisite for graduation and entry-level PA practice.

These various tools are used to determine your current level of performance based upon the completion of a series of defined learning experiences. You are required to pass the CRE and the PRE with a grade of 75 percent or higher.

Readiness for Practice - The final area of information that you will be asked to provide to the program occurs following graduation. The feedback received from your employer and from you allows us to revisit the curriculum with an eye to your ability to effectively perform on entry to practice. The two sources of feedback are outlined below:

- *Graduate Survey* – This survey seeks information about the practice environment in which you work and the extent of your impact on the delivery of health care in the practice setting. This instrument is typically completed during the 12th month following your graduation from the program.
- *Employer Survey* – This instrument seeks information about your readiness to function in the practice

setting and contribute to the delivery of health care. The instrument is to be completed by your supervising physician 12 months following your graduation.

- *CELS Practice Impact* - In addition to these tools for determining program effectiveness, you will be asked to monitor your interaction with patients for a fixed period of time following graduation. You will be able to do this with the CELS software on your PDA. The idea is to collect information for one full week every three months during your first year. The collected information will be unloaded to our CELS database and a report prepared for your practice.

You will learn more about each of the questionnaires and tools described as you begin to interact with the faculty, courses and clinical rotations offered during the professional phase of the PA curriculum.

Instructional Resources

As you begin and progress through the didactic and clinical phases of the MS PA Program, you will repeatedly find the need to locate textbooks, course packs and other resources to assist you in achieving the competencies expected by the time of graduation. The information presented below should be helpful.

Academic Schedules - The Office of Student Affairs publishes an electronic Academic Calendar and Examination Schedule for the didactic and clinical phases of the PA Program. You can access the Academic Calendar by going to the BCM Intranet and clicking on Education/Student Affairs/Academic Calendar/Physician Assistant Program. The schedule is not subject to change throughout the year. This makes it possible for you to plan vacations and make travel arrangements. It is important to note that you should plan to be here until 5:00 p.m. on the last day of testing during each exam week. Exams are **NOT** switched around to accommodate personal travel schedules.

Textbooks and Instruments - Most courses presented during the pre-clinical phase of the curriculum draw upon several resources for the information requisite for your exposure to the knowledge and skills essential for subsequent areas of study. The faculty coordinator for each course is responsible for generating and providing each student with a course description containing introductory information about the course, grading and exam requirements, instructional and outcome performance objectives, lecture outlines, and assigned readings when a textbook is not required. The lecture and examination schedule for the course is also a part of the course description.

Each course and clinical learning experience offered as part of the curriculum has a required textbook and list of recommended texts. Where courses require projects, there is often a listing of databases to evaluate and web sites to seek out for information. The cost associated with purchasing the various texts listed averages \$1,683.00 during the didactic year and \$376.00 during the clinical year of the PA Program. In addition to texts, students will have to purchase equipment for use in the Physical Diagnosis course. The list of textbooks and equipment used during the didactic phase of the PA Program is presented to all students at the time of orientation.

Instructional Media - Instructors regularly place course descriptions, supplemental readings, videotapes and CD-ROMS on reserve in the Education Resources Center for your use. Reserve items may be used in but not removed from the library. In addition to print materials, the library staff maintains an extensive array of electronic database and Internet resources for most courses and clinical experiences offered to BCM students. Faculty members also place course materials in public course folders that can be accessed from any computer terminal in the building using your Internet password.

The PA Program contributes to the instructional media resources in a most important way. All lectures offered during each academic term of the didactic phase of the curriculum are recorded and made available for review. Medical student courses are likewise taped for review as needed.

Baylor Educational Computing Network (BECON) – BECON is a course management system that allows instructors to develop and distribute course materials, assignments, links to quality Internet resources, examinations, and surveys. BECON is accessed via the Baylor Intranet by clicking on

Education and then BECON. You will need to provide the security system personal identifiers to access program-related information. Faculty will register you for each course as the academic schedule moves forward. Your access to the system will be your name and student ID number assigned at the time of initial registration. **You will be expected to use the PA Program course sites in BECON during both the didactic and clinical phases of your education.**

BECON is also used to distribute the end-of-course and faculty instructor assessments. Clinical rotation evaluations can be completed in a similar manner. Similar to checking email, you are encouraged to go to the BECON website for all courses on a daily basis to check on specific course materials.

Education Resources Center - Excellent resources are available to you as a student in the Texas Medical Center. The Educational Resources Center (ERC) provides curriculum support for Baylor students, faculty and residents. Located on the second, third and fourth floors of the DeBakey Center, the ERC includes large reading areas, open study carrels, group and individual study rooms, and computer labs.

The ERC houses a variety of self-instructional materials for basic and clinical sciences including textbooks, audiocassettes, computer programs, slide sets, videocassettes, old exams, syllabi, and interactive video. Materials are available for use in the ERC and may be signed out overnight for clinical presentations. For more information on the ERC, visit the website at (<http://ercweb.bcm.tmc.edu/>).

HAM-TMC Library - A regional member of the National Library of Medicine, the Houston Academy of Medicine-Texas Medical Center (HAM-TMC) Library is located just across the street from the Baylor campus. Your first introduction to the HAM-TMC Library will come during orientation and the first full week of classes when you will go to the library for a formal introduction to its services. The information derived from this effort will eventually be of assistance to you when it comes time to begin your Master's Paper. You can also access the library services from the Baylor Intranet by clicking the Education Page then clicking HAM-TMC Library. Your next click should be on PubMed to begin that all-important search for needed information. Of course, you may walk across the street and peruse the journal stacks for the most current issue.

Academic Calendar and Exam Schedule - Each academic term during the didactic phase of the curriculum follows a similar pattern: Orientation to the term on the first day; Lectures and skills activities that can extend from 8:10 a.m. to 5:00 p.m. on any one day; Workshops in the evenings or the weekend (kept to an absolute minimum); Two-day study period before exams; and a week of exams. A limited number of interim and final exams will occur during the term. This was done to decompress the intensity and stress associated with having all exams in a short period of time. The effectiveness of this new schedule will be regularly evaluated to determine whether it continues. The schedule for the first term of the 2009-2010 Academic Year is presented below.

Fall1, Term 1 - 5 Weeks	July 1 – August 2, 2009
First Day of Class	July 1
<i>Holiday</i>	<i>July 3 (Independence Day)</i>
Last Day of Class	July 24
Study Time and Exams	July 25 – July 31
Vacation	August 1-2

The exam week schedule for Term 1 of the 2009-2010 Academic Year is presented below as an example of how examination week occurs at the end of each academic term during the didactic year of the PA curriculum.

Fall 1, Term 1		
Clinical Medicine	Monday, July 27, 2009	9:00 am–11:00 am
Clinical Prevention	Monday, July 27, 2009	1:00 pm–3:00 pm
Human Anatomy - Written	Tuesday, July 28, 2009	9:00 am–11:00 am
Clinical Skills Exam	Wednesday, July 29, 2009	

Biochemistry	Thursday, July 30, 2009	9:00 am-11:00 am
Cultural Competency	Thursday, July 30, 2009	1:00 pm-3:00 pm
Physical Diagnosis	Friday, July 31, 2009	9:00 am-11:00 am
Health Behavioral Counseling	Friday, July 31, 2009	1:00 pm-3:00 pm

Clinical Calendar and Exam Schedule - With the exception of the final clinical rotation, Wednesday will be the last day on all clinical services during the final week of the clerkship. Clinical year students are off as of 6:00 p.m. that evening and are to return on Thursday to participate in **required** Senior Day activities. Senior Day activities include lectures, written exams, competency testing, roundtable discussions, enrichment learning activities, next rotation orientations and other administrative tasks. The schedule of events presented below represents an example of what you can expect during a Senior Day session.

Senior Day

Thursday

8:00 - 8:30 A.M.	Welcome and sign-in
8:30 - noon	Roles II
Noon - 1:00 p.m.	Administrative activities
1:00 p.m. - 5:00 p.m.	Case conferences and study time

Friday

8:00 a.m. - noon	Clinical exams
Noon - 1:00 p.m.	Lunch
1:00 p.m. - 5:00 p.m.	Enrichment seminars

Detailed schedule will be provided to students prior to each Senior Day session. Senior Days are an integral component of the clinical phase of your training. **Attendance is mandatory.** Do not make plans to come late or depart early on designated Senior Days.

Professional Information and Agency Resources

Robert J. Luchi Society (RLS) - The RLS is the PA student organization of Baylor College of Medicine. Its mission is to foster the personal and professional development of Physician Assistant students, encourage educational excellence, and to advocate at the local, state, and national level for students and professional issues. The RLS serves as the official BCM student body connection to the Student Academy of the American Academy of Physician Assistants (SAAAPA) and the Texas Academy of Physician Assistants (TAPA). The PA Program supports the mission and goals of the Robert J. Luchi Society. The student society faculty advisor is Dana Nadalo, MHS, PA-C who can be contacted through the PA Program office (713) 798-4772 or dnadalo@bcm.edu. Website:

www.bcm.tmc.edu/osa/handbook/student_body_organizations.html

Student Academy of the American Academy of Physician Assistants (SAAAPA) - The American Academy of Physician Assistants (AAPA) is the national professional organization for physician assistants. Its membership includes both graduate and student physician assistants as well as categories for affiliate memberships. The academy provides a wide range of services for its members such as representation before state and federal legislative bodies and agencies, liaison to health-related organizations, public education resources, and employment assistance. Student members receive free and discounted services such as meeting registration, journals, etc. The Program strongly encourages students to be active in the Student Academy of the American Academy of Physician Assistants (SAAAPA). The Student Academy meets yearly in conjunction with the AAPA at the annual spring conference to elect officers and representatives. Release time to attend this conference held in May of each year can be requested in writing to the Academic Coordinator or the Clinical Coordinator as appropriate. A SAAAPA student representative from your class will be elected and required to attend the

national conference as well as keep the class informed of national PA issues throughout the year.

Website: www.aapa.org and www.saaapa.aapa.org.

Texas Medical Board (TMB) - Virtually every state has laws governing PA practice. Each student is encouraged to become familiar with the PA laws in the state in which they intend to practice. As part of the curriculum at Baylor College of Medicine, each student will be exposed to many of the specifics of the laws for physician assistants to practice in Texas. Students should be aware that laws vary from state to state. Most states require registration through the state board of medical licensure prior to the start of employment. Students are encouraged to check with the specific state board of medicine for current requirements and for an application to become eligible to practice in that particular state. State laws for PAs in Texas are covered in Professional Role Issues II. Website:

<http://www.tsbme.state.tx.us/rules/rules/185.htm>

National Commission on Certification of Physician Assistants (NCCPA) - Physician assistants who graduate from PA programs accredited by CAAHEP (Commission on Accreditation of Allied Health Educational Programs) are eligible to sit for the national certifying exam offered by the NCCPA several times a year. Applications to sit for the examination are completed during the second year of the Physician Assistant Program. Please check the NCCPA website for dates and fees. Many states require graduates to take and successfully pass the NCCPA examination to either begin employment or to continue employment. Once certified through the NCCPA, each graduate must obtain and report the number of hours of continuing medical education (CME) every two years to maintain certification. Re-certification exams are also required every six years in addition to the CME requirement to maintain valid certification. Once again, students are encouraged to check with the states in which they intend to practice concerning regulations for NCCPA certification and maintenance of a valid certificate.

Certification, CME, and recertification requirements are covered in Professional Roles Issues II. Website:

www.nccpa.net

Texas Academy of Physician Assistants (TAPA) - There are over 50 constituent chapters of the AAPA nationwide. The Texas Academy of Physician Assistants is the state constituent chapter for PAs in Texas. TAPA works in concert with the AAPA to move the profession forward and provide public education for PAs practicing in the state of Texas. The faculty encourages you to become a member of the Texas Academy of Physician Assistants. A TAPA student representative from your class will be elected and encouraged to attend TAPA meetings and keep the class informed on state issues.

Website: www.tapa.org

Texas Gulf Coast Physician Assistant Association (TGCPAA) - The Texas Gulf Coast Physician Assistant Association is a professional organization of local PAs. The group meets semi-monthly at the Houston Museum of Medical Sciences for networking and continuing medical education (CME). Students are welcome at the meetings at any time. The group also sponsors a student social usually at the January meeting each year. Going to the meetings is an excellent opportunity to meet local practicing PAs, to hear about practice and political issues in the profession, and to hear interesting CME speakers.

Website: www.tgcpaa.org

Section 5

Academic Calendar 2009-2010
Interim/Final Grades 2009-2010
Required Texts and Materials

**Physician Assistant Program
2009-2010 Academic Schedule-Didactic Phase**

Fall 1	ALLIED HEALTH SCIENCES ORIENTATION	JUNE 29, 2009
	Physician Assistant Program Orientation	June 30, 2009
	Term 1	JULY 1-AUGUST 2, 2009
	First Day of Class	July 1
	Holiday	July 3
	Last Day of Class	July 24
	*Study Time and Exams	July 25-31
	Vacation	August 1-2
	Term 2	AUGUST 3-OCTOBER 11, 2009
	First Day of Class	August 3
	<i>Holiday</i>	<i>September 7</i>
	Last Day of Class	September 25
	*Study Time and Exams	September 26-October 2
	Vacation	October 3-11
	Term 3	OCTOBER 12, 2009-JANUARY 3, 2010
	First Day of Class	October 12
	<i>Holiday</i>	<i>November 26-27</i>
	Last Day of Class	December 4
	*Study Time and Exams	December 5-11
Vacation	December 12-January 3	
Spring 1	Term 1	JANUARY 4-MARCH 14, 2010
	First Day of Class	January 4
	HOLIDAYS	<i>January 18</i> <i>February 15</i>
	Last Day of Class	February 26
	*Study Time and Exams	February 27-March 5
	Vacation	March 6-14
	Term 2	MARCH 15-MAY 30, 2010
	First Day of Class	March 15
	<i>Holiday</i>	<i>April 2</i>
	Last Day of Class	May 7
	*Study Time and Exams	May 8-14
	Vacation	May 15-30
	Term 3	MAY 31-JULY 30, 2010
	<i>Holiday</i>	<i>MAY 31</i>
	First Day of Class	June 1
	<i>Holiday</i>	<i>July 5</i>
	Last Day of Class	July 23
	*Study Time and Exams	July 24-30
	Comprehensive Clinical Readiness Exam	July 28
PACKRAT	July 29	
Clinical Year Orientation	July 30	
White Coat Ceremony	July 30	

*Exams are given intermittently throughout the term as well as during the designated exam week.

**Distribution of Interim and Final Grades by Course
2009-2010 Academic Year**

	Fall 1			Spring 1		
Courses	Term 1	Term 2	Term 3	Term 1	Term 2	Term 3
Behavioral Dynamics					Interim	Final
Biochemistry	Interim	Final				
Clinical Genetics			Final			
Clinical Immunology		Final				
Clinical Medicine	Final	Final	Final	Final	Final	Final
Clinical Prevention	Interim	Interim	Interim	Final		
Cultural Competency	Interim	Interim	Final			
Diagnostic Testing				Interim	Final	
Electrocardiography						Final
Health Behavioral Counseling	Interim	Interim	Final			
Human Anatomy	Interim	Interim	Interim	Final		
Human Physiology		Interim	Interim	Final		
Medical Ethics					Final	
Pediatrics						Final
Pharmacology		Interim	Interim	Final		
Physical Diagnosis	Final	Final	Final	Final	Final	Final
Problem Solving in Medicine			Final	Final	Final	Final
Professional Roles 1				Interim	Interim	Final
Research Methods				Final		
Women's Health					Final	

Physician Assistant Program Required Booklist 2009-2010

Medical textbooks are a substantial investment. As such, we have selected only those books we feel you must have as a learning library. You will need the textbooks designated for Fall 1, Term 1 on your first day of class.

Course	Needed For First Day of Class	Text	Estimated Cost
Behavioral Dynamics	Spring 1, Term 2 (begins 3/15/10)	<u>Introductory Textbook of Psychiatry</u> , 4 th Ed. Andreasen, Black. ISBN 1585622230 / 9781585622238 (American Psychiatric Press)	\$77
Biochemistry	Fall 1, Term 1 (begins 7/1/09)	<u>Fundamentals of General, Organic, and Biological Chemistry</u> , 5 th Ed. McMurry, Castellion, Ballantine. ISBN 0131877488 / 9780131877481 (Prentice-Hall)	\$165
		<u>Lippincott's Illustrated Reviews: Biochemistry</u> , 4 th Ed. Champe, Harvey, Ferrier. ISBN 0781769604 / 9780781769600 (Lippincott Williams & Wilkins)	\$55
Clinical Genetics	Fall 1, Term 3 (begins 10/12/09)	<u>Human Genetics and Genomics</u> , 3 rd Ed. Korf. ISBN 0632046562 / 9780632046560 (Blackwell)	\$60
Clinical Immunology	Fall 1, Term 2 (begins 8/3/09)	<u>Basic Immunology: Functions and Disorders of the Immune System</u> 3 rd Ed., Abbas, Lichtman: 2008, ISBN 1416046887 / 9781416046882 (W.B. Saunders Co.)	\$64
Clinical Medicine	Fall 1, Term 1 (begins 7/1/09)	<u>Understanding Pathophysiology</u> , 4 th Ed. Huether, McCance. ISBN 0323049907 / 9780323049900 (Mosby, Inc.)	\$95
		<u>Essentials of Rubin's Pathology</u> , 5 th Ed. Rubin, Reisner. ISBN 0781773245 / 9780781773249 (Lippincott Williams & Wilkins)	\$80
		<u>Textbook of Family Medicine</u> , 7 th Ed. Rakel. ISBN 1416024670 / 9781416024675 (W.B. Saunders Co.)	\$155
		<i>(Recommended)</i> <u>Harrison's Principles of Internal Medicine</u> , 17 th Ed. Kasper, Braunwald, Fauci. ISBN 0071466339 / 9780071466332 (McGraw-Hill)	\$180
	Fall 1, Term 3 (begins 10/12/09)	<i>(Recommended)</i> <u>Dermatology: An Illustrated Colour Text</u> , 4 th Ed. Gawkrodger. ISBN 0443104212 / 9780443104213 (Churchill Livingstone)	\$58
Spring 1, Term 1 (begins 1/4/10)	<i>(Recommended)</i> <u>Current Diagnosis & Treatment in Orthopedics</u> , 4 th Ed., Skinner. ISBN 0071438335 / 9780071438339 (McGraw-Hill)	\$61	
Clinical Prevention	Fall 1, Term 1 (begins 7/1/09)	<u>Current Practice Guidelines in Primary Care 2009</u> Gonzales, Kutner. ISBN 9780071601337 (McGraw-Hill) Available through amazon.com: http://www.amazon.com/CURRENT-PRACTICE-GUIDELINES-PRIMARY-CARE/dp/0071601333/ref=sr_1_1?ie=UTF8&qid=1233006094&sr=8-1	\$17

Diagnostic Testing	Spring 1, Term 1 (begins 1/4/10)	Squire's <u>Fundamentals of Radiology</u> , 6 th Ed. Novelline, Squire. ISBN 0674012798 / 9780674012790 (Harvard University Press)	\$96
		(Recommended) <u>Mosby's Manual of Diagnostic and Laboratory Tests</u> , 3 rd Ed., Pagana, Pagana. ISBN 0323039030 / 9780323039031 (Mosby, Inc)	\$46
		(Recommended) <u>Henry's Clinical Diagnosis and Management by Laboratory Methods</u> , 21 st Ed. McPherson. ISBN 1416002871 / 9781416002871 (W. B. Saunders Co.)	\$138
ECG	Spring, Term 3 (begins 5/31/10)	<u>Clinical Electrocardiography, A Simplified Approach</u> , 7th Ed. Goldberger. ISBN 0323040381 / 9780323040389 (Mosby, Inc)	\$62
Health Behavioral Counseling	Fall 1, Term 1 (begins 7/1/09)	Moyers TB, Martin T, Manuel JK, & Miller WR (2005). <i>The Motivational Interviewing Treatment Integrity (MITI) Code: Versions 2.0</i> . Albuquerque, NM: University of New Mexico, Center on Alcoholism, Substance Abuse and Addictions (18 pages). Available online, http://casaa.unm.edu/download/miti.pdf .	Download
		National Cancer Institute (2005). <i>Theory at a glance: A guide for health promotion practice</i> . U.S. Department of Health and Human Services, National Institutes of Health (52 pages). Free copy can be ordered at (www.cancer.gov); also available as an online Monograph, http://www.nci.nih.gov/cancerinformation/theory-at-a-glance/page1 .	Download
		<u>Motivational Interviewing in Health Care: Helping Patients Change Behavior</u> , 1 st Ed. Rollnick, Miller, Butler. ISBN 1593856121 / 9781593856120 (Guilford Publications)	\$23
Human Anatomy	Fall 1, Term 1 (begins 7/1/09)	<u>Clinically Oriented Anatomy</u> , 6 th Ed., Moore, Dalley, Agur. ISBN 1608311813 / 9781608311811 (Lippincott Williams & Wilkins)	\$122
		<u>Neuroanatomy</u> , 3 rd Ed., Crossman, Neary. ISBN 0443100365 / 9780443100369 (Churchill Livingstone)	\$60
		<u>Atlas of Anatomy</u> , 1 st Ed. Gilroy, MacPherson, & Ross. ISBN 160406062X / 9781604060621 (Thieme Medical)	\$68
		<u>Langman's Medical Embryology</u> , 11 th Ed., Sadler. ISBN 0781790697 / 9780781790697 (Lippincott Williams & Wilkins)	\$57
		(Recommended) <u>Neuroanatomy: An Illustrated Colour Text</u> , 3 rd Ed. Crossman, Neary. ISBN 0443100365 / 9780443100369 (Churchill Livingstone)	\$55
Human Physiology	Fall 1, Term 2 (begins 8/3/09)	<u>Medical Physiology: A Cellular and Molecular Approach</u> , 1 st Ed. (2005) Boron, Boulpaep. ISBN 1416023283 / 9781416023289 (W.B. Saunders Co.) Available from Amazon.com: http://www.amazon.com/Medical-Physiology-Updated-STUDENT-CONSULT/dp/1416023283/ref=sr_oe_1_1?ie=UTF8&s=books&qid=1233081426&sr=1-1	\$114

Pediatrics	Spring 1, Term 3 (begins 5/31/10)	<u>Current Pediatric Diagnosis and Treatment</u> , 19 th Ed. Hay, Groothuis, Hayward. ISBN007154433X / 9780071544337 (McGraw-Hill Professional Pub)	\$63
Pharmacology	Fall 1, Term 2 (begins 8/3/09)	<u>Lippincott Illustrated Reviews: Pharmacology</u> , 4 th Ed. Finkel/Clark/Cubeddu. ISBN 0781771552 / 9780781771559 (Lippincott Williams & Wilkins)	\$53
Physical Diagnosis	Fall 1, Term 1 (begins 7/1/09)	<u>The Medical Interview: Mastering Skills for Clinical Practice</u> , 5 th Ed. Coulehan, Block, ISBN 080361246X / 9780803612464 (F.A. Davis Co)	\$39
		<u>Mosby's Guide to Physical Examination</u> , 6 th Ed. Seidel, Ball, Dains. ISBN 0323028888 / 9780323028882 (Mosby, Inc.)	\$94
Research Methods	Spring 1, Term 2 (begins 3/15/10)	<u>The Practice of Nursing Research: Conduct, Critique, & Utilization</u> , 5 th Ed., Burns, Grove, ISBN 0721606261 / 9780721606262 (W.B. Saunders Co)	\$74
Women's Health	Spring 1, Term 2 (begins 3/15/10)	<u>Obstetrics and Gynecology</u> , 6 th Ed. Beckmann, Ling. 0781788072 / 9780781788076 (Lippincott Williams & Wilkins)	\$53