



UW Medicine

MEDEX NORTHWEST

PHYSICIAN ASSISTANT PROGRAM

Student Handbook

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Dear MEDEX Northwest Student:

Welcome to MEDEX, a program celebrating almost fifty years of preparing physician assistants for clinical practice, especially in rural and underserved areas in a wide range of clinical settings. Our perspective on PA education is both comprehensive and historical. MEDEX has a long-term record of providing both clinically relevant didactic curriculum and an appropriate mix of preceptorship and clerkship experiences for primary care PAs.

As adult learners with professional experience in the medical field, we hope you will enjoy learning as much from your fellow classmates as from your faculty and advisors. Collaboration, communication and respect for others will be keys to your success inside and outside the classroom.

This Student Handbook outlines the policies and procedures of the MEDEX Northwest Physician Assistant Program. Please be aware that the policies stated within this handbook are subject to change. Should there be a change to policy, you will be notified of any change(s) in writing. I strongly encourage that you read the entire document and maintain a copy that is easily accessible for future reference.

This Student Handbook for the MEDEX Northwest Physician Assistant Program supersedes any previous student handbook distribution and applies to all students in the Physician Assistant Program regardless of the students' year of matriculation to the program.

We wish you every success as you work toward your goal of becoming a Physician Assistant. MEDEX cares deeply about your educational experience, and we look forward to partnering with you for your success.

Sincerely,



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INTRODUCTION

Welcome to the University of Washington MEDEX Northwest PA program.

The MEDEX Northwest Physician Assistant Program Student Handbook provides general information for PA students, faculty, and staff on a wide variety of topics and issues that are germane to the MEDEX Northwest PA education program. This information is intended to provide a framework on which to build throughout the students' tenure at the University of Washington PA Program.

The handbook is not a comprehensive statement of all policies and procedures, nor is it intended to preclude the implementation of changes in the Physician Assistant program or policies for students.

The MEDEX Northwest PA Program reserves the right to revise or modify the curriculum, system of evaluation, or graduation requirements as deemed appropriate by the faculty. Changes to school policies, procedures, or requirements will be provided in updates at meetings, in emails, on web pages, or in information memos. Students are expected to read and/or attend meetings to familiarize themselves with requirements and modifications that may impact their programs.

Questions about policies, requirements, and procedures may be directed to the MEDEX Program Director who may delegate to the appropriate person for response.

The MEDEX Northwest PA Program Mission, Vision, Values and Goals

Mission

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 healthcare 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 healthcare access.

Vision

MEDEX Northwest continues its core mission to train highly capable physician assistants who serve the community with uncompromising commitment and compassion. MEDEX students, graduates, faculty and staff are committed to providing access to care in local and regional communities.

MEDEX is a comprehensive program that provides students with the foundational knowledge required to support strong clinical skills. With outstanding education, clinical competency, and leadership skills, MEDEX graduates continue to be in demand in the Northwest.

Graduates maintain strong connections to MEDEX Northwest by participating in outreach, admissions, and teaching activities; alumni involvement supports the continued success of the program. Graduates significantly impact the PA profession as leaders engaged in the creation of local and national health care policy.

The MEDEX community will engage in high-level research and scholarly activity. Research and scholarly work produced by MEDEX contributes to improvements in PA education, public health, healthcare policy and patient care.

Values

MEDEX Northwest is an organization that exemplifies professional excellence and embodies the values of respect, openness, collaboration, integrity, and trust. Together we work in service to our students, our community, and the program.

MEDEX Northwest Organization

MEDEX is a section of the Department of Family Medicine within the University of Washington School of Medicine. Physician assistant students receive didactic education at four campuses – Anchorage, Seattle, Spokane and Tacoma. The Master of Clinical Health Services is awarded by the University of Washington Graduate School to all Master’s candidates. The Bachelor of Clinical Health Services is awarded by the University of Washington. MEDEX Anchorage students have the option to receive a Bachelor of Science - Health Sciences degree through the University of Alaska Anchorage (UAA), with some additional coursework completed at UAA. All graduates receive a Physician Assistant Certificate upon completion of the program.

MEDEX Program Goals

- Contribute to regional healthcare workforce needs by educating 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.
- Develop, implement and maintain MEDEX decentralized didactic campuses in the region for the purpose of increasing access to physician assistant education.

Additional information related to program goals is found on our [website](#).

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 a third quarter of didactic training and a quarter of clinical clerkships (in addition to the six-month primary care preceptorship). Class size expanded from 21 to 24 students.
- 1985 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 internationally trained doctors to register as PAs without formal PA training.
- 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 campus; 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 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 campus.
- 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 Seattle 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 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.
- 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 Anchorage didactic campus for the PA program.
 - ♦ MEDEX makes the decision to train master's-level students while maintaining bachelor's- and certificate-level options.
- 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 campus enrolls on the University of Alaska Anchorage campus. MEDEX now has four classroom campuses 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 campus in Tacoma WA. With a planned increase for all locations, there is now capacity for 140 entering students across all didactic campuses.
- 2013 MEDEX enrolls the first Tacoma class. The Yakima classroom campus is suspended.
- 2014 MEDEX breaks the 2,000 mark, having graduated 2,104 PAs since its inception.
- 2016 MEDEX transfers administrative oversight of the DENTEX program to the Alaska Native Tribal Health Consortium and Ilisagvik College.
- 2017 The founder of MEDEX Northwest, Dr. Richard Smith passes away.
- 2019 MEDEX enrolls its first all-master's level class of PA students.
- 2019 MEDEX receives 10-year re-accreditation status from ARC-PA.

PA PROGRAM CURRICULUM

The MEDEX PA Program curriculum at the University of Washington School of Medicine (UWSOM) is dynamic and designed to provide students with a strong scientific foundation and a comprehensive approach to clinical medicine. Ongoing changes in the curriculum are actively managed by the Curriculum Committee. The curriculum is educationally equivalent at all of the MEDEX campuses, and the same examinations are given to ensure that all students are achieving the same level of competence.

Unanticipated and developing events may require changes in the curriculum and its delivery. Thus, the MEDEX Program retains the right to adjust the curriculum for the cohort as necessary to ensure students meet MEDEX Program learning objectives and defined outcomes. Students must adhere to the plans determined by the MEDEX Program.

Overview of MEDEX Curriculum

Didactic Phase

Summer A- and B-Terms

MEDEX 451/551 – Anatomy & Physiology (6 credits)

Students learn the anatomy and physiology of the following organ systems: endocrine, immune, respiratory, cardiovascular, gastrointestinal, genitourinary, gynecological, integumentary, musculoskeletal and neurologic, with a focus on clinical examples of anatomic and physiologic principles encountered in primary care practice.

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.

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 PAs be able to locate, critically appraise, and apply current health research outcomes. 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 group discussions, students acquire skills allowing them to review and evaluate current research results and apply reliable outcomes to their practice.

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.

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)

The primary goal of this course is to teach students how to manage the behavioral medicine issues that are commonly encountered in clinical practice. It is designed to facilitate the transition into the role of a physician assistant and to promote personal growth that enhances students' ability to develop and maintain positive relationships with patients. Topics this quarter focus on an introduction to behavioral medicine in primary care.

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

The course covers relationships with other health professions and emerging issues in primary care in a wide range of settings. Students reflect on their professional transition into the PA role and explore professional ethics. Topics this course are intended to provide students with background on the physician assistant role and profession.

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

Through hands-on experience, this course introduces clinical skills and procedures common in the primary care setting. Topics this quarter include cardiac rhythms, radiography, and fundoscopy.

Capstone for the Class Graduating 2022

Among the requirements for the master's-level PA program is a Capstone Project. Students are 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 in some way to his or her focused study area. Students work on their project over five quarters, beginning in the autumn quarter of the didactic year. Students plan and begin their project with input from faculty advisors. The final products are a capstone paper and an oral or poster presentation.

MEDEX 581 - Capstone I - (3 credits) Autumn 2020 (Graduating Class of 2022 Only)

Students will begin a series of skill-building sessions with pre-class reading, in-class sessions and small group work. The intent is to work on small sections of the eventual product with faculty and peer input.

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

This course provides a problem-oriented approach to the diagnosis and management of common primary care conditions occurring in the adult population. The organ systems covered in winter include eye-ear-nose-throat, endocrinology, rheumatology, dermatology, infectious disease, hematology and office orthopedics.

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

This course is designed to acquaint students with principles of primary care pediatrics, pregnancy, and the birth process. Topics this quarter include newborn, well-child, adolescent and sports exams as well as pediatric health maintenance in the primary care setting. A systems-oriented approach to the diagnosis and initial management of common primary care problems in pediatrics generally follows the topic sequence of MEDEX 454/554.

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

The course continues to teach students how to manage the behavioral medicine issues that are commonly encountered in clinical practice. Topics this quarter include alcoholism, addictions, personality disorders, anxiety and chronic pain.

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

The course provides the physician assistant student with the knowledge and skills necessary to initiate routine pharmacological therapy for commonly occurring patient problems in primary care, and to monitor patients receiving therapy for more complicated conditions. The topics generally follow the organ-system topic sequence of MEDEX 454/554.

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 and abdominal trauma, eye-ear-nose-throat and dental emergencies, orthopedic emergencies, environmental emergencies, psychiatric emergencies and toxicology.

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

The course continues to cover relationships with other health professions and emerging issues in primary care in a wide range of settings. Topics this quarter emphasize knowledge, skills and attitudes for dealing with diverse population groups and provides an overview of the healthcare delivery system.

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

This course continues to introduce clinical skills and procedures common in the primary care setting. In this quarter, students will be introduced to ultrasound, magnetic resonance imaging and computerized tomography. Workshops this quarter include suturing, and casting and splinting.

MEDEX 582 (1 credit) - Capstone II - Winter 2021 (Graduating Class of 2022 Only)

Refer to MEDEX 581, Autumn 2020.

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

This course continues to provide a system-oriented approach to the diagnosis and initial management of common primary care conditions occurring in the adult population. The organ systems covered this quarter include nephrology, urology, cardiology, pulmonology, neurology and gastroenterology.

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

The course continues to teach students how to manage the behavioral medicine issues that are commonly encountered in clinical practice. Topics this quarter include children's issues, sexuality, and somatic symptom disorders.

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

The course continues to provide the physician assistant student with the knowledge and skills necessary to initiate routine pharmacological therapy for commonly occurring patient problems in primary care. The topics generally follow the organ-system topic sequence of MEDEX 455/555.

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

This course continues to acquaint students with principles of primary care pediatrics, pregnancy, and the birth process. Topics include an overview of normal pregnancy and delivery and common pediatric problems in primary care.

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

This course continues to provide an approach to the diagnosis and management of common emergency conditions for primary care physician assistants. Topics this quarter include cardiovascular, pulmonary, abdominal, gynecological, genitourinary, neurologic, and pediatric emergencies.

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

The course continues to cover relationships with other health professions and emerging issues in primary care in a wide range of settings. Topics this quarter include applied medical ethics and additional features of US healthcare systems.

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

This course continues to introduce clinical skills and procedures common in the primary care setting. In this quarter, students focus on 12-lead electrocardiogram interpretation. Workshops this quarter include the prostate and male rectal exam, women's health exams and neurological assessment tools.

MEDEX 583 - Capstone III - 1 credit, Spring 2021 (Graduating Class of 2022 Only)

Refer to MEDEX 581, Autumn 2020

Second Summer A- and B- Terms

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

The focused study course follows 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 diverge in focus and application. Students select only one subject focus from the four options, and the different subject sections run concurrently. This course also equips students with the tools to identify an appropriate subject-related capstone project of reasonable scope. Students select one of the following options.

MEDEX 540 Healthcare for Rural and Medically Underserved Populations: Students gain a broad knowledge and understanding of the challenges and rewards in providing primary care in rural and medically underserved settings, with a focus on features of rural and underserved healthcare in the Pacific Northwest. Material includes delivery systems that reach rural and medically underserved patients, governmental and other policy impacts on access to care, biomedical ethics unique to these settings, quality of care, and cultural competency.

MEDEX 541 Public Health and Preventive Medicine: This course introduces students to current issues in public health and equips graduates with the tools to recognize, articulate and address existing and emerging challenges in the delivery of accessible, high-quality healthcare through the American healthcare system. Material includes health promotion and disease prevention, disease management, public health principles and community health.

Capstone for the Class Graduating 2022: MEDEX 585 - Capstone Project V (5 credits) Summer 2021

Students will draw on the work completed throughout the academic (didactic) year and concentrate on writing the capstone project paper. The paper will be a minimum 12-15 pages in length, though it is common that a well-constructed and explored project topic will take approximately 20 pages.

Capstone for the Class Graduating 2021: MEDEX 581 – Capstone Project I (3 credits) Summer 2021

Among the requirements for the master's-level PA program is a Capstone Project. Students are 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 work on their project over five quarters, beginning in the summer between the first (didactic) and second (clinical) years of the PA curriculum. Students 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 over two academic quarters. Required clerkships include inpatient, general surgery, behavioral medicine, emergency medicine, a required experience in a medically underserved setting and an elective. 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 various tools, including evaluations by clinical instructors, assignments, patient logs, telephone and email communication and site visits. 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 manage common primary care problems. Both the student and preceptor are educated in utilization and collaboration with the physician assistant in practice. Students keep records of patient encounters and complete a variety of 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 program objectives and other objectives specified by the individual practice. All students will receive at least one site visit by a MEDEX faculty member during this experience. Offered credit/no credit only.

Capstone for the Class Graduating 2022: MEDEX 584 - Capstone Project IV - (1 credit) Autumn 2021

The fifth and final quarter is in the autumn as students begin the clinical phase of the program. Early in autumn quarter, students will present the project in either oral presentation or poster session format.

Capstone for the Class Graduating 2021: MEDEX 582, 583, 584, 585 - Capstone Project II-V - 1 credit each autumn 2021, winter 2022, spring 2022; 5 credits summer 2022

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

MEDEX PA PROGRAM CORE COMPETENCIES

At graduation, MEDEX PA graduates are expected to have achieved competency in the following areas (details are listed in Exhibit I):

- Patient Care (PC)
- Knowledge for Practice (KP)
- Practice-Based Learning and Improvement (PB)
- Interpersonal and Communication Skills (CS)
- Professionalism (PR)
- Systems-Based Practice (SB)
- Personal and Professional Development (PD)

GRADUATION REQUIREMENTS

Graduation from the MEDEX NW program is contingent upon the student meeting the Technical Standards and Essential Requirements (see [TECHNICAL STANDARDS AND ESSENTIAL REQUIREMENTS section](#)), successfully completing all of the Program's academic requirements and demonstrating the attitudes and behavior appropriate to a career in medicine.

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 or UAA requirements. Direct questions on the baccalaureate degree or graduate degree options to the MEDEX office.

- all academic requirements, including examinations
- all compliance requirements
- professionalism requirements
- clinical skills
- interview skills, including taking patient histories
- diagnostic and physical exam skills
- clinical reasoning and interpretation skills
- communication skills (with patient and colleagues) including both written and oral case presentation skills
- professionalism and ethics
- scholarly project

No exception to these requirements is permitted, and a pattern of documented concerns about a student's performance and professionalism indicating an unsatisfactory performance when the record is viewed as a whole, even though passing grades have been assigned, may result in the student being dismissed from the MEDEX PA Program.

Decision Points

Students are formally evaluated at specific points throughout the MEDEX program. Because the curriculum builds upon previous instruction, students 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 (SPC) may review student records at other times as appropriate. Formal decision points are as follows.

1. end of the summer didactic quarter
2. after the first two weeks of autumn quarter didactic instruction

3. end of autumn didactic quarter
4. end of winter didactic quarter
5. end of spring didactic quarter—end of didactic year (students must pass formally from the didactic to the clinical phase)
6. end of each quarter of the capstone project
7. end of preceptorship experience
8. end of clerkship rotations
9. end of clinical-phase campus weeks
10. after the summative exam
11. end of clinical year

Financial Responsibility Requirements

Students may not graduate from the University of Washington MEDEX PA program if they have any unpaid tuition or fees due to the University of Washington, the MEDEX PA Program, or any of its partner institutions.

Grading and Evaluation System

MEDEX offers a competency-based program and requires students to complete each component of the program successfully prior to continuing to the next phase.

On written or computerized tests as well as performance exams (e.g., physical exam demonstrations, Clinical Reasoning Assessments), a score of 80% is the passing level. This requires that students do B- or better work in order to graduate from the program. This reflects both the 'core' 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 registrar at the end of each quarter, the following conversion table is used. A more detailed version of this table may be used when grading individual written assignments.

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.)

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.

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, students must earn at least a 2.7 or 3.0 (depending on the specific course requirements), or a resubmission is required. Since students are required to have a computer with a word processing program, students must utilize these tools to create assigned papers, presented 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 by the required deadline or a grade of fail (0%) is given. Even if the assignment is late and no credit is given, it still must be submitted to receive a grade for the course.

Written Work for MEDEX

General Requirements and Format

Students will be required to write several papers during PA education at MEDEX. These writing assignments prepare students for a career involving continuous learning and for communication with peers and physician collaborators or consultants. The assignments also fulfill the research and writing requirements of both the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) and the University of Washington baccalaureate or master's degree expectations. Since students are required to have a computer with a word processing program, faculty expect them to utilize these tools to create their 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 website. The following page provides basic information on the required American Medical Association style.

HealthLinks <http://guides.lib.uw.edu/hsl/ama>

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

Plagiarism

As described in the UW School of Medicine Student Handbook, in conducting any research project, students 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 students 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 students summarize the work of others and how the ideas of others are documented with appropriate citations and references.

It is highly recommended that students understand the guidelines for writing papers and giving proper attribution before beginning a project. This will enable them 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 be considered 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 (<http://grad.uw.edu/for-students-and-post-docs/thesisdissertation/> rev. 2017).

Plagiarism is using words, ideas, diagrams, and other content from publicly available work without appropriately acknowledging the sources of these materials. This definition constitutes plagiarism whether it is intentional or unintentional and whether it is the work of another or one's 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 a student's degree.

The MEDEX program checks student written assignments for plagiarism, whether it is intentional or unintentional. Referral may be made to the Student Progress Committee if appropriate.

Deadlines and Resubmissions

1. Students must submit all assignments to MEDEX by established deadlines. All didactic-phase assignments must be submitted before the first class of the day on the official due date. MEDEX staff collect students' work from the designated assignment submission site in Canvas, the MEDEX curriculum delivery platform. All assignments that are 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 receive a passing grade, which could affect students' 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 evaluations, written papers and other projects, must be submitted on the due dates published on the clinical course web site or as otherwise specified by the program. Regardless of the method of submission (Canvas upload, clearly postmarked mail, email, 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 short worksheets, must be made at least one full working day before the deadline. In the case of an emergency, an extension may be granted within a shorter timeframe. The approval for an extension is determined on a case-by-case basis at the discretion of the course chair(s).
5. A student with consistently late submissions may be recommended for formal academic review.

Examination Schedules, Environment and Testing Protocols

Testing occurs in both the didactic and clinical phases of the program. In the didactic phase, multiple-choice exams take place throughout the year. History-taking and physical exams also measure a student's medical knowledge and provide hands-on experience. In the clinical phase, a formative exam in autumn and a summative exam in spring are administered.

Didactic Phase – General Guidelines

- During the didactic phase, exams are scheduled on fixed dates. With the exception of documented personal illness or personal or family emergencies, students are not permitted to take the exam at a different time. Any personal plans should be made around scheduled exam dates.
- Students are expected to be on their honor not to discuss course information or share answers before, during, or after an examination. This is applicable to on-line exams as well. If necessary, the student who needs to leave the exam room should indicate to the faculty or test proctor if there is a problem that requires an absence from the examination room of longer than five minutes. For examinations that are less than two hours, the faculty member may indicate that students may not leave the room except under exceptional circumstances approved by the proctor.
- Students are expected to arrive on time for examinations. If a student is late, no additional time will be given to compensate for the late arrival. Students who arrive more than 30 minutes after the start time will not be seated for the exam. Exceptions may be given for emergency situations at the course directors' discretion.
- Dishonest behavior such as cheating is unacceptable. Inappropriate testing behavior reflects unsatisfactory professional conduct, is a violation of professional integrity, and therefore leads to academic review of the student's records and possible dismissal. Do not provide or receive unauthorized assistance on exams. Students may 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. Providing exams or exam questions to other students is cheating. Copying, memorizing, photographing, taking a screen shot or any other method of recording exam questions for the student or others is cheating.
- 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 muted and stowed prior to beginning an exam.
- MEDEX testing is conducted on an 'honor system' and irregularities that students observe in exam-taking should be discussed with the involved parties. 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

- All in-class exams and quizzes begin on time. Students arrive early to stow coats, books, electronic and other gear in the front, back or sides of the room as instructed prior to the exam. Stowage under student desks is not permitted.
- Most exams require electronic equipment that is charged and ready to use prior to the beginning of the test.
- No water bottles, self-provided scratch paper or other materials are allowed at the student's desk. No headphones or earbuds are permitted.
- The only materials permitted at the seat during an exam are the MEDEX-provided scratch paper, MEDEX-provided lab values if applicable, a pen or pencil, one eraser and earplugs, and a laptop. The scratch paper must be submitted at the end of the exam.
- In the rare event of a MEDEX equipment or software failure, hard-copy exams may be administered. For hard-copy exams, sharpen pencils before the test begins. For these exams, the only materials permitted at the seat are the Scantron form, hard-copy exam, MEDEX-provided scratch paper, MEDEX-provided lab values if applicable, a pen or pencil, one eraser and earplugs.
- Classrooms are small, and people are in close proximity in all testing situations. Students must keep their eyes on their own exams. Faculty may arrange seating for the class or ask individual students to move in order to achieve optimum spacing among test-takers.
- Talking between students or other forms of 'communication' are not allowed during testing. All electronic computing and communication devices must be muted. All electronic equipment not explicitly required for the exam must be stowed.
- Any corrections to a test will be posted at the front of the classroom. Check for any changes before submitting the test.
- Students must ensure that all questions or pages (hard-copy or computer-based) of the examination have been completed prior to submitting the exam. Unanswered questions are considered incorrect and these cannot be made up once the exam is submitted. At the end of the exam, students must show their screen verifying successful exam upload to the staff or faculty proctor.
- For exams using Scantron forms, students are responsible for ensuring that responses have been transferred correctly onto the bubble-style answer sheet. The Scantron form or the uploaded electronic file is the official exam submission.
- When students have finished testing, they must exit the classroom quietly and move away from the classroom before engaging in conversation.
- Examination by demonstration requires extra concentration on the part of the examiner and the examinee. Feedback is provided only after completion of the examination. 'Hinting' by body language during physical exams may result in scoring penalties for the 'patient'.
- All exam results and papers are returned to the individual student, to the secure 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. MEDEX does not publicly post student names with scores.
- Copying questions or exam pages before, during or after any exam or review-related activities is unacceptable and is grounds for dismissal.

For open-book or take-home examinations, the course chair provides information on the testing environment, including explicit directions on whether students must complete work on their own or may work with other classmates.

If in any of the course examination environments, a student is observed to engage in any of the following behaviors, the student will be reported to the Associate Program Director (APD) of Academic Affairs, the Associate Program Director (APD) of Student Affairs and the SPC.

- disrupting testing conditions of other students
- copying answers from another student
- allowing answers to be copied by another student
- receiving or providing unauthorized information about the examination content
- using unauthorized notes during the examination
- making notes on anything besides the provided scratch paper
- continuing to work after time is called by the proctor

If a student is excused from an examination for reasons noted above, s/he is on his/her honor not to ask for information about the examination and should remove him/herself from any situation in which the examination is being discussed or answers posted.

If a student cannot take an examination due to illness or personal/family event, must follow the absentee policies. The student must contact the appropriate site director, faculty advisor or clinical coordinator prior to the start of the exam, and permission to reschedule the exam may not be approved. The Associate Program Director (APD) of Academic Affairs will be notified of all students who need to reschedule more than one exam, regardless of the reason. The course chair cannot provide permission to reschedule an examination.

Computer-Based Testing

Online exams are closed book, individual effort, 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. It is the PA student's responsibility to log in to the assigned exams and complete them as instructed within the designated time frame and to take their online exams alone, without the help of others, and without the assistance of books or other resources. Students receive specific instructions on exam timing, web sites and technical considerations during orientation activities or during class. When computer-based testing is scheduled in person, students are required to go to the campus where they were admitted to the program.

Clinical Phase – Examinations and Evaluations

MEDEX uses the EXXAT platform for clinical rotation assignments, student entering of patient encounters, required student evaluations of preceptor/site and required preceptor completion of evaluations of students. The preceptor's evaluations of students' performance during rotations are available for students to view on the student's page in EXXAT. Evaluations for all required clinical rotations are reported at the end of the rotation. If a student has not completed the required work, the student will not receive a pass/fail grade until the rotation is completed.

Exam Accommodations

Students who have a letter of accommodation from the University of Washington's Disability Resources for Students (DRS) may receive accommodations for examinations. After DRS has granted accommodations to a student, MEDEX will implement those accommodations as soon as is reasonable depending on the particular course, the exam format, and the accommodations required. Students must request or renew DRS accommodations each academic quarter.

MEDEX may approve temporary accommodations for students who are in the process of seeking approval of accommodations through DRS. In these cases, the student may submit a written (email) request to the Associate Program Director of Student Affairs for approval of temporary accommodations until such time as DRS can make an assessment and approve or deny accommodations. If DRS concludes that the student does not qualify as having a disability that acts as a barrier to equal educational opportunity, then temporary

MEDEX accommodations will be cancelled in compliance with the decision made by DRS.

Exam Results, Reviews and Retests, and Assignment Rewrites

1. During major exam weeks, pass and retest information is released after (a) faculty have scored and reviewed all exams for all campuses (b) and faculty have approved the release of exam results.

This slight delay of notification regarding exams administered early in the week ensures that students are not distracted from preparing for additional major exams later in the same week.

2. Any student may review their completed multiple-choice question (MCQ) examination via appointment; appointments must be made with the local program assistant a minimum of 24 hours in advance.
 - a. The student is allowed the following items during an examination review: the MEDEX-provided *Test Item Analysis Form*, a copy of the student's MEDEX-provided examination scratch paper, a writing utensil, a printout of the examination being reviewed, and the student's electronic answers or photocopy of any pertinent Scantron form. Original Scantron forms (if used) are held on file and may not be reviewed by students. Any item not explicitly specified above, including but not limited to computers, telephones, tablets, cameras, recording devices, or any printed materials are not permitted in the review area.
 - b. Students will only use the MEDEX provided *Test Item Analysis Form* to document the examination review process. Students may only record the general topic of the question being reviewed, the task area of the question, and the reason for missing the item on the exam. Students are not allowed to copy specific examination questions, answer choices, correct answers, or any other details of the examination. All notes will be reviewed and photocopied by a faculty or staff member prior to removal from the review area. The student will be given a photocopy and the original is held in the student's active records file.
 - c. The total time allotted for an examination review by students shall be equal to the time allotted for the original examination, plus any additional time allotted for students with DRS approved accommodations. Should a student choose to review an examination on multiple occasions, the sum total of those reviews shall not exceed the total time allotted for the original examination. Program assistants track and document time used by students during the examination review process.
 - d. If a student is required to retest any examination for any course during Retest Week, review of the initial examination must be completed prior to the initiation of formal remediation with the Course Chair. Once formal remediation with the Course Chair is completed, no further review of the initial examination will be allowed.
 - e. All students scoring between 70.0% and 79.9% on any MCQ examination are required to review that examination prior to the end of the quarter in which the examination was administered. While students may choose to review their examination in the presence of the Campus Co-Chair or Course Chair (as applicable), the presence of said faculty member is not mandatory. All above stipulated requirements for examination review will apply in this circumstance. Any time spent actively reviewing an examination with a member of the didactic faculty will not count toward the time limitation for review.
 - f. All students scoring less than 70.0% on any MCQ examination are required to review that examination prior to the end of the quarter in which the examination was administered. Additionally, the student is required to review the examination with the Campus Co-Chair or Course Chair (as applicable). All above stipulated requirements for examination review will apply in this circumstance. Any time spent actively reviewing an examination with a member of the didactic faculty will not count toward the time limitation for review.
 - g. Adherence to these examination review standards is mandatory. Any deviation from or failure to adhere to these standards will be deemed a breach of professional conduct and will result in referral to the Student Progress Committee for potential disciplinary action.
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, following the SPC's review.

4. The passing grade for both overall courses and individual exams is 80%. Students who fail to achieve a minimum of 80% on a major exam(s) or major written assignment(s) are, initially, given a formal warning of inadequate academic performance and will be placed in mandatory tutoring/remediation. Students who have received an official warning previously and who fail to achieve 80% on subsequent 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 final 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 all required retests have been completed by other students. If the student passes the retest(s)/rewrite(s) with a minimum score of 80%, the student 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 will participate in the retesting process. The student will be referred to the SPC.
5. 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(s) arrange for required tutoring or remediation sessions and other assistance before retesting or rewriting.
 - c. The course chair(s) 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.
 - 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. However, the usual expectation in the event of a failed retest is either withdrawal or dismissal from the program.
6. 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. In the event of a personal or medical issue, a leave of absence may be requested by submitting the Student Withdrawal or Leave of Absence Request Form to the Associate Program Director of Student Affairs with signatures from the Site Director and Associate Program Director of Academic Affairs (didactic students) or the Clinical Coordinator and Associate Program Director of Clinical Affairs (clinical students) for initial approval. Subsequently, the form will be submitted to the MEDEX Program Director with the appropriate documentation for final approval. 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. The request to return from a leave of absence should be submitted to the Associate Program Director of Student Affairs for initial approval. Subsequently, the request to return will be submitted to the MEDEX Program Director for official approval.
 - d. A withdrawal from a course may be permitted in the event of illness or personal or family situations or when the student is placed on a leave of absence prior to completing a course by the SPC. A student may not withdraw from a course if the student's performance to date has been at the failing level. If the student is failing and then decides to withdraw from the course, the actual failing grade that was earned will be recorded.
 - e. Students facing retests and remediation will meet with their academic advisor prior to beginning the retests or remediation activities. At this meeting, the student will be provided with the retest and remediation policies and informed of options. At the conclusion of the meeting, the student will be required to sign the *Academic Risk Advising Attestation Form* to signify that they are aware of the policies and potential outcomes of the retest and remediation processes.
7. Students in mandatory remediation and tutoring participate in group sessions. Students are expected to be professional and discrete with regard to other students in the group. Students are expected to maintain confidentiality about student participation in these groups.
 8. The Basic Clinical Skills (BCS) course provides instruction in taking patient histories and in performing multiple physical exams. During the second week of BCS, students must demonstrate mastery of the complete history-taking 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 grade 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 grade is removed.
 10. A pattern of documented evaluator concerns about student 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.

Narrative Evaluations

Narrative comments provide another method to assess student performance throughout the program. This assessment 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 they progress in the MEDEX program. 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.

Professionalism

In addition to content knowledge, professional behaviors and attitudes are considered to be a part of students' 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. MEDEX expects students 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 student performance may indicate unsatisfactory progress when the record is viewed as a whole, even though passing grades have been earned. In such instances, successful completion of a remediation plan is required to continue in the program.

Failure by the student to complete appropriate remediation within the timeframe established will result in dismissal from the program. No student with a record of an un-remediated failure to achieve professional standards will receive the certificate of completion nor graduate from the MEDEX program. Students are expected to abide by university, local, state, and federal regulations and laws. If an incident occurs, the student should report this in a timely manner to the program, and not wait until the next scheduled background check. Violations of university standards for professional behavior and conduct will place the student in jeopardy of dismissal.

Refer to the UW School of Medicine policy on professional conduct:

<https://www.uwmedicine.org/about/policy-on-professional-conduct>

Didactic or Clinical Grade Correction Request

If a student believes that a grade was entered incorrectly, the student may email the Course Chair or Manager of Didactic Operations or the clinical operations office to request a correction. Correction requests must be made within two weeks following the conclusion of the quarter.

EXPECTED STANDARDS OF PERFORMANCE & MANAGEMENT OF STUDENT PROGRESS TOWARD GRADUATION

The following provides an overview of the expectations for completion of and performance in the graduation requirements. The Student Progress Committee reviews the records of PA students and makes decisions about a student's progress and any required remediation for meeting the PA Program's graduation requirements.

Professional Standards

PA students are expected to maintain the highest standards of personal and professional conduct, both in the academic setting and within the community. They are expected to abide by university, local, state, and federal regulations and laws. Infractions of these standards may result in disciplinary action by the University of Washington, the School of Medicine, the UW Graduate School or the PA Program Student Progress Committee, apart from whether there is any action that may occur in civil or criminal court.

Policy on Professional Conduct

Students are expected to adhere to [UW Medicine's policy on professional conduct](#), which states that "UW Medicine values professionalism among its faculty, staff, trainees, and students in carrying out UW Medicine's mission of improving the health of the public through teaching, research and patient care. Professionalism includes demonstrating excellence, integrity, respect, compassion, accountability, ethical conduct and a commitment to altruism in all our work interactions and responsibilities. MEDEX also adheres to the [AAPA's established guidelines](#) for physician assistant practice.

It is the policy and expectation of UW Medicine that UW Medicine/Department of Family Medicine/PA Program faculty, staff, and students will conduct themselves in a professional manner in all of their interactions with patients, members of the public and the University community, and each other. The PA Program promotes excellence, integrity and altruism in all of our activities; to assure that all persons are treated with respect, dignity and courtesy; and to promote constructive communication and collaborative teamwork."

Standards of Conduct and Professional Behavior

Students are expected to be on their honor to maintain high standards of professional behavior in all aspects of their PA training both in the academic setting and also in the community. Upholding the highest standards of academic performance, professional and personal behavior, personal integrity, respect for each other as individuals, and being accountable for one's own conduct includes acquiring behavioral patterns and attitudes consistent with the [policy on professional conduct](#) and [AAPA's Guidelines Ethical Conduct for the PA Profession](#).

For a student in whom unprofessional behavior has been identified and documented through an appropriate review process, the Student Progress Committee (SPC) may interview the student to determine whether the student has insight into the behavior, whether there are any extenuating circumstances that need to be taken into account, and whether there is an appropriate remediation that should be considered.

Breaches of integrity are considered grounds for dismissal. However, in reviewing the circumstances surrounding the student's behavior, the SPC may elect to mandate a leave of absence from the PA program as a disciplinary action for the unprofessional behavior and allow for a period of time during which the student may undergo appropriate remediation. The SPC may also interview the student at the conclusion of the imposed leave to determine whether the student should be permitted to reenter the PA program or should be dismissed and not recommended for graduation.

If the student's professional behavior is deemed to be unacceptable and the student has not sufficiently learned how to modify his/her behavior or if the behavior is so egregious and deemed to make the student unfit for being a PA student, the student will be dismissed and not recommended for graduation.

Below are broad categories of personal and professional behavior and conduct that fall under the purview of the Student Progress Committee as part of the overall academic standards expected of students who are recommended for promotion and graduation. They are also reflective of the [University's Student Conduct Code](#). This is not intended to be an exhaustive list, but rather general guidelines for which inappropriate behavior would be of concern in professional development.

Cheating/Plagiarism

- Cheating:
 - Involving examinations
 - Copying the work of others
 - Sharing questions on current or past exams with others
- Plagiarism:
 - Careless attribution of sources
 - Intentional misrepresentation
 - Submission of commercially prepared personal statement or otherwise not one's own creation

Inappropriate Interaction with Patients

- Taking action regarding patient care outside of the care team hierarchy
- Arguing about diagnosis or treatment in front of a patient
- Describing a patient in inappropriate terms
- Not respecting personal or professional boundaries with patients
- Inappropriate personal relationship with a patient or member of a patient's family

Inappropriate Behavior in Clinical Setting

- Taking a patient's record from the hospital or clinic
- Inappropriate access to a patient's electronic record, including the student's own personal records
- Talking about a patient in a public setting
- Acting beyond one's level of responsibility without direction from the patient care team
- Fabricating clinical data, such as when asked about patient status or in recording information on the patient
- Inappropriate attire and/or hygiene
- Ignoring proper universal precautions

Inappropriate Interaction with Peers, Staff, Faculty

- Harassment or abusive behavior in person or electronically
- Assault
- Deliberate degradation or disruption of the learning environment
- Intentional misrepresentation of self or qualifications
- Argumentative behavior beyond what is reasonable for the issue or setting
- Inappropriate, inadequate, or untimely response to queries from faculty/staff/MEDEX Program Director

Inappropriate Behavior outside Coursework

- University Student Conduct Code infractions
- Inappropriate interaction with individual(s) within the University or community
- Conviction of a misdemeanor or felony
- Harassment or abusive behavior
- Crimes against property

Non-Compliance with Requirements

- Immunizations; TB Screening
- Background Check
- BLS/ACLS
- HIPAA; UW Data Stewardship, requirements at other clinical or hospital facilities
- Universal Precautions Training

Inappropriate Financial Behaviors

- Requesting or accepting financial aid based on misrepresentative or false documentation

For infractions related to personal/professional behavior and conduct within the PA program, the PA Program's Student Progress Committee's review process will be followed.

Investigation of infractions outside of the PA program are typically conducted by the [University's Community Standards and Student Conduct](#) office (CSSC) and the Student Progress Committee may impose disciplinary action on the student. The student's right to appeal a CSSC sanction falls under the University's [Student Conduct Code](#) guidelines.

Students are expected to abide by University, local, state, and federal regulations and laws. Infractions of these standards may result in a disciplinary action being imposed by the Student Progress Committee apart from whether there is any action that may be taken in civil or criminal court.

Understanding Plagiarism and Maintaining Personal Integrity

Students must follow the appropriate guidelines for acknowledging the use of the work of others in all work and scholarly research projects and other written material related to the MEDEX program. Refer to the [GRADING AND EVALUATION](#) section for details on written assignments.

Representation in Applications and Personal Statements

The student should be the sole author of the personal statement prepared for PA school or other purposes for which the student is reflecting him/herself to others. It is a breach of academic integrity for students to incorporate statements written by others or taken from commercially prepared documents, and for students to misrepresent their academic/professional qualifications and achievements in personal statements and/or curriculum vitae.

General Principles for Managing Performance and Professional Behavior, and the Student Progress Committee

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 section on [GRADUATION REQUIREMENTS](#)). Each student is accountable for his or her own conduct as well as assumes responsibility for the professional behavior of colleagues within the profession. Students are expected to adhere to the standards detailed in HIPAA throughout their PA education.

MEDEX assists students in understanding the program's and the profession's expected levels of professional behavior and conduct through discussions at orientation sessions 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. Students are prohibited from attending classes nor clinical experiences while under the influence of alcohol or drugs, including controlled medications not prescribed to the student.
5. Students may not perform examinations or procedures on patients without appropriate consent.
6. Students shall not engage in direct patient care without a supervising preceptor on the premises.
7. Students may not report or discuss patient information by name to anyone not authorized by the patient.
8. 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.
9. 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.
10. Students must not report falsely on a patient's history and/or physical findings (*i.e.*, reporting more data than was actually obtained).
11. Students must 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 are 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 failed 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.

The program requires 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 campus office—and during clinical rotations, their preceptor—of any absence and the reasons for the absence. 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.

MEDEX policies and timelines on warning, probation and dismissal supersede those published by the Graduate School, including [memo 16](#) and [memo 33](#). The Graduate School has recognized that MEDEX policies and timelines are appropriate for this fast-paced program that prepares future PAs to deliver high-quality healthcare to the public. The policies described below are to be followed.

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.

Confidentiality

It is important to maintain confidentiality surrounding the student's academic performance and progress in the PA Program. The following individuals have knowledge of the student's status and/or are informed when appropriate to facilitate the student's successful progress.

Anyone with a legitimate need to know as defined by the federal Family Educational Rights and Privacy Act (FERPA), including the following:

- SPC chair and committee members,
- faculty or designees who present or provide information at the SPC's meetings and need to manage remediation plans related to the Didactic curriculum,
- clinical coordinators or designees who present or provide information on student difficulty in their rotations and need to manage remediation plans related to the clinical curriculum,
- others with a legitimate need to know.

Guidelines for Review of Progress in Coursework and Professional Conduct & Remediation Decisions

In order to support students who fail an exam, struggle with course and exam preparation or who receive below expected evaluations in their clinical year, the Associate Program Director (APD) of Student Affairs, in consultation with the Student Progress Committee, provides appropriate support to help the student achieve success in the program and in preparation for the student's national certification exam. A decision to dismiss or withdraw a student for academic reasons is made by the Student Progress Committee.

Academic Remediation for Students

Didactic Phase- Failed Exams

Students who score between 70-79.99% on any major exam during their didactic year will be required to have academic counseling (including study skills assessment) with the Associate Program Director (APD) of Student Affairs, analyze the failed exam using a test analysis form, attend mandatory tutoring, and possibly be referred to DRS and UW health and wellness. By the end of the quarter if the final course average is not passing, then students will be required to retake the failed exam.

Students who score between below 70% on any major exam during their didactic year are required to have academic counseling (including study skills assessment) with the Associate Program Director (APD) of Student Affairs, to analyze the failed exam using a test analysis form with the course chair or co-chair, attend mandatory tutoring sessions, and possibly be referred to DRS and UW health and wellness. Students will be required to retake the failed exam during retest week.

Failed Clinical Reasoning Assessments (CRAs)

Students who fail a clinical reasoning assessment during their didactic year are required to complete the re-assessment within 10 days. Students will receive feedback verbally by the preceptor at the end of the CRA. For remediation activities, students will do case reviews and focus on history and physicals, physical examination, review of systems, create a differential diagnosis, review diagnostic options and resources.

Failed summative CRAs are retested during graduation week or earlier. For remediation activities, students are assigned case reviews and focus on history and physicals, physical examination, review of systems, create a differential diagnosis, review diagnostic options and resources.

For students who fail the CRA which was re-done; remediation activities required are as follows: Reviews with a focus on history and physicals, physical examination, review of systems, creation of a differential

diagnosis, review diagnostic options and resources. Students who fail the CRA a second time are be referred to SPC for further recommendations.

Clinical Phase

Clinical year students are assessed throughout the second year in the PA program on the following skills and competencies to ensure fitness for clinical practice upon graduation: medical knowledge, clinical skills, clinical reasoning and judgment, time management and organization, interpersonal skills, communications, professionalism, practice-based learning and improvement, systems-based practice and mental well-being.

If a student fails a rotation evaluation, appropriate remediation activities are implemented with the support of faculty, preceptors and sometimes tutors. If a student fails a rotation, the student may be required, per SPC, to repeat that rotation at another site, and the student's graduation date is extended. If a student fails a clinical rotation, s/he is placed on academic warning by the SPC. If a second clinical rotation is failed, the student is notified of any further action by the SPC.

Misconduct Outside of the Curriculum

The MEDEX program takes cognizance of the students' professional behavior and conduct throughout the PA program. Thus, the outcomes of reviews of conduct-related issues, which are part of the required academic standards for graduation, and decisions on sanctions fall within the purview of the program's Student Progress Committee. When incidents of misconduct that occur outside of the academic environment are brought to the attention of the program by faculty, peers, individuals in the community, law enforcement, etc., these may be investigated by the program's established process and/or the University's [Community Standards and Student Conduct \(CSSC\) Office](#), depending on the allegation.

If the conduct-related issue is initially brought to the attention of MEDEX, the Student Progress Committee determines if the investigation of the alleged incident is to be handled by the program within its established process or referred to the CSSC. The SPC is not involved in the investigation of the misconduct; its role is to determine the appropriate sanction once the misconduct has been confirmed.

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. 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 university administrative units or, after graduation, to licensing bodies in some cases.

Official Warnings and Placement on Probation

A student is 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 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 didactic-phase clinical experience week;
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 on Warning or on Probation Status

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 the internal MEDEX student active files; it is not forwarded to the university, nor does it appear on official transcripts. If the SPC issues a warning, the student is notified in writing by the Chair of the SPC or the MEDEX Program Director. This letter also states the minimum length of the warning period and the conditions for its removal, *i.e.*, a remediation plan. This notification alerts the student to the requirement for immediate improvement if he or she is to remain in the MEDEX program. Students are expected to maintain an unqualified passing level of performance in subsequent coursework for retention in the program. Students are also 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 or the MEDEX Program Director. 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. A copy of the probation letter is maintained in the student's permanent file and the information may be reported on verifications of student training. The student 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 or the MEDEX Program Director 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. These policies supersede those published by the Graduate School. In specific circumstances, a preliminary meeting involving the MEDEX 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, two options are available to the student:

- **Option I - withdrawal from the program** by submitting a formal letter of withdrawal to the MEDEX 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.
- **Option II - 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 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. The committee also considers 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 advisor. This individual can offer information or participate in the question and answer session as appropriate. The level of the faculty advisor'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 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 advisor.
- 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 the Dean's 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.

Fitness for Educational Participation and the Washington Physicians Health Program

The opportunity to participate in the educational curriculum leading to the granting of the PA certificate is a privilege given to few people. An individual's agreement to participate in this curriculum and the PA profession carries the responsibility to act professionally both within and outside of the academic setting. Similarly, the opportunity for students to participate in the educational curriculum or direct patient care places responsibility on the MEDEX program to ensure that fellow students, the faculty, and patients are not placed at risk due to a student's mental illness, physical illness, or impairment from drugs or alcohol.

The Washington Physicians Health Program (WPHP) is a confidential program for Washington physicians and other health care providers, founded by the Washington State Medical Association. The School of Medicine and MEDEX have access for their students to WPHP, which offers services to healthcare providers who have a condition that could impact their performance. These services include general outreach, crisis intervention, informal assessment, treatment monitoring, and support for providers who need their help. WPHP believes that early intervention and evaluation offer the best opportunity for a successful outcome and help to protect patient safety. WPHP services are available to all MEDEX students regardless of classroom location. See the WPHP website at www.wphp.org.

In the didactic or clinical setting or in activities within PA school or the community environment, it is the responsibility of the individuals (faculty, preceptors, students, staff, etc.) with information or observations of a student's behavior that has the potential to place patients, faculty, students or others at risk to immediately

report the concern to the appropriate MEDEX faculty (MEDEX Program Director or designee). If a student is believed to have a condition that may affect his/her ability to interact safely with patients, he/she will be removed from the clinical setting until such time that the issue is effectively resolved. The cost of the WPHP program is the responsibility of the student whether or not referred by MEDEX.

The Student Progress Committee will review the case within the student's overall performance record and consider potential continuation in the program. Depending on the outcome of the review, the SPC's recommendation may be to refer the student to the WPHP for assessment, treatment, and continued monitoring as appropriate. The SPC will review WPHP's recommendations in light of the student's overall record and will make a decision on the appropriate course of action.

If, in the SPC's best judgment, the student may pose a risk to patient care or safety or to students, faculty or others, the student will be withdrawn from courses or clinical settings in which s/he is enrolled and may be placed on leave of absence until referral, evaluation and endorsement by the WPHP has been completed. The WPHP may find that the student poses no risk to patient care or safety or to others in the educational community and can return to the curriculum and academic setting. If the WPHP finds that the student may pose a risk to patient care or safety or to others in the educational community, they will recommend and oversee a course of evaluation and treatment and make the decision on whether to endorse the student to return if appropriate. The student must receive the endorsement of the WPHP prior to returning to the curriculum.

Separation from the MEDEX Program

Leaves of absence

Absences longer than one week may be requested by the student or mandated by the SPC. Leaves are for personal, military, medical or academic reasons, or for unusual circumstances.

The SPC has created the following guidelines for all leaves of absence.

- Leave status is **not** used when a short-term issue occurs, and brief intervention is approved without delaying the anticipated date of graduation.
- Students may **not** drop a course nor rotation during the quarter in order to avoid failing.
- Students who take a leave of absence retain their original matriculation date, and all grades and evaluations submitted prior to the leave are retained as part of the student's permanent record.
- Students on leaves of absence must maintain compliance in all areas required by the PA Program.

Didactic Phase

During the didactic phase, a student may request or be placed on a leave of absence for personal, military, or medical reasons. The *Leave of Absence Request Form* must be submitted to the Associate Program Director of Student Affairs with signatures from the Site Director and Associate Program Director of Academic Affairs for initial approval. Subsequently, the form will be submitted to the MEDEX Program Director with the appropriate documentation for final approval.

For military leaves, the student must supply documentation of the military orders along with the leave request. A student may be deployed or notified of required training sessions. MEDEX will work with each individual student in this situation to determine the most appropriate timing, method and coursework expectations (in compliance with Washington RCW 28B.10.270) for returning to the program upon completion of the military service commitment.

For students requesting a leave, the MEDEX Program Director and/or the appropriate committee will review the circumstances and may set criteria related to the student's return from the leave. The student is informed in writing of the criteria to be met. If no criteria are set for the leave and reinstatement, the student and the appropriate MEDEX representative or committee determines the length of the leave and the date and circumstances of the reinstatement. The student is required to request return from the leave of absence

in writing to the MEDEX Program Director. If criteria are set for reinstatement to the program, the appropriate committee will review the student's case and determine whether reinstatement to the program is granted and if so, other criteria the student must meet to continue.

If the leave is needed for longer than one week, the student will need to return to the program the following year to restart in the academic quarter when the leave commenced, unless other accommodations have been approved by the program.

If a leave extends beyond one academic year, the student is required to re-start the program from the beginning, with a new cohort. If a leave extends beyond two academic years, the student is required to re-apply to the program and, if admitted, re-start the program from the beginning. A 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 admitted, re-enter the program from the beginning. The admission application will be reviewed without prejudice.

To be reinstated, the student must request permission in writing to the MEDEX Program Director to return to the program, and demonstrate proof, as appropriate, that reasons for the leave have been resolved and that the student can successfully re-enter the program and continue with didactic studies. The student must return to the original didactic campus. Reinstatement is also dependent on the availability of didactic and clinical resources.

Clinical Year

Within the clinical year (second year), students may request or be placed on a leave of absence for personal, military, or medical reasons, or as an intervention to allow time to manage an issue of concern. The *Leave of Absence Request Form* must be submitted to the Associate Program Director of Student Affairs with signatures from Clinical Coordinator and Associate Program Director of Clinical Affairs for initial approval. Subsequently, the form will be submitted to the MEDEX Program Director with the appropriate documentation for final approval. The MEDEX Program Director, in consultation with the Student Progress Committee, may approve the request if there are no academic performance issues. If approved, the leave results in an extended graduation date. In addition, depending upon the amount of leave taken, the Student Progress Committee will ascertain if a remedial program is required when returning to the program.

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. In most cases when a student is completing rotations after graduation, the student will be registered for one or two credits (with associated tuition) and is no longer eligible for financial aid. An exception may be in the case of a failed rotation. In this circumstance, the student will be registered for the number of credits appropriate to the make-up rotation that is assigned by the program.

Student Status while on a Leave of Absence

The following apply while the student is on a leave of absence from the PA program.

- The student may not be involved in any PA programs or activities.
- The student should be absent from the PA program and School of Medicine setting.
- The student may have limited access to student support services such as study skills advising.

Students on leave with the University of Washington are entitled to:

- use university libraries
- maintain access to the UW email account
- use Hall Health Primary Care Center on a pay-for-service basis
- use the Intramural Activities building (gym) with additional fee (UW Seattle campus students only)

Students on leave with the University of Washington are not entitled to:

- faculty and staff counsel/resources (very limited counsel/resources are permitted)
- examinations of any type (except for language competency)
- university housing
- financial assistance

Student Progress Committee's Use of Leaves of Absence

If the SPC [or Associate Program Director (APD)] of Student Affairs in consultation with the chair of the SPC determines that there are significant extenuating circumstances interfering with the student's performance, the student may be granted a leave or mandated to take a leave of absence with the ability to petition to return. When approving the student's petition to return to the PA Program, the SPC may establish criteria related to the student's return and subsequent performance that the student must meet in order to remain in the PA Program.

- If no criteria are set, the student and appropriate committee agree to a date and circumstances for return.
- If criteria are set and are not met, the SPC may recommend that the student continue on leave, be advised to withdraw, or be dismissed from the School of Medicine.
- In cases in which the SPC must approve the return from leave, the SPC may set requirements upon re-entry on the student's academic program and may place the student on probation.

A petition to return requires documentation that the issue(s) has (have) been resolved or managed sufficiently to allow the student to perform at an acceptable level. The petition may also include an interview with the SPC.

Depending on the length of the leave of absence, the student may be required to enroll in independent study (1 credit) prior to enrolling in the quarter of return. Independent study allows the student to participate in the courses the student may already have passed but will help the student better prepare for the next quarter of the program.

Withdrawal from the PA 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. Students are encouraged to speak with their faculty advisor(s) to be certain that the decision has been carefully considered.

A student may also withdraw from the program 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 MEDEX Program Director. If the student withdraws from the program, the student's transcript will show a withdrawal.

A withdrawal from a course may be permitted in the event of illness or personal or family situations or when the student is placed on a leave of absence by the SPC prior to completing a course. A student may not withdraw from a course if the student's performance to date has been at the failing level. If the student is failing and then decides to withdraw from the course, the failing grade that the student earned will be recorded.

To withdraw from the PA Program, the student must submit the withdrawal notification in writing (email is sufficient) to the MEDEX Program Director. Upon receipt of the letter, the withdrawal is confirmed, any scheduled coursework is dropped, and the SPC is notified.

Tuition Forfeiture Schedule

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

TECHNICAL STANDARDS AND ESSENTIAL REQUIREMENTS OF MEDICAL EDUCATION IN THE MEDEX NORTHWEST PHYSICIAN ASSISTANT PROGRAM: ADMISSION, RETENTION AND GRADUATION STANDARDS

All students must meet the Technical Standards and Essential Requirements of the program, with or without reasonable accommodation.

Introduction

Physician assistant (PA) 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 healthcare professionals and patients.

Essential Requirements for Medical Education

The MEDEX Northwest Physician Assistant Program at the University of Washington School of Medicine recognizes the PA certificate as a broad undifferentiated qualification requiring the acquisition of general knowledge and basic skills in all fields of medicine necessary to care for patients. The education of a PA requires assimilation of knowledge, acquisition of skills, and development of judgment through patient care experience in preparation for appropriate decisions required in practice. The current practice of medicine requires collaboration among physicians, PAs, other healthcare professionals, and patients and their families.

Within the standards set by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), MEDEX Northwest has the ultimate responsibility for the selection of students, the design, implementation, evaluation of its curriculum, evaluation of students, and the determination of who should be awarded a PA certificate. Admission and retention decisions are based not only on prior satisfactory academic achievement but also on non-cognitive factors, which serve to ensure that the candidate can complete the essential functions of the academic program required for graduation.

The process of continuous curriculum evaluation acknowledges a set of identified essential functions that determine the requirements for admission, retention, progression, and graduation of applicants and students respectively at the MEDEX Northwest PA program. Graduates are expected to be qualified to enter the profession and practice as a PA.

The MEDEX Northwest Program at the University of Washington School of Medicine endeavors to select applicants who have the ability to become highly competent PAs. The program's goal is to produce skilled individuals who can practice as PAs who put the patient first in the delivery of safe and effective medical care. Technical standards have been developed and approved by the faculty and reflect the essential relationship of PA-focused medical education to practice in the PA profession.

Technical Standards

Technical standards are academic standards that refer to those cognitive, behavioral, and physical abilities required for satisfactory completion of all aspects of the curriculum, and the development of professional attributes required by the faculty of all students approved to graduate with a PA certificate. The essential abilities required by the curriculum and for the practice of medicine are in the areas listed below and cannot be compromised without fundamentally threatening a patient's safety and well-being, the institution's educational mission, or the profession's social contract.

- Intellectual/Cognitive: conceptual, integrative, quantitative abilities for problem-solving and diagnosis

- Professionalism/Behavioral and Social Aspects of Performance
- Communication
- Physical and Mental Requirements

The individual must be able to function in his/her care and interactions with patients without the use of a surrogate in all of the above categories.

Intellectual/Cognitive: conceptual, integrative, quantitative abilities for problem solving and diagnosis

The MEDEX Northwest curriculum requires essential abilities in information acquisition. The student must have the ability to master information presented in course work through lectures, written material, projected images, and other forms of media and web-based presentations, and through simulations that require a variety of different skills.

The student 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 may be described as the ability to comprehend, memorize, analyze, and synthesize material. He/she must be able to discern and comprehend dimensional and spatial relationships of structures and to develop reasoning and decision-making skills appropriate to the practice of medicine as a PA.

Professionalism/Behavioral and Social Aspects of Performance

The student must possess personal qualities, which include compassion, empathy, altruism, integrity, responsibility, sensitivity to diversity, and tolerance. The student must understand and apply appropriate standards of medical ethics. The student must maintain appropriate professional boundaries within all settings, including those in which he/she is caring for patients and their families or interacting with faculty, residents, peers, staff, and healthcare team members. The student must be able to function as a member of the healthcare team, often within a multidisciplinary team-based environment, regardless of the specialty.

Communication

The student must communicate effectively in English with patients and families, physicians, and other members of the healthcare team. The communication skills require the competency to process all information provided, including the recognition of the significance of non-verbal responses, to allow for appropriate, timely, well-focused follow-up inquiry. The student must be capable of responsive, empathetic communication to establish rapport in a way that promotes openness on issues of concern and sensitivity to potential cultural differences.

The student must process and communicate information on the patient's status in a timely manner with accuracy and in a succinct yet comprehensive manner to physician and PA colleagues as well as other members of the healthcare team in settings in which time available is limited. Written, dictated, or electronic medical record entries of patient assessments, treatment plans, prescriptions, etc., must be timely, complete and accurate. Ability to interact with, utilize, and navigate an electronic medical record is essential as this entails tasks such as entering orders, responding to electronic prompts, etc. Putting patient safety first, appropriate communication relies on the student recognizing he/she may lack the skills or knowledge to manage the situation and making a correct judgment to seek assistance and supervision in a timely manner.

Physical and Mental Requirements

The physical and mental requirements include essential abilities in the areas of observation and perception, sensory and tactile functions, fine and gross motor coordination, and stamina that are necessary in the examination, assessment, and care of patients.

The student must have the ability to take a medical history and perform a physical examination. Such tasks require the ability to communicate with the patient. The student will be required to perform a comprehensive physical examination.

The student must have the physical and emotional stamina, stability, and capacity to function in a competent manner in clinic, hospital, classroom, and laboratory settings that may involve heavy workloads, long hours, and stressful situations. The student must also be able to adapt to environments that may change rapidly without warning and/or in unpredictable ways.

Policy Guidelines

The University of Washington MEDEX Northwest Program has the responsibility to the public to assure that its graduates can become fully competent physician assistants, 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 as PAs.

As an accredited PA program, MEDEX Northwest adheres to the accreditation standards promulgated by the ARC-PA.

As part of the University of Washington, MEDEX Northwest is committed to the principle of equal opportunity. For example, the program does not discriminate on the basis of race, color, creed, religion, national origin, cultural or ethnic background, socio-economic status, gender, gender identity, sexual orientation, age, marital status, disability, or status as a veteran. See Executive Order 31: <http://www.washington.edu/admin/rules/policies/PO/EO31.html>.

While an individual's performance is impaired by abuse of alcohol or other substances, he/she is not a suitable candidate for admission, retention, progress, or graduation.

The intention of an applicant or student to practice a narrow part of clinical medicine or to pursue a non-clinical career does not alter the requirement that all PA students take and achieve competence in the full curriculum, and evaluations of academic and professional conduct.

MEDEX is a full-time educational program that requires regular independent study. Students are strongly discouraged from seeking or maintaining employment while enrolled in the program. If a student does work and encounters academic and/or disciplinary problems, the student may be counseled to cease employment. Under no circumstances will employment be considered as a reason for excused absence from the student's didactic or clinical education commitments, nor will student employment considerations mitigate evaluation of outcomes.

Matriculated PA students will not be employed by the Physician Assistant Program under any circumstances but may volunteer to share their expertise when appropriate. Students will not be allowed to perform clerical or administrative work for the program.

During clinical rotations, students will not substitute for regular clinical and/or administrative staff. If a student is asked to substitute for regular staff on a rotation, he/she should inform the clinical coordinator or MEDEX Program Director immediately.

PA students must continue to meet the MEDEX Northwest technical standards throughout their enrollment.

A student who has or develops a chronic disease or condition will be expected to seek and continue under the care of a licensed provider. However, should the student have or develop a condition or disability that would pose a health or safety risk to patients, self, or others and that could not be managed with a reasonable accommodation, the student may be placed on a mandated leave of absence or be dismissed from the MEDEX Northwest PA Program.

Applicants and students must meet the legal standards to be licensed to practice medicine in the States of Washington, Wyoming, Alaska, Montana or Idaho. As such, candidates for admission must acknowledge and provide written explanation of any felony offense or disciplinary action taken against them prior to matriculation in MEDEX Northwest. In addition, should the student be arrested for or convicted of any felony offense while in the MEDEX program, s/he agrees to immediately notify the MEDEX Program Director in writing as to the nature of the conviction. Failure to disclose prior or new offenses can lead to rescinding the offer of admission, disciplinary action, or dismissal.

Accommodations

Applicants to and students enrolled in the MEDEX Northwest program must follow the approved process for requesting and receiving appropriate reasonable accommodations to enable them to have the opportunity to meet the MEDEX program's technical standards and essential requirements for completion of the MEDEX PA curriculum and for the practice of medicine as a PA. Applicants and enrolled students are responsible for requesting accommodations and for providing the appropriate, required documentation of the disability in a timely manner to the University's Disability Resources for Students (DRS) Office. The DRS Office will review the documentation and engage the MEDEX program and the student in an interactive process both to review accommodation requests in light of a student's functional limitations and the essential elements of the PA program and also to determine reasonable accommodation(s) on a case-by-case basis. See DRS Office webpage on process for new students: <http://depts.washington.edu/uwdrs/prospective-students/getting-started/>.

A student who develops or manifests a disability after matriculation may be identified to the Associate Program Director of Student Affairs through a variety of sources, e.g., self-report, a report of accident or illness, or faculty observations of special aspects of poor academic performance. If the degree to which the student has become disabled raises questions related to meeting the technical standards, the matter will be referred for consultation with the Disability Resources for Students Office. The DRS Office will request that the student submit appropriate documentation in regard to the disability from a qualified health professional and will subsequently work with the student and the MEDEX faculty in assessing whether the student can meet the program's technical standards with a reasonable accommodation.

Reasonable accommodations are designed to effectively meet disability-related needs of qualified students yet will not fundamentally alter essential elements of this program, create an undue burden for the University, or provide new programming for students with disabilities not available to all PA students. The MEDEX program is ultimately responsible for implementation of approved accommodations.

MEDEX may approve temporary accommodations for students who are in the process of seeking approval of accommodations through DRS. In these cases, the student may submit a written (email) request to the Associate Director of Student Affairs for approval of temporary accommodations until such time as DRS can make an assessment and approve or deny accommodations. If DRS comes to the decision that the student does not qualify as having a disability that acts as a barrier to equal educational opportunity, then temporary MEDEX accommodations will be cancelled in compliance with the decision made by DRS.

MEDEX may approve temporary academic accommodations, for use while enrolled in the MEDEX program only, to give non-native English-speaking students equal opportunity for success in the MEDEX program. In these cases, the student may submit a written (email) request to the Associate Director of Student Affairs for approval of temporary academic accommodations through the end of their education with MEDEX.

Technical Standards Expanded Examples

Note: Throughout the document, "student" refers to the applicant and PA student.

Intellectual/Cognitive

The student is expected to have essential abilities in information acquisition, integration, and problem-solving as an applicant and to gain and demonstrate higher levels of competence as he/she progresses through the PA program. These include, but are not limited to, the following:

The student must:

- measure, calculate, memorize, organize, analyze, comprehend, integrate, and synthesize material
- comprehend and apply written material at a level to be able to independently accomplish curricular requirements and provide clinical care for patients
- demonstrate cognitive abilities necessary to master relevant content in basic science and clinical courses deemed appropriate by the faculty through a variety of sources including lectures, written material, skills-based training, use of computers and other forms of media, and simulations

- discern and comprehend dimensional and spatial relationships of structures
- demonstrate reasoning, decision-making skills, and sound judgment appropriate to the practice of medicine
- solve problems rapidly; this critical skill demanded of PAs requires the ability to learn, reason, integrate, analyze, and synthesize data concurrently in a multi-task setting where there may be a high level of stress and distraction

Professionalism/Behavioral and Social Aspects of Performance

The student is expected to have essential abilities in behavioral and social attributes and professionalism as an applicant and to gain and demonstrate higher levels of competence as he/she progresses through the PA program. These include, but are not limited to, the following:

The student must:

- be respectful of patients, faculty, peers, and members of the PA program community: show up on time, be prepared, and wear appropriate dress
- take responsibility for his/her education; participate, contribute to the learning environment, and receive and act on constructive feedback from members of the PA program community and healthcare teams
- function as a contributing member of the healthcare team
- demonstrate integrity as manifested by truthfulness, acceptance of responsibility for one's actions, accountability for mistakes, and the ability to place the well-being of the patient above his/her own when necessary
- demonstrate empathy and concern for others while respecting appropriate personal and professional boundaries
- demonstrate the ability to develop mature, sensitive, and effective professional relationships with patients and all members of the PA program community and healthcare teams
- demonstrate attributes that include compassion, empathy, altruism, integrity, responsibility, dedication, fairness, respect for self and others, and tolerance
- demonstrate sensitivity to diversity and different beliefs that may affect his/her interactions
- understand and apply appropriate ethical principles and standards of medical ethics within the setting in which he/she is caring for patients

Communication

The student is expected to have essential skills in communication as an applicant and to gain and demonstrate higher levels of competence as he/she progresses through the PA program. These include, but are not limited to, the following:

The student must:

- communicate effectively in English verbally and in writing or electronically in a variety of settings with patients and families, physicians, other members of the healthcare team, and peers; and have the ability to comprehend written communications
- have the ability to take a medical history and perform a physical examination, which includes the ability to communicate and interact with patients in an effective manner in order to elicit information, assess non-verbal communications, and describe changes in mood, activity, and posture; work effectively with a patient's interpreter when needed
- expediently assess all information including recognizing the significance of non-verbal responses to allow for appropriate, well-focused follow-up inquiry
- demonstrate communication skills that are essential for the formation of effective professional relationships with teachers and colleagues and therapeutic relationships with patients

- establish rapport in a way that promotes openness to the patients' concerns and sensitivity to potential cultural differences
- recognize urgent situations in which timely supervision, assistance, and consultation must be sought
- process and communicate information in a timely manner on the patient's status to physician colleagues, peers, and members of the healthcare team. This must be done with accuracy and in a succinct yet comprehensive manner in settings in which time available is limited
- write or dictate patient assessments, prescriptions, etc., that are complete and accurate and submitted in a timely manner
- give and receive constructive feedback, and demonstrate the ability to process feedback and utilize it to conform behavior to expected professional standards

Physical and Mental Requirements

The student is expected to have essential abilities in the areas of physical and mental requirements as an applicant and to gain and demonstrate higher levels of competence as he/she progresses through the PA program. The physical and mental requirements are in the areas of observation/perception/sensory/tactile, motor coordination/function, and stamina. Below are examples of the essential abilities in each of these areas.

Observation/Perception/Sensory/Tactile

The student is expected to have essential abilities in the areas of observation, perception, sensory, and tactile skills.

Students must be able to perceive by the use of senses the presentation of information through a variety of media. These include, but are not limited to, the following:

- large group lectures
- demonstrations and laboratory experiments
- small group discussions and presentations, including team-based learning
- written material, audiovisual material, including computer-based material
- skills-based training
- simulations
- one-on-one interactions

The student must be capable of perceiving signs of disease and essential structures as demonstrated or taught in the foundation and clinical courses, such as anatomy and clinical medicine, and as manifested through the physical examination.

In addition, the following are essential to the practice of medicine:

- ability to distinguish normal from abnormal findings on physical examination
- patient encounter observations (at a distance and close at hand)

Motor Coordination/Function

The student is expected to have essential abilities in areas of motor coordination and function. These include, but are not limited to, the following:

The student must be able to execute motor movements reasonably required to provide general care and emergency treatment to patients. Such actions require coordination of both gross and fine muscular movements, balance and functional use of the senses. The student should have sufficient motor function to:

- perform within a reasonable time period appropriate to the patient care setting
- elicit information from patients by palpation, inspection, auscultation, percussion, and other diagnostic maneuvers
- perform diagnostic or therapeutic procedures
- respond and perform with precise, quick, and appropriate action in emergency situations
- complete timed demonstrations of skills
- perform routine invasive procedures including the use of universal precautions to avoid posing risks to patients and the student such as venipuncture
- function in outpatient, inpatient, surgical, and other procedural venues
- perform in a reasonably independent and competent way in sometimes chaotic clinical environments

Stamina

The student is expected to be able to meet the required physical and mental essential abilities as an applicant and to gain and demonstrate higher levels of competence as he/she progresses through the PA program. These include, but are not limited to, the following:

The student must:

- possess the emotional health required for appropriate utilization of intellectual abilities, the exercise of good judgment, and the timely completion of all responsibilities attendant to their academic work, teamwork, and patient care. The student should be proactive in making use of available resources to help maintain both physical and mental health.
- have the emotional and psychological stability to function effectively under stress and to adapt to an environment that may change rapidly without warning and/or in unpredictable ways.
- possess sufficient stamina to be able to tolerate demanding workloads.
- have the ability to adapt to changing environments, to display flexibility, and to learn to function in the face of uncertainties inherent in the medical education and clinical practice settings.

APPLICANT/STUDENT ACKNOWLEDGMENT OF REVIEW

Name: _____ Date: _____

I have read and understand the expectations for successful completion of the PA educational program described in the following documents and can meet these standards with or without accommodations:

- _____ Technical Standards and Essential Requirements of Medical Education
- _____ Physical Examination Requirements
- _____ Technical Standards Expanded Examples
- _____ Reviewed services available through the Office of Disability Resources for Students

Before signing this acknowledgement of review, if you have any questions about the MEDEX Northwest Technical Standards and Essential Requirements and/or the process for requesting accommodations, please contact the MEDEX Northwest PA Program's Associate Program Director of Student Affairs or Disability Resources for Students.

Applicant or PA Student Signature

rev. January 2015

COMPLIANCE

Requirements

All matriculated PA students, including those on approved leave of absence, are required to maintain compliance in all required areas (listed below) throughout their tenure in the PA program. These compliance requirements include the following:

- Immunizations (measles, mumps, rubella, hepatitis b, tetanus-diphtheria-pertussis, varicella; TB-screening [PPD or IGRA]; influenza)
- Basic life support (BLS) certification
- Criminal background check
- UW self-disclosure, consent, and release of information form if applicable
- UW HIPAA training
 - UW Privacy, Confidentiality and Data Security Agreement (PCISA) form if applicable
- Universal precautions training

These requirements follow the recommendations of the Centers for Disease Control and Prevention (CDC) and may be updated during the course of a student's tenure. The ARC-PA also requires that PA students comply with CDC immunization and testing recommendations.

All MEDEX students must comply with UW Health Science Immunization Program (HSIP) and MEDEX immunization requirements throughout their tenure in the physician assistant program; this includes timely documentation of compliance and submission of required paperwork. All immunizations are required prior to the start of the didactic phase of the program. Compliance with immunization policies is required during both the didactic and clinical phases of the program. These compliance requirements include all immunizations the HepB series, TB screening, annual flu shots, and other immunizations listed in the form.

Documentation of compliance for the above immunizations is required of all PA students prior to matriculation. All PA students must maintain compliance with these requirements throughout their tenure in the PA program, even while in a non-clinical segment of the curriculum. If reported as non-compliant, the student will not be considered to be in good standing, at which point they will not be allowed to participate in the PA Program curriculum, financial aid will be withheld, and registration holds will be applied.

Students are expected to track their own compliance due dates and update items needing renewal. Students' compliance status is monitored by the PA Program clinical staff, and students are notified when status updates are needed. Students who do not respond to notification of non-compliance are suspended from all coursework until they have updated their status appropriately. Non-compliance may impact the release of financial aid and may result in an expanded program if clinical coursework needs to be rescheduled.

Documentation of compliance with all immunizations including the annual tuberculosis screening, must be confirmed by the Health Sciences Immunization Program (HSIP) before students are allowed to begin or continue patient contact. HSIP screens and documents students' immunization compliance. In situations where a specific vaccination is contraindicated, HSIP staff will advise students on the appropriate documentation to obtain from their health care provider.

Students are responsible for sending all immunization documentation, including annual PPD or TB symptom survey results and influenza documentation to HSIP for compliance tracking. HSIP can be contacted at 206-616-9074. It is the students' responsibility to confirm with HSIP that the students' documentation has been received and the status is compliant. HSIP provides weekly compliance reports to MEDEX. HSIP uses a web-based vendor, CastleBranch (CB), for immunization tracking. Students will be required to pay a one-time account set up fee with CB, and a separate quarterly HSIP fee is charged to each student's tuition account for HSIP services.

Rotation Site Requirements for Immunizations and Compliance

The rotation site defines requirements for all rotation in-processing. Generally, the site facilitates in-processing requirements, but there may be items the site will ask students to complete 4 to 6 weeks ahead of the rotation to ensure all on-boarding requirements are met. In addition to completing site and department-specific paperwork, students may be asked to provide a copy of their immunization records (for immunization records, contact myshots@uw.edu or call 206-616-9074).

Basic Life Support Certification for Healthcare Providers

Students must be certified in CPR at the level of Basic Life Support (BLS) for Healthcare Providers (American Heart Association approved training) prior to matriculation and before entering the clinical curriculum. BLS cards expire every two years, and students are responsible for keeping their certification current throughout their PA training.

Students must provide a copy of the current certification to the MEDEX Director of Admissions & Student Services via email with pdf attachment of the certification and are responsible for keeping the original certification card available and for maintaining this documentation in their personal files.

The MEDEX PA program does not accept ACLS certification or online BLS/CPR training courses in lieu of the BCLS card for this requirement.

The [American Heart Association](#) has a course locator function that students can use to find a class in a geographic area convenient to them.

Advanced Cardiac Life Support

Students will be required to complete ACLS certification prior to Transition Week (orientation to the clinical phase) and before the beginning the clinical phase of training. Documentation of ACLS completion must be uploaded to EXXAT. ACLS certification must be maintained throughout the entire clinical phase. Classmates are not allowed to teach or certify one another.

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

Criminal Background Check

PA students are required to complete a criminal background check prior to matriculation, and again prior to entering the clinical year. The PA Program's affiliation agreements with clinical sites require that students complete and maintain a current national criminal background check. In addition, some clinical rotation sites may require the completion of a site-specific criminal background check process.

HIPAA Compliance Certification, Data Stewardship Training, and UW Medicine Privacy, Confidentiality, and Information Security Agreement

All students are required to complete the on-line HIPAA training for the University systems. Additional HIPAA training may be required by other regional hospitals during student rotations. If a student does not complete the required training, the student will not be permitted to be in a patient care setting.

Examples of violations of the security/confidentiality agreement include, but are not limited to, blogging patient interactions, looking at patients' records for which the student is not responsible, leaving the workstation unlocked and unattended, forwarding email to a non-UW email account, etc. All infractions are taken seriously and will be referred to the associate dean for student affairs for review and implementation of recommended action from the UW Medicine Compliance Office and the MEDEX PA Program Student Progress Committee.

Universal Precautions: Managing Bloodborne Pathogens

All students must complete the School of Medicine's [program on universal precautions](#) annually to ensure that they are informed of the appropriate handling of blood, tissues, and body fluids during PA school. The commonly used term for the methods used is "Universal Precautions" – universal in that one uses these precautions with all patients, not just those with known or suspected infectious disease. The agents associated with many infectious diseases are transmitted by superficial physical contact; others require intimate contact with blood or other body substances (Hepatitis B and C, HIV).

Prior to the clinical year, students are provided with cards that contain instructions on how to proceed in the event of having contact with blood, tissue or bodily fluids. The condensed version of the cards should be kept on their person at all times and refer to it as appropriate. Students are expected to show the complete version of the card as part of site visits during the clinical year.

As part of professional development, students are responsible for incorporating universal precautions into routine practice while in patient care situations and for being certain they understand what is available at each hospital as they rotate from one rotation to another.

The following precautions are to safeguard both the students and patient, and they are appropriate for the level of patient contact that students will have in their clinical rotations:

- Immunizations: see above section on immunizations.
- Routine hand washing: Hand washing is performed frequently to protect both patients and healthcare workers. Hands are washed before touching patients, performing invasive procedures, and eating; hands are also washed after glove use, working with body substances, and using the toilet. Skin is a natural barrier to infectious agents, and products that protect and promote skin integrity can be used. Establish the habit now of hand washing when entering a patient's room, before touching the patient, when leaving, and before eating.

Additional precautions that may be required in specific clinical settings include:

- **Barrier Protection:**
 - Gloves are worn for anticipated contact with all body substances and are changed between patients and sometimes between contact with different sites on the same patient.
 - Gowns and/or plastic aprons are used to cover areas of the skin or clothing that are likely to become soiled with body substances.
 - Facial barriers, including masks, glasses/goggles and face shields are worn whenever splashing or splatter of body substances into the mouth, nose, or eyes is likely to occur. Specialized masks and individual respiratory devices are also used for certain airborne diseases such as meningococcal meningitis and tuberculosis.
 - Other barriers such as hair covers, shoe covers, and boots may be used when extensive exposure to body fluids may occur. (e.g., cystoscopy, vaginal delivery, multiple trauma).
- Sharps management: Sharps management refers to safe use of sharp agents such as needles, scalpel blades, etc. Dispose of them in appropriate rigid, impervious containers, and learn to handle them safely.

Needlestick Protocol

Each student is provided with a card that provides instructions on how to proceed and obtain prophylactic treatment in the event of a needlestick or body substance exposure, i.e. contact with blood, tissue, or body fluids. This card is provided when the student enters the MEDEX PA program and again when entering the clinical phase of the PA Program curriculum.

Information on the card is as follows:

Blood/Body Fluid Exposure (2014)

1. Time matters (!) so proceed swiftly as follows.
2. Remove all soiled clothing.
3. Wash needlesticks and cuts with soap and water. Flush splashes to the nose, mouth, or skin with water. Irrigate eyes with clean water, saline, or sterile irritants.
4. Write down the following information on “source patient”: *Name, hospital or clinic number, date of birth, & patient location*
5. Notify supervising staff member that you need to report to employee health (or, after hours, report to local Emergency Department)
6. Report to Employee Health/Emergency Department as a blood/body fluid exposure for
 - a. Risk assessment of exposure**
 - b. Baseline laboratory work on you
 - c. Employee Health evaluation of “source” patient
 - d. Institution of post-exposure prophylaxis (PEP) if appropriate (within 1-2 hours of exposure)
 7. Call or email UW Health Sciences Immunizations Program (HSIP) at (206) 616-9074 or myshots@uw.edu (9am-4pm PST) to inform them of the event. They will be responsible for the student’s subsequent follow-up testing and treatment.
 8. Cost of the initial prophylaxis is covered by the student’s annual HSIP health fee. The student’s primary insurance should be billed first, and the site notified that HSIP is the secondary payer. For questions about coverage, students should contact UW HSIP at (206) 616-9074 or myshots@uw.edu.

If students have unanswered questions, contact:

- During business hours (8am-5pm PST): School of Medicine Student Affairs, (206) 543-5560, and ask for ‘compliance staff’.
- After business hours: call (206) 906-8996. Students should identify themselves as a MEDEX PA Program student with a blood-borne exposure and request to speak with the “campus health physician”.

Online Resources

- [UW Bloodborne Pathogens website](#)
- [CDC Emergency Needlestick Information](#)

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 School of Medicine 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:

Maria Lourdes Ponz
 Finance Manager
 Health Sciences Administration
 Health Science Building
 Box 356355
 Seattle, WA 98785-6355

Phone: (206) 543-7926; email: mponz@uw.edu

For further information:

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

UWMC Campus Health (7:30 am – 4:00 pm M-F) (206) 598-4848
UWMC Emergency Department (206) 598-4000

Advice concerning bloodborne exposures:

Dr. Doug Paauw pager: (206) 991-0909
tel: (206) 598-8750

Drug Testing Policy

The UW School of Medicine MEDEX Northwest Physician Assistant Program requires a one-time drug screen for PA students just prior to their clinical year because many clinical sites where clinical rotations are scheduled require evidence of drug testing with negative results for student onboarding and before they will accept the student for a rotation.

MEDEX generally contracts with these facilities so that the testing can be done through the Program rather than through the facility in order to protect students' privacy. MEDEX in turn uses CastleBranch, which provides industry-standardized drug screening service through Quest Diagnostics and Lab Corp laboratories around the 5 state WWAMI region. Working with CastleBranch, MEDEX has chosen to implement a urine drug screening program for its drug testing protocol. The cost for this one-time drug screening is paid by the student as a clinical year fee.

CastleBranch drug testing procedure is used to test for the following drugs:

- Amphetamine (methamphetamine)
- Barbiturates
- Benzodiazepine
- Cocaine
- Marijuana
- Methadone
- Methaqualone
- Opiates (codeine & morphine)
- Phencyclidine
- Propoxyphene
- Oxycodone

Preceptorship and Clerkship clinical sites with drug test requirements are generally identified within the EXXAT clinical database. No information concerning drug testing will be shared with the clinical rotation facility other than to verify that the results were negative. The MEDEX Northwest PA Program can NOT verify drug test results from outside agencies.

PA students will have access to their drug test report on their [MyCB account](#) on the CastleBranch website. The MEDEX Program will also have access to the report via the CastleBranch website. The School will record compliance status in [EXXAT](#) but will not upload the reports to EXXAT in order to protect students' privacy.

Some clinical sites may require drug screening within a specified interval, i.e. within 30-days of the rotation. In events where, additional drug testing is required for a clinical rotation, the student shall follow the sites drug testing procedure and pay for this cost as an additional clinical year fee.

Process for positive results for prescribed medications

Confirmed positives for a prescribed medication will be reviewed by a CastleBranch Medical Review Officer. Once CastleBranch has reviewed the supporting documentation for the prescribed substance, the results will be reported to MEDEX as "negative" and no information about the prescribed substance will be shared with MEDEX.

If there is a positive result for prescribed medication/s, a CastleBranch Medical Review Officer (MRO) will contact the student to ask for documentation of their prescription. Once the review is completed, the results will be reported as negative and MEDEX will not have any information about the student's medication/s. Students will have three days to respond to the MRO. If the MRO does not hear from the student within three days of notification, CastleBranch will report the positive result to MEDEX.

Process for positive results for controlled or illicit substances

If there is a confirmed positive for a controlled (Schedules II-V) or an illicit substance, the PA student will be referred to the MEDEX Associate Program Director of Student Affairs for further assessment and management. Depending on the circumstances, the student may be referred to the Washington Physician's Health Plan (WPHP).

[UW School of Medicine Policy on Marijuana Use](#)

Health Fee

Upon entrance into a participating health science school/program, students are required to pay an [annual health fee](#) to cover the costs of administering HSIP. This fee is subject to change yearly and is automatically attached to the student's tuition account each year as long as they remain in the school/program. HSIP uses a web-based vendor, CastleBranch (CB) for immunization compliance tracking. There is a one-time account set-up fee for CB.

Important UW PA Program Email Protocol

Students receive most information through email or referral to the web. Students are expected to check their UW email daily and to maintain professionalism in all their communications. UW employees are restricted from using UW email accounts for partisan political purposes. Students are responsible for maintaining access to their email accounts as they move during the training program.

All students, regardless of MEDEX campus location, must set up an individual UW email account at the beginning of the MEDEX program. The email account must be some combination of first, middle or last names. When students initiate the email set-up process, **they should not** accept the default auto-generation of an ID; but rather create their own ID instead. Students may need to include numbers in the email address to distinguish themselves from other members of the university community who may have similar names or initials. The PA student's email address and/or signature may not include 'doc' or 'dr', as this would misrepresent the status as a PA student. Any reference to 'PA' must be in the form of 'PA-S', indicating the student status (this would be in the e-signature). Students may wish to avoid using PA-S as part of the actual email address, since this would require an email address change after 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 students or that have the potential for misinterpretation are not acceptable. Examples include: ms2, md3, mdsmith, drsmith, etc. If a student's email account ID is deemed inappropriate, MEDEX will require that it be changed to meet expectations.

Use of HIPAA-Compliant Email

PA students are considered part of the UW School of Medicine and may not auto-forward UW email away from UW Medicine-approved email servers or store confidential data on these servers. Doing so risks exposing HIPAA-protected data. The approved option for PA students is UW Exchange Online. UW Medicine Compliance audits for this auto-forward feature and contacts individuals who violate the policy.

Email Etiquette

Students should respond individually to the person initiating the email message, i.e. **do not “reply all”**, which includes everyone on the reply unless appropriate for the situation. Email replies that include the entire class create an excessive number of irrelevant emails for all and are a misuse of student and faculty time.

The student body, faculty, and staff come from a broad spectrum of beliefs and opinions. Students are expected to exercise caution to ensure that their email messages are clear and will not be misinterpreted by recipients. Humor is especially vulnerable to misunderstanding in this setting.

UW Medicine Social Networking Policy and Guidelines

[Note: Throughout this section, “workforce members” and “you/your” refer to the PA student. The full text of this document is available on the [UW Medicine Compliance Policies website](#). Policies last updated November 2015.]

PA students must adhere to the same social networking policies and guidelines as UW Medicine faculty, staff, trainees, volunteers, and others who work for UW Medicine (hereafter referred to as workforce members). MEDEX faculty and staff do not communicate with students through social networking sites such as Facebook, Twitter, etc. For official communications, the program will not respond to messages received through such networks. Students are expected to use the established UW and MEDEX pathways for communication including the UW email systems and online discussion formats on course websites. Text messaging is discouraged between students and MEDEX faculty and staff. The MEDEX Facebook pages and Twitter accounts facilitate publication of stories and news items, but are not intended for dissemination of instruction, course materials or other official program communications with students.

Policy Statement: Limiting Use of Social Media in Hospital and Clinic Spaces

Use of social media is prohibited while performing direct patient care activities or in unit work areas, unless social media use in these areas has been previously approved by a supervisor. Workforce members should limit their use of social media in hospital or clinic space to rest or meal breaks, unless social media use for business purposes has been previously approved by a supervisor.

Guidelines: Social Networking Guidelines

1. **Think twice before posting.** Privacy does not exist in the world of social media. Consider what could happen if a post becomes widely known and how that may reflect on you, MEDEX and UW Medicine. Search engines can turn up posts years after they are created, and comments can be forwarded or copied. If you would not say it at a conference or to a member of the media, consider whether you should post it online. If you are unsure about posting something or responding to a comment, seek advice from your supervisor or academic advisor or clinical coordinator.
2. **Anonymity is a myth.** Write everything as if you are signing it with your name.
3. **Remember your audience.** A presence in the social media world is or easily can be made available to the public at large. This includes prospective and current students, current employers and colleagues, patients and their families and peers. Consider this before publishing to ensure the post will not alienate, harm or provoke any of these groups.
4. **Strive for accuracy.** Get the facts straight before posting them on social media. Review content for grammatical and spelling errors. This is especially important if posting on behalf of UW or MEDEX PA Program in any capacity.
5. **Familiarize yourself with and use conservative privacy settings regardless of the content on your profile.** Practice restraint when disclosing personal information on social networking sites; your audience is everyone.
6. **Consider your professional image.** As a rule, post online only content that you would be comfortable having your advisor or supervisor see. Employers often search social networking sites

during the hiring process. Also, regulatory agencies monitor sites when considering licensure applications. Always consider the professional image you wish to present to your employer, coworkers, patients and their families. Even seemingly innocuous images and comments can diminish the respect and trust that others have for you.

7. **Do not “friend” patients** on social networking sites.
8. **Do not send ‘friend’ requests to faculty or staff** until after graduation from the program.
9. **Managers are discouraged** from engaging in social media interactions with their subordinates, even if subordinate initiates contact. MEDEX discourages such interactions because of the potential for misunderstandings and undesirable effects on supervisory relationships.
10. **Ask permission before posting medically-related content on social media sites.** Students must ask permission from someone with appropriate authority in the PA program or at the clinical rotation site.
11. If in doubt, do not post!
12. **Use disclaimer language.** If you acknowledge your MEDEX PA affiliation or you may be otherwise known as or presumed to be affiliated with the MEDEX PA Program, include disclaimers in your online communications that indicate you are not speaking officially on behalf of the PA Program.
For example:
 - “The postings on this site are my own and do not represent the positions, strategies or opinions of my r the University of Washington, School of Medicine and MEDEX NW”;
 - or
 - “This is a personal website, produced in my own time and solely reflecting my personal opinions. Statements on this site do not represent the views or policies of my employer, past or present, or any other organization with which I may be affiliated. All content is copyrighted.”
13. **Do not engage in cyberbullying.** Do not harass, libel, slander or embarrass anyone. Do not post any material that is obscene, defamatory, profane, libelous, threatening, harassing, abusive, hateful or embarrassing to another person or entity. Individuals may be held personally liable for defamatory, proprietary or libelous commentary.

PROFESSIONAL BEHAVIOR AND CONDUCT FOR THE TEACHER-LEARNER RELATIONSHIP

The MEDEX NW PA Program is committed to maintaining the highest standards of academic performance, professional behavior, personal integrity, and respect for each other as individuals. These standards apply to all individuals associated with the educational experience.

Teachers and learners are expected to be on their honor to maintain the highest standards of professional behavior in all aspects of training. Both must be respectful of the special nature of the physician assistant-in-training status in how they conduct themselves in the presence of patients and maintain patient confidentiality.

Integrity is an essential personal quality for successful completion of the PA program. Upholding the standards of professional and personal conduct includes both acquiring and demonstrating the behavioral patterns and attitudes consistent with the PA Profession and also being accountable for one's own conduct as well as assuming responsibility for the professional behavior of one's colleagues within the medical profession. In this regard, the faculty are expected to serve as role models who will enhance the learners' ability to incorporate appropriate behaviors into their professional development.

The MEDEX PA Program believes that the provision of an atmosphere in which individuals can learn from each other in a supportive environment and in which there is recognition of the dignity and worth of each person is essential to its mission. The members of this community come from many different backgrounds and include different races, religions, sexual orientations, ethnic ancestries, and socio-economic status. Learning to understand differences, as well as the similarities, and how to integrate culturally sensitive skills in communications at all levels is an important dimension of education. It is hoped that all would seek to appreciate the richness and personal growth that this diversity provides everyone as members of the medical school and university community.

Academic Advisors and Student Mentoring

The faculty advisor–student advisee relationship is a unique and integral part of the MEDEX program. The faculty advisor and the clinical coordinator serve as mentors to PA student. They promote student progress, lend support and provide advice to further student growth into the PA role. If students experience a situation that may have a negative impact on their learning, it is important to consult with their didactic or clinical advisor early in the process in order to help resolve the situation. Advisors maintain confidentiality of student information, consulting with other program faculty/staff only when appropriate and necessary.

Students and faculty advisors have at least one formal meeting each quarter during the didactic year. Advising meetings take place during campus weeks in the clinical year. These meetings are opportunities to become better acquainted, to problem-solve any individual issues (academic, personal, professional), to provide guidance in developing the role in the PA profession, to review the student's portfolio, etc. Additional advisor-student meetings may be scheduled at the request of either the student or faculty advisor. In the case of a student being required to retest or remediate in order to pass a course, an additional advisory-student meeting will be scheduled prior to commencement of the retest and remediation proceedings.

Students will also have an additional faculty advisor specific to the capstone project. Capstone advisor-student meetings will take place regularly throughout the capstone project process.

Conflicts of Interest Policies

Personal/Familiar Relationships in the Educational Environment

No faculty member, teaching assistant, research assistant, department chair, dean, staff or other administrative officer should vote, make recommendations, or in any other way participate in the decision of any matter which may directly affect the employment, promotion, academic status or evaluation of a student with whom he or she has or has had a familial, sexual, or romantic relationship. This policy applies to all

individuals who teach or precept students enrolled in the University of Washington School of Medicine or MEDEX PA Program, including faculty, preceptors, residents, and others working with MEDEX students throughout the WWAMI region.

Student Health Care and Faculty Relationship

As noted in the accreditation standard A3.09, faculty '*must* not participate as health care providers for students in the program.' If a student requires medical treatment, the student should seek to receive care from other providers. In the case of an emergency, the faculty member who might respond will be recused from evaluation of the student.

Treatment of Students

The MEDEX PA Program is committed to maintaining safe and inclusive academic, research, and clinical care environments for the entire community of learners and teachers, and all members of the School of Medicine and MEDEX NW community – faculty, staff, and students – are expected to meet the standards of the [UW Medicine Policy on Professional Conduct](#).

As individuals who are entering a profession that is self-regulated, it is important that physician assistants-in-training begin to develop skills in providing feedback directly to the individual(s) who appear to be behaving outside the acceptable standards of conduct for the medical or educational profession. Such feedback should be approached in a manner that provides the individual an opportunity to acknowledge his/her inappropriate behavior and identify ways to correct it and reduce the possibility of the behavior reoccurring. The kinds of incidents considered unacceptable include cheating, inappropriate comments or humor, disruptive or rude behavior by peers in or outside of the classroom; and inappropriate behavior between peers or peers and faculty or staff.

The PA Program's administration recommends the following options for handling incidents of unacceptable behavior or conduct:

- If the student is comfortable with his/her skills in providing direct feedback, the student should approach the individual and open a discussion about what has been observed and how this behavior might be perceived.
- If the student is uncertain about whether what s/he has observed is an issue that needs to be addressed (either on his/her own or after discussion with the appropriate individuals), the student may make an appointment to discuss (in confidence) the incident with a faculty advisor. If any follow-up is recommended, the student will be part of that decision. Such a decision may include encouraging the student to speak with the individual or to have the advisor speak with the individual with or without the student being present.
- If the student is uncertain about whether what s/he has observed is an issue that needs to be addressed (either on his/her own or after discussions as noted above), the student may make an appointment to discuss the issue with the Associate Program Director (APD) of Student Affairs or the MEDEX Program Director. Every attempt will be made to maintain the confidentiality of the discussion, and if a decision is made to take some action, the student will participate in that conversation. However, there are certain situations in which a member of the administration, up to and including the dean of the medical school, has a duty to report, e.g. sexual assault, harassment, etc., and in those circumstances, confidentiality may not be able to be maintained.
- If the situation cannot be addressed within the MEDEX program, students may make an appointment to discuss the issue with the Vice Dean for Academic Affairs in the School of Medicine. The interchange will be initiated as a confidential discussion, and students will participate in any decision toward taking action.

In managing issues in which the professional behavior or conduct of students, faculty, or staff do not meet expected standards, it is preferable to have the discussion first at the level of the individual. In many cases, this resolves the problem and both individuals will have gained important insights into the kind of responsibility we have for each other's behavior. If the problem is not resolved at the individual level, then the issue may need to be managed at a more formal level.

Confidentiality and privacy are essential components in determining whether and how a formal level of intervention may occur. This refers to 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.), the incident will be reviewed against the School of Medicine's Misconduct Policy and by the PA Program's Student Progress Committee for determination of the appropriate course of action.

Mistreatment*

Mistreatment of students by faculty, staff and peers is prohibited. This includes incidents of humiliation, harassment or discrimination based on sex, race, religion, ethnicity, gender identity, sexual orientation, or age, or the use of grading or other forms of assessment in a punitive manner.

	Not Mistreatment	Mistreatment
M <i>Malicious intent</i>	On the first day of third year, the ward clerk says to the student, "I can tell you guys are newbies," then offers to help the students find a computer station.	Resident purposely gives student misinformation before rounds. Student overhears resident laughing about messing him over.
I <i>Intimidation on purpose</i>	Student working with the chairman of surgery says he feels nervous about operating with him since the chairman can "make or break" his career.	Resident tells a student that the resident intends to make the student cry before the rotation is over.
S <i>Sexual harassment</i>	Male student asked not to go into a room because a female patient only wants a female to examine her.	Student subjected to offensive sexist remarks or names.
T <i>Threatening verbal or physical behavior</i>	A student is yelled at to "get out of the way" by a nurse as a patient is about to be shocked during resuscitation.	An attending grabs the student's finger with a clamp OR tells them they are an "idiot" after they could not answer a question.
R <i>Racism or excessive discrimination</i>	Attending gives student feedback on how to improve performance.	Student subjected to racist or ethnically offensive remarks or names.
E <i>Excessive or unrealistic expectations</i>	Student is asked by an attending to review an article and present it on rounds to the team.	A resident tells a student that it is their job to perform rectal exams (necessary or not) on all the patients admitted to the service.
A <i>Abusive favors</i>	A student is asked to get coffee for themselves and for the team prior to rounds since the resident did it yesterday. The team gives the student money.	A student is asked to pick up an attending's dry cleaning.

T	<i>Trading for grades</i>	A resident tells a student that s/he can review and present a topic to the team as a way to enhance the student's grade.	A student is told that if the student helps a resident move that the student will get honors.
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* The University of Chicago [Pritzker School of Medicine](#)

Mistreatment Reporting Processes

If students have an urgent concern about the learning environment that requires an immediate response, a potentially impaired physician, physical or sexual assault, or other egregious situation in the learning environment, they should contact their faculty advisor or the Associate Program Director of Student Affairs.

Students may choose to discuss their concerns with any one or more of the following to determine the most appropriate course of action:

- SOM or UW counselors (located in Seattle, or contracted at other campuses)
- Ombud (206) 543-6028; <http://www.washington.edu/ombud/>
- UCIRO (University Complaint Investigation and Resolution Office) (206) 616-2028; uciro@uw.edu
- Title IX officer
- Center for Equity, Diversity, & Inclusion staff
- Other faculty or staff

Depending on the situation and the student's decision on whether to make a formal complaint, an approach for addressing the issue will be developed in collaboration with the student within the PA Program, the School of Medicine's and/or University's informal process or formal grievance procedures.

ATTENDANCE POLICIES

MEDEX students are expected to make their PA school schedule their highest priority, be present for all didactic learning activities and assessments and for all clinical rotations, plan non-emergent appointments and events during scheduled breaks in the MEDEX academic calendar.

Absence During the Didactic Phase

Punctuality and attendance are expected for all didactic learning activities including but not limited to lectures, workshops, small group learning activities and assessments. The MEDEX didactic curriculum is fast-paced and builds upon previous instruction. Students come to the MEDEX program from diverse medical backgrounds with important perspectives that enrich the classroom learning environment for all students. Additionally, didactic learning activities also serve to socialize the student to the PA profession. It is the student's professional responsibility to arrive on time, to be prepared for and to be an active participant in all didactic learning activities. Tardiness, early departures and absences from didactic activities are not conducive to optimal learning and professional development for any student in the MEDEX program.

The program recognizes that students will likely have unplanned emergencies arise throughout the didactic year. The intent of the MEDEX attendance policy is to ensure that students have the opportunity to optimize their learning and develop the requisite physician assistant professional competencies. In the event of an absence from didactic learning activities, students must coordinate with the relevant course co-chair to develop a remediation plan for any missed coursework affected by the absence.

Notification of absence: Students are expected to provide timely notification and justification for all absences from didactic learning activities. If the student will miss any portion of a didactic learning activity, the student must provide prior notification in writing via the student's UW email account. This communication should be initiated at the earliest opportunity when the student becomes aware of an absence or late arrival. Sending messages through classmates is not an acceptable form of notification. The email should include the date and times the student will be out of class and a justification for the absence. The student communication should be addressed to the following MEDEX faculty and staff:

- course co-chair(s) at local campus,
- campus didactic coordinator,
- campus didactic staff,
- didactic faculty advisor.

Notification of absence for student assessments: Students are expected to perform all assessments at the scheduled time on the academic calendar. If a personal illness or personal or family emergency necessitates missing a scheduled assessment, students will initiate the notification processes outlined above to provide a justification for the absence and to request permission for possible redress of the missed assessment. The course co-chair will communicate the circumstances of the absence to the Course Chair and Associate Program Director of Academic Affairs or the Associate Program Director of Clinical Affairs prior to the start of the assessment and request to reschedule the assessment. Additional documentation of the justification for the request may be required of the student.

Frequent absenteeism: Student attendance will be consistently monitored by faculty and staff to include absences, tardiness and early departures. Students who miss more than either 50% or one hour (whichever is less) of a scheduled didactic learning activity will be counted as absent for the activity.

Any student absences totaling greater than the equivalent of two didactic days (12 instructional hours) per academic quarter are considered to be excessive. These students will have their attendance reviewed and monitored by the Associate Program Director for Academic Affairs, Site Director and academic advisor to consider the circumstances surrounding the absences, discuss effects on the student's professionalism, academic performance, and progress, and to develop and assess remediation plans. The student should expect additional monitoring and possible referral to the Student Progress Committee.

Any student absences exceeding the equivalent of five days (30 instructional hours) per academic quarter are considered excessive and have significant impact on student progress in the MEDEX program. Students will be referred to the Student Progress Committee to consider both the circumstances surrounding the absenteeism and any subsequent actions, which may include disciplinary actions, formal remediation, a leave of absence, withdrawal, or dismissal from the program.

Absence due to attendance at a professional PA conference: To attend professional conferences, students must request approval from the Associate Program Director of Academic Affairs or Clinical Affairs via email in advance of the conference, with a cc directed to the site director at the student's local campus. A student must be in overall good academic standing when registration is submitted as well as prior to conference attendance, and must maintain and continue all aspects of professionalism in the quarter the conference is scheduled. 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 co-chair. Approved absence for PA professional conferences will neither be counted as absenteeism nor affect the student's professionalism grade. For attendance or presentation(s) at a non-PA conference, consultation with and approval from the site director, Associate Program Director of Academic Affairs or Clinical Affairs, and the MEDEX Program Director are required.

Absence During the Clinical Phase

In the clinical rotations, students are part of the clinical team with patient care responsibility and attendance is required. Students are expected to adhere to the policy guidelines related to attendance, the approval process for excused absences, and the consequences for unexcused absences. Students should be present for all days during rotations, including overnight call and weekends.

Absence from scheduled clinical hours or days must be approved in advance by both the MEDEX program and the preceptor. In the event of an absence due to illness or emergency, the student must notify the preceptor as soon as possible with follow-up to MEDEX. Failure to respond to clinical site or program attempts to contact the student upon unexplained absence is cause for concern and referral to the SPC.

Students missing **any** number of days must speak with the clinical coordinator as well as the rotation site preceptor in charge prior to the start of the shift. It is not acceptable to leave only a phone or email message or to contact only administrative staff. Students should receive confirmation (direct conversation, return email or phone call) from the clinical coordinator and the rotation site preceptor indicating that the team is aware of the student's absence.

Students must also contact the clinical coordinator who will determine if make-up time is needed for unanticipated absences or if the entire rotation needs to be rescheduled. Grades may be delayed, or an "Incomplete" designation may be submitted until the time is made up.

An absence for the purpose of seeking treatment for a suspected infectious or occupational exposure (including needle stick injury) will be accommodated as an unanticipated medical absence.

Absence Due to University Closures and Inclement Weather

The University of Washington in Seattle and regional universities at which there is a WWAMI site generally seek to maintain their normal operations. However, there may be times when situations such as inclement weather, power outages, earthquakes, etc., impact operations and/or students' and faculty members' ability to be present for scheduled coursework. In these types of situations, the University will determine whether it will officially close.

Didactic Phase

MEDEX classes or examinations will be canceled **only** if the university has issued a decision to close via the official channels outlined on their respective websites:

<u>Anchorage:</u>	UA Alert
<u>Seattle:</u>	UW Alert
<u>Spokane:</u>	Zag Alert
<u>Tacoma</u>	UW Alert

Students in the didactic phase should follow their respective university's operations policies with respect to class cancellations or other suspended activities and confirm with their respective MEDEX campus office for decisions on when required coursework or examinations will be rescheduled. Students and course chairs are also notified of University closures by MEDEX Administration via email. In the rare event that MEDEX decides to cancel class when the university has not closed the campus, faculty and staff notify students directly.

Clinical Phase

As members of a healthcare team during rotations, students should follow the inclement weather practices of the rotation site at which they are assigned. Students are expected to be in the hospital or clinical office if at all possible and are expected to show up if their teams are working in the hospital or if the clinic is open. If students are unable to access the hospital/clinic due to hazardous travel, they must call and speak to the site preceptor directly. It is **not** acceptable to leave a message with a receptionist, office staff, or voice mail.

Absence Due to Personal Events

Personal events including but not limited to weddings, graduations, presenting at conferences, receiving awards, and healthcare appointments, should be scheduled during breaks and should not be scheduled during required activities. Students will not be excused from required coursework for these kinds of events.

Absence Due to Conference Participation

For Conference attendance, a student must be in good academic standing at the end of the quarter prior to the event registration deadline are considered for permission to attend the conference. See [STUDENT LEADERSHIP, PROGRAMS, ACTIVITIES AND AWARDS](#) for more information

Absence Due to Chronic Health Issues

If time off is needed for chronic health issues and/or appointments, the student must contact [Disability Resources for Students](#) (DRS) to arrange accommodations.

Absence Due to Temporary Health Conditions

Sometimes absences are necessary due to significant but temporary personal health conditions, or significant but temporary health conditions of someone for whom the student is the primary caregiver. In the didactic phase, absences are considered extended if they exceed two days of any single academic quarter; the didactic student must maintain absence communication with the appropriate faculty and staff. In the clinical phase, the student must contact their clinical coordinator in the case of any absence. In some cases, the student may be eligible for temporary health accommodations by applying to [Disability Resources for Students](#) (DRS). In these circumstances, the student is still responsible for meeting all benchmarks and completing all coursework.

Students who are pregnant and may experience absences and disruptions to their education due to pregnancy and delivery should seek accommodations through DRS. However, DRS does not approve

accommodations for non-pregnant students who are becoming parents. MEDEX may approve temporary accommodations to students who are becoming parents (including non-pregnant parents) and therefore need temporary attendance flexibility. In this case, the student may submit a written (email) request to the Associate Program Director of Student Affairs for approval of temporary attendance accommodations until the child has arrived and is settled in the home.

LEARNING ENVIRONMENTS

Didactic Classroom

- 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.
- Guns and other weapons are not permitted in the classroom, program offices, training locations or other program venues or events.
- Attending class while under the influence of alcohol or drugs is strictly prohibited.
- 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.
- Classroom seats may be assigned or reassigned by faculty without notice.
- 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.
- 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 or muted and stowed during testing, except when exams explicitly require electronic devices.
- Audio recording may be allowed for lectures but not for class discussions. Since the recording of lectures can be disruptive to the speaker and fellow students, permission from the instructor must be obtained 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 the course web site 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 co-chair in advance and will be at the lecturer's discretion.
- Cell phones, pagers, and other electronic communication devices are disruptive and distracting when they sound or ring. Please turn them off or mute them during class.
- When students are in class, faculty expect them to direct their attention to the instructor. Students may not engage in web-surfing, game-playing, emailing, messaging or similar extracurricular activities during class since they prevent students and 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.

Online Learning Environment

Didactic courses use several technologies to facilitate student learning.

- Course information, syllabus, objectives, presentation materials, etc. All currently enrolled PA students at all campuses have access to the current version of a particular course.
- Discussion boards for assignments with classmates outside of class. In some courses, faculty may actively participate in discussions.
- Assignment score: Students will only see their own scores, and access is specific to the course/site in which the student is enrolled.
- Video/audio recordings. Class assignments sometimes include brief video modules prepared by faculty for students at all campuses.

Appropriate Use of Curriculum Resources

All MEDEX resources, including but not limited to written syllabi and learning objectives content, lecture PowerPoint slides, websites, articles, and videos, are shared with MEDEX students electronically for personal use as part of the PA education program. They are not intended to be shared outside of the PA Program community. Redistribution or reposting of material created by others without their permission is a serious violation of U.S. copyright law. Students found to be engaging in this type of redistribution activity will be referred to the Student Progress Committee.

Clinical Rotation Learning Environment

The PA Program has created the following guidelines for all rotations.

Supervision of PA Students in Clinical Settings

Recognizing and supporting the importance of graded and progressive responsibility in PA student education, and recognizing and prioritizing the safety of patients, students and other healthcare providers, the following requirements must be adhered to when supervising PA students in clinical settings:

Supervisor Qualifications and Prerequisites

- MEDEX PA students are supervised by physicians and non-physicians who have been vetted by the MEDEX Program
- Students may also work with a resident or fellow in training in a graduate medical education program.
- Supervisors are expected to have the appropriate certification for their practice and specialty.
- Supervision by physicians and non-physicians must be within the scope of practice of the supervising physicians and/or non-physicians charged with supervision.
- Supervisors will know the learning objectives for the student's clinical activities.
- The supervisor will have reviewed and adhere to the [UW Medicine Policy on Professional Conduct](#)

Delegation of Responsibility to Students

- The level of responsibility delegated to students by the supervisor must be appropriate to the student's level of training.
- Students must be supervised at all times, with the student's supervisor either physically present in the same room with the student and patient(s) or within a distance that permits ready availability to the student and patient(s).
- The supervisor teaches the student in such a manner that the student's responsibilities may gradually increase as their knowledge, competence, and experience grows.

Feedback to Students about Clinical Skills and Performance

- Supervisors monitor the student's performance on an ongoing basis throughout the course or clerkship.
- Supervision is designed to provide formative constructive feedback to students in an ongoing manner and summative feedback at the end of rotations.
- Formative feedback should be provided early enough in the rotation for the student to make corrections prior to summative assessment.
- The supervisor notifies the clinical coordinator immediately if serious academic or professional gaps in student performance exist.

Student Responsibilities Related to Supervision

- Students are expected to have the appropriate certification to participate in clinical activities.
- Students must seek assistance if faced with a medical circumstance beyond their skill level or comfort.
- Students should not perform aspects of a history, physical examination, or a procedural skill that they believe they are not yet ready for or are too fatigued to perform, even in the

presence of faculty supervision.

- Students are encouraged to voice any concerns to their faculty advisors about the adequacy of their clinical supervision.

Clinical Rotation Housing, Travel, and Transportation Policy

The PA Program does not provide housing at rotation sites for clinical students. Travel and transportation costs to rotation sites are the responsibility of the student.

GENERAL MEDEX PA PROGRAM INFORMATION

Tuition and Fees

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

In addition to tuition, a quarterly academic resource fee is collected in the same manner as that stated for tuition. Students must also pay the UW student services fee, UPASS fee and the technology fee, which are required of all UW students. These fees are required for all quarters (the technology fee is not collected summer quarter) and are included on the 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 students to the full range of services offered to all UW students. Health Sciences students (including MEDEX students) also 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 are also able to access UAA student services. First-year students may choose to pay a student fee set by UAA that provides 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 or designee submits 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.

Registration

Unlike other University of Washington students, MEDEX students do not register via the main university system on the [MyUW web site](#). All MEDEX students are registered each quarter by the MEDEX Director of Admissions & Student Services. However, students in the BCHS degree program who need to take non-MEDEX UW courses 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, students are charged regular UW tuition.

Anchorage site students interested in taking courses at UAA must consult with the designated Alaska site degree coordinator.

Grade Reports

Students may check their grades and/or request a copy of their grades by using the MyUW web site. MyUW allows students secure access to their academic records (<https://my.uw.edu/>).

Student Academic Files

Each student's permanent academic file is maintained in locked cabinets in the Seattle administrative office (exception: beginning with the incoming class of 2020, all student records are digital). This file is complete upon graduation and includes admission records, transcript, clinical rotation schedule, clinical rotation evaluations, SPC actions, and copies of other correspondence related to the student's PA education. Each campus also maintains an active academic file for each student containing exam reports, advising forms, clinical rotation evaluations and other correspondence related to the student's PA education.

Access to Student Academic Files

Upon a student's written request, the MEDEX Director of Admissions & Student Services supplies the release request form to the student for completion and the MEDEX Director of Admissions & Student Services then forwards the completed form and student file to the Registrar's office for preparation for viewing by the student.

MEDEX Program faculty and staff have access to the student's physical and digital academic files.

Request to Amend an Academic Record

If the student believes that information contained in his/her academic file is inaccurate, misleading, in violation of the student's rights of privacy, or not applicable to his/her tenure in the PA Program, the student may submit a request to the MEDEX Director of Admissions & Student Services to have the document corrected. The request is reviewed with the Associate Program Director of Student Affairs and may include meeting with the student to clarify the reasons for the request and to determine whether any other information is needed to make a decision. The Associate Program Director (APD) of Student Affairs will make a decision on the student's petition and may discuss the request with the SPC. If the student wishes to appeal this decision, the appeal request is submitted in writing to the MEDEX Program Director, whose decision regarding the student's request is final. If the decision is to not make the correction requested by the student, the student has the right to place a statement in the permanent academic file commenting on the contested material.

Release of Student Directory Information

Student directory information is maintained within the PA Program and the University of Washington registrar's office. These databases are independent of one another. Students are required to complete and submit a Directory Information Release form upon matriculation in the first year. To change authorization for the release of directory information, students must submit an update by contacting the University of Washington registrar's office (upper campus) to request a change in the UW directory.

The UW Student ID Card ([Husky Card](#))

As registered students at the University of Washington, MEDEX students obtain a student ID card, *i.e.*, Husky Card, at the Husky Card Account and ID Center. The optimal time to obtain this ID card is during summer quarter, while taking on-campus A&P and Basic Science courses. To obtain the card, students need to bring their student ID number and a state- or federally-issued photo identification (such as driver's license or passport) to the [Husky Card Account and ID Center](#) located in the Odegaard Undergraduate Library, ground floor. This Husky Card is the student 'passport' on the Seattle campus and is proof of enrollment. It allows 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 all students who pay the Service and Activities Fee (SAF) and the UPASS Fee. To finalize activation of the U-PASS for transit use, the 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.

Once the Husky card has been issued, if the card is lost, the student 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. The student will be asked to show legal photo identification to obtain a replacement card. (Note: The student should also notify the UW library system at (206) 543-1174 to prevent anyone from using the card to check out books.)

The Health Sciences ID Badge

MEDEX students will obtain a University of Washington Health Sciences identification badge. This is the official badge indicating PA student status. MEDEX students must wear this badge during all clinical experiences in all phases of the program. Failure to wear the ID badge in clinical settings is considered 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'.

If an ID badge is lost or stolen, students must report it immediately to the MEDEX Director of Admissions & Student Services. Students may be required to pay a replacement fee for each additional ID badge that is issued to them.

If a name change occurs, students must update their photo ID badge. Once the name change is registered with the University of Washington registrar's office, students should contact the MEDEX Director of Admissions & Student Services to update the change in the program database and to inquire about the name change process for the ID badges.

Name and Address Changes

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: <https://my.uw.edu/>
2. Visit the Registration Office in 225 Schmitz Hall, UW campus.

MEDEX Offices

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

Financial Aid Office

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

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

If a student's permanent address changes, the student must contact the Federal Aid Processor with the new address so that the FAFSA renewal applications will reach the correct location. Students may report address changes by calling (800) 4-FED-AID (with the Data Release Number from the Student Aid Report) or writing to the address listed on the Student Aid Report. If the student has a PIN, the student may correct the 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 documentation 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 the 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 <https://registrar.washington.edu/enrollment-and-records/name-change-policy/>.

MEDEX PA Student Handbook revisions

Policy information and student handbook revisions are distributed to students at various points throughout the school year as appropriate. Addendums are provided to students via the student learning platform.

Liability Coverage for PA Students

University of Washington MEDEX PA students have liability coverage for UW and MEDEX activities from the time they are enrolled until graduation. Enrollment begins the initial summer quarter of the PA Program if the student has completed all PA Program compliance requirements. Students who are on leave are not considered to be enrolled. Once the student graduates from MEDEX, the student is no longer enrolled and thus no longer has School of Medicine liability coverage.

Examples of when MEDEX PA students are covered by the University's liability coverage are as follows:

- Registered in coursework for credit and paying University of Washington tuition.
- Participating in approved School of Medicine non-credit medical educational programs such as volunteer activities endorsed by MEDEX or the UW School of Medicine or its departments.
- Involvement in a research project with University of Washington faculty.
- Participation with approved MEDEX or School of Medicine clinical faculty members in clinical skills remediation students who need additional clinical experience or after being approved to return from a leave prior to reentering the PA school curriculum.

Health Insurance

The program **strongly** recommends that students carry health insurance throughout the full 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 students to participate in their practice only if adequate health insurance is carried. It is the student's responsibility to be aware of these requirements where they exist, and to be prepared to demonstrate evidence of coverage if asked to do so.

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 the student's responsibility. Thus, it is important to have health insurance throughout the entirety of MEDEX training. The program does not endorse any particular insurance; rather encourages students to consider the options carefully so that they have sufficient coverage for themselves and their families.

Health Insurance by State

In March 2013, Congress passed the federal Patient Protection and Affordable Care Act (P.L. 111-148), which expanded private and public health insurance to US Citizens. The Affordable Care Act (ACA) requires everyone to have health insurance (except in limited circumstances), or pay a fine, and the UW School of Medicine strongly encourages students to have it. In addition to requiring that individuals have insurance, this law created state-based insurance exchanges and expanded Medicaid eligibility criteria. Under this law, students under 26 years old are allowed to be on a parent's health insurance plan, if applicable. Students who are on their spouse or partner's employer's insurance plan can remain on that plan. If students are losing their health insurance coverage (e.g. through an employer) when they start the PA Program, they qualify for enrollment in the special enrollment period.

Student's State of residency	Didactic Phase Student Health Insurance Plan (SHIP) option:	Clinical Phase Student Health Insurance Plan (SHIP) option:	ACA (non-SHIP) insurance plan option:	Did the state choose to expand Medicaid ?	Medicaid Considerations
Washington	No SHIP plan offered by University of Washington or Gonzaga <i>See below this chart for information related to Washington residents.</i>	No SHIP plan offered by University of Washington or Gonzaga <i>See below this chart for information related to Washington residents.</i>	<u>State-run marketplace</u>	Washington State expanded Medicaid ("Apple Health") to include: children, and pregnant women with incomes up to 185% of FPL, and other adults with incomes up to 138% of FPL.	Medicaid is intended to be utilized in the state in which it is issued. Coverage outside of the state in which it is issued may be extremely limited.
Wyoming	N/A	N/A	<u>Federally-facilitated marketplace</u>	State did not expand Medicaid. Medicaid is available for children, pregnant women, elderly, disabled.	Non-pregnant students are not eligible for Medicaid in Wyoming.
Alaska	<u>Federally-facilitated marketplace</u>	SHIP available through University of Alaska	<u>Federally-facilitated marketplace</u>	Alaska expanded Medicaid to include: children, pregnant women with family income of up to 200% of FPL, and other adults with family income up to 138% of FPL.	Medicaid is intended to be utilized in the state in which it is issued. Coverage outside of the state in which it is issued may be extremely limited.

Student's State of residency	Didactic Phase Student Health Insurance Plan (SHIP) option:	Clinical Phase Student Health Insurance Plan (SHIP) option:	ACA (non-SHIP) insurance plan option:	Did the state choose to expand Medicaid ?	Medicaid Considerations
Montana	<u>N/A</u>	N/A	<u>Federally-facilitated marketplace</u>	State expanded Medicaid to include: children, pregnant women with household income up to 157% of FPL, and other adults with household income up to 138% of FPL.	Medicaid is intended to be utilized in the state in which it is issued. Coverage outside of the state in which it is issued may be extremely limited.
Idaho	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	State has not expanded Medicaid.	Parents with children under 19, pregnant women, blind or disabled.

Health Insurance Information for Washington Residents Washington State legislation chose to expand Medicaid, making more Washington students eligible for Medicaid, a low-cost option for health insurance. In light of this Medicaid expansion, students in Washington State – at Seattle, Spokane, or Tacoma campuses – do not have access to a Student Health Insurance Plan (SHIP), since UW and Gonzaga University no longer offer it.

All students who are Washington State residents can go to the [Washington State online marketplace](#) to sign up for health insurance.

- [Washington health plan finder](#) contains information about both private plans and Medicaid
- [Washington Health Benefit Exchange](#) contains information about private plans
- [Apple Health](#) is the Washington State Medicaid plan

Some students may qualify for low-cost options through Apple Health, Washington State's Medicaid program. Medicaid is intended to be utilized in the state in which it is issued. Coverage outside of the state in which it is issued may be extremely limited. If a student chooses Apple Health, recognize that this benefit is intended to be used while they are living in Washington State and may not apply in the remaining four WWAMI states.

Health Insurance Information for Non-WWAMI Students

If students are moving to Washington to enroll the PA Program from a non-WWAMI state, they may review the [Washington health plan finder](#) or information about Washington State residency. The application for health care coverage through the state exchange states: "A Washington resident is someone who currently resides in Washington, intends to reside in Washington, including individuals without a fixed address; or someone who entered the state without a job commitment or looking for a job."

Disability Insurance

Disability insurance is available for all PA students. In light of the cost of education and the risks associated with practicing medicine, students are strongly encouraged to consider enrolling in a disability insurance plan. Full-time PA students enrolled in the MEDEX PA Program are eligible for coverage in a [Physician Assistant Student long-term disability insurance program](#).

Standards of Dress and Appearance. Professionalism

As student representatives of MEDEX and the PA profession, students are a visible group. They 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.

STUDENT RESOURCES & SUPPORT PROGRAMS

Financial Aid

MEDEX students at all campuses are eligible for need-based financial aid through the UW financial aid office. This office has a budget (cost of attendance) prepared specifically for MEDEX students using the costs for tuition, books, equipment, travel and fees that has been provided to the UW financial aid office. This budget is unique to MEDEX graduate students vs. UW graduate students.

To be eligible for need-based financial aid, students must submit a FAFSA by the deadline in February each year. These forms are available online in January of each year, or from the UW financial aid office. The FAFSA can be completed online at <http://www.fafsa.ed.gov>. Students should take care to use the official government web site, which is free, and not shadow sites that charge fees.

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

For financial aid concerns, students work directly with the UW financial aid office. When contacting this office, students must have their student ID number available and must identify themselves as MEDEX students.

The University of Washington expects students to make arrangements for direct deposit of all financial aid awards. Most loan programs participate in the direct deposit program. In the event that a particular loan does not, the student 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 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. Specifically, noncompliance with BLS, ACLS and/or immunization will result in withdrawal from a clinical experience until this is rectified. This may result in an extended status with delayed graduation.

Scholarships for PA Students

PA student scholarships are awarded from MEDEX program scholarship funds as well as from PA associations. See Exhibit IV for a listing of available scholarships.

- Students may apply for MEDEX scholarship programs in autumn of each year, and these are announced and awarded at the annual MEDEX Alumni Reception in April.
- Association scholarships may require a letter of recommendation from the MEDEX Program Director and/or faculty advisor, and/or verification of enrollment or grades. Students should contact the MEDEX Director of Admissions and Student Services for assistance with verifications and letters of recommendation.
- Applications for external scholarships must be complete before faculty will supply a recommendation letter.

MEDEX Student Emergency Fund

MEDEX PA students sometimes face financial hardship during enrollment and may request emergency funding from the MEDEX Student Emergency Fund. The MEDEX Student Emergency Fund is financed by donations and granted to students experiencing a shortage of funds due to emergencies and substantial

unplanned expenses. To apply, the student discusses the emergency need with the Associate Program Director of Student Affairs who, if the circumstances are deemed an emergency, supplies a request form to the student to complete and return for consideration by the Student Emergency Fund Committee.

PA Student Personal Counseling Services

[UW Health and Wellness](#) provides support, advocacy, consultation, and education to the University of Washington campus community. Programs include: Alcohol & Other Drug Consultation and Education, Suicide Intervention, Sexual Assault, Relationship Violence, Stalking and Harassment Advocacy, Student Care Program. The staff work directly with students as well as concerned faculty, staff, family, and friends to reach out and connect to students who may be in need of Health & Wellness services. For students in Alaska, a private licensed counselor provides support for our Alaska students in terms of diagnosing needs and referring to counselors who can support the student through their health insurance plan or on a sliding scale.

Washington Physicians Health Program

The [Washington Physicians Health Program](#) (WPHP) is a confidential program for Washington physicians and other health care providers and health professional students, founded by the Washington State Medical Association. MEDEX has access for its students to WPHP, which offers services to healthcare providers who may have a condition that could impact their performance.

WPHP is available to students with significant difficulty, either academic or professional. A student may be referred to WPHP by the Student Progress Committee if experiencing a single major difficulty or on-going persistent challenges that are impacting the student's ability to complete the MEDEX graduation requirements successfully and which may be related to a medical, psychiatric, or behavioral issue. A student may also be referred due to concerns about fitness to participate in the educational program. WPHP will determine whether additional services or support for the student are needed, and if so, will endorse the student when s/he is ready to return to the curriculum. If needed, WPHP or its equivalent may continue to provide ongoing monitoring of the student when s/he returns to the curriculum.

University Ombud

The [Office of the Ombud](#) is a confidential, neutral resource, where students, faculty, and staff can seek information, consultation, and assistance for any professional challenges that they are facing at the University of Washington. This resource is available to all PA students regardless of their physical location.

University Complaint Investigation and Resolution Office (UCIRO)

The [University Complaint Investigation and Resolution Office](#) (UCIRO) is responsible for investigating complaints that a University employee has violated the University's non-discrimination and/or non-retaliation policies. A UCIRO investigation may be requested either by an individual or by the administrative head of a University organization.

Title IX

The [University Title IX office](#) is responsible for facilitating the University's compliance with Title IX of the Education Amendments of 1972, which prohibits discrimination on the basis of sex in educational programs or activities which receive Federal financial assistance. Sexual harassment of students, which includes acts of sexual violence or sexual assault, is a form of sex discrimination prohibited by Title IX. Retaliation against those who raise complaints or participate in the complaint investigation and resolution process is also prohibited.

Disability Resources for Students (DRS)

The University of Washington, the UW School of Medicine, and MEDEX Northwest are committed to ensuring that students have equal access through reasonable accommodations for their documented disability to the educational programs and facilities. MEDEX Northwest works closely with the University's [Disability Resources for Students](#) (DRS) to assist students in making the transition to the medical school environment and in identifying accommodations that will support their success in the program.

All students are expected to meet the technical standards and essential requirements of PA Program. This document is provided at the time of application, and applicants are asked to sign a statement verifying that they have read the document and understand that they are expected to be able to fulfill the essential requirements of the program with or without reasonable accommodations due to a disability. Applicants who have had accommodations in the past or who have a disability are encouraged to contact the Associate Program Director of Student Affairs and DRS with questions about meeting the PA Program's essential requirements.

Process for Requesting and Receiving Accommodations with DRS

Students enrolled in the MEDEX PA Program must follow the approved process for requesting and receiving appropriate reasonable accommodations to enable them the opportunity to meet the essential requirements for completion of the MEDEX curriculum and for the practice of medicine. Applicants and enrolled students are responsible for requesting accommodations and for providing the appropriate, required documentation of the disability in a timely manner to the UW Disability Resources for Students office, [DRS](#). DRS will review the documentation and engage MEDEX and the student in an interactive process both to review accommodation requests in light of a student's functional limitations and the essential elements of the PA program and also to determine reasonable accommodation(s) on a case-by-case basis.

A student who develops or manifests a disability after matriculation may be identified to the Associate Program Director of Student Affairs through a variety of sources, e.g., self-report, a report of accident or illness, or faculty observations of special aspects of poor academic performance. If the degree to which the student has become disabled raises questions related to meeting the technical standards, the matter is referred to the Associate Program Director (APD) of Student Affairs who consults with DRS team. The student must submit appropriate documentation in regard to the disability from a qualified health professional and will subsequently work with DRS and the Associate Program Director of Student Affairs in assessing whether the student can meet the PA Program's technical standards with reasonable accommodation.

Reasonable accommodations are designed to effectively meet disability-related needs of qualified students yet will not fundamentally alter essential elements of this program, create an undue burden for the University, or provide new programming for students with disabilities not available to all medical students. The MEDEX Program is ultimately responsible for implementation of approved accommodations.

STUDENT LEADERSHIP, PROGRAMS, ACTIVITIES AND AWARDS

MEDEX PA Students can contribute in various ways in leadership and program-related activities as follows.

Information Sessions

Current students may be invited to participate in admission information sessions to provide the perspective of a successful applicant. Participating students are selected on the basis of satisfactory performance in the program and in coordination with the academic schedule.

Admissions Interviews

Second-year students may be selected to participate as admissions interviewers for the current applicant pool or to act as an informational resource during full-day selection conferences. Other students (usually first-year students) join the applicants at lunch and other times throughout the day as applicants move between interviews.

Class officers

Students may apply for various student leadership positions in their campus cohort. More information about the positions, and their responsibilities, are provided at each campus.

Course Evaluations and Student Input

MEDEX students are asked to respond to multiple surveys during enrollment in the program. These include instructor and course/rotations (didactic and clinical) evaluations to improve instruction, in addition to broader programmatic questionnaires that inform the MEDEX program, learning environment, and its curriculum.

Students evaluate lecturers and guest lecturers throughout the program. During the clinical phase, students are asked to evaluate clinical activities and faculty. These are used to give specific feedback to lecturers to improve teaching and instructional activities as the course or rotations progress and to plan for the future. If students have suggestions during the quarter or rotation, they may also provide input directly to the course chair or clinical coordinator.

Participation in course and faculty lecture evaluations is required as a part of course grades. Students are expected to provide professional, objective, and constructive feedback when completing all surveys.

Faculty Candidate Lecture Feedback

Students also provide optional feedback to the MEDEX Faculty Recruitment Committee when the committee reviews faculty candidates for employment. Students provide professional, objective and constructive feedback when completing surveys of faculty candidate presentations.

Serve as patients for Tests & Workshops

The emphasis on clinical competency in the MEDEX program creates a need for periodic testing of physical exam and history-taking skills. Students may take a 'patient' role for the evaluation of history taking and clinical exam skills.

Community Service

During both the didactic and clinical phases of the program, MEDEX students are provided with opportunities to participate in community service activities. Previous activities included volunteering at homeless clinics and county health clinics. If a student is engaged in community service activities outside the MEDEX program, that student does not have medically-related liability coverage through the university. It is important to verify that any health-related volunteer work is within the student's existing scope of practice and is tied to insurance coverage through the UW.

Professional and Student Organizations

One of the most effective ways to get involved in the PA community 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.

While students are enrolled in the MEDEX program, they may join student societies at each campus location. Each campus elects officers as well as representatives to the Washington Academy of Physician Assistants (WAPA), the Alaska Academy of Physician Assistants (AKAPA) 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 at graduation time.

Didactic phase students in good standing may seek approval to be excused from classes to attend at least a portion of the WAPA or AKAPA CME meeting held in autumn (AK) or spring (WA). Students from both the first and second years frequently have the opportunity to attend the annual American Academy of Physician Assistants (AAPA) meeting in May. Student participation in these organizations is welcomed.

Program permission is required to attend physician assistant conferences or meetings ***prior*** to registering for them. 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 writing (email) to the Associate Program Director of Academic Affairs or Clinical Affairs no later than one month in advance of the registration for the event in question. If the selected student appears to have academic risk at the time of the conference, the student's advisor may counsel the student regarding cancelling participation in the conference in order to remediate academic concerns. 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.

Graduation Awards

At the MEDEX graduation ceremonies, faculty honor students who have earned special awards. These awards are described in Exhibit IV.

Exhibit I: MEDEX PA Competencies



UW Medicine
MEDEX NORTHWEST
PHYSICIAN ASSISTANT PROGRAM

MEDEX Program Core Competencies and Related Competencies	
Patient Care	
PC.01	Perform all medical, diagnostic, and surgical procedures considered essential for a generalist physician assistant.
PC.02	Gather essential and accurate information about patients and their conditions through history taking, physical examination, and the use of laboratory data, imaging, and other tests.
PC.03	Organize and prioritize responsibilities to provide care that is safe, effective, and efficient.
PC.04	Interpret laboratory data, imaging studies, and other tests required for the area of practice.
PC.05	Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up to date scientific evidence, and clinical judgment.
PC.06	Develop and carry out patient management plans.
PC.07	Counsel and educate patients and their families to empower them to participate in their care and enable shared decision making.
PC.08	Provide appropriate referral of patients including ensuring continuity of care throughout transitions between providers or settings, and following up on patient progress and outcomes.
PC.09	Provide health care services to patients, families, and communities aimed at preventing health problems or maintaining health.

Knowledge for Practice	
KP.01	Identify the normal anatomy, development and physiology of major tissues, organs and organ systems.
KP.02	Demonstrate knowledge of the biochemical, molecular, and cellular mechanisms important for maintaining homeostasis.
KP.03	Demonstrate knowledge of the principles of genetics and its application to clinical practice.
KP.04	Demonstrate knowledge of disease pathology, including the gross and histologic appearance of disease.
KP.05	Demonstrate a knowledge of the scientific bases of normal and abnormal human behavior.
KP.06	Demonstrate a knowledge of the effects that environmental stressors have on health, and the inequalities in distribution of and vulnerability to stress across demographic groups.
KP.07	Demonstrate knowledge of key dimensions of health inequities in relation to socioeconomic position, race/ethnicity, gender and sexuality.
KP.08	Demonstrate knowledge of the basic principles of pharmacology, including the therapeutic mechanisms and the toxicity of clinically useful drugs.
KP.09	Demonstrate an investigatory and analytic approach to clinical situations.
KP.10	Apply established and emerging scientific principles fundamental to health care for patients and populations.
KP.11	Apply established and emerging principles of clinical sciences to diagnostic and therapeutic decision making, clinical problem solving, and other aspects of evidence-based health care.
KP.12	Apply principles of epidemiological science to the identification of health problems, risk factors, treatment strategies, and disease prevention/health promotion efforts for patients and populations.
KP.13	Apply principles of social behavioral sciences to the provision of health care, including the contribution of societal influences to health, care seeking and adherence, and to patient attitudes towards care.
KP.14	Apply principles of population health to the analysis, design, and delivery of health care.
KP.15	Collaborate in the creation, dissemination, application, and / or translation of new health care knowledge and practices.

Practice-Based Learning and Improvement

PB.01	Identify strengths, deficiencies, and limits in one's knowledge and expertise.
PB.02	Set learning and improvement goals.
PB.03	Identify and perform learning activities that address one's gaps in knowledge, skills, and/or attitudes.
PB.04	Collaboratively analyze practice using quality improvement methods, and implement changes with the goal of practice improvement.
PB.05	Incorporate feedback into daily practice.
PB.06	Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems.
PB.07	Use information technology to optimize learning.
PB.08	Participate in the education of patients, families, students, trainees, peers and other health professionals.
PB.09	Obtain and utilize information about individual patients, populations of patients or communities from which patients are drawn to improve care.
PB.10	Continually identify, analyze, and implement new knowledge, guidelines, standards, technologies, products, or services that have been demonstrated to improve outcomes.

Interpersonal and Communication Skills	
CS.01	Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds.
CS.02	Communicate effectively with colleagues within one's profession or specialty, other health professionals, and health related agencies (see also IP.03).
CS.03	Work effectively with others as a member or leader of a health care team or other professional group.
CS.04	Maintain comprehensive, timely, and legible medical records.
CS.05	Demonstrate sensitivity, honesty, and compassion in difficult conversations, including those about death, end of life, adverse events, bad news, disclosure of errors, and other sensitive topics.
CS.06	Demonstrate insight and understanding about emotions and human responses to emotions that allow one to develop and manage interpersonal interactions.

Professionalism	
PR.01	Demonstrate compassion, integrity, and respect for others.
PR.03	Demonstrate respect for patient privacy and autonomy.
PR.04	Demonstrate accountability to patients, society, and the profession.
PR.05	Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities and sexual orientation.
PR.06	Demonstrate a commitment to ethical principles pertaining to provision or withholding of care, confidentiality, informed consent, and business practices, including compliance with relevant laws, policies, and regulations.

Systems-Based Practice	
SB.01	Work effectively in various health care delivery settings and systems relevant to one's clinical specialty.
SB.02	Coordinate patient care within the health care system relevant to one's clinical specialty.
SB.03	Advocate for quality patient care and optimal patient care systems.
SB.04	Participate in identifying system errors and implementing potential systems solutions.

Interprofessional Collaboration	
IP.01	Work with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust.
IP.02	Use the knowledge of one's own role and the roles of other health professionals to appropriately assess and address the health care needs of the patients and populations served.
IP.03	Communicate with other health professionals in a responsive and responsible manner that supports the maintenance of health and the treatment of disease in individual patients and populations.

Personal and Professional Development	
PD.01	Develop the ability to use self-awareness of knowledge, skills, and emotional limitations to engage in appropriate help-seeking behaviors.
PD.02	Demonstrate healthy coping mechanisms to respond to stress.
PD.03	Manage conflict between personal and professional responsibilities.
PD.04	Practice flexibility and maturity in adjusting to change with the capacity to alter one's behavior.
PD.05	Demonstrate trustworthiness that makes colleagues feel secure when one is responsible for the care of patients.
PD.06	Provide leadership skills that enhance team functioning, the learning environment, and/or the health care delivery system.
PD.07	Demonstrate self confidence that puts patients, families, and members of the health care team at ease.
PD.08	Recognize that ambiguity is part of clinical health care and respond by utilizing appropriate resources in dealing with uncertainty.

EXHIBIT II: MEDEX Phone and Email Contacts

Check with the local campus for contact information for faculty and staff hired during the academic year.

MEDEX Seattle—Administration

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

Terry Scott	MEDEX Program Director Assistant Professor	tscott@uw.edu (206) 206-221-2985 (Assistant to Mr. Scott)
Avery Batts	Director of Admissions & Student Services Lecturer	abatts@uw.edu (206) 616-7697
Timothy C. Evans	Medical Director Associate Professor	tevans@uw.edu (206) 616-3665
Marc Hawkins	Associate Program Director for Clinical Affairs Lecturer	hawkins2@uw.edu (206) 221-8303
Amea Naidu	Associate Program Director for Student Affairs Senior Lecturer	anaidu@uw.edu (206) 616-7585
Kira Vader	Associate Program Director for Academic Affairs Senior Lecturer	kvader@uw.edu (206) 685-1347
Lisa Kleintjes Kamemoto	MEDEX Administrator/Director of Finance and Administration	lisakk@uw.edu (206) 685-3580

MEDEX Seattle—PA Faculty

FJ (Gino) Gianola	Lecturer, Medical Ethics Instructor	ggianola@uw.edu (206) 616-7137
Ky Haverkamp	Lecturer	kynan@uw.edu (206) 616-7529
Tara Hook	Lecturer	tarahook@uw.edu (206) 616-4001
Connie Huynh	Lecturer	connieda@uw.edu (206) 543-8727
Christine Kempe	Lecturer, Didactic Coordinator for Seattle	kempec@uw.edu (206) 685-0588
Sarah Patton	Lecturer	sbpatton@uw.edu (206) 616-4001
Tim Quigley	Senior Lecturer	tfq@uw.edu (206) 616-6241

Dale Robertson	Lecturer, Clinical Coordinator	dalerob@uw.edu (206) 221-3894
DJ Smith	Lecturer, Assistant to the Assoc Prog Dir for Academic Affairs	djsmith6@uw.edu (206) 616-0609
Daytheon Sturges	Assistant Professor	dsturges@uw.edu (206)221-7797
Lois Thetford	Lecturer	loist@uw.edu (206) 685-9270
Dianna Wachtel	Lecturer	dwachtel@uw.edu (206) 543-6173

MEDEX Seattle—Research Faculty

Eric H. Larson	Research Associate Professor, Technology Director	ehlarson@uw.edu (206) 616-9601
Pamela Nagasawa	Assistant Professor, Director of Evaluation & Assessment	pnaga22@uw.edu (206) 616-1736
Keren H. Wick	Associate Professor, Director of Research & Graduate Programs	khw@uw.edu (206) 616-8649

MEDEX Seattle—Staff

Kat Black	Admissions & Student Services Program Coordinator	kblack4@uw.edu (206) 897-1638
Liam Donnelly	Clinical Office Program Coordinator	ldonne@uw.edu (206) 616-4001
Mary Giles	Records Coordinator	mgiles@uw.edu (206) 685-7392
Nathan Hart	IT Manager	nhart@uw.edu (206) 616-9825
Hea Kim	Program Assistant Didactic & Budgte	heakim@uw.edu (206) 543-0797
Shilpi Karmakar	Research Scientist	shilpikb@uw.edu (203) 543-0298
Julian Kosky	Budget Fiscal Analyst	jkosky@uw.edu (206)-221-3209
Audrey LaRue	Academic Study Skills Counselor	audreyla@uw.edu (206) 221-3265
Sunny Liu	Didactic Program Assistant	liux5@uw.edu (206) 543-4265

Sergio Monni	Manager of Clinical Program Operations	monnis@uw.edu (206) 685-3323
Nic Morden	Manager of Didactic Program Operations	nicm@uw.edu (206) 221-7912
Melanee Nelson-Ceis	Assistant to the Program Director	melanee@uw.edu (206) 221-2985
Dennis Raymond	Communications Manager	dennisnr@uw.edu (206) 221-9171
Sandy Raynor	Clinical Program Coordinator	skraynor@uw.edu (206) 616-7193
Kiana Shui	Admissions & Student Services Program Coordinator	kishiui@uw.edu (206) 897-1638
John Stevens	Computer Specialist	jstevens@uw.edu (206) 616-9937
Peter Tadych	Budget Office Supervisor	ptadych@uw.edu (206) 616-7473
Jim Wehmeyer	Communications Team	wehmej@uw.edu (206) 543-6945

MEDEX Spokane—Faculty and Staff

tel (509) 313-7936
fax (509) 313-7940

Michael Smith	Lecturer, Site Director for Spokane	mbs65@uw.edu (509) 313-7935
TJ Byrne	Lecturer	tjbyrne@uw.edu (509) 661-2106
Patrick Grimm	Lecturer, Clinical Coordinator	patgrimm@uw.edu (509) 313-7936 (main desk)
Patty Hahn	Senior Lecturer	hahnpl@uw.edu (509) 313-7941
Theo Orchard	Lecturer	torchard@uw.edu (509) 313-7934
Cari Rodgers	Lecturer	carir@uw.edu (509) 313-7939
Sarah Serpinas	Lecturer	serpinas@uw.edu (509) 313-7937
Heidi Elder	Spokane Program Coordinator	helder@uw.edu (509) 368-6793
Annie Larsen	Didactic Program Assistant	annieb12@uw.edu (509) 313-7936

MEDEX Tacoma—Faculty and Staff

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

Jennifer Erickson	Lecturer, Campus Director for Tacoma	jericks@uw.edu (253) 692-5966
Jessica Butler	Lecturer	jcb43@uw.edu (253) 692-5950
Bonnie Joy	Lecturer	pacjoy@uw.edu (253) 692-5950
Jonathan Maher	Lecturer	jmahar@uw.edu (253) 692-5952
Betty Stewart	Lecturer, Clinical Coordinator	tok@uw.edu (253) 692-5954
Dixielynn Gleason	Tacoma Program Assistant	ascocarp@uw.edu (253) 692-5950
Anthony Webb	Program Assistant	webba85@uw.edu (253) 692-5950

MEDEX Anchorage—Faculty and Staff

tel (907) 786-5481
fax (907) 786-6572

Kari Bernard	Lecturer, Site Director for Anchorage	karib14@uw.edu (907) 786-6526
Katie Copps-Wilson	Clinical Coordinator	kcopps@uw.edu (907) 786-5482
Bryan Farthing	Lecturer	farthin0@uw.edu (907) 786-5481
Holly Imlach	Lecturer, Didactic Coordinator for Anchorage	imlach@uw.edu (907) 786-5487
Maggie Laufenberg	Lecturer	mlaufenb@uw.edu (907) 786-6581
Tim Olson	Lecturer	tiolson@uw.edu (907) 786-5481
Tammy Anderson	Anchorage Program Assistant	tander69@uaa.alaska.edu (907) 786-5483
Sandra Snethen	Anchorage Program Assistant	sasnethen@uaa.alaska.edu (907) 786-5484

Other Offices

Suzanne M. Allen	Vice Dean for Rural, Regional and Academic Affairs	suzaalle@uw.edu (206) 543-6797
Office of the Ombud		(206) 543-6028
University Student Life Office		(206) 543-4972
University Complaint Investigation & Resolution Office (UCIRO)		uciro@uw.edu (206) 616-2028
Office of Minority Affairs and Diversity (mostly undergraduate services)		vpomad@uw.edu (206) 685-0518
Graduate Opportunities and Minority Achievement Program		gomap@uw.edu (206) 543-9016
Disability Resources for Students (DRS)		uwdrs@uw.edu (206) 543-8924

University Contacts

Financial Aid Office	osfa@uw.edu https://www.washington.edu/financialaid/ (206) 543-6101
Student Fiscal Services	http://finance.uw.edu/sfs/home (206) 543-4694
Hall Health	http://depts.washington.edu/hhpccweb/ (206) 685-1011
IT Connect	help@uw.edu https://itconnect.uw.edu (206) 221-5000
Health Sciences Library	http://hsl.uw.edu (206) 543-3390
University Book Store	http://www.ubookstore.com (206) 634-3400
MyUW	https://my.uw.edu/
Student Activities and Union Facilities	http://hub.washington.edu (206) 543-8191
Student Counseling Center	http://www.washington.edu/counseling/ (206) 543-1240

EXHIBIT III: Resources at MEDEX Locations

Seattle Campus Resources

- SafeCampus: (206) 685-SAFE (7233) for help with any safety concerns (e.g. relationship violence, stalking, harassment, suicidal thoughts, etc.). <http://depts.washington.edu/safecamp/>
- SARIS: Sexual Assault and Relationship Violence Information Service. Email and web: hwadvoc@uw.edu, <http://depts.washington.edu/livewell/advocate/>.
- Counseling Center: 401 Schmitz Hall, 8:00am to 5:00pm on Monday, Wednesday, Thursday, Friday and 9:30am to 5:00pm on Tuesday; (206) 543-1240, <http://www.washington.edu/counseling/>
- University Police: 3939 15th Ave NE, (206) 685-UWPD (8973) (non-emergency). Emergencies 911; 24 hours/7 days per week; uwpolice@uw.edu, <http://police.uw.edu>. Also provides safety guards to walk through campus from 6:30pm to 2am: (206) 685-WALK (9255) through Husky NightWalk.
- University Complaint Investigation and Resolution Office (UCIRO), (206) 616-2028, uciro@uw.edu.
- UW Ombudsman's Office, (206) 543-6028, ombuds@uw.edu.

Seattle Community Resources

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

- Gonzaga University Campus Security: dial ext-2222 from any campus phone or (509) 313-2222. Also provides an escort service to parking lots or bus shelters.

Spokane Community Resources

- Spokane Police Department: 1100 W Mallon, Crime Check (509) 456-2233. 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 (Call or text). 24 Hour Crime Victim Crisis Line: (866) 751-7119.

Tacoma Campus Resources

- SafeCampus: (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.

- Sexual Assault Center for Pierce County, 101 E 26th St Ste 200, Tacoma WA 98421, (253) 597-6424, 24-hour crisis line: 1-800-756-7273 or (253) 474-7273.

Anchorage Campus Resources

- Office of Equity and Compliance: 3980 University Lake Drive, Ste 106, (907) 786-0818, <https://www.uaa.alaska.edu/equity-and-compliance/index.cfm>
- Psychological Services Center (a service of the Department of Psychology): (907) 786-1795.
- Student Health and Counseling Center: 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) 786-8900 x 0 (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.

EXHIBIT IV: Student Awards and Scholarships

Graduation Awards

At the MEDEX graduation ceremonies, several awards are given to honor students who have earned special recognition. There are also MEDEX-specific scholarships that students may apply for during enrollment in the program.

The Spirit of MEDEX Award

This award recognizes students at each campus 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 acted as ambassadors for the program throughout their MEDEX education.

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 from each campus who have become role models to their peers, have assumed leadership responsibilities during their PA education 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 demonstrates 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 campus recognizes and encourages service in and dedication to underserved communities.

Tacoma: The Ellen Harder Award

The Advisory Committee for the Tacoma campus recognizes and encourages service in and dedication to underserved communities.

The Student Writing Award

This award is given to students at each campus who have combined creativity and unique approaches with exceptional writing skills in assigned papers.

The Steven Turnipseed Award to Veterans for Service to Country, Class and Community

This award recognizes a MEDEX military veteran student for demonstrating outstanding leadership within the MEDEX class and exceptionally meritorious service within the local community. This award is presented only at the didactic campuses and in years when the faculty identify an appropriate recipient.

MEDEX Scholarships

MEDEX administers a few scholarship funds each year. These scholarship opportunities are usually announced later in the autumn quarter. Students apply for the scholarships with a brief essay. Instructions are provided with the application announcement.

Sue Vader

Sue graduated with MEDEX Class 27 and worked for several years with the Whidbey Community Physicians group. After Sue passed away, the clinic and her family established a scholarship fund. Sue loved life and family, and cared deeply about patients and the medical field. Applicants must have an interest in family practice or women's healthcare and exhibit a broad perspective on life. This award is open to both first- and second-year students.

Mike Merrill

Mike graduated with MEDEX Class 26 and worked in the ER at Group Health. After Mike passed away, his family and friends established an endowed scholarship fund to support students interested in a career in emergency medicine. Mike was dedicated to his work, and a high level of professionalism was a hallmark of his daily practice. A focus on caring and compassionate customer service was very important to him, as was collaborative teamwork. Applicants should demonstrate intelligence, curiosity and kindness and have an interest in education. This award is open to second-year students planning to enter practice in emergency medicine. Application for this scholarship must be accompanied by a support letter from a MEDEX faculty member.

Richard Smith

Dr. Smith founded the MEDEX program as a federal demonstration project in the late 1960s. He hoped to increase the pool of clinicians in underserved settings by drawing on the extensive skills of returning military medics and corpsmen. After ensuring the success of MEDEX, he went on to develop and deliver materials to facilitate the training of health workers in developing countries -- materials that have been adapted and used in over 70 countries. His strong leadership skills allowed him to put his vision into practice. Four Richard Smith Scholarship awards are given, one for each MEDEX campus (Seattle, Spokane, Tacoma, Anchorage). These awards are given to potential leaders; visionaries with commitment to increasing access to healthcare for the underserved. Applicants should have a broad and global perspective on healthcare issues. These are usually awarded to first-year students, but clinical-phase students are often considered as well.

Barbara Gunter-Flynn

Barb graduated from MEDEX in 1979. She was a PA with a commitment to expanding healthcare access for the medically underserved. She helped launch the MEDEX Yakima campus, and after a few years moved on to launch the MEDEX Spokane campus. Her dedication inspired many MEDEX graduates from central and eastern Washington. Barb passed away in 2002 after a courageous battle with cancer. The Barbara Gunter-Flynn Scholarship is awarded to a student from the Spokane campus. The awards committee seeks to award a student who is inspirational with a commitment to service of the medically underserved. This is usually awarded to a first-year student, but clinical-phase students are also considered.

Jennifer Johnston

Jennifer Johnston was the program Administrator and Admissions Director at MEDEX for 30 years. Hundreds of MEDEX graduates remember the day that Jennifer called with an offer of admission. Jennifer believed strongly in the MEDEX mission, and as a former teacher, was especially happy to see students from disadvantaged circumstances succeed despite facing many challenges along the way. This scholarship recognizes students who have demonstrated tenacity to overcome life's hurdles, and the commitment and perseverance necessary to rise above significant obstacles on the pathway to becoming physician assistants.

Liza Benson

Elizabeth (Liza) Benson joined MEDEX with Seattle Class 45. She returned to Wyoming during her second year for clinical rotations but was lost in a skiing accident involving an avalanche. She had worked with a small-town orthopedics practice prior to PA school and looked forward to becoming a rural PA after graduation. Liza was admired for her adventurous spirit, sharp intellect and compassion for others. Her passion for the wilderness can be expressed through her favorite John Muir quotation: *"Climb the mountains and get their good tidings. Nature's peace will flow into you as sunshine flows into trees. The winds will blow their own freshness into you, and the storms their energy, while cares will drop off like autumn leaves."* This scholarship recognizes a MEDEX student who shares Liza's spirit of adventure, and who plans to practice in a wilderness or rural setting within the WWAMI region.

Chris Heim

Chris Heim graduated from Seattle Class 41 in 2009. Chris was a long-time Army Special Operations Medic prior to joining the MEDEX program. As noted in the MEDEX Magazine story, Chris had been in over 60 countries as well as remote areas of the US. His medical missions included austere environments, trauma treatment and local primary care. Chris received several military awards and medals for valor, including the Bronze Star for heroic achievement. After he graduated as a PA, he moved to San Antonio, where he practiced family medicine with his friend, who was his supervising physician. A motorcycle accident took Chris's life in August 2015. A group including his wife and classmates donated funding to allow us to honor his memory. This scholarship is open to all those with military experience, in both the didactic and clinical phases of the program. In their scholarship application essay, applicants are encouraged to describe how their military service connects to their eventual PA practice.