



**MEDEX NORTHWEST
PHYSICIAN ASSISTANT PROGRAM**

**UNIVERSITY OF WASHINGTON
SCHOOL OF MEDICINE**

2014-2015

STUDENT HANDBOOK

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SCHOOL OF MEDICINE

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This handbook supersedes all previous versions.

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**UNIVERSITY OF WASHINGTON
SCHOOL OF MEDICINE**

**MEDEX NORTHWEST
PHYSICIAN ASSISTANT PROGRAM**

STUDENT HANDBOOK ON POLICIES AND PROCEDURES

2014–2015

Welcome to MEDEX Northwest. This student handbook is designed to introduce you to life at MEDEX. Plan on keeping this handbook available throughout your didactic and clinical MEDEX training as a reference on the program, our history and our educational philosophy. The information on academic requirements is included to provide students with a general framework for understanding what the program expects for completion of physician assistant studies. The handbook provides information to help you access the opportunities available to you as students in the program. It is not a comprehensive statement of all policies and procedures. Additional information will be distributed to or discussed with the class at appropriate times during the program through mailings, courses and other meeting times. You are expected to read handouts and attend meetings to familiarize yourselves with requirements and modifications that may impact your program.

Questions about policies, requirements and procedures may be directed to the MEDEX office for referral to the appropriate faculty or staff member. As a program of the University of Washington School of Medicine, MEDEX follows the same procedural guidelines that apply to UW medical students.*

MEDEX is an exciting opportunity. Entry into the program usually brings with it a redefinition of individual and family priorities. The diverse culture of MEDEX—which includes not only current students, faculty and staff, but also large numbers of PA graduates throughout the region—brings with it a strong support system for professional role transition. We're all glad you are here!

* Since MEDEX Northwest is part of the UW School of Medicine, this handbook contains several 'shared text sections' that also appear in the handbook for medical students.

THE MEDEX MISSION

Mission Statement

MEDEX Northwest is a regional program that educates physician assistants in a proven tradition of excellence.

MEDEX Northwest, the University of Washington School of Medicine's Physician Assistant Program, is committed to educating experienced health personnel from diverse backgrounds to practice medicine with physician supervision. The program provides a broad, competency-based curriculum that focuses on primary care with an emphasis on underserved populations. MEDEX encourages life-long learning to meet ever-changing health care needs. As a pioneer in PA education, MEDEX continues to be innovative in identifying, creating and filling new niches for PAs as a strategy for expanding health care access.

Training Sites

Didactic: Three MEDEX classroom locations offer decentralized training designed to meet the needs of the region's diverse communities. This decentralized model allows place bound students to remain close to their homes for training and guarantees deployment of graduates to primary care sites throughout the region.

- The Seattle MEDEX site is designed to train physician assistants to serve underserved inner-city and rural populations in the WWAMI region.
- The Spokane MEDEX site focuses on the healthcare needs of small towns and rural communities of the WWAMI region.
- The Anchorage MEDEX site focuses on the healthcare needs of native and remote communities of the WWAMI region.
- The Tacoma MEDEX site focuses on the healthcare needs of small town and veteran communities of the WWAMI region.

Clinical: Clinical training takes place throughout the WWAMI region and beyond. The WWAMI designation refers to the University of Washington School of Medicine service region of Washington, Wyoming, Alaska, Montana and Idaho.

Goals of the Program

- Contribute to regional primary care workforce needs by training culturally-competent PAs for strategic areas of need in the WWAMI region and Nevada.
- Maintain a flexible and innovative curriculum capable of responding to the changing health care system and the evolution of the PA profession.
- Recruit qualified individuals from minority and disadvantaged backgrounds for careers as physician assistants.
- Utilize community-based clinical preceptorships to develop effective physician-physician assistant relationships.
- Conduct monitoring activities to assess the regional needs for PAs and provide technical assistance to employers as a strategy for job development.
- Develop, implement and maintain MEDEX decentralized didactic training sites in the region for the purpose of increasing access to physician assistant training.

MEDEX NORTHWEST HISTORY

- 1968 The MEDEX Demonstration Project, jointly sponsored by the University of Washington School of Medicine and the Washington State Medical Association, was funded by the National Center for Health Services Research.
- 1969 The first MEDEX class of 15 former military medical corpsmen was selected and began training.
- 1971 An amendment to the Washington State Medical Practice Act was passed, allowing physician assistants to practice medicine under the supervision of a licensed physician.
- 1972 The Department of Health Services at the University of Washington School of Public Health and Community Medicine provides a long-term home for the MEDEX program.
- 1973 MEDEX gains its first official accreditation from the new national agency overseeing PA education.
- 1974 MEDEX dropped its restriction on admitting only ex-military corpsmen. Nurses and allied health workers were admitted for the first time.
- 1977 The Washington State Board of Medical Examiners amended its Rules and Regulations to allow prescriptive practice for physician assistants.
- 1981 Due to cutbacks in federal support, the MEDEX program was given 'self-sustaining' status by the University of Washington, allowing the program to retain tuition and fees.
- 1983 The curriculum was expanded to 18 months to include an additional third quarter of didactic training and a quarter of clinical clerkships (in addition to the six-month primary care preceptorship) in the senior year. Class size expanded from 21 to 24 students.
- 1985 Ruth Ballweg, a graduate of MEDEX Class 11, is becomes the MEDEX Program Director, a position she will maintain for the next 27 years.
- ♦ MEDEX students are required to complete an 'inpatient' experience as a portion of their clinical rotations.
- 1986 The university awards the first degree specific to the MEDEX program, the Bachelor's Degree in Clinical Health Services. (Students had previously been eligible for a generic bachelor's degree through the University Extension.)
- 1987 The Washington State Legislature passes legislation to place a PA on the Board of Medical Examiners.
- 1988 WAPA sponsors successful legislation to no longer allow foreign-trained doctors to register as PAs.
- 1990 Part-time slots are added to allow Seattle area health care providers to attend MEDEX while maintaining jobs. Enrollment is now 32 full-time and 6 part-time students entering each year.
- ♦ Washington PA status is changed from 'registered' to 'licensed' by legislative action. The PA on the Board of Medical Examiners is given full voting privileges.
- 1991 A PA is added to the Medical Disciplinary Board by legislative action. Class size is expanded to 36 full-time in addition to 6 part-time students.
- 1992 Class size expanded to 40 full-time students. Clinical training is expanded by an additional three months, making the clinical phase 10 months in length.

- 1993 Washington Health Reform Bill includes funding (an initial \$150,000, declining annually) for MEDEX. MEDEX begins training in Sitka AK for 12 additional entering students.
- 1994 The state of Alaska does not fund a second class at the Sitka site; however, the experiences gained in Alaska and the \$150,000 from the Washington state legislature allow the program to begin training students in Yakima, WA.
- ♦ MEDEX moves back into the School of Medicine as part of the Department of Medical Education (later Medical Education and Biomedical Informatics).
- 1997 MEDEX begins satellite training in Spokane WA and continues training in Yakima. State Family Medicine funds are provided to the program to support interdisciplinary activities with the UW's Family Medicine Network.
- 1998 Washington's state legislature provides further support (an initial \$150,000, declining annually) for the maintenance of the Spokane site.
- 1999 MEDEX Northwest celebrates its 30th anniversary year.
- ♦ The first class from Spokane graduates. MEDEX expands the classes in Yakima and Spokane to 18 seats each. The part-time option is suspended.
- 2001 A basic science summer course is added to the curriculum.
- ♦ MEDEX adds a faculty member based at the University of Alaska Anchorage to work with clinical placements and the MEDEX-UAA bachelor's degree link.
- 2002 A new required clerkship rotation in ambulatory care is added and the preceptorship is extended by one month, lengthening the clinical phase of training.
- 2004 Anatomy & Physiology becomes a partly on-line course and is required for all entering students. MEDEX now spans 24-months of in-person education.
- ♦ MEDEX formalizes a link with the UW Extended Master of Public Health to offer a dual degree program to qualifying PA students.
- 2005 MEDEX begins development of a new midlevel dental health aide therapy program in Alaska, called DENTEX.
- 2008 MEDEX collaborates with the University of Alaska in Anchorage to develop an additional Anchorage didactic site.
- ♦ MEDEX makes the decision to train master's-level students at its Seattle and Spokane sites, and bachelor's- and certificate-level students in Yakima and Anchorage.
- 2008 The first DENTEX class graduates, and the new dental health aide therapists begin to practice in local communities.
- 2009 MEDEX Northwest celebrates its 40th anniversary year.
- ♦ The first class at the new Anchorage site enrolls on the University of Alaska Anchorage campus. MEDEX now has four classroom sites accepting over 100 students per year.
 - ♦ MEDEX enrolls the first master's-level classes in Seattle and Spokane.
 - ♦ MEDEX enrolls the first students in the post-graduate Extended Master of Clinical Health Services degree program for practicing PAs.
- 2011 MEDEX moves within the School of Medicine from the Department of Medical Education and Biomedical Informatics to the Department of Family Medicine.
- 2012 In collaboration with the UW Tacoma campus, MEDEX plans and receives accreditation approval to add a new undergraduate site in Tacoma WA. With a planned increase for all locations, there is now capacity for 140 entering students across all didactic sites.

- ♦ Terry Scott, a graduate of MEDEX Seattle 26, becomes the new Program Director. Ruth Ballweg officially takes on the role of MEDEX Section Chief.
- 2013 MEDEX enrolls the first Tacoma class.
- ♦ MEDEX restructures the Yakima location to cover clinical placements only. No new Yakima classes are enrolled.



OVERVIEW OF MEDEX CURRICULUM

Summer (& preceding spring)

Summer A-Term: MEDEX 451/551 – Anatomy & Physiology (6 credits)

Students are taught the anatomy and physiology of the following organ systems: endocrine, immune, respiratory, cardiovascular, gastrointestinal, genitourinary, gynecological, integumentary, musculoskeletal and neurological, with a focus on clinical examples of anatomic and physiologic principles encountered in primary care practice. The course is delivered partly online before arrival on campus, with two full weeks of in-class instruction and testing.

(Note: This course may not be claimed for financial aid prior to summer quarter since students are not formally registered in courses until June/July.)

Summer B-Term: MEDEX 450/550 – Basic Science in Clinical Medicine for Physician Assistants (6 credits)

This course is an intensive review of important basic science topics relevant to clinical medicine at the PA level. The material is necessary to the understanding and integration of information that will be presented throughout the remainder of the MEDEX curriculum. Topics include cell biology, genetics, immunology and microbiology. This course requires a short research paper.

Autumn

MEDEX 452/552 – Pathophysiology for Primary Care (6 credits)

This course covers basic pathological and pathophysiological concepts of diseases commonly encountered in primary care practice. Pathophysiology is studied per organ system. Students will write a research paper.

MEDEX 453/553 – Basic Clinical Skills (5 credits)

This course helps the student to develop mastery of a screening history and physical examination and thorough data-collection skills. In addition, students learn branching exams of the major organ systems, medical record-keeping and verbal presentation skills.

MEDEX 457/557 – Behavioral Medicine I (2 credits)

Students learn process skills and interpersonal skills needed for a career in primary care practice with an emphasis on learning to efficiently guide clinical interviews and respond to patients' emotional cues. Students will also learn assessment skills for the diagnosis of emotional problems and the management skills used in primary care practice to deal with these problems. Students will participate in an interview of a patient with a chronic mental illness.

MEDEX 470/570 – Professional Role Development I (1 credit)

This course provides an opportunity to understand and develop relationships with other health professions; discover emerging issues in primary care across a wide range of urban and rural communities; and explore course topics through self-reflection essays and personal analysis.

MEDEX 473/573 – Technical Skills I (1 credit)

Using lectures, simulation experiences and group exercises, this course introduces clinical reasoning, basic clinical procedures, laboratory medicine, radiology, and electrocardiography. Students will demonstrate the ability to assess a patient's clinical condition using critical thinking skills that evaluate normal and abnormal findings associated with lab results, radiographs, and ECGs. The course includes simulation workshops, procedural demonstrations and lectures throughout the didactic year.

Winter

MEDEX 454/554 – Adult Medicine I (7 credits)

This course provides a problem-oriented approach to the diagnosis and initial management of common primary care conditions. The organ systems covered in winter include eye-ear-nose-throat, rheumatology, gynecology, sexually transmitted disease, HIV, gastroenterology, orthopedics and hematology.

MEDEX 456/556 – Maternal & Child Health I (3 credits)

This course introduces a systems-oriented approach to the diagnosis and initial management of common primary care problems in pediatrics and obstetrics. Topics include newborn, well-child, adolescent and sports exams as well as pediatric health maintenance and an overview of normal pregnancy and delivery in the primary care setting.

MEDEX 458/558 – Behavioral Medicine II (2 credits)

This course provides in-depth coverage of common emotional problems seen in primary care. Specific topics include depression and mood disorders, HIV panel discussion, healthcare for people living homeless, chronic pain, sexual assault, sexual minorities, sleep medicine, anxiety disorders and PTSD, applied ethics. All students will participate in an interview of a patient with a chronic mental illness.

MEDEX 460/560 – Principles of Patient Management I (3 credits)

This course teaches a systematic approach to patient management applicable to a primary care setting. The course is devoted to drug therapy and its administration. The organ-system approach generally matches the topic sequence in Adult Medicine I.

MEDEX 468/568 – Emergency Medicine I (2 credits)

This course provides an approach to the diagnosis and management of common emergency conditions for primary care physician assistants. Topics include initial trauma assessment; multiple trauma to include head, spinal and abdominal trauma, eye-ear-nose-throat and dental emergencies, toxicology, orthopedic emergencies, psychiatric, cardiac, pulmonary, GU/gyn emergencies and shock.

MEDEX 471/571 – Professional Role Development II (1 credit)

This course emphasizes knowledge, skills and attitudes for dealing with diverse population groups. Students will work in groups, focus on specific health and social parameters that are pertinent to a particular underserved population and make a presentation to their classmates. Other topics include health care systems, use of medical interpreters and essentials of public health.

MEDEX 474/574 – Technical Skills II (1 credit)

Using lectures, simulation experiences and group exercises, this course introduces clinical reasoning, basic clinical procedures, laboratory medicine, radiology, and electrocardiography. Students will demonstrate the ability to assess a patient's clinical condition using critical thinking skills that evaluate normal and abnormal findings

associated with lab results, radiographs, and ECGs. The course includes simulation workshops, procedural demonstrations and lectures throughout the didactic year. Workshops this quarter will include the gynecological exam, suturing and punch biopsy.

Spring

MEDEX 455/555 – Adult Medicine II (7 credits)

This course provides a system-oriented approach to the diagnosis and initial management of common primary care conditions. The organ systems covered in spring include endocrinology, nephrology, urology, cardiology, dermatology, pulmonology and neurology.

MEDEX 459/559 – Behavioral Medicine III (2 credits)

This course continues to provide in-depth coverage of common emotional problems seen in primary care. Specific topics include intimate partner violence, dementia, sexuality through the life span, substance abuse & alcoholism, the impaired provider, psychiatric and developmental disorders in children, somatization, and eating disorders.

MEDEX 461/561 – Principles of Patient Management II (3 credits)

This course continues building on winter quarter material with a systematic approach to pharmacological therapies and follows the topic sequence of Adult Medicine. It includes information on drug choice, drug administration and risk factor identification and reduction. Additional foci of the course include non-pharmacological therapies and an emphasis on health education and health promotion strategies.

MEDEX 462/562 – Maternal & Child Health II (3 credits)

This course continues a system-oriented approach to the diagnosis and initial management of common primary care pediatric conditions. Topics include common respiratory, cardiac and dermatologic problems, and also issues of chronic illness in children.

MEDEX 469/569 – Emergency Medicine II (2 credits)

Topics this quarter include chest trauma, environmental emergencies, pulmonary emergencies, genitourinary and gynecological emergencies including sexual assault, endocrine emergencies, neurological emergencies, cardiac emergencies including arrhythmias, and acute coronary syndrome, and toxicology.

MEDEX 472/572 – Professional Role Development III (1 credit)

Current issues in healthcare delivery systems will be the focus of this quarter. Topics include medical ethics, managed care, reimbursement, access and related issues.

MEDEX 475/575 – Technical Skills III (1 credit)

Using lectures, simulation experiences and group exercises, this course introduces clinical reasoning, basic clinical procedures, laboratory medicine, radiology, and electrocardiography. Students will demonstrate the ability to assess a patient's clinical condition using critical thinking skills that evaluate normal and abnormal findings associated with lab results, radiographs, and ECGs. The course includes simulation workshops, procedural demonstrations and lectures throughout the didactic year. Workshops this quarter will include the genitourinary exam, and casting and splinting.

Second Summer (MCHS students only)

MEDEX 588 – Investigative Skills (5 credits)

The ongoing changes to healthcare delivery, continued advances in clinical research and publication, and evolution of the PA profession require that the modern clinician be able to locate, critically appraise, and apply current health research outcomes. These skills are essential for PAs to remain up-to-date. This course teaches basic concepts in measurement, biostatistics and epidemiology, and the skills needed to evaluate public health and biomedical research. Through a series of lectures focused on research concepts, small group exercises, and online group discussions, students will acquire skills allowing them to review and evaluate current research results and apply reliable outcomes to their practice.

Focused Study Course (5 credits, students will select one of the following options)

The focused study course will follow a small-group seminar design that allows students to select an area of special interest. The various sections will share a common theme of providing high quality care within healthcare systems, but will diverge in focus and application. Students may select only one subject focus, and the different subject sections run concurrently. The course meets several times during the initial two weeks of summer quarter, which are on campus. Subsequent weekly online meetings with assigned work will complete the quarter. This course will also equip students with the tools to identify an appropriate subject-related capstone project idea of reasonable scope, and may impact site selection for one of the clinical rotations.

MEDEX 540 Healthcare for Rural and Medically Underserved Populations: This course will examine the nature and severity of disparities in health care access and delivery to rural and urban underserved populations. By comparing and contrasting the issues surrounding delivery of care to these two populations we gain a more complete picture of the systemic issues that inhibit equitable access to care for all. Students will be challenged to consider these issues from the perspective of policy-makers as well as from the perspective as clinicians.

MEDEX 541 Public Health and Preventive Medicine: This course will explore the principles, systems and practices of public health and preventive medicine at the local, state and national levels. The intent will be to compare and contrast the practice of treating a population versus a single patient. Students should also recognize the breadth of health professions and how the interdisciplinary teams in which they work provide the structure for public health and preventive medicine at all levels of health care.

MEDEX 542 Academic Medicine and Specialty Practice: Material will include faculty skill development, tools to thrive in an academic environment, interdisciplinary collaboration between primary care and specialty disciplines, and specialty practice at an academic medical center.

MEDEX 543 Global Health: Material will include international healthcare systems, international models of healthcare professions, disease processes and management tools in developing countries, healthcare in areas experiencing armed conflict, promoting health and managing disease across borders, cultural competency, and national and international government and agency policy-making and its impact on care, quality and access.

MEDEX 581 – Capstone Project I (3 credits)

Among the requirements for the master's-level PA program is a Capstone Project. Students will be expected to produce a finished product of sufficient depth and analytic rigor to demonstrate the independent thought appropriate to clinical master's-level work. Each student's Capstone Project will relate to his or her focused study area. Students will work on their project over five quarters, beginning in the summer between the first (didactic) and second (clinical) years of the PA curriculum. Students will plan and begin their project with input from faculty advisors.

Clinical Phase**MEDEX 463/563 – Clinical Clerkships I (19 credits)****MEDEX 465/565 – Clinical Clerkships II (19 credits)**

Rotating clerkships offer four-week clinical experiences in a range of institution-based or specialty practice settings offered over two academic quarters. Required clerkships include inpatient internal medicine, general surgery, behavioral medicine, emergency medicine, a required experience in a medically underserved setting and an elective. In addition, a more focused two-week selective rotation is included in this category. Each clerkship includes seminars, patient logging, board review questions and self-study in combination with concentrated clinical experience. Specialty rotations are intended for exposure, not mastery. During clerkships, student progress is monitored through the use of various tools including evaluations by clinical instructors, assignments patient logs, telephone and email communication and site visits as needed. Some rotations include electronic examinations at the completion of the experience. Offered credit/no credit only.

MEDEX 466/566 – Family Practice Clerkship I (19 credits)**MEDEX 467/567 – Family Practice Clerkship II (19 credits)**

Preceptorship is considered to be the 'core' MEDEX clinical experience in primary care. Preceptorship is conducted under the supervision of a family practice physician and may involve experiences with other physicians and physician assistants. Students are trained to deal with common primary care problems. Both the student and preceptor are educated in utilization and supervision of the physician assistant in practice. Students keep records of patient encounters and complete a variety of written and community-based assignments in addition to their clinical encounters. The preceptorship is 16 weeks in length but may be extended in certain cases to permit a student to reach required performance levels. The educational objectives of preceptorship are: 1) to expand on the knowledge and skills acquired during the didactic phase with regard to the diagnosis and management commonly encountered primary care problems; 2) to become familiar with office management, documentation and administrative procedures; 3) to learn to function as an effective primary care team member and 4) to meet other objectives specified by the individual practice. All students will receive at least one full-day site visit by a MEDEX faculty member during this experience. Offered credit/no credit only.

**MEDEX 582, 583, 584, 585 – Capstone Project II-V (MCHS students only; 1 credit each:
autumn, winter, spring; 5 credits summer)**

During the autumn, winter, and spring quarters while working in their clinical rotations, students will continue with one-credit per quarter online Capstone courses. During this time, they will work on their projects and complete the written report. The fifth and final quarter will be in the last summer of the program. During this time, students will present the project in either oral presentation or poster session format.

ASSUMPTIONS WE MAKE

Educational Philosophy

Primary care is the foundation of the program, and also of clinical practice in any specialty. Primary care is also central to the MEDEX mission.

As adult learners, you must be self-motivated. You have an active responsibility for your own learning. As a lifelong learner, you have the responsibility to ask questions and seek clarification when you don't understand. Being a PA commits you to a process of lifelong learning and professional role development.

You should cooperate with each other (within the parameters of academic integrity), not compete.

PA education is competency-based. The core content of the MEDEX curriculum is the same across all training sites, and everyone receives excellent training no matter which site they attend or degree pathway they choose.

The master's degree curriculum includes 'value added' components that are designed to provide additional skill sets beyond the core PA curriculum. (See above.)

You are here to obtain as much information as possible to become a competent clinician. Your goal should be to make this a rich educational experience for yourself. We expect you to integrate information in an efficient fashion and build on it for future practice.

Testing and grading are necessary to determine fundamental competency, but are not meant to award prizes or limit your educational horizons. Studying to a test is a disservice to yourself and your patients, and we hope that your intellectual curiosity takes you higher than that. We expect you to acquire information to a level where you can use it in a clinical encounter at the physician assistant level of practice.

We will expect you to use self-reflection as an important tool for your professional, clinical and personal growth as a student and as a practicing clinician.

Being observed and critiqued is an essential part of medical education and practice. It continues throughout the program and your career. It is important to learn to receive and give feedback.

Your previous clinical experience provides a strong foundation for this program. However, it is now time to relinquish your previous role. There is much to learn to become a PA, even in areas where you may have worked previously.

Our curriculum assumes that you will apply your computer and internet skills. Practicing medicine requires skill with technology. We expect you to arrive with these skills and develop them further during the program.

MEDEX provides a broad medical education to prepare future PAs to practice in a wide range of settings. You may need to expand your perspective of what you believe you need to learn. We will challenge your comfort zone.

Faculty-Student Relationships

Faculty expect to be more closely involved with students than in other types of programs. We expect you to trust us and assume that we will handle information in a trustworthy manner. We expect you to be open with us.

While you are learning from us, we expect to learn from you as well.

We expect you to foster an atmosphere of respect and appreciation toward faculty, staff, guest lecturers, clinical instructors and patients.

You are in a professional program, and therefore have more responsibility than many students. We expect you to meet a higher standard of conduct and personal interaction.

MEDEX engages in continuous self-evaluation with the goal of providing the highest quality PA education. We expect that you will provide constructive feedback to the program. Suggestions for improvements will be considered in the context of the overall program, including the various didactic and clinical sites. Some adjustments can be made only after an academic year has been completed.

If you perceive a problem with the program, it is your responsibility to bring it to our attention. We prefer to hear about issues directly from you rather than from an external source.

We assume that as you graduate you will become our peers.

Individuality, Diversity, Tolerance

Each class has its own personality.

Diversity in the class is a strength, not a weakness. You have the potential to learn as much from each other as from us.

We expect you to be non-judgmental in dealing with patients, peers, classmates and us.

You are expected to resolve conflicts in an adult manner and to be respectful in your discourse. If a situation proves difficult, seek the appropriate intervention (as described in the Graduation Requirements chapter).

In the Classroom (and Beyond)

Behavior in the classroom during the didactic phase is an indicator of future behavior in the clinical phase and your subsequent clinical behavior as graduates. Punctuality, respect and attendance are very important issues to us.

We expect you to be reliable, honest, respectful, professional and mutually supportive.

We assume you will arrive at the classroom prepared, having completed assigned readings, with your gear stowed and ready to start at the announced time. You are expected to remain for the entire class time or other scheduled activity. This concept also applies to the clinical phase.

We expect you to create a respectful and safe classroom environment so others may ask questions to further their education. Each of you should contribute to making the classroom atmosphere conducive to all student learning opportunities.

A collaborative atmosphere enhances your educational experience. Your expertise in one area may help a classmate from a different background. That same student may enhance your understanding as you reach a topic area that is unfamiliar to you.

We expect you to do your own work except when group projects are specifically assigned. You should focus your energy on learning the material rather than looking for shortcuts (which don't actually help, anyway).

We expect you to approach exams with honesty and integrity. Obtaining exam questions in advance, unauthorized copying or using notes impedes your learning.

Anxiety is cyclical in a professional program, and it is normal for students to feel more stressed around exam time.

If you experience personal problems, we expect you to seek help in order to prevent those problems from affecting the classroom atmosphere. This is part of your role development, and your faculty advisor can direct you to appropriate resources.

Problem-solving is a skill that can be learned like any other. If you are not skilled at it now, we expect that you will be by graduation.

Clinical Phase

Students often make the incorrect assumption that 'it will be easier' when they get to the clinical phase of the program. In fact, it will just be different. While most students do indeed feel more comfortable in a clinical setting than in the classroom, they often underestimate the necessity for documentation, communication, and keeping current on assignments, papers and other required activities. These expectations are similar or identical to the responsibilities of practicing PAs, and the assignments are intended to promote the transition to the post-graduation PA role.

We attempt to individualize your clinical experiences; do not expect them to be identical.

The goal of clinical placements is to broaden your experience, so it is important to approach your clinical assignments with an open mind. We attempt to provide you with new kinds of clinical experiences, some of which will place you out of your comfort zone.

You will travel for at least part of the clinical phase of training. MEDEX is a regional program with a large variety of community-based clinical sites. Flexibility about scheduling and travel is a key expectation for the clinical year.

This is a primary care program. Your specialty experiences are intended for exposure, not mastery.

Procedures are relatively easy to learn; the ultimate goal of the program is to teach clinical reasoning and problem-solving.

We expect you to understand and abide by the principles of confidentiality with patients, peers, the program and the profession.

You are responsible for establishing a teacher-student relationship with your preceptors. You should be prepared to initiate a dialogue if necessary to obtain feedback from your preceptors.

You will communicate regularly with the program. It is your responsibility to maintain email access throughout your rotations and to check it daily. If a problem arises during a rotation, we expect you to take the initial action of contacting the clinical office so that faculty may address the issue.

Paperwork (including much in electronic form) is a professional constant. Writing well to communicate effectively with patients, colleagues, referral sources, office personnel, agencies and the public is part of your job. We expect you to develop and apply sophisticated communication skills in both clinical and non-clinical contexts.

Role Development

Research shows that as an adult student, you are by definition in a mid-life crisis. So is the person next to you. (In Chinese, the written character for 'crisis' means 'a dangerous opportunity'.)

Being a PA is a political as well as a clinical role. You will become advocates for your patients and for the profession.

PA role models will be an important part of your PA education. Be open and receptive to the role models you will encounter from various health professions.

PAs do not practice alone. It is important to develop a professional support network; in fact, this has already started for you.

Your prior clinical role has been an important step on your road to becoming a PA. However we expect you to make a transition during your time as a student and to suspend your prior role while in this program. You will adapt your previous experience to your new role. Your attendance at this program means that you intend to become something different than you were before.

You are here because you wish to grow personally and professionally, however personal growth is often uncomfortable. You may find that your boundaries are being stretched.

Know your own limitations and know when to ask for help; this is key to being a PA. It's OK to say 'I don't know.' All clinicians need to be able to admit when they need help.

An integral part of your PA role will be to treat your clinic or hospital supervisors, colleagues, staff and patients in an equally respectful manner.

Stress

This program is very demanding, and stress will be felt by everyone, individually, in different ways and at different times. This will also include your support systems. Your faculty advisors can be a resource for you.

Each quarter has its own unique stresses and rewards.

Even during a stressful point in the curriculum, we expect you to study for and learn from each unit even if you have worked in a similar field previously.

There are a large number of students in each year's cohort. At any one time, the experience may not be absolutely ideal for each and every student; there are times when it will feel better or worse for you individually.

We expect you to develop functional ways of dealing with stress because it will continue long after the program is over.

Dysfunctional coping styles, including substance abuse, are a specific risk for all health care providers.

If you believe that you or a classmate might be developing a potentially dysfunctional coping style, we expect you to seek help. As apprentice members of a new profession, you have a responsibility to ensure that you and your colleagues conduct yourselves appropriately, which includes accessing resources for support when needed.

Your faculty may also experience stress in the course of developing, refining and delivering the intensive MEDEX curriculum. We expect you to recognize and respect the vulnerability of faculty and fellow-students as we all progress through this experience together.

Working in your previous role interferes with both your studies and your transition to become a PA. We expect that you will not work when you're in school.

Mechanics and Logistics

There *will* be schedule changes. Flexibility is key.

MEDEX offers equivalent educational opportunities across training sites. When the unexpected arises, MEDEX will adapt to the changing situation to ensure that you receive the necessary curriculum content.

Some aspect of the curriculum is always evolving, and we expect your positive participation.

You Don't See It Now, But in Five Years...

From the perspective of the first quarter, it seems as though the program will never end. When it's over, you'll be surprised it went by so fast.

The didactic phase sometimes seems to repeat topics, but looking back, you'll see that each review gave you a new perspective on and deeper understanding of the material. This planned redundancy provides you with a strong foundation for medical decision-making.

After three years of practice, you'll wish you could sit through the classroom phase all over again.

You are growing personally and professionally at a very fast pace. You may not see it while you are in school, but it will surprise you when you reach your first job.

Behavioral Medicine is highly important for practice, and becomes the most important course of the year.

Problem-solving becomes a more sophisticated and rewarding process after going through the program.

Despite the struggles of your family to adapt while you are in school, they will end up in a much better situation when you are a practicing PA.

Final Word

MEDEX was one of the first PA programs in the country, taking its first class in 1969. Our assumption is that we have the best program and graduate the best PAs. This is a result of an ongoing process of program evaluation and development. You are part of this process. Participate in it and trust it.



GRADUATION REQUIREMENTS

These requirements apply to all MEDEX students. Students who wish to earn a baccalaureate or master's degree in addition to a PA certificate may need additional coursework to meet UW requirements. Please direct questions on the baccalaureate degree or graduate degree options to the MEDEX office.

Decision Points

Students are formally evaluated at specific points throughout the MEDEX program. Because the curriculum builds upon previous instruction, you must pass each of these evaluations, or 'decision points', and be officially approved to continue on to the next phase of training. Failure to pass one of these decision points may result in academic probation or termination from the program. (See the following chapter for information on grading and student assessment.) The Student Progress Committee may review student files at other times as appropriate. Formal decision points are as follows.

1. after the online section of the Anatomy & Physiology course
2. after the summer Anatomy & Physiology and Basic Science courses
3. after the first two weeks of autumn quarter didactic instruction
4. end of autumn didactic quarter
5. end of winter didactic quarter
6. after each CARE clinical experience week
7. end of spring didactic quarter—end of didactic year (students must pass formally from the didactic to the clinical phase)
8. end of summer quarter MCHS courses (MCHS students only)
9. end of each quarter of the capstone project (MCHS students only)
10. end of preceptorship experience
11. end of clerkship rotations
12. end of clinical year

Technical Standards and Essential Functions of Medical Education

at the MEDEX Northwest Physician Assistant Program: Admission, Retention and Graduation Requirements

Introduction

Physician assistant training is recognized as a broad-based process requiring the acquisition of general knowledge in all fields of medicine and of the basic skills requisite for the practice of medicine regardless of specialty. The education of a PA requires assimilation of knowledge, acquisition of skills and development of judgment through patient care experience. This is in preparation for the semi-autonomous and appropriate decision-making required in the practice of medicine. Practicing medicine emphasizes collaboration among physicians, PAs, other allied health care professionals and patients.

Policy

The MEDEX Northwest Physician Assistant Program endeavors to select applicants who have the ability to become highly competent PAs. As an accredited PA program, MEDEX Northwest adheres to the guidelines promulgated by the Technical Standards and Essentials Functions set forward in this document. Within these guidelines, MEDEX Northwest has the freedom and ultimate responsibility for the selection of students; the design, implementation and evaluation of its curriculum; evaluation of students and the determination of who should be awarded a certificate. Admission and retention decisions are based not only on prior satisfactory academic achievement but also on non-academic factors that serve to ensure that the candidate can complete the essential functions of the academic program required for graduation.

The program has the responsibility to the public to assure that its graduates can become fully competent PAs capable of fulfilling the Hippocratic duty 'to benefit and do no harm'. Thus, it is important that persons admitted possess the intelligence, integrity, compassion, humanitarian concern and physical and emotional capacity necessary to practice medicine.

The PA program, as part of the University of Washington, is committed to the principle of equal opportunity. MEDEX Northwest does not discriminate on the basis of race, color, creed, religion, national origin, sex, sexual orientation, age, marital status, disability, disabled veteran or Viet Nam era veteran status. Upon request of the Disabilities Resources for Students office, the university will provide reasonable accommodation to otherwise qualified students with disabilities.

Program

Technical standards as distinguished from academic standards refer to those physical, cognitive and behavioral abilities required for satisfactory completion of all aspects of the curriculum and the development of professional attributes required by the faculty of all students at graduation. The essential abilities required by the curriculum are in the following areas: motor, sensory, communication, intellectual (conceptual, integrative and quantitative abilities for problem-solving and diagnosis) and the behavioral and social aspects of the performance of a PA.

The MEDEX Northwest curriculum requires essential abilities in information acquisition. You must have the ability to master information presented in coursework in the form of lectures, written material and images.

You must have the cognitive abilities necessary to master relevant content in basic science and clinical courses at a level deemed appropriate by the faculty. These skills include the ability to comprehend, memorize, analyze and synthesize material. You must be able to discern and comprehend dimensional and spatial relationships of structures, and be able to develop reasoning and decision-making skills appropriate to the practice of medicine.

You must have the ability to take a medical history and perform a physical examination. Such tasks require the ability to communicate with the patient. You must also be capable of perceiving the signs of disease as manifested through the physical examination. Such information is derived from images of the body surfaces, palpable changes in various organs and auditory information (patient voice, heart tones, bowel and lung sounds).

You must have the ability to discern skin, subcutaneous masses, muscles, joints, lymph nodes and intra-abdominal organs (*e.g.*, liver and spleen). You must be able to perceive the presence or absence of densities in the neck, chest and masses in the abdomen.

You must be able to communicate effectively with patients and their families, physicians and other members of the health care team. These communication skills require the ability to assess all information, including the recognition of the significance of non-verbal responses and immediate assessment of information provided to allow for appropriate, well-focused follow-up inquiry. You must be capable of responsive, empathetic listening to establish rapport in a way that promotes openness on issues of concern and sensitivity to potential cultural differences.

You must be able to process and communicate information on the patient's status with accuracy in a timely manner to physician supervisors and other members of the health care team. This information then needs to be communicated in a succinct yet comprehensive manner, and in settings in which time available is limited. Written or dictated patient assessments, prescriptions, *etc.*, must be complete and accurate. The appropriate communication may also rely on the student's ability to make a correct judgment in seeking supervision and consultation in a timely manner.

The student must be able to understand the basis and content of medical ethics. You must possess attributes including compassion, empathy, altruism, integrity, responsibility and tolerance. You must have the emotional stability to function effectively under stress and to adapt to an environment that may change rapidly without warning or in unpredictable ways.

These technical standards and essential functions of medical education identify the requirements for admission as well as retention and graduation of applicants and students, respectively, at the MEDEX Northwest Division of Physician Assistant Studies. Graduates are expected to be qualified to enter a field of PA practice of their choice.

Services for Students with Disabilities

The University of Washington is committed to providing access, equal opportunity and reasonable accommodation in its services, programs, activities, education and employment for individuals with disabilities. To request disability accommodation in the admission and application process, contact the Disability Services Office (DSO) at (206) 543-6450, (206) 543-6452 (TTY), (206) 685-7264 (fax), or dso@u.washington.edu. More information about DSO may be found online (<http://www.washington.edu/admin/dso/>). To request disability accommodation as an enrolled MEDEX student,

contact the Disability Resources for Students Office (DRS) at (206) 543-8924, (206) 543-8925 (TTY), (206) 616-8379 (fax) or uwdss@u.washington.edu. More information about DRS may be found online (<http://www.washington.edu/students/drs/>).

The Technical Standards and Essential Functions for the MEDEX Northwest program are posted on the MEDEX web site. All students are expected to meet the Technical Standards and Essential Functions of the program, with or without reasonable accommodation. Each applicant is asked to read and understand the information provided. Upon application to the program each applicant is required to check the appropriate box on the electronic form indicating that he or she has read and understands the information contained in the document, verifying that he or she can meet the essential requirements and technical standards of the program with or without reasonable accommodations due to a disability.

If a student with a disability has documented the disability through DRS, and the DRS office determines that he or she is eligible for reasonable accommodations due to the effects of a disability, DRS—with the permission of the student—notifies the Program Director or other designated faculty member. This is done through a letter that outlines the possible reasonable accommodations that the student might request. The student then works with MEDEX personnel to discuss the accommodations requested and to finalize a plan for arranging the accommodations with the course chairs or coordinators. It is important to note that modifications may be made between the reasonable accommodations outlined by DRS and the reasonable accommodations that are needed or determined to be appropriate within the MEDEX program. MEDEX will work with faculty and the student to make these adjustments when needed and may consult with DRS if necessary.

If a student is concerned that he or she may have a learning disability, the first step is to arrange for an official evaluation. It is the student's responsibility to initiate this process and also to pay for the evaluation. The student must then present the official paperwork to DRS for determination of possible reasonable accommodations. This service is also available for students who may experience a temporary disability, such as an accident or illness of some sort.

It is the student's right as well as responsibility to disclose that he or she has a disability and to request the approved accommodations in a timely manner. MEDEX encourages students with disabilities to work with DRS as soon as they suspect that they might have a need for accommodation due to a disability, as reasonable accommodations may not be implemented without approval from DRS, and arrangements cannot be made retroactively.

Guidelines for Ethical Conduct for the Physician Assistant Profession

(Established by the American Academy of Physician Assistants)

The American Academy of Physician Assistants has established guidelines for physician assistant practice. Following are the introduction and statement of values from the *Guidelines for Ethical Conduct*. The full document is available from the AAPA web site (<http://www.aapa.org>). The document includes detail on PAs and the patient,

other providers, the health care system and society as well as individual professionalism. All physician assistant students must be familiar with and adhere to the principles and codes contained in the full document.

Guidelines for Ethical Conduct for the Physician Assistant Profession

Policy of the American Academy of Physician Assistants,
adopted May 2000, amended May 2008, reaffirmed 2013 (see <http://www.aapa.org>)

(Excerpt begins)

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

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

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

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

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

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

Justice means that patients in similar circumstances should receive similar care. Justice also applies to norms for the fair distribution of resources, risks, and costs.

Physician assistants are expected to behave both legally and morally. They should know and understand the laws governing their practice. Likewise, they should understand the ethical responsibilities of being a health care professional. Legal requirements and ethical expectations will not always be in agreement. Generally speaking, the law describes minimum standards of acceptable behavior, and ethical principles delineate the highest moral standards of behavior.

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

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

Statement of Values of the Physician Assistant Profession

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

(Excerpt ends)

Guidelines for Managing Institutional Expectations for Standards of Professional Behavior and Grievance Procedures

Individuals within MEDEX, the School of Medicine or the University of Washington will provide assistance with situations, perceived or real, of inappropriate behavior. Such behaviors may fall in the areas of discrimination or harassment based on race, religion, ethnicity, sex, sexual orientation, age or veteran status. It is important to address these situations, whether intentional or unintentional, as they result in a disruption of the spirit of learning and a breach in integrity and trust among members of the educational environment.

As individuals who are entering a profession that maintains high expectations for ethical conduct, it is important that you develop skills in providing feedback directly to those who you feel are behaving outside the acceptable standards of conduct for physician assistant students or for faculty and staff members. Peer assessment may be a new area for many of you, but it is an important skill to learn. Such feedback should be approached in a manner that provides the individual with an opportunity to acknowledge inappropriate behavior and identify ways to correct it, and to reduce the possibility of the behavior recurring. The kinds of incidents that are considered unacceptable include but are not limited to cheating, inappropriate comments or jokes,

disruptive or rude behavior by peers in the classroom and observed inappropriate behavior between peers or between peers and faculty or staff.

If you believe you have observed unacceptable behavior, you should choose one of the following options for action.

1. If you are comfortable with your skills in providing direct feedback, you should approach the individual and begin a conversation about what has occurred.
2. If you are uncertain about whether what you have observed is an issue that needs to be addressed, you are welcome to discuss it with your faculty advisor or another faculty member. Depending on the outcome of this conversation, you may wish to approach the individual together with your advisor or a faculty member.
3. If you are uncertain about whether what you have observed is an issue that needs to be addressed (either on your own or after discussions as noted above), you may make an appointment to discuss the issue with your faculty advisor, site coordinator or the Program Director. This will be a confidential discussion. If any follow-up is recommended, you will be part of that decision. Such a decision may include encouraging you to speak with the individual or to have your advisor speak with the individual with or without you present.
4. If the situation cannot be addressed within the MEDEX program, you may make an appointment to discuss the issue with the Associate Dean for Student Affairs in the School of Medicine. Again, this interchange will be initiated as a confidential discussion, and you will participate in any decision toward taking action.

In managing issues in which the professional behavior of students, faculty or staff do not meet the expected standards, it is preferable to address the situation first at the level of the individual. In many cases, this resolves the problem and both individuals can gain important insights into the kind of responsibility we have for one another's behavior. If the problem is not resolved at the individual level, then it is equally important that the issue be managed at a more formal level. Because each incident is unique, it is not possible to list here all the options for handling problems. However, it is important to remember that confidentiality and privacy are essential components in determining whether and how formal an intervention may occur. This includes both the individual raising the concern and the individual whose behavior is being questioned. If the breach of professional conduct is confirmed and is in the realm of unacceptable behavior for graduation (such as cheating, breaking the law, inappropriate behavior with patients, *etc.*) then the situation will need to be presented to the program's Student Progress Committee for review and determination of the appropriate course of action.

The university also has avenues for submitting concerns. If for some reason you feel you do not wish to use the points of contact available within MEDEX or the School of Medicine, the following offices are available to you for concerns as noted.

- Office of the Ombudsman (handles all issues), (206) 543-6028, <http://www.washington.edu/about/ombudsman/>

- School of Medicine Student Affairs Office (handles issues at the student-to-student level), (206) 543-5560
- University Complaint Investigation and Resolution Office (UCIRO, handles issues within the university community), (206) 616-2028, uciro@u.washington.edu

The university, the medical school and the program do not condone any form of harassment whether it is related to age, religion, sex, sexual preference, veteran status, race or ethnic background. Sexual harassment and date rape are considered serious breaches of the standards of conduct and will be dealt with as such. If you or someone you know is the victim of sexual assault, resources are available to help you on and off campus. In addition to contacts within the School of Medicine (Academic Affairs Office or Counseling Services), there are several resources within the UW and in the local area.

Resources at MEDEX Locations

Seattle Campus Resources

- Safe Campus: (206) 685-SAFE (7233). Also provides safety guards to walk through campus: (206) 685-WALK (9255).
- SARIS: Sexual Assault and Relationship Violence Information Service. Frequently-checked voice mail, (206) 685-4357. Email and web: saris@u.washington.edu, <http://depts.washington.edu/livewell/saris/>.
- Student Counseling Center: 401 Schmitz Hall, 8:00am to 5:00pm on Monday, Wednesday, Thursday, Friday and 9:30am to 4:00pm on Tuesday; (206) 543-1240, <http://counseling.uw.edu/>.
- University Police: 1117 NE Boat St, (206) 685-UWPD (8973) (non-emergency). Emergencies on-campus 9-911, off-campus 911; 24 hours/7 days per week; uwpolice@u.washington.edu, <http://www.washington.edu/admin/police/>.
- University Complaint Investigation and Resolution Office (UCIRO), (206) 616-2028, uciro@u.washington.edu.
- UW Ombudsman's Office, (206) 543-6028.

Seattle Community Resources

- Harborview Medical Center: 325 9th Ave, Seattle, 24 hours/7 days per week. Emergency Department, (206) 744-3074. Counseling available at the Center for Sexual Assault and Traumatic Stress, 401 Broadway Ste 2075, 8:00 am to 6:00pm M-F, (206) 744-1600.

- King County Sexual Assault Resource Center: <http://www.kcsarc.org>. 24-hour crisis line, (888) 998-6423.

Spokane Campus Resources

- Riverpoint Campus Security: dial #40 from any campus phone or (509) 358-7995. Also provides an escort service to parking lots or bus shelters.

Spokane Community Resources

- Spokane Police Department: 1100 W Mallon, Law Enforcement Helpline (509) 477-5980. Emergencies dial 911, 24 hours/7 days per week.
- Sexual Assault and Family Trauma (SAFeT) Response Center: 210 W Sprague Ave, (509) 747-8224. 24-hour sexual assault crisis line, (509) 624-7273.

Tacoma Campus Resources

- Safe Campus: (253) 692-SAFE (7233). Also provides safety guards to walk through campus: (253) 692-4416, or Blue Emergency phones on campus.

Tacoma Community Resources

- Tacoma Police Department: 3701 S Pine St., (253) 798-4721. Emergencies dial 911, 24 hours/7 days per week.

Anchorage Campus Resources:

- Office of Campus Diversity and Compliance: University Lake Building, Ste 108, (907) 786-4680, <http://www.uaa.alaska.edu/diversity/>.
- Psychological Services Center (a service of the Department of Psychology): (907) 786-1795.
- Student Health and Counseling Center: 3211 Providence Dr, Rasmuson Hall, Ste #116/120, (907) 786-4040.
- University Police Department: Eugene Short Hall #114, (907) 786-1120. Emergencies dial 911, 24 hours/7 days per week.

Anchorage Community Resources

- Abused Women's Aid in Crisis (AWAIC): 100 W 13th Ave, (907) 279-9581, 24-hour crisis line (907) 272-0100.
- Anchorage Community Mental Health Services: 4020 Folker St, (907) 563-1000, 24-hour crisis hotline, (907) 563-3200.
- Anchorage Police Department: 4501 Elmore Rd, (907) 786-8500 (non-emergency).

Emergencies dial 911, 24 hours/7 days per week.

- Men and Women Center: 600 Cordova St, Ste 3; (907) 272-4822.
- Standing Together Against Rape (STAR): 1057 W Fireweed Ln, Ste 230; (907) 276-7279. 24-hour crisis and information line, (907) 276-7273 or (800) 478-8999.



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GENERAL POLICIES ON ACADEMIC PERFORMANCE

Educational Expectations at MEDEX

Program Context

1. MEDEX Northwest's perspective on PA education is both comprehensive and historical. As one of the most senior PA programs, we have a long-term record of providing both a clinically relevant didactic curriculum and an appropriate mix of preceptorship and clerkship experiences for primary care PAs.
2. Primary care requires a broad-based approach. Because of prior clinical experience, students often come to MEDEX with expectations of what they need to learn; expectations that must be stretched and expanded to encompass the full scope of the program. Be open to learning opportunities.
3. MEDEX is a full-time educational program that requires regular independent study. Employment during your MEDEX studies is strongly discouraged since it interferes with study time and concentration.
4. You have all worked hard and made sacrifices to enter this program. We expect that every person who is selected will graduate.

Class Interactions

1. Each class develops its own culture and personality. Diversity in the class is a strength, not a weakness. You have the potential to learn as much from each other as from instructors. We expect you to be respectful, courteous and non-judgmental in dealing with faculty, instructors, program staff, peers and patients at all times.
2. At MEDEX, testing and grading are meant to determine fundamental competency, not award prizes. Cooperation with one another in the learning process is encouraged. We expect you to be reliable, honest, professional and mutually supportive.
3. Research shows that as an adult student you are, by definition, in a crisis. So is the person next to you. (In Chinese, the written character for 'crisis' means 'a dangerous opportunity'.) Since you are adult learners, we expect you to be self-motivated. You will get out of this experience what you put into it.
4. There will be times when your personal and cultural values, experiences, biases and prejudices will be challenged by classmates, faculty, lecturers or patients. If you have a negative reaction to any situation, ask yourself why you are experiencing this reaction and what you can learn from it. Tolerance and respect for others are important aspects of professional behavior and competence, and are therefore a part of academic performance.

5. You bring with you strengths from your previous career and life experiences. Build upon them as you learn new skills. Growth can be uncomfortable, and we encourage you to view it as a positive challenge. Your areas of discomfort may indicate an opportunity for you to stretch and grow. Be willing to leave behind the security of your previous profession and the parts of it that could hinder your development for this new career.

Academic and Future Success

1. If you experience problems that interfere with your learning, we expect you to ask for help. Your faculty advisor is an important resource for your educational and professional development.
2. MEDEX is committed to maintaining the highest standards of academic performance, which includes professional conduct. Behaviors such as cheating, plagiarism or falsified documentation of clinical findings reflect attitudes that guide professional conduct and, as such, indicate that a person may not be prepared to assume the responsibility of making professional clinical judgments. Thus, these non-professional behaviors are considered to be academic performance issues.
3. Successful completion of the PA program depends as much on behavior and attitudes—as observed by faculty, preceptors and peers—as it does on coursework, examinations and attendance.
4. Being observed and critiqued is an essential part of medical education and is a part of academic performance. Evaluations continue throughout the program and are part of your career.
5. You are expected to develop and exercise a new level of professionalism in this program and your new career. We expect that throughout your training, you will act in accordance with the Guidelines for Ethical Conduct for the Physician Assistant Profession (see the Graduation Requirements chapter and the AAPA web site: <http://www.aapa.org>).
6. Physician assistants are members of a healthcare team. They do not practice independently.
7. It is important that you develop a professional network. PA role models will be an important part of your education. You will find them in the classroom and in clinical settings.

Written Work for MEDEX

General Requirements and Format

You will be required to write several papers during your MEDEX training. These writing assignments prepare you for a career involving continuous learning and for communication with peers and physician supervisors or consultants. They also fulfill

the research and writing requirements of both the Accreditation Review Commission on Education for the Physician Assistant and the University of Washington baccalaureate or master's degree expectations. Since you are required to have a computer with a word processing program, we expect you to utilize these tools to create your papers and to follow standard, appropriate formats. The Health Sciences Library has several style manuals in the reference section, and has posted some of this information on its web site. The following page provides basic information on the required American Medical Association style.

HealthLinks <http://libguides.hsl.washington.edu/ama>

You may consult the Chicago, MLA, APA or AMA manuals for general stylistic questions, but ***you must use the AMA format*** for your citations and reference lists. Details on requirements for specific assignments will be provided for each course. Questions on style and format or on writing in general may be directed to the writing specialist (Keren Wick) at the Seattle office.

Plagiarism

As described in the UW School of Medicine Student Handbook, in conducting any research project, you must follow guidelines for acknowledging the use of the work of others. There are a number of manuals on how to write research papers, and it is highly recommended that you identify the appropriate manual for the kind of project being completed. One particular area, that of plagiarism, deserves special attention because the definition of plagiarism is broad. There are ramifications for the manner in which you summarize the work of others and how the ideas of others are documented with appropriate citations and references.

It is highly recommended that you understand the guidelines for writing papers and giving proper attribution before beginning a project. This will enable you to set up a system for documenting the source of information as notes are made in developing the framework from which the paper will be written.

The following excerpt describes the range of situations that can qualify as plagiarism.

The academic counterpart of the bank embezzler and of the manufacturer who mislabels [a] product is the plagiarist, the student or scholar who leads [the] reader to believe that what he [or she] is reading is the original work of the writer when it is not.... The spectrum is a wide one. At one end, there is a word-for-word copying of another's writing without enclosing the copied passage in quotation marks and identifying it in a footnote, both of which are necessary. It hardly seems possible that anyone of college age or more could do that without clear intent to deceive. At the other end, there is the almost casual slipping in of a particularly apt term which one has come across in reading and which so admirably expresses one's opinion that one is tempted to make it personal property. Between these poles, there are degrees and degrees, but they may be roughly placed in two groups. Close to outright and blatant deceit—but more the result, perhaps, of laziness than of bad intent—is the patching together of random jottings made in the course of reading, generally without careful identification of their source, and then woven into the text, so that the result is a mosaic of other people's ideas and words, the writer's sole contribution being the cement to hold the pieces together. Indicative of more effort and, for that reason, somewhat closer to honesty, though still dishonest, is the paraphrase, an abbreviated (and often skillfully

prepared) restatement of someone else’s analysis or conclusions without acknowledgment that another person’s text has been the basis for the recapitulation. (Martin HC, Ohmann RM, Wheatly JH. *The Logic and Rhetoric of Exposition*. 3rd ed. New York, NY: Holt, Rinehart and Winston; 1969.)

Also note this shorter definition of plagiarism from the University of Washington Graduate School Policy (rev. 2013).

Plagiarism is defined as the use of the words, ideas, diagrams, *etc.*, of publicly available work without appropriately acknowledging the sources of these materials. This constitutes plagiarism whether it is intentional or unintentional and whether it is the work of another or your own, previously published work.

Plagiarism is a very serious offense that the University of Washington does not tolerate. Evidence of plagiarism may prevent granting of your degree.

The Grading and Assessment System

The MEDEX Northwest Physician Assistant Program offers a competency-based program. We require you to complete each component of the program successfully prior to continuing to the next phase. (Please refer to the Decision Points listed in the Graduation Requirements chapter.) On written or computerized tests as well as performance exams (*e.g.*, physical exam demonstrations), a score of 80% is the passing level. This requires that you do B- or better work in order to graduate from the program. This reflects both the ‘core’ (no frills) nature of the curriculum and the high standards of knowledge necessary to deliver high-quality patient care. When course grades are submitted to the university at the end of each quarter, the conversion table at the right is used.

Grade Conversion Chart

Numerical	Letter	Percent
4.0	A	100 – 98
3.9	A	96 – 97
3.8	A-	94 – 95
3.7	A-	92 – 93
3.6	A-	91
3.5	A-	89 – 90
3.4	B+	87 – 88
3.3	B+	86
3.2	B+	85
3.1	B+	84
3.0	B	83
2.9	B	82
2.8	B-	81
2.7	B-	80
2.6	B-	79
2.5	B-	78
2.4	C+	77

The UW Graduate School requires that all graduate students (*e.g.*, MEDEX MCHS students) maintain a 3.0 grade point average (GPA) each quarter and throughout the program, and also that students earn a minimum of 2.7 in each individual course. (Courses graded on a Credit/No Credit basis are not included in the GPA calculation.) The Graduate School will notify MEDEX if an individual student falls below these expectations.

Papers and Other Assignments

Grading

Course syllabi describe specific grading policies used in each component of the curriculum. Refer to the course syllabi for specific details.

1. Written papers are graded either by the 4.0 scale or by percentages. On the 4.0 scale, you must earn at least a 2.7 or 3.0 (depending on the specific course requirements), or a resubmission will be required. Since you are required to have a computer with a word processing program, we expect you to utilize these tools to create your papers, present them with accepted spelling and grammatical structures, and to follow standard, appropriate formats.
2. Some assignments are graded on a 100% scale, in which case 80% is a passing mark.
3. Some assignments are graded as pass/fail and recorded as 100% or 0%. In order to receive the credit allowed for a passing grade, the completed assignment must be submitted on time or a grade of fail (0%) will be given. Even if the assignment is late and no credit is given, it still must be turned in to receive a grade for the course.

Deadlines and Resubmissions

1. On-time completion of paperwork is a very important habit in PA jobs. We therefore expect you to submit all assignments to MEDEX in a timely manner. All didactic-phase assignments must be submitted before the first class of the day on the official due date. MEDEX staff will collect your work from the designated assignment in-box. All assignments that are to be submitted electronically must be sent or posted by the published deadline (this includes the published time of day for submission). Late electronic submissions will be treated the same as late submissions of hard-copy assignments.
2. Penalties are assessed for unexcused late submissions as described in the individual course syllabi. Late assignments must still be turned in, but they may not be given a passing grade, which may affect your overall course performance. Late papers may not receive the benefit of feedback from the course faculty. Course syllabi may have specific details for late assignments and papers, such as .5% or .25%, *etc.* deducted from the grade for each day an assignment is late. (Note: if an assignment arrives even two minutes after the published deadline, it is already 'one day' late.) Be sure to refer to each course syllabus.
3. Clinical-phase assignments, such as rotation checklists, evaluations, written papers and other projects, must be submitted to the MEDEX office on the due dates published in the clinical manual or otherwise specified by the program. Regardless of the method of submission (clearly-postmarked mail, email, upload, *etc.*),

assignments must arrive at the clinical office in Seattle no later than 5:00 pm (M-F) on the due date.

4. Requests for extensions on written papers must be made at least two full working days before the published deadline. Requests for extensions on other assignments, such as Clinical Reasoning Problems, must be made at least one full working day before the deadline.
5. There may be a recommendation for formal academic review when paperwork is consistently late.

Testing Protocols

All tests and examinations are serious occasions. Therefore, the following principles must be observed in order to minimize distraction and anxiety during testing.

1. Dishonest behavior such as cheating is unacceptable. Inappropriate testing behavior reflects unsatisfactory professional development and therefore leads to academic review of the student file and possible dismissal. Do not provide or receive unauthorized assistance on exams. Do not remove exams from designated review areas or obtain exam material prior to distribution by faculty. Receiving or reviewing exams or exam questions from prior students is unacceptable and is classified as cheating. Copying, memorizing, photographing or any other method of recording exam questions for yourself or others is cheating.
2. Cell phones, handheld computing devices and other communication technology are not permitted during examinations—including online self-proctored exams (except when this equipment is explicitly required). These devices must be turned off and stowed prior to beginning an exam.
3. MEDEX testing is conducted on an 'honor system' and irregularities that you observe in test-taking should be discussed with the involved parties (see the Graduation Requirements chapter). If the problem is not resolved, it must be referred to the proctor or course instructor. Failure to report unresolved irregularities is a professionalism concern.

Classroom Testing and Quizzes

1. All in-class tests and quizzes will begin on time. Plan to arrive early enough to stow your coat, books, electronic and other gear in the front, back or sides of the room as instructed prior to the exam. Stowage under your desk is not permitted. Sharpen your pencils before the test begins. If the exam requires electronic equipment, be sure it is on and ready to use prior to the beginning of the test. No water bottles, scratch paper or other materials are allowed at your desk. The only materials permitted at your seat during an exam are pencils, one eraser and earplugs. No headphones or earbuds are permitted.

2. Guidelines for remediation of missed quizzes are as follows. You will be allowed one quiz retake per course per quarter for an excused absence. The make-up quiz must be taken within 24 hours of returning to class. You are responsible for arranging a date and time with the program assistant. Students who miss a quiz due to an unexcused absence or late arrival will not be given credit for the missed quiz. However, students may be allowed to take the quiz for their own learning enhancement. In the event that a student earns a failing course grade due to this policy, the situation will be discussed by the SPC. Cases will be reviewed on an individual basis.
3. Classrooms are small, and people are in close proximity in all testing situations. Keep your eyes on your own paper. Faculty may arrange seating for the class or ask individual students to move in order to achieve optimum spacing among test-takers.
4. Talking between students or other forms of 'communication' are not allowed during testing. All electronic computing and communication devices must be turned off and stowed except when a smart phone or computer is explicitly required for a test.
5. Any corrections to a test will be posted at the front of the classroom. Check for any changes before turning in your test.
6. Be sure that you have turned over all pages of the examination prior to submitting your answer sheet. You do not want to accidentally skip some of the questions.
7. Double-check your exam before leaving the classroom to guarantee that you have answered all questions. For multiple-choice exams using Scantron forms, be sure you have transferred your responses correctly onto the bubble-style answer sheet. The Scantron form is your official exam paper.
8. When you have finished testing, exit the classroom quietly and move away from the classroom before engaging in conversation.
9. Examination by demonstration requires extra concentration on the part of the examiner and the examinee. Feedback will be provided only after completion of the examination. 'Hinting' by body language during physical exams may result in scoring penalties for the 'patient'.
10. We believe in the confidentiality of student records. All exam results and papers will be returned to individual student boxes or posted to a secure online feedback page. It is inappropriate to remove another student's paperwork from the box without his or her permission. There will be no public posting of student names with scores.
11. You have access to your own academic file only. Major exams are filed in your student file at the MEDEX office until successful completion of the program. You usually retain weekly quizzes.
12. Copying questions or exam pages before, during or after any exam- or review-related activities is unacceptable and is grounds for dismissal.

Exam Results and Retests

1. The exam answer sheets from Spokane, Tacoma and Anchorage are sent by overnight mail to Seattle for scoring and test item review, a process that slightly increases the time-frame for grading the exams of all students. (Faculty review exam results from all four sites together.) During midterm and final exam weeks, pass and retest information is released after (a) faculty have scored and reviewed all exams for all sites for the week and (b) the Didactic Coordinator has approved the release of exam results. This slight delay of notification regarding exams scheduled early in the week ensures that students are not distracted from preparing for additional major exams later in the same week.
2. Students may review their completed exams at their local MEDEX administrative office. Students must contact the program assistant at the site to make an appointment. During an exam review, students are allowed one textbook, one blank sheet of paper, a pen/pencil and a photocopy of their Scantron form (original Scantrons are held in reserve, and may not be reviewed without faculty supervision). Computers, phones, cameras, extra books or notebooks and any other items not specified in the above list of allowed materials are prohibited from the review area. Students may take notes on general concepts that they might wish to study further, but may not write down any specific questions, answers or other details of the exam. Notes must be approved by a faculty member before the student leaves the office, and faculty or staff may make photocopies of students notes if appropriate. Additional blank note pages are allowed after each filled-in page is approved by faculty. Time allowed for exam review will be limited in accordance with the length of the exam.
3. Didactic students who pass all major exams and major written assignments in a course, but whose overall average grade in that course is less than 80%, must remediate the course material that caused the failing grade prior to the beginning of the next quarter.
4. The passing grade for both overall courses and individual exams is 80%. Grades between 79.5% and 80% are *not* rounded up. Students who fail to achieve a minimum of 80% on a major exam(s) or major written assignment(s) will, initially, be given a formal warning of inadequate academic performance. Students who have received an official warning previously and who fail to achieve 80% on a major exam(s) or major written assignment(s) may be placed on program probation. Students who receive an official warning or who are on probation will receive a grade of Incomplete for the relevant course(s) until the following process is complete.
 - a. If the overall course average is 80% or higher, and the exam score(s) or assignment grade(s) is (are) 70% or higher, the student may continue to the next quarter without retesting/rewriting.
 - b. Retesting and/or rewriting:
 - i. If the overall course average is 80% or higher, and the exam score(s) or assignment grade(s) is (are) below 70%, the student must retest the failed exam(s) or resubmit the written assignment(s). Once a student is in the retest

- pool for a particular course, the course average is not recalculated until after all required retests have been completed. If the student passes the retest(s)/rewrite(s) at 80%, he/she may continue to the next quarter. In the case of a failed retest or rewrite, the student is referred to the Student Progress Committee (SPC).
- ii. If the overall course average is at least 70% but less than 80%, the student must retest the failed exam(s) or resubmit the written assignment(s). Once a student is in the retest pool for a particular course, the course average is not recalculated until after all required retests have been completed. If the student passes the retest(s)/rewrite(s) and the final overall course grade is at least 80%, he/she may continue to the next quarter. If a student earns a passing grade on a retest or rewrite, and the overall final course average remains below 80%, the student must remediate the course material that caused the failing grade prior to the beginning of the next quarter. In the case of a failed retest or rewrite, the student is referred to the SPC.
 - c. If the overall course average is below 70%, the student may participate in the retesting process. The student will be referred to the SPC.
5. The retest policy described above applies to all courses with two exceptions. The Anatomy and Physiology course (summer) and the Basic Clinical Skills course (autumn) each have a unique organizational structure. Many components contribute to the final grade in these two courses. However, the major exams carry significant weight in the overall evaluation of student performance. For these two courses, students must average at least 80% on the major exams (On-Campus Exam #1 and Exam #2 for Anatomy and Physiology; the midterm exam and the final exam for Basic Clinical Skills). A student with an average of less than 80% on the two major exams for either course must retest the exam(s) that earned less than 80%. As noted above, scores below 80% will not be rounded up.
6. Policies for retesting/rewriting and satisfactory completion of the academic quarter:
- a. Retests or resubmissions of failed written assignments must occur prior to the beginning of the next quarter.
 - b. The course chair or coordinator makes arrangements for review sessions and other assistance as needed before retesting or rewriting.
 - c. The course chair or coordinator makes arrangements—with the approval of the SPC as needed—for remediation of course material as described in (3) and (4.b.ii) above.
 - d. A passing grade on a retest or a resubmission of a written assignment is 80% or higher. Scores between 79.5% and 80% are not rounded up.
 - e. Since the retest or rewrite represents a second attempt at the academic evaluation, all passing retests and written assignments will be recorded as 80% in the course grade register.
 - f. When a student is referred to the SPC, the committee discusses warnings, academic probation, leaves of absence, withdrawal or dismissal as appropriate. (Please refer to definitions and descriptions in the chapters on performance evaluation and student separation from the program.) However, the usual expectation in the event of a failed retest is either withdrawal or dismissal from the program.

7. Policies regarding retest outcomes, withdrawal and dismissal for academic reasons are as follows.
 - a. As stated above, the usual consequence of failing a retest is withdrawal or dismissal from the program. The program recognizes that external life circumstances may have an impact on academic performance. The expectation is that students will contact their advisors to discuss situations that may impact their exam performance negatively *prior to* participating in major exams or retests. A leave of absence to resolve the situation (rather than taking and failing a retest) may be the next appropriate step. Once exams or retests have been taken and the scoring is finalized by the faculty, extenuating circumstances can no longer be claimed as a mitigating factor.
 - b. Students must determine whether they should either request a leave of absence or participate in retests *prior to* beginning the retest process for each quarter. Once a student has begun the retest process, the expectation is that the student will complete all required retests and then review the overall results with faculty.
 - c. If a student requests a leave of absence in the didactic phase at any point during the quarter prior to retests, he or she must restart that quarter and take all courses offered in that quarter upon returning in the next academic year. If a leave of absence extends beyond one academic year, the student will be required to re-start the program from the beginning. All leaves of absence, and the return from a leave, must be negotiated with the program director. (Additional details on leaves and subsequent return are provided in the chapter on student separation from the program.)
8. The Basic Clinical Skills course provides instruction in taking patient histories and in performing multiple physical exams. During the second week, students must demonstrate mastery of the complete history and physical exam. This is one of the 'decision points' for continuation in the program.

The ability to perform systems-based histories and physical exams is evaluated weekly throughout the rest of the quarter. Each evaluation has a two-part grade—a checklist and an overall faculty assessment of the student's performance—and students must earn a passing mark on both. If a student does not demonstrate mastery of the exam on the first attempt, a retest is required to evaluate the checklist or the overall assessment (whichever was unsatisfactory). If competency is demonstrated on the retest, a score of 80% is entered in the course grade register for the retested component of the exam. If competency is not demonstrated, a third attempt may be allowed, though a passing grade will be recorded at only 50%. If competency is not demonstrated on a third attempt, a grade of 0% will be recorded and the SPC will review the student's status in the program. Students who display a pattern of retesting may also be referred to the SPC.

9. Students who receive an Incomplete in any course and who receive financial aid will have a hold placed on their financial aid until the Incomplete is removed.

Online (web-based) Testing

1. It is your responsibility to log in to your assigned exams and complete them as instructed within the designated time frame.
2. The same restrictions against receiving unauthorized assistance apply to computerized examinations. It is your responsibility to take your online exams alone, without the help of others, and without the assistance of your books or other resources. Online exams are closed book, individual efforts, and all students are expected to adhere to the same honor system that applies to written exams. Recording of questions by any method for any reason is prohibited.
3. You will receive specific instructions on exam timing, web sites and technical considerations during orientation activities or during class.

Narrative Evaluations

Narrative comments provide another method to assess student performance throughout the program. This involves verbal or written review and evaluation of student performance by professional educators and clinicians. While this commentary form of evaluation may appear to be more subjective than formal examination, it, too, is based on observation and analysis within the context of what is reasonable to expect from PA students as the program progresses. This type of evaluation is much more frequent during the clinical year and contributes important information to student assessment. Narrative comments by experienced faculty and clinical preceptors are available for student review and become part of the academic record.

The Student Portfolio

An evolving activity for PAs—and other health professions—is the electronic documentation of individual professional development across time. While previously viewed as simply the logging of Continued Medical Education, electronic communication technology has created opportunities to document professional growth starting with activities in entry-level professional education. Each entering MEDEX student will collect and maintain his or her own electronic record—an academic portfolio—of activities and documents such as evaluations, writing samples, patient logs, recommendations, *etc.* The portfolio will be reviewed with the advisor quarterly and prior to graduation. The MEDEX Academic Portfolio is designed as a tool for transition into professional practice when employers, third party payers and regulatory agencies may request documentation of specific training and/or clinical experiences. You will receive more information how to develop and manage your own individual portfolio in the early weeks of the program.

Professionalism

In addition to content knowledge, professional behaviors and attitudes are considered to be a part of your academic performance. Attendance, tardiness, participation in class discussions, courtesy to and consideration for speakers, faculty, preceptors, staff and

fellow students are markers of professional behavior and attitudes. We expect you to maintain the highest standards of professional conduct.

Failure to achieve minimum competency in coursework, including clinical assignments and satisfactory progress in professional development, behaviors and attitudes may result in an official warning, program probation or dismissal. A pattern of documented evaluator concerns about your performance may indicate unsatisfactory progress when the record is viewed as a whole, even though passing grades have been assigned. In such instances, successful completion of a remediation plan is required to continue in the program.

Classroom and Didactic Issues

Academic Attitudes

1. Each student has a different learning style and comes from a different perspective in academic background and clinical experience. What may be intuitive or obvious to you may be beyond the grasp of a classmate at that moment. Each of you will have a time when you will be the expert and a time when you will be the novice.
2. Just as each student has an individual learning style, each instructor and guest speaker has an individual teaching style. There is something to be learned from each didactic encounter. It is not possible to match learning and teaching styles perfectly. It is the program's responsibility to provide a variety of valid educational experiences and to be responsive to valid and constructive criticism.
3. The curriculum is always evolving, and we expect your positive participation. There are opportunities throughout the program to evaluate speakers and courses. This feedback is most valuable when everyone in class participates and responds constructively.
4. All of the MEDEX faculty and staff are committed to your personal and professional success.

Learning Environment

1. It is a MEDEX policy that students not bring children or pets to MEDEX functions unless they are specifically invited. This includes lectures, tutoring and workshops. Due to the nature of the small classrooms, visitors are also not allowed.
2. Guns and other weapons are not permitted in the classroom, program offices, training locations or other program venues or events.
3. Attending class while under the influence of alcohol or drugs is strictly prohibited.
4. Student mailboxes in the classroom area are reserved for program communication with individual students. They may not be used as storage lockers or for delivery of personal notes.

5. Classroom seats may be assigned or reassigned by faculty without notice.
6. Workshops offer unique administrative challenges and must take into account the schedules of multiple individuals with limited availability. After workshop schedules have been established, changes may not be possible. Requests for reassignment or special consideration are therefore strongly discouraged and may be denied.
7. The use of laptop computers in the classroom is allowed, however students must make every effort to avoid distracting others. The audio must be set to mute during class. Extracurricular activities such as email, web-surfing, gaming and social networking should take place only during appropriate times outside of class time (unless it is an assigned component of the classroom activity). All electronics must be turned off and stowed during testing, except when exams explicitly require electronic devices.
8. Audio recording may be allowed for lectures but not for class discussions. Since the recording of lectures can be disruptive to the speaker and your fellow students, you must have permission from the instructor in advance. The use of recorders must be unobtrusive and offer minimal distraction. Video recording of demonstration-style instruction may be allowed under certain circumstances. ***Video and/or audio may not be posted publicly;*** the program will post these on Moodle if this is determined to be of educational benefit. The question of whether audio or video recording will be allowed must be discussed with the course chair(s) or site coordinator in advance and will be at the lecturer's discretion.
9. Cell phones, pagers, and other electronic communication devices are disruptive and distracting when they sound or ring. Please turn them off during class. In true emergencies, you may be reached by a call placed to the MEDEX office. Staff will then notify you in the classroom. (Also see #10 below.)
10. When you are in class, we expect you to direct your attention to the instructor. Students may not engage in web-surfing, game-playing, emailing, messaging or similar extracurricular activities during class since they prevent you and your classmates from learning important material. Failure to function within these limitations, as well as repeated phone or pager ringing, represents an inadequate level of professionalism, and may result in faculty intervention and review by the Student Progress Committee.

Student Responsibilities

1. Your course syllabi will be your primary source of information for your didactic coursework. Refer to the syllabi before calling or emailing the office with questions: you will find that many of your questions have already been answered.
2. It is the student's responsibility to come to class prepared. This includes having read the assigned materials, completed the objectives to the best of your ability and also bringing appropriate handouts and textbooks. Although there may be

alternative ways to obtain completed objectives, this would short-change your learning as a student and as an educated healthcare provider. Completing your objectives before you come to class will ensure that you have a better grasp of the material to be covered. The lecture will solidify that knowledge and help you to focus on key concepts that you may have missed or found puzzling.

3. The required reading is listed in each syllabus. You are expected to read it prior to attending the lecture. You will notice that in many cases, chapters and page numbers are not included for core course textbooks. You are expected to use the table of contents and index pages to locate the appropriate pages. Some designated reading assignments will be much more targeted, and direct you to the specific sections that will be used in class activities. Note that texts available online through the library may be subject to limited 'seating'. Do not rely on online texts to prepare for a major exam, as the subscribed online 'seats' may be filled.
4. Asking questions in class is encouraged, if needed, to clarify key components. However, some questions are appropriate for the classroom environment and others are not; use discernment. A good time to ask questions about more detail than the lecturer has covered—or those that are of interest to you but not directly applicable to the lecture topic—is during breaks or after the lecture.
5. The primary method for communication is email (see the Practical Points chapter). You are responsible for checking your email daily throughout the program. You are responsible for maintaining access to your email account as you move during your training. As described in the Practical Points chapter, social networking sites are not appropriate for program communication.
6. Punctuality and attendance are very important issues. Tardiness, early departures and absence from classes are not conducive to optimal learning for any student in the MEDEX program. The structure of the MEDEX curriculum is fast-paced and builds upon previous instruction. It is your responsibility—and an expectation for your professional behavior—to arrive on time, to be prepared for class on time (with your coat and gear stowed) and to remain for the entire class period.
7. Events that qualify as excused absences may include illness and family emergencies, but not routine activities that can be rescheduled to accommodate your education and career. Students are required to notify the appropriate MEDEX office of any absence and the reasons for the absence. MEDEX reserves the right to determine whether an absence is excused. (See also the chapter on Performance Evaluation.)
8. The course chair or coordinator, the site coordinator and program staff at your site must be notified in writing (email) as soon as possible if you will be late to or absent from class (or if you need to leave early) for any reason. Sending messages through classmates is not an acceptable form of notification. 'As soon as possible' means that you must contact the program in advance if you know in advance, and you should notify the staff at the first opportunity should an emergency arise. Chronic tardiness, early departures or absences will result in intervention by your faculty advisor, will impact your professionalism evaluation, and may have consequences for your continuation in the program.

9. Time away from class for professional conferences must be approved in advance. (See the chapter on Opportunities for Contributions to PA Education.) Assignments that are due during an approved absence must be submitted before departure unless other arrangements have been agreed upon with the course chair or coordinator.
10. As student representatives of MEDEX Northwest and the PA profession, you are a visible group. You are expected to wear appropriate attire at all times for the clinical setting, classroom, workshops and other MEDEX experiences. Keep it simple, clean, neat and presentable. If in doubt, ask. Wear ID badges when appropriate.
11. Remember, guest lecturers are just that: guests. Most of them are volunteering their time to lecture you. Please show them the courtesy that guests deserve.

BLS, HIPAA and ACLS

1. You must be certified in BLS prior to your arrival at the program. Please contact Michael Franson at the Seattle office with any questions. Lack of certification may impact your participation in required activities. Your BLS certification must remain current throughout the MEDEX experience. Classmates are not allowed to teach or certify one another.
2. All students will participate in required training for the Health Insurance Portability and Accountability Act of 1996 (HIPAA; web site: <http://www.hhs.gov/ocr/privacy>). Training will be arranged through MEDEX, and students must complete this as scheduled during the first summer quarter. Some clinical sites may require additional HIPAA training. Failure to complete HIPAA training may impact your ability to participate in the program.
3. You will take an ACLS course after completion of the didactic year. It is our philosophy that you should enroll in ACLS and take the course in a community-based setting. Community-based courses provide the opportunity to network with other healthcare providers in the area and offer an opportunity for you to educate other providers about the PA profession and the MEDEX program. Certification *should* be completed prior to the start of the clinical phase, and *must* be documented before starting the Emergency Medicine rotation. Include this expense in your overall planning for clinical training. Some classes fill up soon after they are announced. Plan ahead and enroll early to avoid disappointment. We strongly recommend that you take time in the spring to identify and enroll in a summer course.
4. You may not take an ACLS course during the didactic phase to satisfy program requirements. You may not enlist classmates to contract for a special 'MEDEX-only' ACLS course, and classmates are not allowed to teach or certify one another. The intent is that you will take this course with other members of the local community. If courses open to non-hospital personnel are limited in your geographical area, a group of students may request that a qualified instructor (but *not* current MEDEX

faculty or students) offer an extra course in order to expand availability in the local area.

5. In an effort to increase access for students to ACLS courses, MEDEX will attempt to add optional courses coordinated by the program. If the logistics of this additional training allow, options for obtaining ACLS certification will include the alternative described below. In all cases, students are responsible for a) enrolling in the course, b) paying the fee for the course, c) ensuring that they have completed the course successfully and d) providing a copy of current ACLS certification to the MEDEX clinical office.

If available, students may participate in a MEDEX-organized* ACLS course offering. Availability of this activity by summer 2014 is not guaranteed. If a student does not pass a late summer ACLS course, clinical training will be suspended prior to the Emergency Medicine rotation, and will not resume until an ACLS course has been completed successfully. Delays in clinical training result in an extension of the clinical phase.

*Although MEDEX hopes to provide administrative coordination, these courses would be operated by external vendors. Students would be responsible for ensuring that they are enrolled with the vendor, and students would pay the course fee directly to the vendor. MEDEX will not be involved in the delivery of the curriculum, and MEDEX faculty do not participate in any way in student evaluation for ACLS. Determination of a student's successful completion and certification rests solely with the vendor.

6. Online ACLS recertification through the web site approved by the AAPA and the American College of Emergency Physicians is acceptable *if you entered MEDEX with an active certification*. The approved web site for this process is available at: <http://www.eacls.com>.

Interaction with the Clinical Office

1. MEDEX organizes and monitors your clinical training, but remember that you must be an active participant in your education, and you are responsible for your own learning and clinical progress.
2. Shadowing clinicians is beneficial prior to entry into the program, but your clinical experiences in the program are designed to be more formal. During your enrollment in the MEDEX program, you may not make independent, external arrangements to shadow or follow clinicians at any time throughout the duration of the program. It is especially important that you do not represent yourself as a PA student in a clinical setting in the summer between the didactic and clinical phases unless you are participating in a formal experience arranged by the program. Due to risk management and insurance requirements at the university, while you are a MEDEX student, all clinical exposure must be approved through the program.

CARE Clinical Experience Weeks

1. Each of you will spend two separate weeks under the supervision and mentoring of a PA in a primary care setting and one in a specialty setting during the winter and spring quarters of the didactic year. These are your Clinical Applications in Real Experiences (CARE) weeks. These weeks are intended to expose students to PA role models and various types of PA practice, not necessarily to provide advanced clinical knowledge. At the end of the autumn quarter, didactic students are given the opportunity to nominate clinical sites and PAs for these clinical experiences. However, the program will limit these clinical opportunities to locations within approximately 60 miles of each didactic training site, and expects to place the majority of students with established MEDEX clinical affiliates.
2. You will have assignments to complete during these two clinic weeks and presentations due in the Professional Role Development (PRD) course. These clinical experiences are part of the PRD course, and students who fail them will receive a grade of Incomplete in that course for the relevant quarter. An Incomplete will remain on record until the clinic is repeated successfully. A low grade on the clinic experience(s) will impact the PRD grade. The CARE presentations for the PRD course will also be graded. Students receiving a failing grade or an incomplete will be expected to repeat and pass the clinical experience(s) during the summer prior to beginning the clinical year.

Preparation for the Clinical Year

1. During the didactic year, each student will have the opportunity to meet with a designated Clinical Coordinator to discuss preliminary plans for the clinical year. Students may discuss personal issues that may affect clinical placements, *e.g.*, single parenthood, housing availability near a clinical site. Keep in mind that each student is expected to travel during the clinical phase. Individual assignments are typically made that take into account prior clinical experience and strengths in addition to providing opportunities for personal and professional growth. You may submit names, addresses and phone numbers of potential preceptors to the clinical office, but you should be aware that some potential sites may not qualify as academic rotations. The clinical office faculty and staff will follow up by contacting qualified sites or potential preceptors, sending appropriate information to them and initiating the site-approval process. Students may not make arrangements directly with clinical sites or preceptors, even if these resources have been used for other MEDEX students. Informal agreements settled with a handshake or phone call are a thing of the past.
2. The program makes the ultimate decision for clinical site placements on a case-by-case basis; taking into consideration past clinical experience and the educational, learning and professional needs of each student. The program attempts to individualize each student's clinical experiences within the parameters of a fast-paced, primary care PA program.

In the Clinical Year

Goals and Expectations

1. Procedures are relatively easy to learn; the ultimate goal of the program is to teach clinical reasoning and problem-solving.
2. The family medicine preceptorship is intended to be your in-depth clinical experience. This is a primary care program, and specialty experiences are intended for exposure, not mastery.
3. Your expectations for clinical experiences may be different from those of the preceptor or the program. It is important that you approach your clinical assignments with an open mind. Everyone's experience will be different—even in the same site.
4. MEDEX has identified general goals and objectives for clinical rotations. However, you should develop your own additional, personal goals and objectives for each of your clinical experiences.

Decentralized Clinical Training

1. Flexibility about scheduling and traveling is an important expectation for the clinical year. Arrangements with clinical sites sometimes change on short notice for a multitude of reasons.
2. MEDEX is a regional program. You will travel for part of the clinical year. Travel expenses are included in your planning budget and in financial aid calculations. Travel costs are the responsibility of the student.
3. You will return to the program for clinical orientation, testing and evaluation at the beginning, during winter quarter, during spring quarter and at the end of the clinical year.
4. The variety and quality of clinical sites are often directly related to their distance from an urban center, with some of the most positive and rewarding experiences found at a distance from home.

Information and Communication

1. You will receive a manual for the clinical phase during clinical orientation activities at the beginning of the clinical year. This material will also be available electronically. This will be your primary source of information for the clinical phase. Read it and refer to it often. Your advisor and the clinical office will expect you to refer to your manual prior to calling or emailing with a question.
2. The primary method for communication is email (see the Practical Points chapter). You are responsible for checking your email daily throughout the program and for maintaining access to your email as you move among rotations. As described in the

Practical Points chapter, social networking sites are not appropriate for program communication. The program uses the university email system for official communication. Do not rely on private email accounts to receive official program notifications and requirements, and do not forward your UW email to a private account.

3. Take advantage of email and the 1-800 number (set up for clinical-phase students) to maintain frequent and close communications with the program and your advisor.

Professionalism

1. If your preceptor is not at the clinical site when you are scheduled to be there, you are not automatically excused from attending clinic. If you cannot make other arrangements with clinical personnel, call MEDEX for advice.
2. We expect you to understand and abide by principles of confidentiality with patients, peers, the program and the profession.
3. Behavior and attitudes are important to a successful clinical year. In addition to discussions and handouts, the Guidelines for Ethical Conduct for the Physician Assistant Profession will provide some guidance on expectations for professional conduct (<http://www.aapa.org>).
4. It is your responsibility to become familiar with the PA laws of the states where you receive clinical training and where you eventually plan to practice.
5. It is your responsibility to know and follow the UW's exposure protocols.
6. If your clinical site provides or arranges lodging for you, it is your responsibility to be aware of and follow all rules, such as cleaning requirements and pet restrictions.
7. Due to risk management and insurance requirements at the university, you may not make independent, external arrangements to shadow or follow clinicians while you are enrolled in the MEDEX program.
8. You are required to wear your UWMC ID badge (and sometimes a site-specific ID badge) during all clinical experiences.

Clinical Performance and Progress

1. Attendance is required for all transition, orientation, examination and graduation weeks. You are expected to be on time and stay through the end of all required activities. While the performance exams are designed as pass/fail instruments, the faculty reserve the right to determine competence and the need for retesting.
2. Narrative subjective comments are much more frequent during the clinical year and provide important information that is used in student assessment. Evaluations also take account of such factors as written assignments, examinations during the clinical year, on-site assessments, professional conduct and clinical performance skills. You

must pass all clinical clerkships and the family medicine preceptorship prior to completion of the program. Unsatisfactory evaluations may result in official warning, probation, dismissal or extension of the clinical year to allow the student to achieve entry-level competency, based on additional clinical practice and testing as needed. The Student Progress Committee makes recommendations for additional assignments, rotations or testing; or for dismissal. (See the Performance Evaluation chapter.)

3. Additional assignments designed to prepare you for the national board exams may be added during the clinical year of training. These are not optional, and must be completed on time.
4. In your clinical year, you must complete all charting by the end of each business day before leaving the clinical site. You may not remove patient charts from the clinical site. You are also expected to submit all rotation checklists, patient logs, evaluations, papers and other projects or assignments to the MEDEX office on the due dates published in the clinical manual or otherwise specified by the program. Typhon logs must be entered or uploaded at least once every week. Regardless of the method of submission (clearly-postmarked mail, email, upload, web-form, *etc.*), assignments must arrive at the clinical office in Seattle no later than 5:00 pm (M-F) on the due date.
5. In the clinical year, rotations may be suspended or delayed until delinquent paperwork is completed. There may also be recommendations for formal academic review when paperwork is late. This may extend the clinical year.
6. MCHS students must meet quarterly deadlines for progress on the capstone project. Failure to achieve adequate progress or to submit a required progress report will result in a suspension or delay of clinical placements. A satisfactory progress report must be submitted prior to resumption of clinical rotations.
7. If you receive a clinical evaluation of 'borderline' at a rotation, you may be required to extend or repeat it, or complete an additional rotation at a substitute clinical site.
8. Students are prohibited from arranging clinical rotations independently of the program. The program reviews each potential clinical training location and clinical preceptor for suitability and appropriate 'fit' prior to confirming a specific rotation, and then generates the required administrative agreements.
9. Unsatisfactory performance during the clinical year may result in a temporary suspension of the current clinical rotation or a delay in the commencement of the next scheduled rotation. A substantial departure from program expectations may also lead to dismissal proceedings. (See the Performance Evaluation chapter.) Factors leading to a suspension, delay or dismissal include but are not limited to the following:
 - a. failure to complete and submit written assignments or charting by scheduled deadlines;

- b. unsatisfactory progress in professional development, attitudes and professional conduct;
- c. unexcused or unexplained absence (including tardiness or early departure) from a clinical site during a scheduled rotation;
- d. inadequate progress or failure to submit a required quarterly progress report on the capstone project (MCHS students only)
- e. failure to submit timely Typhon (patient encounter) logs;
- f. failure of a site visit;
- g. failure to receive a passing 'first evaluation' or 'final evaluation' on a clinical rotation or preceptorship;
- h. failure of exams during the on-campus weeks;
- i. failure of online rotation exams;
- j. failure to complete required Board Review Question sets on time;
- k. unprofessional interactions and/or inappropriate behavior at a clinical site;
- l. accessing medical records inappropriately;
- m. misrepresentation of the PA student role;
- n. practicing with inappropriate or absent supervision;
- o. engaging in a clinical experience during enrollment that has not been approved and confirmed by the program;
- p. failure to obtain co-signature on patient records.

Suspension or delay of clinical rotations will remain in effect until either written work has been submitted as required or other steps for remediation as determined by the program have been completed. If a clinical rotation is suspended or delayed, clinical time must be made up at a later date. Make-up time for missed or delayed clinical experiences may be set in correlation to the length of the suspension. Make-up schedules may also be set for a longer period if the program determines that extended clinic time is part of an appropriate remediation plan.

10. Any program extension for any reason that lengthens student status in MEDEX beyond the end of the academic quarter in which graduation is originally scheduled will be associated with additional tuition. Students must be registered at the UW for each quarter in which they perform any training or educational activities. Students who complete training or educational activities after the end of one academic quarter but before the beginning of the subsequent quarter will be registered and charged tuition for the subsequent quarter in order to meet institutional expectations. The number of additional credits for which a student is enrolled may vary depending on student circumstances, but will be one credit (with associated tuition) at a minimum.
11. If a student is unable for any reason to complete the clinical year by 31st December of the assigned graduation year, that student will not, under normal circumstances, be allowed to participate in the graduation ceremony until the following year.

Other Important Points

1. Remember that your clinical year is still part of your educational training. You are not expected to know everything. Don't be too hard on yourself if you make a mistake.
2. Being a PA is exciting and challenging, and commits you to a process of life-long learning. We assume that in two short years you will become our peers. We expect to have a positive ongoing relationship with students, and beyond that, with graduates. Your integrity and credibility are the most precious assets of being a PA—protect them. It is the combination of competence, conduct and confidence as a professional that earns the honor of the title *Physician Assistant*.

Services for Students with Disabilities

MEDEX Northwest, the medical school and the university are committed to providing access, equal opportunity and reasonable accommodation in its services, programs, activities, education and employment for individuals with disabilities. Please consult the information on disability services in the Graduation Requirements chapter.

PERFORMANCE EVALUATION

Student Progress Expectations

MEDEX students are expected to achieve an acceptable level of competence in the prescribed curriculum, to demonstrate appropriate professional behavior in all interactions with faculty, staff, fellow-students, clinic personnel and patients, and to uphold standards of personal conduct and integrity both in the academic setting and within the community. Upholding the standards of professional and personal conduct includes, among other things, demonstrating behavioral patterns and attitudes consistent with the Guidelines for Ethical Conduct for the PA Profession (see Graduation Requirements chapter). It also involves each student being accountable for his or her own conduct as well as assuming responsibility for the professional behavior of colleagues within the profession. Students will be expected to adhere to the standards detailed in HIPAA throughout their PA education.

MEDEX will assist students in understanding the program's and the profession's expected levels of professional behavior and conduct through discussions at orientation programs and class meetings as well as in the Professional Role Development course. Unacceptable behavior includes but is not limited to the following: cheating on any exam, plagiarism, misrepresenting documentation of clinical findings and commission of a misdemeanor or felony in any setting.

In addition, the program prohibits behaviors that have special pertinence to health professions students in training. These unacceptable behaviors are indications of inadequate academic progress, and include but are not limited to the following.

1. Students must wear an identification badge designating their status as physician assistant students during any and all assigned clinical experiences. This name tag is required at all times in clinical settings.
2. Students will neither depart from nor fail to report to an assigned clinical site without proper, timely notification to both the site and MEDEX personnel.
3. Students are prohibited from arranging clinical rotations independently of the program. The program reviews each potential clinical training location and clinical preceptor for suitability and appropriate 'fit' prior to confirming a specific rotation, and then generates the required administrative agreements.
4. Attending classes or clinical experiences while under the influence of alcohol or drugs is strictly prohibited.
5. Students may not perform examinations or procedures on patients without appropriate consent.
6. Students may not report or discuss patient information by name to anyone not authorized by the patient.

7. Students may not access the medical records of patients without proper authorization. This includes electronic records and other confidential patient information stored in any format.
8. Taking sexual advantage of a patient is strictly prohibited. Dating a patient is viewed as 'taking advantage' due to the unequal levels of influence and authority inherent in the provider-patient relationship.
9. Do not report falsely on a patient's history and/or physical findings (*i.e.*, reporting more data than was actually obtained).
10. Do not make false representations regarding the involvement of a physician or other personnel in the management of a patient (*i.e.*, stating that the physician concurred on a treatment plan or examined a patient when he or she did not).

Students will be assessed on their clinical performance by program faculty and preceptors. Unsatisfactory clinical performance includes but is not limited to repeated or unexplained lateness to or absence from clinical experiences, failure to complete required written assignments and charting by scheduled deadlines, failure of a site visit, failure to receive a passing 'first evaluation' or 'final evaluation' on a clinical rotation or preceptorship, failure of exams at the completion of preceptorship/clerkship and inappropriate behavior at a clinical site. Failure to make satisfactory progress in the clinical year may result in extension of an individual's training schedule or termination from the program.

The program maintains a policy that students must pass all midterm and final examinations, written assignments, courses, clinical rotations and clinical-year exams in order to graduate. In the event of a failing assessment, the Student Progress Committee may review a student's entire academic record. A student may be dismissed or may be permitted one re-take of the exam, repeat site visit or repeat/substitute rotation. Failure to pass a retake exam or repeat site visit (or rotation) is grounds for termination from the program.

Assessment of student performance encompasses knowledge, attitudes, behaviors and skills. This includes attendance and participation in class, conduct in the classroom and/or the clinical setting and satisfactory clinical performance. Attitudes and professional suitability are periodically assessed as part of academic performance evaluations. Satisfactory progress in professional behaviors and attitudes must be achieved in order to advance through and complete the program.

It is a program requirement that students attend and participate in all classes, clinics and other scheduled functions. This includes arriving on time and remaining until the class or other function has ended. Faculty and staff will maintain a log to document student attendance. Illness and family emergencies (*i.e.*, **not** those usual, routine activities that can be rescheduled to accommodate a PA student's education and career) are generally the only acceptable reasons for an absence. Students in the didactic and the clinical phases are required to notify the appropriate MEDEX site office of any absence and the reasons for the absence. (Please refer to the communication policies

and the phone contacts listed in the Practical Points chapter.) The didactic and clinical program assistants will maintain attendance records submitted by faculty and supervising physicians or PAs. Chronic tardiness, early departures or absences will result in intervention by the faculty advisor and may have consequences for a student's continuation in the program.

Students are expected to conduct themselves in a professional manner in the classroom and clinical settings. Behavior such as disrespect toward fellow-classmates, MEDEX faculty and staff, visiting lecturers, preceptors or clinic staff as well as patients is an academic performance issue.

The Student Progress Committee

The Dean of the School of Medicine has delegated to the MEDEX Student Progress Committee (SPC) responsibility for issues related to the progress of students while they are enrolled in the MEDEX Northwest program. Students are reviewed during each academic quarter by the SPC regarding issues that include but are not limited to decisions on retesting, promotion, remediation, warning, probation, leaves of absence, extension, dismissal and graduation. A student may be placed on warning status or program probation, or be dismissed for unsatisfactory progress in academic grades, performance skills and/or professional attitudes and behaviors. Remediation of these deficiencies is required before warning or probationary status can be removed.

The SPC expects students to complete all coursework with passing grades and to meet all graduation requirements. Failure to achieve minimum competency in coursework and satisfactory progress in professional development, behaviors and attitudes may result in an official warning, program probation or dismissal. Because students must attain a passing grade in all courses before advancing to the next quarter, failure to pass a retake exam or repeat site visit or rotation is grounds for being dismissed from the program. MCHS students must earn at least a 2.7 in each individual course, and must maintain a 3.0 grade point average in each quarter and throughout the program.

Review of a student's record as a whole may indicate a pattern of documented concerns about his or her performance that demonstrates unsatisfactory progress even though passing grades have been assigned. If a student's overall performance is marginal or borderline, the SPC will place that student on warning status or probation in order to alert him or her to the need for immediate improvement. Failure to complete a remediation plan successfully will result in dismissal from the program. Also, dismissal may occur—regardless of whether a student has been on a warning or program probation—if the student fails to maintain an acceptable academic record, fails to follow academic directives provided by the program, or fails to develop attitudes and behavioral patterns appropriate to the physician assistant profession.

Academic review will include (1) notification of inadequacies where appropriate, (2) careful and deliberate decision-making and (3) an opportunity for the student to meet informally with the Student Progress Committee. The student may be accompanied by a MEDEX faculty advocate. The committee's decision is based on the professional judgment of faculty after reviewing a student's entire academic record including

academic performance in both cognitive and non-cognitive areas. The presence of a student's legal counsel during SPC meetings is not permitted because a formal hearing and appeals are not part of the academic review process. In keeping with School of Medicine procedure, the Faculty Council on Academic Affairs reviews the SPC's actions, and the Dean of the School of Medicine has final approval of the committee's and council's recommendations.

Guidelines on Official Warnings and Program Probation

Official Warning: Warnings are initiated and documented by MEDEX in cases where students have failed to meet published expectations in relation to knowledge, attitudes, behaviors and/or skills. Situations that may lead to warnings include but are not limited to failure of a midterm, final or other major exam; failure of a major written assignment; repeated failure of quizzes, short essays or other assignments; or concerns about professionalism that have not reached the level of probation. Warnings are not reported to other university administrative units.

Probation: Probation is initiated and documented by MEDEX in most cases, but the Graduate School will also alert the program if required grade point averages are not maintained. Probation may be applied when a student has failed to correct deficiencies described in a warning within the format and timeline specified by the program. Probation may also be applied if a student departs suddenly, substantially and/or repeatedly from published performance expectations related to knowledge, attitudes behaviors or skills. MEDEX may be required to report probationary status to the Graduate School or, after graduation, to licensing bodies in some cases.

Official Warnings and Placement on Probation

A student will be given an official warning or placed on probation if, in the judgment of the SPC, that student's progress is unsatisfactory in any area that falls under the committee's purview. Circumstances leading to a warning, probation or dismissal include but are not limited to the following:

1. misrepresenting information or dishonesty on the application form(s);
2. misrepresenting the PA student role;
3. failure at any formal 'decision point';
4. failure of a midterm, final or other major exam (this includes the four Basic Science and three Pathophysiology exams) or failure of exams during the preceptorship or clerkship phases;
5. unsatisfactory attendance records (including chronic tardiness or leaving early);
6. unsatisfactory progress in professional development, attitudes and/or professional conduct
7. failure of the winter or spring didactic-phase clinical experience week(s);
8. failure to complete assignments or charting by scheduled deadlines;
9. failure of a site visit;
10. failure to receive a passing 'first evaluation' or 'final evaluation' on a clerkship rotation or preceptorship;
11. departure from or failure to report to a clinical site without proper notification;
12. unprofessional interactions or inappropriate behavior at a clinical site.

Status While under a Warning or on Probation

An official warning may be issued upon initial failure of a major exam or other failure to meet performance expectations. Subsequent failures will generate either an extension of the official warning or placement on program probation. A warning refers to student status within MEDEX Northwest. This information remains in internal MEDEX files; it is not forwarded to the university, nor does it appear on official transcripts. If the SPC issues a warning, the student will be notified in writing by the Chair of the SPC, the Program Director or the Section Chief. This letter will also state the minimum length of the warning period and the conditions for its removal, *i.e.*, a remediation plan. This notification will alert the student to the requirement for immediate improvement if he or she is to remain in the MEDEX program. We expect that students will maintain an unqualified passing level of performance in subsequent coursework for retention in the program. Students will also be advised of any other criteria for satisfactory performance or personal and professional behavior.

Program probation may be applied for students who demonstrate repeated deficiencies or who have not corrected deficiencies identified in an official warning. Program probation may also be applied when a student shows a sudden, substantial and/or repeated failure to meet academic and/or professional performance expectations regardless of whether a prior warning action was taken. If a regulatory (*e.g.*, state medical licensing board) or credentialing agency asks specifically whether a graduate was ever placed on program probation, the program may be required to disclose this information depending on the wording of the question. If the SPC recommends probation, the student will be notified in writing by the Chair of the SPC, the Program Director or the Section Chief. This letter will also state the minimum length of the probation and the conditions for removal from probationary status, *i.e.*, a remediation plan, or notification in cases where probation may apply for a longer period (*e.g.*, probation that would be in place for the remainder of the clinical phase). This notification informs the student of the need for immediate and substantial improvement if he or she is to remain in the MEDEX program. Students will also be advised of any other criteria for satisfactory performance or personal and professional behavior.

Removal of Warning or Probationary Status

Completion of a remediation plan is required for removal of an official warning or from probationary status. Failure to complete a remediation plan for a warning successfully will result in probation or dismissal from the program. Failure to complete a remediation plan for probation successfully will result in dismissal from the program. Review of probationary status occurs at the end of each quarter (at a minimum) for didactic students.

1. In the case of failed exams, the student must pass the retest (assuming the eligibility requirements to participate in the retesting process have been met).
2. In the event of a midterm failure, removal of an official warning or from probation will occur only when the student has completed the course successfully, *i.e.*, he or she has both passed the exam retake and has earned a passing grade for the course.

3. If a student is under an official warning or on probation for failures in multiple courses, warning or probation may be carried over into the following quarter, or until that student demonstrates satisfactory progress.
4. Warning or probation for professional conduct issues will be reviewed by the SPC at the end of each quarter, at which time the committee may recommend removal from warning or probation, continued warning or probationary status, a move from warning status to probation, or dismissal.
5. Warning or probation during the clinical year remains in effect throughout the remainder of the clinical experience. At the end of the clinical year, the SPC may recommend removal from warning or probationary status and graduation from the program, extension of the program or dismissal.

Upon advice from the Student Progress Committee that a remediation plan has been completed successfully, the Chair of the SPC, the Program Director or the Section Chief will notify the student in writing that he or she has been removed from the warning status or from probation.

Guidelines on Due Process for Students

The review process follows university guidelines as they apply to the School of Medicine. In specific circumstances, a preliminary meeting involving the Program Director and/or the Medical Director may be appropriate. Within the academic review process, there are opportunities for a student to request a meeting with the SPC. A student may wish to do this if he or she believes that all information was not taken into account in the committee's deliberation process or if he or she wishes to request a different course of action than the one the SPC has recommended. For issues related to remediation, probation, extensions or leaves of absence, a student may request a review meeting with the SPC to ask for reconsideration of the committee's recommended remediation plan. The decision of the SPC following such a review meeting is final, and the course of action will then be implemented.

For issues involving a dismissal recommendation, the student is informed by the SPC of the deficiencies on which the dismissal recommendation is based. In most cases, there has been at least one previous letter informing the student of deficiencies and the expected level of performance if that student is to continue in the MEDEX program. When a student is informed of a dismissal recommendation, there are two main options.

One option is to withdraw from the program. To do this, the student must submit a formal letter of withdrawal to the Program Director. The student may withdraw at any time prior to a formal notice of dismissal from the Dean of the School of Medicine. The student's permanent record will show a withdrawal.

The second option is to participate in a dismissal review meeting with the SPC. This meeting should occur as soon as possible, and the SPC will attempt to schedule it at the earliest time that is available. The format of the dismissal review meeting has three components. During the first segment, the committee members review the student's entire MEDEX record and any additional information requested by SPC members.

They will also consider any information the student submits that is related to his or her performance. In addition, the student may request to have other individuals write letters in support of continuation in the MEDEX program.

The second part of the meeting is the discussion between the SPC and the student. At this time, the student may provide the SPC with a personal perspective on his or her performance, and there is also an opportunity for questions and answers. In addition, the student is encouraged to have a member of the MEDEX faculty present as an advocate. This individual can offer information or participate in the question and answer session as appropriate. The level of the faculty advocate's participation in this meeting should be decided between the student and faculty member. Once all information has been presented and there are no more questions, the student and faculty advocate are asked to leave the meeting room.

During the third segment of the meeting, the SPC meets in executive session (*i.e.*, without the student and advocate present) and makes a decision on the dismissal recommendation. The student is invited to wait in the office area so that he or she can be informed of the decision immediately. The SPC's decision is also sent to the student in writing.

It is important that students understand that the academic review process is different than a courtroom scenario (in which there are multiple levels of appeal). There are three components to the academic review process. These include the student being informed of the academic or professional standard deficiency, the student having an informal (*i.e.*, an attorney is not permitted) meeting with the SPC and there being a careful and deliberate committee decision-making process. Thus, it is important that students understand that the review meeting with the SPC is the only meeting at which they have an opportunity to provide relevant information that they believe the committee needs to consider before making a final decision. When a student is in the dismissal review process, the SPC will determine the appropriateness of his or her continuation in coursework (including clinical assignments). At this point, the deliberations internal to MEDEX are concluded.

If the SPC sustains the dismissal recommendation and a student does not withdraw from the MEDEX program, he or she may remain in class during the following steps. The committee's recommendation is forwarded to the School of Medicine's Faculty Council on Academic Affairs for a review of process. This does *not* include a review of content (*e.g.*, the student's academic performance), nor does it include an interview with the student or the faculty advocate. If the Faculty Council determines that the SPC's process has been followed appropriately, the decisions of both the SPC and the Faculty Council are forwarded to the Dean of the School of Medicine. After reviewing the information on which the decisions were based, as well as considering the SPC's recommendation and Faculty Council's review, the Dean will inform the student of the final decision in writing. While the student may request a meeting with the Dean, the granting of such a meeting is at his discretion. During the academic review process, the student has the right to withdraw from MEDEX at any time up to the point when the Dean makes the final decision. In the case of withdrawal, the permanent student record will show withdrawal from courses that were not completed. If in the future that former student requests a

recommendation letter from the MEDEX program, the academic performance and dismissal recommendation may be included in the letter. If the final outcome is dismissal, the dismissal will become a part of the permanent student record, and any recommendations that the student may request will also reflect the dismissal. This may impact the student's ability to matriculate in a subsequent health professional education program.

If the outcome of the dismissal review meeting is that the SPC overturns its dismissal recommendation, the SPC will determine the remediation plan that must be followed in order to allow the student's continuation in the MEDEX program. The SPC will also specify criteria for that student's subsequent performance in order for that individual to be considered to be making satisfactory progress.

Resources

The Student Progress Committee

Timothy C. Evans	Senior Medical Director, SPC Chair	tevans@u.washington.edu (206) 616-3665
Don Coerver	Didactic Coordinator for Spokane	dac6@u.washington.edu (509) 835-3931
Michael Franson	Student Services Manager	mfranson@u.washington.edu (206) 616-7697
Alicia Quella	Asst. Director for Spokane	aquella@u.washington.edu (509) 835-3931
Tim Quigley	Director of Student Affairs	tfq@u.washington.edu (206) 616-6241
John Riley	Asst. Director for Alaska	jor@u.washington.edu (907) 786-6570
Terry Scott	Program Director	tscott@u.washington.edu (206) 616-8481
Henry Stoll	Asst. Director for Tacoma,	hstoll@u.washington.edu (253) 692-5955
Steven 'Tony' Skaggs	Director of Clinical Affairs	skaggs2@u.washington.edu (206) 685-3515
Linda Vorvick	Director of Academic Affairs, Interim Section Chief	lvorvick@u.washington.edu (206) 543-9483

Keren H. Wick Director of Research & khw@u.washington.edu
 Graduate Programs, (206) 616-8649
 SPC Administrator

NB: Alternate faculty have been designated to serve on the committee in cases when an individual may be unavailable.

Other Offices

Anne Eacker Associate Dean eacker@u.washington.edu
 for Student Affairs (206) 598-8750

Office of the Ombudsman (206) 543-6028

University Student Life Office (206) 543-4972

University Complaint Investigation uciro@u.washington.edu
& Resolution Office (UCIRO) (206) 616-2028

| Office of Minority Affairs and Diversity vpomad@u.washington.edu
 (mostly undergraduate services) (206) 685-0518

Graduate Opportunities and Minority gomap@u.washington.edu
 Achievement Program (206) 543-9016

Disability Resources for Students (DRS) uwdrs@u.washington.edu
 (206) 543-8924



STUDENT SEPARATION FROM THE PROGRAM

Guidelines for Voluntary Withdrawal from the Program

Withdrawals are usually due to an inability to complete the program. This may be for personal, academic or financial reasons. A student may voluntarily withdraw from the program at any time. A written notice of withdrawal is required and should be addressed to the Program Director.

A student may also withdraw prior to a formal notice of dismissal from the program. This final notice occurs when the Dean of the School of Medicine sustains a dismissal recommendation. A written notice of withdrawal is required and should be addressed to the Program Director. If the student withdraws from the program, the transcript will show a withdrawal.

Guidelines for Leaves of Absence and Potential Reinstatement to the Program

A student may request or be placed on a leave of absence from the MEDEX program for personal, academic, health-related issues, military duty or unusual circumstances. A request for a leave of absence must be made in writing to the Program Director, who may consult with the appropriate MEDEX committee for review. Each leave requested is reviewed individually, and the program reserves the right to determine the conditions for re-entry. Requests for reinstatement must be made in writing. The student must show that the issues leading to the withdrawal have been resolved such that success in the program will follow if he or she is reinstated. Reinstatement is also dependent on the availability of didactic and/or clinical resources.

For students requesting a leave of absence, the Program Director and/or the appropriate committee will review the circumstances and may set criteria related to the student's return from a leave of absence. The student will be informed in writing of the criteria to be met. If no criteria are set for the leave of absence and return, the student and the appropriate MEDEX representative or committee will determine the length of the leave and the date and circumstances of the return. If criteria are set for a return to the program, the appropriate committee will review the student's case and determine whether re-entry to the program will be granted and if so, on what terms he or she will be allowed to continue.

If a student requests a leave of absence in the didactic phase at any point during the quarter prior to retests, he or she will need to restart that quarter and take all courses offered in that same academic quarter upon returning in the next academic year. If a leave of absence extends beyond one academic year, the student will be required to re-start the program from the beginning. An individual student may take a leave and re-enter the program only once. In the event that a second leave is desired or needed, the student must re-apply to the program in a future year and if accepted, re-enter the program from the beginning. The application will be reviewed without prejudice.

Students who request a leave of any length during the clinical phase will, after negotiation with the Program Director and consultation with the appropriate committee, re-join the clinical phase of training to complete all outstanding clinical rotations. If the leave began during a rotation, the student must, in most cases, repeat the rotation in its entirety. A student returning in the clinical phase may be required to repeat additional portions of the clinical phase if the Program Director, the Clinical Team or the appropriate committee determines that his or her current level of knowledge, attitudes, behaviors or skills does not meet the level of competence expected by the program.

In the event of a withdrawal or dismissal from the program for academic reasons, the student has the right to re-apply to the program without prejudice in a future year. If accepted, he or she will re-start the program from the beginning. The expectation is that the student will have spent the intervening time addressing the academic deficiencies that led to the initial withdrawal or dismissal.

Due to the ever-changing nature of medical knowledge and the integrated nature of the MEDEX curriculum, the program feels that it is essential that students who are re-starting the program proceed through the didactic coursework with their new cohort, participating in the entire curriculum as it is delivered. Previous grades are not considered by MEDEX when students repeat courses. When a course is repeated, the university will average the two grades on the final transcript.

A student returning from any leave of absence can expect that any work missed, such as coursework, exams, clinical experiences and other academic responsibilities, must be made up within an agreed-upon time-frame. Educational or training activities in additional academic quarters may be required in order to complete the program after re-entry. In this case, additional tuition will be charged. The number of credits for which a student is enrolled for additional coursework will depend on each student's circumstances, but will be one credit (with associated tuition) at a minimum. Students rejoining the program in a subsequent academic year will be subject to the new tuition rate. MCHS students taking a leave must maintain their official on-leave status with the UW Graduate School. Failure to do so will result in a mandatory re-enrollment fee set by the Graduate School.

Tuition Forfeiture or Refund Policy Related to Leave of Absence or Withdrawal

Students requesting a leave of absence for any substantial length of time should be aware that they are subject to the official UW withdrawal policy for tuition forfeiture or refunds based on the UW quarter calendar (rather than the dates of MEDEX quarters). Depending on the specific time during the UW quarter that a leave or withdrawal is requested, a student may be responsible for paying that quarter's tuition.

Tuition Forfeiture Schedule

- leave/withdrawal taken by the 7th calendar day of the UW quarter pay no tuition
- leave/withdrawal taken between the 8th and 30th calendar day of the UW quarter required to pay half tuition
- leave/withdrawal taken after the 30th day of the UW quarter full tuition due
- leave/withdrawal taken summer quarter after the 21st day of the UW quarter full tuition due



ACADEMIC ADVISING AND COUNSELING

Faculty-Student Relationships

The faculty advisor–student advisee relationship is a unique and integral part of the MEDEX program. Your advisor is your mentor. He or she promotes your progress, lending support and providing advice to further your growth into the PA role. This is an important resource for help in all areas of transition. We expect the advisor and advisee to cultivate a mutually trusting relationship based on sincere and candid interaction. Advisors will maintain confidentiality of student information, referring circumstances to other program faculty / staff only when appropriate and necessary.

Students and faculty advisors will have at least one formal meeting each quarter during the didactic year. These meetings are opportunities to become better acquainted, to problem-solve any individual issues (academic, personal, professional), to provide guidance in developing your role in the PA profession, to review the student's academic portfolio, *etc.* Additional advisor-student meetings may be scheduled at the request of either the student or faculty member. A different faculty member may be assigned as your advisor for the clinical year. MCHS students will have an additional faculty project supervisor specific to the capstone project.

Program problems should remain within the program. We would rather hear about them directly from you than from some other source.

Stress

This program is very demanding, and stress will be felt by everyone—individually and in groups—in different ways and at different times. This will include your support systems also. Each quarter of the program has its own unique stresses and rewards. The article in the Appendix describes common reactions to the kinds of stress you will experience during your educational program. We expect you to develop functional ways of dealing with stress because it will continue long after the program is over. Dysfunctional coping styles, including substance abuse, are a specific risk for all health care providers. It is a concern to us and should be to all of you.

Your faculty advisor can be a resource for you in dealing with stress. In some cases, the advisor may facilitate arrangements for you through the School of Medicine's student services office. In addition, we encourage you to contact the UW Student Counseling Center at (206) 543-1240 and take advantage of their services. Hall Health also offers counseling services, call (206) 543-5030.



STUDENT AWARDS

At the MEDEX graduation ceremonies several awards will honor students who have earned special recognition.

The Spirit of MEDEX Award

This award recognizes students in each training site who have dedicated themselves to their goal of being a physician assistant, who have shown compassion and sensitivity to others and who have maintained their humor and perseverance in the face of adversity. They have a positive attitude and are ambassadors for the program throughout their MEDEX training.

The John B. Coombs Leadership Award

Dr. Coombs was the Associate Dean for Regional Affairs and Rural Health in the School of Medicine, and had a long record of promoting the PA profession. This award is presented to students in each training site who have become role models to their peers, have assumed some of the responsibilities of leadership during their training and have carried out those responsibilities with integrity, cooperation and understanding.

Underserved Service Awards

Students are recognized for exceptional achievement in the care of, improved access for or promotion of public awareness of the needs of the medically underserved. The recipient will have demonstrated a strong dedication to ongoing service to underserved communities.

Seattle: The Richard Layton Award

Dr. Layton was a long-term chair of the MEDEX advisory board. His record of community involvement and work with medically underserved populations inspired this award.

Spokane: The Barbara Gunter Flynn Award

Barbara Gunter Flynn was the site coordinator for both Yakima (1994–1997) and Spokane (1997–2002). Her commitment to providing health care to the medically underserved and also to teaching and mentoring PA students made her a role model for both PAs and PA students throughout the state of Washington and beyond. This memorial award recognizes and encourages service in and dedication to underserved communities.

Anchorage: The Alaska Underserved Service Award

The Advisory Committee for the Anchorage training site wishes to recognize and encourage service in and dedication to underserved communities.

Tacoma: The Tacoma Underserved Service Award

The Advisory Committee for the Tacoma training site wishes to recognize and encourage service in and dedication to underserved communities.

The Student Writing Award

This award is given to students from the various training sites who have combined creativity and unique approaches with exceptional writing skills in assigned papers.



OPPORTUNITIES FOR CONTRIBUTIONS TO PA EDUCATION AND THE PA PROFESSION

Information Sessions

Information sessions provide an opportunity for prospective applicants to hear about the application process and ask any questions they may have about PA education and employment. MEDEX provides information sessions throughout the WWAMI region and in Nevada. Current students are often invited to participate in these sessions so that they can provide the perspective of a successful applicant. Participating students are selected on the basis of satisfactory performance in the program and coordination with the academic schedule.

Admissions Interviews

Each year, several second-year students are selected to participate as admissions interviewers for the current applicant pool or to act as an informational resource during selection conferences. Admissions interviews usually involve at least one full day of interviewing applicants, writing comments and taking part in discussions with the other interviewers. Other students are present at lunchtime and other times throughout the day as applicants move between interviews. Participating clinical-phase students are selected on the basis of prior performance during their MEDEX training and coordination with any current clinical assignments.

Course Evaluations and Student Input

There are opportunities throughout the program for students to evaluate speakers and courses. The purpose of lecture and course evaluation is to improve the program, most often for subsequent classes. (Participation is required as part of the Professional Role Development course grade.) The sometimes lengthy lead-time required for planning courses and ensuring inter-site educational equivalency means that some meritorious suggestions cannot be implemented until the following quarter or year.

These evaluations are most valuable when everyone in class participates and responds constructively. We expect all of you to complete evaluations for each course. If you have suggestions for course chairs during the quarter, you may provide input directly to the course chair or coordinator. You may also discuss your comments at quarterly meetings with your faculty advisor. Please provide constructive feedback; sarcastic or offensive comments are unhelpful in any context.

Testing & Workshop Participation

The emphasis on clinical competency in the MEDEX program creates a need for periodic testing of physical exam and history-taking skills. First-year students are

usually needed to play the role of 'patient' for the evaluation of second-year student clinical exam skills.

Community Service

Through both the didactic and clinical phases of training, MEDEX students are provided with multiple opportunities for community service. In all cases, the participants are clearly identified as students in the MEDEX program, and thus representatives of the PA profession. These experiences add to the visibility of the PA profession and should be seen not only as contributions to the community, but also as promotional and recruitment opportunities for PAs in general.

Professional and Student Organizations

Being a PA is a political as well as a clinical role. As relative newcomers among health care professionals, PAs must constantly strive to educate patients, other health care professionals, legislators, insurance companies and health care organizations about our role as members of the health care team. One of the most effective ways to do that is by joining PA professional organizations. The MEDEX program encourages all students to join and be active participants in the local, state and national professional organizations for physician assistants. The minimal membership dues required of students is money well-spent.

While you are in the MEDEX program, you have your own student societies in Seattle, Yakima, Spokane and Anchorage. Each site elects officers as well as representatives to the Washington Academy of Physician Assistants (WAPA) and the Student Academy of the American Academy of Physician Assistants (SAAAPA). These representatives are full participants in the state and national societies.

The local student societies have participated in community events and service projects such as health fairs and food banks; social events; public education activities such as PA Day displays and career days; and fund-raisers for class activities such as apparel, gift baskets and various items for sale. An Executive Committee, composed of the president of each society and a faculty advisor, coordinates the activities. Previous classes have made contributions to scholarship funds, sent students to conferences, made emergency loans to their members and paid for social events graduation time.

Didactic-phase students are excused from classes to attend at least a portion of the WAPA Winter CME meeting held in Seattle in late January or early February. Students from both the first and second years frequently have the opportunity—with proper permission—to attend two American Academy of Physician Assistants (AAPA) meetings. The Western Regional meeting is held early in the calendar year, and is attended by leaders from PA programs in the western states. The annual conference is held in different locations in late May. Student participation in these organizations is welcomed. These societies are crucial sources of professional networking, student financial aid, professional development and recognition, continuing education opportunities, political activity and public education information.

You must obtain program permission to attend physician assistant conferences or meetings *prior* to registering for them. This applies to all students, whether they are in the didactic or clinical phase of training. Only students who are in satisfactory academic standing at the end of the quarter prior to the event registration deadline are considered for permission to attend these activities. Requests must be submitted in written or email form no later than one month in advance of the registration for the event in question. All requests for all conferences must be sent to and approved by the designated faculty member who will coordinate all student participation in conferences. Assignments or exams that are due during an approved absence must be submitted before departure unless other arrangements have been agreed upon in advance with the course chair or coordinator.

Professional leadership development for state and national academies begins during student years. Individuals can and do make a difference in our profession.



PREPARATION FOR MEDICINE

Immunizations

The University of Washington Health Sciences Center requires that its students, staff and faculty be up-to-date on immunizations and skin tests. The ARC-PA also requires that PA students comply with CDC immunization and testing recommendations. These requirements are described on the Campus Health Services web site: <https://depts.washington.edu/chsweb/hsi>.

Most of the required immunizations or tests are available from the Campus Health Service at Hall Health Primary Care Center, which must screen each student for compliance with these requirements and provide appropriate documentation. You may obtain the immunizations from your current health care provider, but you will still need to obtain clearance from the Campus Health Service. You may check on the status of your immunization records by email: myshots@u.washington.edu.

All MEDEX students have the opportunity to meet with Health Service staff during orientation activities. You must provide documentation of immunization or make arrangements with the on-campus Health Service to meet these requirements. Documentation of *compliance* with these requirements (*i.e.*, clearance from Campus Health Service personnel) is provided to you and to the MEDEX program (though MEDEX does not receive your actual, detailed immunization record). Follow-up for any incomplete immunizations is your responsibility. You should complete all required immunizations as close to the start of the MEDEX program as possible. Failure to comply with these requirements will have a significant impact on your ability to participate in patient care experiences in both the didactic and clinical phases. Lack of timely immunization clearance will prevent your participation in physical exam instruction, affecting your grade in the Basic Clinical Skills course. Delays in beginning the clinical phase will result in extensions to the clinical year.

Liability/Malpractice Coverage

The university's Office of Risk Management provides guidelines with which we must comply in order to ensure that you have professional liability coverage while enrolled in MEDEX. The university's faculty, staff and students are covered for professional liabilities arising from negligent acts and omissions occurring in the course and scope of their university duties. The university's program covers MEDEX students engaged in approved educational activities. It will not cover students when 'moonlighting', *i.e.*, paid directly by a facility or volunteering to provide services that are not approved by the university as part of a school-directed program.

As a general rule, if you are not registered and paying tuition for an educational experience, you should question whether the activity in which you are participating is covered for professional liability. It is also important that in planning to become involved in an educational experience, you seek this information prospectively so that

there is no question about whether you are receiving the university's liability coverage. If you have any questions about this, please contact the clinical office.

Criminal Background Check

The Washington State Child and Adult Abuse Information Act requires that all individuals who have access to children under 16 years of age, developmentally disabled persons or vulnerable adults disclose criminal history information. To meet these requirements and those of clinical settings in which PA students obtain their training, all MEDEX students must complete a background check process. MEDEX follows the UW School of Medicine policy for background checks.

As MEDEX students you will be required to complete this comprehensive criminal background check upon admission to the program and upon entry to the second (clinical) year of the program at a minimum. You will be required to complete a disclosure form indicating any infractions of the law, including any conviction for a misdemeanor or felony. You will also complete a release form for these checks and to allow MEDEX to confirm your status. A fee will be paid by you directly to the company conducting the background check. You and MEDEX will both receive the results. Once you have received the full report, you will want to keep it with you in the event that you are asked to produce it while assigned to a clinical setting. You should also be aware that some clinical settings require more frequent or more comprehensive background checks.

As a physician assistant student, it is important that you receive certification that there is no evidence of your having a conviction or criminal history in areas of concern to the health professions. Should this be a problem, you would be unable to complete required clinical experiences, and thus would be unable to remain in the MEDEX program. Failure to submit information that allows the background check to be conducted in a timely fashion or notification that you have not cleared the background check is grounds for withdrawal of any offer of admission or for immediate dismissal.

Failure to disclose details that later appear on a criminal history report is grounds for withdrawal of any offer of admission or for immediate dismissal. Should a situation arise during your enrollment in MEDEX that would change the information on your background check, you must notify the MEDEX office. Failure to notify the program of this information is grounds for dismissal.

Health and Disability Insurance

We *strongly* recommend that you carry health insurance throughout your MEDEX training, although the state of Washington does not permit the university to require students to have health or disability insurance. Many clinical training sites will allow you to participate in their practice only if adequate health insurance is carried. It is

your responsibility to be aware of these requirements where they exist, and to be prepared to demonstrate evidence of coverage if asked to do so.

We cannot overemphasize the importance of health insurance, whether it is purchased through the university or from another insurance carrier. The costs of hospitalization, whether from an illness or accident, can be very high, and without insurance, the full financial burden of these costs becomes solely your responsibility. Thus, it is important to have health insurance throughout your entire MEDEX training. We do not endorse any particular insurance; rather we encourage you to consider the options carefully so that you have sufficient coverage for yourself and your family. (See the Health Insurance entry in the Student Services chapter.)

It is advisable for those entering health care fields to consider disability insurance. In light of the cost of your education and the risks associated with practicing medicine, students are strongly encouraged to enroll in a disability insurance plan. While we are not in a position to advise you on disability plans or claims, you may investigate an option available to UW physician assistant students through the UW Benefits office. For more information: (<http://www.washington.edu/admin/hr/benefits/insure/students/phys-asst/ltd-physicianassts.html>).

Universal Precautions

You must complete the program on Universal Precautions annually. The purpose of this program is to ensure that you have been informed of risks associated with blood-borne pathogens and the appropriate handling of blood, tissues and body fluids during your training. As part of your professional development, you will be responsible for incorporating these precautions into your routine practice while in patient care situations and for being certain that you understand what is available in your preceptorship and at each site as you rotate from one clerkship to another.

You will be provided with cards that contain instructions on how to proceed in the event of your having contact with blood, tissue or bodily fluids. You should keep the condensed version of the card on your person at all times and refer to it as appropriate. You will be expected to show the complete version of the card as part of your site visits during the clinical year. If you have any questions, please refer to your information cards or the contact list at the end of the Practical Points chapter.

Blood-Borne Pathogens Policy, University of Washington School of Medicine

MEDEX adheres to the UW medical school's policies on blood-borne pathogens, described below.

1. The University of Washington School of Medicine (SOM) is dedicated to educating its students in the provision of health care of the highest quality, and it

abides by a professionalism that recognizes the primacy of patient welfare and the need to avoid harm within the framework of quality medical education.

2. The SOM is firmly committed to educating all University of Washington medical students in universal precautions and in doing so before the start of their [clinical rotations]. In addition, the School is committed to reemphasizing and reinforcing universal precautions training regularly over the course of the clerkship [phase].
3. Every student on any clerkship, regardless of their location in the WWAMI region, must strictly adhere to universal precautions, including appropriate hand washing, recommended protective barriers, and meticulous care in the use and disposal of needles and other sharp instruments.
4. The School follows the Public Health Service recommendation that any person (including medical [and PA] students) who perform tasks involving contact with blood, blood-contaminated body fluids, other body fluids, or sharps should be vaccinated against hepatitis B and their response to vaccination documented.
5. Students who know they are HBsAg- and HBeAg-positive are strongly encouraged to seek counseling about infection control measures and to take additional and needed precautions to maximize patient safety while pursuing their ongoing training. [This policy varies from the mandatory disclosure for medical students.]
6. The SOM strongly recommends that any student who has risks for a blood-borne pathogen be tested and *know* their own status with respect to HIV, hepatitis B, and hepatitis C. In addition to following universal precautions, students with a known blood-borne pathogen are expected to:
 - Double glove during all procedures involving the possibility of blood-borne exposure,
 - Refrain from all direct patient care and the handling of patient care equipment used in invasive procedures if the student has exudative lesions or weeping dermatitis,
 - Refrain from direct participation in exposure-prone procedures, which at the minimum include the following:
 - ❖ Digital palpation of a needle tip in a body cavity,
 - ❖ Simultaneous presence of the student's fingers and a needle or other sharp instrument or object in a poorly visualized or highly confined anatomic site.
7. The reporting of the hepatitis C status and HIV-status of students to the School is voluntary. If a blood-borne exposure occurs, however, in which there is a reasonable chance that blood was transmitted from the student to the patient, then the School considers it *mandatory* for the student to immediately report their blood-borne pathogen status to their supervisory attending physician so that appropriate post-exposure prophylaxis may be undertaken on behalf of the patient. Similarly, should a blood-borne exposure occur from the patient to any student, it is considered mandatory for the student to immediately report the

event to the supervisory attending so that appropriate evaluation and post-exposure prophylaxis may be undertaken on behalf of the student.

8. The SOM is committed to advising and providing continued career guidance to any and all students who know, or suspect they have, a blood-borne pathogen. Furthermore, the SOM will provide, when appropriate, reasonable accommodations in training for students with blood-borne pathogens to enable the student to complete their medical school training without penalty while at the same time optimizing patient safety.
9. The SOM believes it is important to annually review this policy, and change and update it as necessary, to reflect the current level of science and national guidelines with respect to blood-borne pathogens.

The above UW School of Medicine policy is excerpted from: Mengert TJ, et al. UW Medicine: School of Medicine Blood-Borne Pathogens Policy. Seattle WA: University of Washington; 2005.

<http://www.uwmedicine.org/education/Documents/md-program/Blood-borne-Pathogens-Policy.pdf>

Contacts Following Exposure to Blood or Bodily Fluids

If testing, prophylaxis, or counseling is deemed necessary and the training site outside the Seattle area cannot absorb these costs, bills for initial testing and preventive drugs may be forwarded to:

Stephen Boerstler
Assistant to the Director of Finance and Administration
Health Sciences Administration
Box 356355
Seattle, WA 98785-6355

(206) 543-7926; fax: (206) 543-3473

For further information:

MEDCON (if away from Seattle ask to be connected to numbers below) (800) 326-5300

UWMC Campus Health (7:30 am – 4 pm M-F) (206) 598-4848
UWMC Emergency Department (206) 598-4000

Advice concerning bloodborne exposures:

Dr. Doug Paauw (206) 991-0909 (pager)

STUDENT SERVICES

Tuition and Fees

MEDEX Northwest is a self-sustaining program within the University of Washington. This means that whichever training site you attend, student tuition is applied directly to cover program expenses. All tuition and fees will be collected through the UW student accounts system. Through this system, your financial aid will be applied directly to your tuition and fees, and then any remaining balance will be released to you.

In addition to tuition, you will have a quarterly academic resource fee that will be collected in the same manner as that stated for tuition. You must also pay the UW student services fee and the technology fee, which are required of all UW students. These fees will be required for all quarters (the technology fee is not collected summer quarter) and will be included on your tuition statement. The technology fee supports computer technology resources such as PubMed searches, email and online research as well as articles and texts available through the library. The student services fee entitles you to the full range of services—including health insurance (see below)—offered to all UW students. Health Sciences students (including MEDEX students) must pay a one-time fee to cover the administrative costs of immunization screening and also the costs for initial blood-borne pathogen treatments.

Anchorage students will also be able to access UAA student services. First-year students may choose to pay a student fee set by UAA that will provide them access to student programs and services funded by the mandatory student fees that are assessed to UAA students on the UAA campus. At the beginning of each UAA semester, the Dean of the UAA College of Health and Social Welfare or designee must submit to the UAA Vice Chancellor for Student Affairs written verification of the enrollment status of those students enrolled as UW MEDEX students who wish to pay the UAA student fee.

Financial Aid

MEDEX students at all sites are eligible for financial aid through the UW financial aid office. This office has a budget prepared specifically for MEDEX students using the costs for tuition, books, equipment, travel and fees that you have been given. This budget is larger than the traditional budget for UW undergraduate students, and unique to MEDEX for graduate students.

In order to be eligible for financial aid, you must submit a FAFSA by the deadline in February each year. These forms are available in January of each year online, or from the UW financial aid office. The FAFSA can be completed online at <http://www.fafsa.ed.gov>.

It is faster to use the free web-based application for financial aid. For those who are already in the UW financial aid system, automatic updates will be sent to your address as it is recorded at the UW.

When you have financial aid concerns, you will need to deal directly with the UW financial aid office. When contacting this office, you will always need to have your student ID number and to identify yourself as a MEDEX student. Always obtain the name of the person who assists you. If you need to check back or MEDEX needs to intervene, this will make it easier for follow-up.

The University of Washington expects you to make arrangements for direct deposit of all financial aid awards. Most loan programs participate in the direct deposit program. In the event that your loan does not you would need to make other arrangements with the financial aid office.

Financial Aid Holds

Any didactic-phase student who receives an Incomplete grade or fails a MEDEX course during any quarter will have a hold placed on his or her financial aid for the following quarter. The hold will be removed upon successful completion of the course, *i.e.*, successfully passing retests, fulfilling course assignments and/or satisfactory completion of all requirements for the course. Any delay in the completion of the course may result in delayed release of your financial aid for the next quarter.

Second-year students in the clinical phase who are at risk of not completing requirements for clerkships or preceptorships will be discussed on an individual basis.

Scholarship Applications

Some of the scholarships for which you may apply will request verification of enrollment and grades, and will often ask for references. Requests for verification of enrollment, including loan deferments, are handled through the University of Washington Registrar's office. MEDEX students may send enrollment verification requests and deferment forms directly to Michael Franson (in the Seattle MEDEX office), who will forward them to the appropriate office for processing. Students may request verification of grades from the UW Registrar's office. You may also visit the MyUW web site (<http://myuw.washington.edu>) to obtain official or unofficial transcripts.

Completed scholarship applications will be signed by the Program Director. No blank forms will be signed. Advisors, other faculty members, and occasionally the Program Director will write reference letters upon request. When requesting references in relation to scholarships, provide as much information as you can. Provide the faculty with your completed scholarship application and any additional information about the award that you have available. This will allow the faculty member writing your reference to focus the letter and speak to the issues that are important to the awarding agency, which will strengthen your application.

Registration

Unlike other University of Washington students, you do not register via the main university system on the MyUW web site. All MEDEX students are registered each quarter by the MEDEX student services manager. However, if you are in the BCHS degree program and need to take non-MEDEX UW classes during summer quarter, you must arrange non-MEDEX courses through MEDEX by providing the course title, section number and term type (term A or B), by email to the BCHS degree advisor. For all non-MEDEX courses you will be charged regular UW tuition.

Anchorage site students interested in taking courses at UAA must consult with John Riley, the Alaska site coordinator.

Grade Reports

You may check your grades and/or request a copy of your grades by using the MyUW web site. MyUW allows students secure access to their academic records (<http://myuw.washington.edu>).

Bachelor of Clinical Health Services Degree

Candidates for the BCHS degree must have applied for and been accepted by the UW as a matriculated student. Your transcripts are evaluated by the UW admissions office and transfer credit is awarded as appropriate. Advisor's transcripts are sent to Michael Franson, MEDEX bachelor's degree advisor, at the Seattle MEDEX office and these are used to determine what remaining coursework you may need to complete in addition to regular MEDEX courses. Individual appointments may be scheduled with Michael from March through May, so that if you need to register for additional courses, this can be done during the summer between your first and second year. For those students in the certificate-only option, you are initially coded as a freshman because you are not working toward a degree, and your transfer credits were not formally evaluated and/or accepted. Students admitted in the certificate-only option can satisfy their admissions deficiencies during the summer quarter between the first and second year, and reapply to the UW for acceptance into the degree option for year two.

Students accepted into the Alaska MEDEX training site have the option of completing their bachelor's degree through the University of Alaska Anchorage.

Graduate Degree Pathways

Students accepted for Seattle and qualified students in Spokane will be enrolled in the Master of Clinical Health Services (MCHS) program. (Tacoma and Anchorage will continue to offer the BCHS option, and some Spokane students will be in the BCHS option.) Candidates for the MCHS degree must have applied to and been accepted by the UW Graduate School. Students must maintain a GPA of 3.0 in each quarter and throughout the program, and earn at least a 2.7 in each individual course. The MCHS

degree is awarded upon successful completion of the graduate level of MEDEX education.

MEDEX also offers a post-graduate program—the Extended Master of Clinical Health Services (EMCHS)—that allows MEDEX graduates who hold a baccalaureate degree to earn a master’s degree. Students must maintain a GPA of 3.0 throughout the program, and earn at least a 2.7 in each individual course. The EMCHS degree is awarded upon successful completion of the post-graduate program.

ID Cards

The UW Student ID Card (Husky Card)

As a registered student at the University of Washington you will obtain a student ID card, *i.e.*, Husky Card, at the Husky Card Account and ID Center. The optimal time to get your ID card is during summer quarter, while taking on-campus A&P and Basic Science. To obtain your card, you will need to have your student ID number and a state- or federally-issued photo identification (such as driver’s license or passport) with you. This Husky Card is your ‘passport’ on the Seattle campus and is your proof of enrollment. It allows you access to a variety of services, such as the library, computer labs, student activities, etc. It also provides all students, regardless of location, with off-campus access to the otherwise restricted online library reference resources. All students, including those in Anchorage, Spokane and Tacoma must have a Husky card.

The U-PASS has partnered with ORCA (One Regional Card for All) to include the region’s transit microchip inside the Husky Card. U-PASS membership is universal for Seattle Campus students who pay the Service and Activities Fee (SAF). To finalize activation of the U-PASS for transit use, your Husky Card must be tapped to an ORCA card reader within 60 days of U-PASS issuance. Students who do not finalize activation within 60 days must submit a reactivation request. See <https://www.hfs.washington.edu/huskycard/> for details.

Once it has been issued, if the card is lost, you must pay for a replacement. Call the Husky Card Account Office at (206) 543-7222; or visit the web site to report the loss and obtain information on replacement. You will be asked to show legal photo identification to obtain a replacement card. (Note: You should also notify the UW library system at (206) 543-1174 to prevent anyone from using your card to check out books.)

The UWMC ID Badge

You will obtain a University of Washington Medical Center identification badge. This is your official badge indicating that you are a PA student. You must wear this badge during all clinical experiences in all phases of the program. Failure to wear your ID badge in clinical settings qualifies as unprofessional behavior. All health sciences faculty, staff and students are required to wear this photo ID badge within the Health Sciences complex at all times. Do not obtain or wear an ID badge with any designation other than ‘PA student’.

UW Student Health Insurance Plans

It is possible to purchase health insurance designed for University of Washington students and their dependents. These plans may be purchased quarterly or annually. As a continuing student, if you plan on quarterly payments, be aware that you may purchase coverage for summer quarter only if you include this with your spring quarter enrollment. If you miss a deadline for purchasing insurance for a quarter, there is no recourse for obtaining the insurance retroactively. Therefore we strongly encourage students to purchase the annual coverage.

Students at the Anchorage sites are also eligible (and advised) to purchase the student health insurance available through University of Alaska Anchorage.

We *strongly* encourage all students to ensure that you have adequate health care coverage, though we cannot require it.

Other Insurance

Long-term Disability Insurance

It is also advisable to consider long-term disability insurance. While we are not in a position to advise you on the specifics of health and disability insurance benefits or on how claims may be managed, we urge you to take the time to investigate the options open to you, and to consider these in light of your own health, that of your family, if applicable, and the potential for continuity of coverage throughout your MEDEX training. The website for more information is (see also the Health & Disability section in the previous chapter):

<http://www.washington.edu/admin/hr/benefits/insure/students/medical/ltd-medstudents.html>.

Renter's Insurance

It is also highly recommended that you carry renter's insurance if appropriate. Loss of your possessions—especially school materials—or theft or damage may impact not only how you function generally, but also your academic performance.

Travel Insurance

Students who participate in an approved international rotation must obtain their own travel insurance and ensure that appropriate health coverage is in place.

Change of Address or Name

Address Changes

Students are responsible for notifying all appropriate UW and MEDEX offices (as listed below) when their address changes.

Office of the Registrar

1. Change your address on the MyUW web site: <http://myuw.washington.edu>
2. Call the Address Change Service at (206) 543-8580, 8–5, M-F.
3. Visit the Registration Office in 225 Schmitz Hall, UW campus.

MEDEX Offices

MEDEX students must also notify the MEDEX office of name, address, email and phone number changes. The UW registrar's office does not notify MEDEX of address changes, so you must provide this information to us separately. Please notify the MEDEX office at your location, *i.e.*, Seattle, Tacoma, Spokane or Anchorage, or contact the MEDEX clinical office during the clinical phase of training.

Financial Aid Office

If you receive financial aid, you must notify the financial aid office directly of any change of address.

1. Email the UW Financial Aid Office at osfa@u.washington.edu.
2. Change your address on the MyUW web site.
3. Visit the Financial Aid Office in 105 Schmitz Hall, UW campus.

If your permanent address changes, you will need to contact the Federal Aid Processor with your new address so that your FAFSA renewal applications will reach you. You may report address changes by calling (800) 4-FED-AID (with your Data Release Number from your Student Aid Report) or writing to the address listed on the Student Aid Report. If you have a PIN, you may correct your address online at FAFSA Corrections online: <http://www.fafsa.ed.gov>.

Failure to notify all parties in a timely manner may result in lost or missing paperwork and/or information.

Name Changes

Students must formally notify all appropriate UW and MEDEX offices and follow the UW procedures for name changes. Contact the MEDEX office directly to provide details of your new name. MEDEX will not change a student's name until the UW has changed the official record. Instructions for the name change process at the university are posted online http://www.washington.edu/students/reg/name_change.html.



PRACTICAL POINTS

MEDEX Communication Policy For Students

Since all students are required to have computers, the primary method of communication between faculty, staff and students is via email. You should arrive at the program with adequate computer skills. This means that you must have and know how to use a web browser, an email program and a word processing program (at a minimum).

Email Addresses

All students, regardless of training location, must set up an individual UW email account at the beginning of the MEDEX program. Your email account must be some combination of first, middle or last names. When you initiate the email set-up process, **do not** accept the default auto-generation of an ID; create your own ID instead. You may need to include numbers in your email address to distinguish yourself from other members of the university who may have similar names or initials. Your email address and/or signature may not include 'doc' or 'dr', as this would misrepresent your status. Any reference to 'PA' must be in the form of 'PA-S', indicating your student status (this would be in your e-signature). You may wish to avoid using PA-S as part of your actual email address, since this would require an address change after your certification as a PA.

Examples of acceptable email IDs for someone named Mary D. Smith include: marysmith, marydsmith, msmith, marys73, marysmith25 and other similar combinations. IDs that would make it difficult to identify you or that have the potential for misinterpretation would not be acceptable. Examples include: ms2, md3, mdsmith, drsmith, *etc.*

Following these guidelines will make your communication to faculty and staff more easily identifiable. You will also use this email account as you begin to communicate with future employers, so it should be professional and identifiable. Use of nonprofessional and non-related titles in the email address will be discussed by MEDEX staff. If your email account ID is deemed to be inappropriate, MEDEX will require that it be changed to meet expectations. Your email account, which is also called your 'UW Net ID', will allow you to access electronic library materials from off-campus as well as your grade reports. This is very important for students based outside Seattle, and also for all students during clinical rotations.

The UW IT Connect web site provides instructions for setting up and using UW email accounts <http://www.washington.edu/itconnect>. IT Connect also offers a graphic interface for UW email on the MyUW web site <http://myuw.washington.edu>. Do not use other web-based graphic email systems to access your UW email. They often lack adequate security, and can expose your account to unauthorized access. Forwarding your UW email to another email account is discouraged, and the UW clinical systems prohibit this activity. It has been our experience that these accounts lack the capability and/or

space necessary for downloading important attachments. Plan on accessing your UW email regularly—and directly—while you are enrolled in the program. All program communication will be directed to your UW email account.

MEDEX will provide email address lists that include students, faculty and staff. MEDEX will also provide reference lists from which students may determine how to direct some of their questions. Individual areas of responsibility are noted along with the name and email address of the person to contact.

Social Networking Sites

MEDEX—including all faculty and staff—will not communicate with students through social networking sites such as Facebook, Twitter, *etc.* We will also not respond to communications received through such networks. Students are expected to use the established UW and MEDEX pathways for communication including UW email systems and online discussion formats on Moodle. Text messaging is discouraged as a form of communication between students and MEDEX faculty and staff.

In addition, students should take issues of professionalism into account when considering material to be placed on social networking sites. Increased monitoring of licensure applicants and potential employees by regulatory agencies and hiring institutions should be a concern in determining how one presents oneself on social networking sites. Students should also be mindful that photos, comments and other online postings are no longer under their own control; they may become permanently public and may be retransmitted in unexpected ways. This carries implications not just personally, but for the integrity of the profession as a whole.

Course Contacts

The following online resources have been set up on the MEDEX Moodle site.

- **Didactic Courses:** Each didactic course appears on the MEDEX Moodle site. If you have specific questions about a course (assignments, syllabus, schedule changes, objectives, providing constructive feedback, *etc.*) you should check the course-related web site first. Questions that cannot be answered with online resources may be directed to the course chair or locally-based course coordinator. (Email contacts are provided in the syllabi, which are also posted online.)
- **Didactic Phase:** There is a general ‘course’ site on Moodle for announcements, calendars and other issues that pertain to the didactic phase, but are not linked to specific courses.
- **Clinical Phase:** The MEDEX Moodle site also contains a section for the clinical phase. Second-year students will use this site to access selected forms, instructions, board review questions, online examinations, assignments and various links that provide information needed throughout the clinical phase. Students should contact the designated faculty advisor or a member of the clinical team with questions. (Contacts are provided in the clinical manual.)

- Master's-Only material: The MEDEX Moodle site also contains a section for the master's-only summer quarter and capstone project activities.

MEDEX Expectations of You

- Student absences and cases of tardiness or early departure should be reported to the didactic staff at your site with a copy to the course chair via email if absence is anticipated 24 hours in advance. If less than 24 hours, notify by phone with email follow-up. In the clinical phase, notify the clinical program assistant at the Seattle office.
- Email should be checked daily.
- Email responses should include the original message when appropriate. Follow the same procedure when forwarding.
- Email messages and responses should be saved to a file (if necessary) for reference.
- Forward messages to others when appropriate.
- You must be familiar with and follow the UW policy on using university email accounts (<http://www.washington.edu/itconnect/policy>).

What You Can Expect of MEDEX

- MEDEX will notify students of schedule changes, assignments, *etc.* via email if known 24 hours in advance. If there is less than 24 hours' notice, we will find another forum: phone, posting a notice on Moodle, via student mailboxes, *etc.*
- Program announcements from MEDEX will be via email. Some major 'mailings' from MEDEX are transmitted by email only.
- Since faculty and staff often have significant responsibilities away from the office (*e.g.*, site visits, administrative or organizational meetings) they will identify time out of the office by posting an automatic reply message on their email. At these times, students should refer questions to another faculty member or staff.
- Email will be checked daily by faculty and staff when they are in the office. Faculty and staff will check voice mail at least once each business day even when they are out of the office (unless other details are provided in the voice mail greeting).
- All email will receive a response in a prompt manner (ideally within 48 hours), even if it is to say 'we received the message, and we're working on it—a definite response will come later.'
- When responding, replies will include the original message when appropriate.
- Messages will be forwarded to others when appropriate.

Inclement Weather

There may be times when snow and ice become an issue related to your attendance. Seattle students should be aware that the UW generally seeks to maintain its normal operations regardless of weather. Classes or examinations will be canceled only if the university has released information to this effect to the local news media, on the UW web site or through its information hotline for the Seattle campus, (206) 547-INFO. In the rare event that MEDEX makes an independent decision to delay class, we will attempt to notify class members via email and/or a phone tree system developed by the class. Students in the Spokane, Tacoma and Anchorage sites should check with the local MEDEX office for cancellations or delays due to inclement weather. If there are

any changes to the Spokane, Tacoma or Anchorage schedules, personnel in those offices will usually attempt to notify students as soon as a decision for cancellation or delay of classes has been made.

Students who are in clinical assignments should assume that they are expected to attend the clinic if at all possible. If you are unable to arrive at your clinical setting on time, it is important that you call and speak to your preceptor directly (messages are *not* adequate), who will need to make arrangements for someone else to handle your duties for the day.

Phone and Email Contacts

Check with your site for contact information for faculty and staff hired during the academic year.

MEDEX Seattle – Administration

tel (206) 616-4001
fax (206) 616-3889

Timothy C. Evans	Associate Professor, Senior Medical Director, SPC Chair	tevens@u.washington.edu (206) 616-3665
Donna Lewin	Administrator	lewind@u.washington.edu (206) 616-7753
Tim Quigley	Lecturer, Director of Student Affairs	tfq@u.washington.edu (206) 616-6241
Terry Scott	Lecturer, Program Director (Entry-Level PA Program)	tscott@u.washington.edu (206) 616-8481
Steven ‘Tony’ Skaggs	Lecturer, Director of Clinical Affairs	skaggs2@u.washington.edu (206) 685-3515
Linda Vorvick	Senior Lecturer, Director of Academic Affairs, Interim Section Chief	lvorvick@u.washington.edu (206) 543-9483 (office) (206) 523-3734 (home) (206) 790-0804 (cell)

MEDEX Seattle – PA Faculty

Ruth Ballweg	Professor, MEDEX Advisor on Advocacy and Health Policy	rballweg@u.washington.edu (206) 616-6343 (office) (206) 632-1221 (home)
Allan Ellsworth	Lecturer	ellswrth@u.washington.edu (206) 616-9981

FJ (Gino) Gianola	Lecturer, Medical Ethics Instructor	ggianola@u.washington.edu (206) 616-7137
Ky Haverkamp	Lecturer	kynan@u.washington.edu (206) 616-7529
Anju Jain	Lecturer	anjujain@u.washington.edu (206) 221-7757
Amee Naidu	Lecturer, Didactic Coordinator for Seattle	anaidu@u.washington.edu (206) 616-7585
Malinda Siegel	Lecturer, Clinical Coordinator	mss25@u.washington.edu (206) 616-4001
Betty Stewart	Lecturer, Clinical Coordinator	tok@u.washington.edu (206) 616-4001
Lois Thetford	Lecturer	loist@u.washington.edu (206) 685-9270
William L. Tozier	Lecturer	toziew@u.washington.edu (206) 616-4001
Kira Vader	Lecturer	kvader@u.washington.edu (206) 616-4001
Dianna Wachtel	Lecturer	dwachtel@u.washington.edu (206) 221-3209

MEDEX Seattle – Research Faculty

Douglas M. Brock	Associate Professor, Research Scientist	dmbrock@u.washington.edu (206) 616-1736
Eric H. Larson	Research Associate Professor, Technology Director	ehlarson@u.washington.edu (206) 616-9601
Keren H. Wick	Assistant Professor, Director of Research & Graduate Programs; Director of Academic Outreach	khw@u.washington.edu (206) 616-8649

MEDEX Seattle – Staff

Erik Bear	Program Assistant	beare@u.washington.edu (206) 616-4001
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Will Blaschko	Communications Team	blaschko@u.washington.edu (206) 685-8723
Stephanie Curtiss	Student Affairs Program Assistant	stephcur@u.washington.edu (206) 616-9265
Cyndee DeMeyere	Didactic Program Assistant	demeyc@u.washington.edu (206) 616-4001
Robin Ferry	Clinical Office Program Coordinator	ferryr@u.washington.edu (206) 543-3563
Michael Franson	Student Services Manager	mfranson@u.washington.edu (206) 616-7697
Lexi Garrity	Administrative Program Assistant	garril@u.washington.edu (206) 221-2985
Mary Giles	Special Projects	mgiles@u.washington.edu (206) 685-7392
Ben Gonio	Clinical Placement Specialist	beng@u.washington.edu (206) 616-9489
Nathan Hart	Computer Analyst	nhart@u.washington.edu (206) 616-9825
Mariah Kindle	Admissions Program Coordinator	mlkindle@u.washington.edu (206) 616-8145
Audrey LaRue	Didactic Program Coordinator	audreyla@u.washington.edu (206) 221-3265
Tina Lidnin	Fiscal Specialist	tinal@u.washington.edu (206) 616-3721
Ryne Maloney-Risner	Didactic Program Assistant	rmrisner@u.washington.edu (206) 543-4265
Sally Mantz	Administrative Program Coordinator	sm4@u.washington.edu (206) 616-6913
Michelle Matsunaga	Clinical Program Assistant	matsum@u.washington.edu (206) 616-7193
Sergio Monni	Manager of Clinical Program Operations	monnis@u.washington.edu (206) 685-3323
Amy Pangilinan	Program Assistant	apangil@u.washington.edu

		(206) 221-9205
Dennis Raymond	Communications Team Lead	dennisnr@u.washington.edu (206) 221-9171
John Stevens	Computer Analyst	jstevens@u.washington.edu (206) 616-9937
Peter Tadych	Fiscal Analyst	ptadych@u.washington.edu (206) 616-7473
Jim Wehmeyer	Communications Team	wehmej@u.washington.edu (206) 543-6945

MEDEX Spokane – Faculty and Staff

tel (509) 368-6793
fax (509) 638-6923

Alicia Quella	Lecturer, Asst. Director for Spokane	aquella@u.washington.edu (509) 368-6746
Don Coerver	Senior Lecturer, Didactic Coordinator for Spokane	dac6@u.washington.edu (509) 368-6820
Patty Hahn	Lecturer	hahnpl@u.washington.edu (509) 368-6765
Marc Hawkins	Lecturer, Clinical Coordinator	hawkins2@u.washington.edu (509) 368-6807
Michelle Madeen	Spokane Program Assistant	mmadeen@u.washington.edu (509) 368-6793
Heidi Elder	Office Assistant	helder@u.washington.edu (509) 368-6793

MEDEX Tacoma – Faculty and Staff

tel (253) 692-5950
fax (253) 692-5747

Henry Stoll	Senior Lecturer, Asst. Director for Tacoma	hstoll@u.washington.edu (253) 692-5955
John Alvitre	Lecturer	jalvitre@u.washington.edu (253) 692-5952
Vanessa Bester	Lecturer	vbester@u.washington.edu (253) 692-5966

Drew Garcia	Lecturer	dgarcia@u.washington.edu (253) 692-5971
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Channas Conway	Tacoma Program Assistant	cwc9@u.washington.edu (253) 692-5950
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MEDEX Anchorage – Faculty and Staff

John Riley	Lecturer, Asst. Director for Alaska	jor@u.washington.edu (907) 786-6570
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Robin Cope	Lecturer	robinc2@u.washington.edu (907) 786-5483
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Denise Coslett	Lecturer	dkc22@u.washington.edu (907) 786-5488
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Patricia Hensch	Lecturer, Clinical Coordinator	phensch@u.washington.edu (907) 786-5480
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Teresa Flores	Lecturer	florest@u.washington.edu (907) 786-5483
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Ashley Marquardt	Lecturer, Didactic Coordinator for Anchorage	ashman@u.washington.edu (907) 786-5487
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Katie Krueger	Anchorage Program Assistant	kakrueger@uaa.alaska.edu (907) 786-5481
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Sandra Snethen	Anchorage Program Assistant	sasnethen@uaa.alaska.edu (907) 786-5483
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University Contacts

Financial Aid Office	osfa@u.washington.edu http://www.washington.edu/students/osfa/ (206) 543-6101
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Student Fiscal Services	http://f2.washington.edu/fm/sfs/ (206) 543-4694
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Hall Health	http://depts.washington.edu/hhpccweb/ (206) 685-1011
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IT Connect	help@u.washington.edu http://www.washington.edu/itconnect/ (206) 221-5000
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Health Sciences Library	http://healthlinks.washington.edu/hsl (206) 543-3390
University Operator	(206) 543-2100
University Information Line (recorded information)	(206) 547-INFO (4636)
MyUW	http://myuw.washington.edu
Student Activities and Union Facilities	http://hub.washington.edu (206) 543-1447
University Book Store Medical Branch	ubsmed@u.washington.edu (206) 543-6582
Student Counseling Center	http://www.washington.edu/counseling/ (206) 543-1240



IN GRAVE DANGER OF GROWING
- Observation on the Process of Professional Development -
Charles Seashore, Washington DC, June 1975

Over the past fifteen years, I have had the opportunity to write a fair number of proposals, brochures, evaluation reports, and just plain propaganda about professional development programs in the behavioral sciences. This paper is designed to be an antidote for some of these past sins as it has become abundantly clear that none of my previous efforts had much to say about what I now believe to be some fairly predictable parts of the process. For instance, I don't ever recall having written anything that would have helped a potential student understand the likelihood of his [or her] spending far more energy on survival than on growth. My enthusiasm for describing program resources seems to have left little space to advise on the high probability that you would have to re-examine, re-negotiate, or just plain retreat from most of the significant relationships in your life in the process of gaining credentials to help others. I wish I had allowed a few lines to provide candidates with a moderate degree of informed consent that growth and regression just might be intertwined in such a way that one step forward might require several steps backward. And, perhaps, most of all, I would have wanted to include a long section for those with spouses, partners, and children, that although they filled out the application as an individual, they actually were enrolling their family in a change program which would likely provoke a wild and motley set of weird and delightful, but sometimes tortuous assortment of experiences.

The opportunity to be centrally involved in a variety of intensive professional programs in clinical psychology, psychiatry, family practice in medicine and experimental group training has led me to a conclusion which I still would like to resist, forget, or distort. Perhaps you get the gist of the conclusion despite my resistance, if I share with you three different ways I have found to express it depending on my mood and the circumstances in which I find myself.

1. The difficulties of students are remarkably similar despite dramatic differences in faculty, program design, or resources to conduct the program.
2. A humanistic process of professional development is a contradiction in terms.
3. Professional development is a big pain in the ass, especially if you are only a relative of the person participating in the program.

The sections that follow are variations on this theme, and hopefully, will communicate some of the thoughts I have on why the process is so perilous and what we might try to do if the temporary roadblocks, minefields, quicksand fields, and unidentified chasms are taken as givens along with the opportunities, delights, and oases along the way. In particular, I would like to speak to issues of special concern to those who are pursuing their development by returning to programs after a period of time as practicing

professionals, or a lengthy break from formal academic work. Very frequently this also involves those who have married, had children, or become separated, widowed or divorced. In current educational jargon, these are the “non-traditional” students. It is my feeling that the family experience of participants is a critical factor in the definition of the professional development process.

Some Likely Events in Professional Development Programs

1. A fair number of persons who have been functioning quite competently in work, family, and social settings will experience periods of being de-skilled, incompetent, emotionally out of commission, or just plain confused after entering the program.
2. Most students will experience levels of stress and anxiety that effectively block any significant learning during phases of the program regarded as critical by the faculty.
3. One or more of the students, regardless of the selection pool or the selection method, will be identified as deviant enough to promote a process of scapegoating which will come to an end only through termination or graduation.
4. Feelings of isolation, being misunderstood, being used and/or abused, will be equally common among students, faculty, and program administration.
5. Attempts to clear things up generally...don't.
6. Learning how to better use oneself in the helping process is likely to change one's basis for self-esteem, and alter what it is one values in oneself or others. This produces a significant amount of conflict among those who liked you for what you were, not for what you are becoming.
7. Students and faculty look for opportunities to continue practicing things they already do well and try, usually in vain, to ignore opportunities to develop new competencies.
8. Students report feelings of anger, depression, resentment, envy, and irrelevance among family and close friends because of their participation in the program.
9. Participants often report that they are investing at least several times the amount of energy in the program than they expected to.
10. There seems to be a significant discrepancy between what was expected and what is found, including:
 - finding a few things that you did expect,
 - finding a lot of things you didn't expect but really like,

- finding some things you didn't expect and are sure you don't need,
 - not finding quite a few things you did expect and can't believe are not there.
11. Significant numbers of students find themselves willing to make compromises in what they will tolerate in others and themselves, in settling for less than what they think are due, and in staying protected rather than risk.
 12. Participants will generally find some of their most valuable experiences and learning in situations which have not been planned or designed for that purpose.

The list of items above is obviously a mixed bag and is intended only to be illustrative. It also leaves out equal time for the events which are particularly satisfying, rewarding, and easily accessible in the programs. But, in any case, I end up with the question in my mind: "What is it in these programs that promotes the kind of strange goings on that are mentioned above?" Perhaps what follows will help.

Forces Promoting Crazy in Professional Development Programs

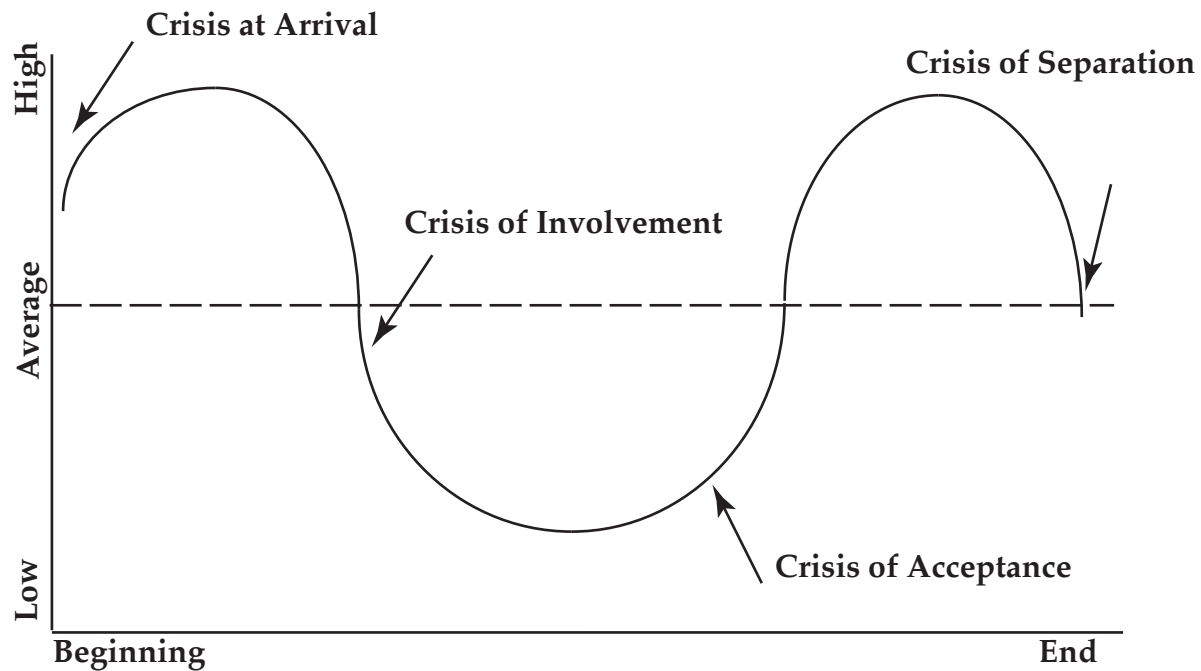
1. *The Program as Parent* For persons who have, one way or another, managed to extricate themselves from the status of student after the seemingly endless sequence from pre-school through graduate school, returning to student status has got to be a "bummer". The evaluation aspect alone may be enough to trigger those unresolved issues of one's childhood without adding the rather unsettling experience of being assigned eight or ten siblings with whom you are supposed to have some unspecified form of interdependence for a couple of years.

2. *The Program as Lover* The investment of energy, the opportunity for intense human encounters and relationships, and the seductiveness of the program as a place to explore issues of deep personal concern, provide a near fatal combination for the well-being of those who are used to a heavy share of the students' time, attention, and caring. The paranoia producing possibilities of evening and weekend programs, intense reports of experience—are difficult if not impossible to comprehend—and the things that are now left undone at home that used to always be done, are frightening. Partners, children, and intimate friends are often confused, angered, or envious in the face of this intrusive and elusive something that has stolen their dear one away. In the process, these close friends and family are also forced to re-experience some ways that they had become dependent upon the partner turned student, and thus face up to the discombobulating notion that they might have to grow and change, too—all because of that crazy program. The student must learn to divide energy between program demands and coping with changes on the home front. And the awareness of the student that significant, or even slight, changes in one's own style create powerful waves in the systems of which they are a part, can often be a depressing experience.

3. *The Program as a Source of Role Models* The intensity of contact usually generated with peers, with faculty, and with practitioners in the field, at the minimum invites one to consider getting out of one's own rut and explore someone else's rut. This

process of trying on different futures, of engaging with new heroes and heroines, and testing out different ways of defining oneself in an atmosphere geared to thinking of one's potential, invites the revaluing of what you have been doing and how you see the people around you. As one sorts through different role models, it is rare if you end up with one which you can move toward without experiencing the same trauma that goes with the first ride on a bicycle. Uncertainty, fear of failure, and demonstrated incompetence the first few times around may, perhaps serve no other purpose than to heighten one's own ambivalence about growth, and raise in Broadway-size letters, the message: "WHO NEEDS THIS?"

4. *The Program as a Mini-Life Cycle* As if guided by unreachable and unaccountable outside forces, the programs may also induce a natural cycle affecting the morale of its members simply because it has a beginning, middle and end. Illustrative of this phenomena is the Menninger Morale Curve which indicates a general developmental trend for morale in groups that follows the pattern shown below.



Typical Morale Changes in Group During Life Cycle

The curve summarizes the observations over a wide variety of programs starting with Peace Corps Training Camps and the two-year Peace Corps field experience. It simply states that there is likely to be a periodic change in the morale and feeling of group members over time due to four kinds of "crises" inherent in group development. Initially, morale tends to be somewhat elevated due to the hopes, expectations, and dreams of those who have expended considerable time, money and energy to gain

entrance. As the realities of the program become clear, including the limitations of staff, the difficulties among one's peers, the limited resources, etc., the crisis of involvement produces the rather shocking and depressing skid which seems as though there may be no other way out than the trap door at the bottom. A reasonably well functioning group can, however, manage to pull itself out by accepting the givens, mobilizing their energy, and "getting it together". The final downturn is produced by the approaching end of the group and the inevitable separation. This curve, which may hold not only for the time span of the program, but for sub-parts, such as semesters, short-term workshops, or even specific meetings, has a way of blocking or distorting the often held view of the rational student or faculty member that acquisition of skills will proceed on some sort of straight-line basis. The willingness to risk, the need for support from others, and the capacity to assimilate new information are but a few of the factors that are affected by the morale level of an individual student.

The Student as a Person in Grave Danger of Growing

For some students, the decision to participate in an intensive program of professional development over a year or two is the result of an awareness of their need for radical change in some critical aspects of their lives. They have already become dissatisfied with work, with life-style and family dynamics, or with their own capacity for enjoyment and satisfaction with other people. Entry into the program may simply be an acknowledgment that they are aware of their own need for change and their desire to direct it through some structure such as the program. For others, it is only after they enter the program that the implications of what they have done becomes clear—they are involved in a process where there are strong supports for throwing everything up for grabs and seeing how it falls back into place. At the minimum, they will experience a lot of difficulty in keeping their professional skill development from spilling over into the other significant aspects of their lives. In short, they become aware that they are "in grave danger of growing". The potential costs of change can begin to exert a significant counter-force to the glib notion that growth is desirable or at least satisfying.

Growing in this context may mean becoming vulnerable. And quite frequently, this results in students experiencing demands for competence at just the same time that they are ungluing and reviewing some of the major support systems in their lives. Trying to thread one's way through a program so as to balance the challenges and supports for oneself can be an exhausting and lonely task. Especially, if the faculty are committed to your growth. To say nothing of the perils of getting "help" from your peers.

Implications for the Design of Professional Development Program

My awareness of the paradox of growth—that I am trying to learn at times when I may be tinkering with the very relationships which give me the security to risk—had led me to re-examine some of my assumptions about what ought to be provided in a well-designed program.

1. *Informed Consent* Students need to have access to information which helps them look at some of the ways in which professional skill and competence development are linked to personal growth and the relationships around family and close friends. Specifically, they need to have some help in assessing whether they have the time or resources or inclination to risk opening up Pandora's box or their own can of worms.
2. *Faculty Awareness* If the faculty is aware and appreciative of the multiple agendas which students are likely to have during the course of the program, they are likely to build in the necessary flexibility so that students can effectively deal with the issues that are before them and not get rapped being out of step in a lock-step curriculum.
3. *Available Support System* Students will be going through a good many transitions, and if the program is really effective so will the faculty. Multiple outlets are needed for getting support so that you are not begging for it from the very aspect of the program that is designed to challenge you. Peer support, access to counseling and therapy, opportunities to communicate and influence the system, and time to withdraw and disengage are a few examples of supportive mechanisms that need to be built into our programs.
4. *Appreciation and Tolerance for Crazy* I think it is inevitable that people are going to do a fair number of goofy things in the course of stretching their own capacities to understand and help other human beings. To somehow be able to separate the occasional from the chronic, the developmental from the stunting, the fun from the destructive, are important skills given the tendency in organizations for those in power to have low tolerance for the crazy behavior of those with less clout.
5. *Supports for Growth Among the Student's Family and Friends* It is clear that those around the student will be major potential contributors to the student's well-being and probably be challenged to grow by some of the changes in the student. From the selection process, to information that is disseminated, to opportunities for involvement or acquaintance with the realities of the program, there are many spots to involve those who are close to the student if they are interested. In a small pilot experience with the NTL Institute, it was clear that the readiness and capacity of interns to take advantage of program opportunities increased as they got things settled in the family area.
6. *Realistic but High Expectations for Professional Competence* It is my experience that a slack or low expectations for performance in professional development programs also lowers the degree to which the program will contribute to effective personal development outside the occupational setting. While high expectations may be stress-producing, they also seem to build the respect and pride which make the whole exercise worth enduring.

The opportunities for messing things up obviously abound on the part of everyone involved in the professional development enterprise. To respect the mature and

competent adult part of another person at the same time that you invite them to live in a structure that supports regression in many subtle and not-so-subtle ways, is a reasonably demanding task. If, at the close of a program, a participant reflects that he is not sure now that he wants what he yearned for, that may reflect no more than the similarity of the process of professional development with that of therapy.

The theme that I have tried to weave through this paper is one that I deeply believe: that professional development in the fields touching on therapy and growth involves most students in intense explorations of themselves and their relationships that are closest to them; that it requires a delicate balance between support and challenge to wed this identity formation process (and its implications for those close-by) to the development of performance skills and role competence, and it requires concentration of time and energy on the conflicts and resistance which influence whether or not we are willing to take the risk of putting ourselves “in grave danger of growing” and allowing others around us to have that same opportunity.

