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Disclaimer for Students

This student handbook serves as the Program Policy Manual for the Master of Health Sciences in Physician Assistant Studies (MHSPAS). It contains policies and procedures particular to the MHSPAS program and is distributed initially to students as they begin the first professional year. Updated versions of this Policy Manual may be provided during a student’s enrollment in the program, and the most recent Policy Manual will supersede all previously distributed versions. Where no specific MHSPAS program policy exists, students are to consult the general guidelines of the UNC Graduate Student Handbook. The MHSPAS program reserves the right to update this Policy Manual without prior notice. In the event of an update without prior notice, all matriculated students will be notified in writing of any updated policies. A student’s continuation in the MHSPAS program will be contingent upon submission of a signed and dated ‘Receipt and Acknowledgement’ form for the most recent update of the Policy Manual (see Appendix A).
Welcome to the University of North Carolina at Chapel Hill Master of Health Sciences in Physician Assistant Studies program! Our primary mission is to meet the pressing need for highly trained, autonomous health care providers who can practice in the most under-served areas of our state. North Carolina is the birthplace of the Physician Assistant (PA) profession, and it is fitting that PAs play a central role in meeting this need. The University of North Carolina at Chapel Hill has always been a leader in training physicians and advanced-practice nurses to accomplish this. Yet, the need has remained greater than the supply of these professionals. Our program seeks to fill the gap in providers by adding PAs to a diversified practice environment. The program has a special, though not exclusive, goal to recruit non-traditional students, especially medically trained veterans. Many of these veterans have valuable skills acquired in training and deployment, and many live and would like to practice in underserved areas of the state. We are committed to helping them build on their existing strong foundation of medical skills. We are also seeking the best and most committed traditional students who have followed a more direct path to becoming PAs. We strongly believe that a diverse student body will allow us to produce the best PAs to serve the people of our state.

Paul R. Chelminski, MD, MPH, FACP
Professor of Medicine
Division & Program Director
Division, Physician Assistant Studies
Department of Allied Health Sciences
UNC School of Medicine
3 INTRODUCTION TO THE PHYSICIAN ASSISTANT STUDIES PROGRAM

3.1 ACCREDITATION (A3.12A)

At its March 2020 meeting, the Accreditation Review Commission on Education for the Physician Assistant, Inc. (ARC-PA) placed the University of North Carolina-Chapel Hill Physician Assistant Program sponsored by the University of North Carolina on Accreditation-Probation status until its next review in March 2022.

Probation is a temporary status of accreditation conferred when a program does not meet the Standards or when the capability of the program to provide an acceptable educational experience for its students is threatened.

Once placed on probation, programs that still fail to comply with accreditation requirements in a timely manner, as specified by the ARC-PA, may be scheduled for a focused site visit and/or risk having their accreditation withdrawn.

Specific questions regarding the Program and its plans should be directed to the Program Director and/or the appropriate institutional official(s).

Additional Information from the Program Regarding Accreditation Status

Based on the most recent review in 2020, the ARC-PA placed the Program on accreditation probation status. The reasons for this status pertain to administrative and assessment standards. The Program and University administration immediately initiated an intensive plan of action for addressing the concerns raised by the ARC-PA, and we are implementing corrective measures. We are confident that we will be successful in achieving full compliance with the accreditation standards.

We would like to reassure our students the program maintains accreditation, which allows students to:

✓ apply for admission to the program
✓ progress to program completion
✓ sit for board examination (PANCE)
✓ obtain state licensing

This policy manual is in part based on the 5th edition Accreditation Standards for Physician Assistant Education, published in September 2020. The Standards will be referenced throughout the manual, as they inform and guide the curriculum, policies and procedures adopted by the MHSPAS program. The Standards constitute the requirements to which an accredited program is held accountable and provide the basis on which the ARC-PA will confer or deny program accreditation. According to the ARC-PA, “these Standards were initially adopted in 1971 and were revised in 1978, 1985, 1990, 1997, 2000, 2005, 2010, and 2019.

ARC-PA commissioners include individuals nominated from the collaborating organizations of the ARC-PA, which include:

- American Academy of Family Physicians
- American Academy of Pediatrics
- American Academy of Physician Assistants
- American College of Physicians
- American College of Surgeons
- American Medical Association
- Physician Assistant Education Association

The collaborating organizations cooperate with the ARC-PA to establish, maintain, and promote appropriate standards of quality for entry level education of physician assistants (“PAs”) and to provide recognition for educational programs that meet the requirements outlined in these Standards. These Standards are used for the development, evaluation, and self-analysis of PA programs.
3.2 **ACADEMIC PLAN OF STUDY AND DEGREE CONFERRED (A1.02e)**

The UNC Physician Assistant Studies program is a 24-month cohort-based curriculum. The program consists of two twelve-month phases: Pre-Clinical Phase and Clinical Phase. Each cohort begins in January. Graduates of the program will be conferred a Master of Health Sciences degree and will be eligible to apply for certification examination after graduation sponsored by the National Commission on Certification of Physician Assistants (NCCPA).

3.3 **SPONSORSHIP & PHILOSOPHY**

The UNC Physician Assistant program is the product of an exceptional public, private, and military partnership. We are grateful to our partners, including Blue Cross Blue Shield, the Kenan Trust and the U.S. military, for their vision and support. The program embodies the great servant mission of UNC-CH and is another testament to a confidence that the University will take the lead to solve our state's most pressing problems. The spirit of collaboration and commitment to excellence will be hallmarks of the educational process that will improve the health and well-being of the citizens of North Carolina.

**University Mission Statement**

The University of North Carolina at Chapel Hill, the nation’s first public university, serves North Carolina, the United States, and the world through teaching, research, and public service. We embrace an unwavering commitment to excellence as one of the world’s great research universities.

Our mission is to serve as a center for research, scholarship, and creativity and to teach a diverse community of undergraduate, graduate, and professional students to become the next generation of leaders. Through the efforts of our exceptional faculty and staff, and with generous support from North Carolina’s citizens, we invest our knowledge and resources to enhance access to learning and to foster the success and prosperity of each rising generation. We also extend knowledge-based services and other resources of the University to the citizens of North Carolina and their institutions to enhance the quality of life for all people in the State.

With lux, libertas — light and liberty — as its founding principles, the University has charted a bold course of leading change to improve society and to help solve the world’s greatest problems.

(Approved by the UNC Board of Governors, November 2009 and February 2014.)

3.4 **MISSION & GOALS**

The Master of Health Sciences Physician Assistant Studies program is housed within the University of North Carolina at Chapel Hill School of Medicine in the Department of Allied Health Sciences.

**School of Medicine Mission Statement**

Our mission is to improve the health and wellbeing of North Carolinians and others whom we serve. We accomplish this by providing leadership and excellence in the interrelated areas of patient care, education, and research. We strive to promote faculty, staff and learner development in a diverse, respectful environment where our colleagues demonstrate professionalism, enhance learning, and create personal and professional sustainability. We optimize our partnership with the UNC Health Care System through close collaboration and a commitment to service.

**Master of Health Sciences Physician Assistant Studies Mission Statement**

To promote high-quality, accessible, patient-centered health care for the people of North Carolina and the nation through excellence in education, scholarship, and clinical service. The UNC MHSPAS program is committed to the health care and workforce needs of North Carolinians and will use an inter-professional approach to prepare skilled and compassionate health care practitioners across the continuum of life.
### Goals (A3.12b)

<table>
<thead>
<tr>
<th>Mission Supported Goals</th>
<th>Measures of Success</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recruit and enroll non-traditional students</strong>&lt;sup&gt;1&lt;/sup&gt; with special attention to veterans&lt;sup&gt;2&lt;/sup&gt; and North Carolina residents</td>
<td>Recruitment events for non-traditional and veteran applicants</td>
<td>Informational sessions are held throughout the year to broadly advise prospective applicants. UNC has participated in the Special Operations Medical Association Scientific Assembly (SOMSA) and held military applicant specific informational sessions. New initiatives are currently under development to focus on non-traditional and military applicants</td>
</tr>
<tr>
<td><strong>Percentage of non-traditional and veteran applicants</strong></td>
<td>From 2015 – 2020, applicant populations have included:</td>
<td>From 2015 – 2020, admitted students included:</td>
</tr>
<tr>
<td></td>
<td>18.79% Non-Traditional Classification</td>
<td>52.5% Non-Traditional Classification</td>
</tr>
<tr>
<td></td>
<td>35.79% North Carolina Residents</td>
<td>75.83% North Carolina Residents</td>
</tr>
<tr>
<td></td>
<td>5.65% Military</td>
<td>27.5% Military</td>
</tr>
<tr>
<td><strong>Provide an interprofessional learning environment that prepares students to work collaboratively in interprofessional teams</strong></td>
<td>Number of IPE course sessions</td>
<td>21-22 Sessions</td>
</tr>
<tr>
<td></td>
<td>Course (# of IPE Sessions):</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Surgery (2), Clinical Medicine (2), History &amp; Physical (2), Patient Assessment (2-3), Professional Practice (13)</td>
<td>Students interact with pre-health students from the following 10 disciplines:</td>
</tr>
<tr>
<td></td>
<td>Number of IPE student group interactions</td>
<td>Nursing, Dentistry, Medicine, Pharmacy, Occupational Therapy, Physical Therapy, Audiology, Clinical Lab Science, Clinical Rehab and Public Health.</td>
</tr>
<tr>
<td></td>
<td>Students on their supervised clinical practice experiences function in interprofessional teams consisting of nurses and nursing students, medical students, pharmacists and pharmacy students, medical residents and fellows, attending</td>
<td></td>
</tr>
<tr>
<td><strong>Number of UNC Schools &amp; School of Medicine departments represented by instructional faculty</strong></td>
<td>4 UNC Schools: Pharmacy, Nursing, Public Health, Social Work 19 School of Medicine Departments: Surgery, Anesthesiology, Pharmacology, Medicine, Psychiatry, Family Medicine, Emergency Medicine, OB/GYN, Neurology, Otolaryngology/Head &amp; Neck Surgery, Pediatrics, Urology, Genetics, Microbiology &amp; Immunology, Cell Biology &amp; Physiology, Orthopedics, Physical Medicine &amp; Rehabilitation, Radiology, Allied Health Sciences (Radiologic Sciences, Clinical Laboratory Sciences, Audiology, Speech &amp; Hearing, Physical Therapy)</td>
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<td></td>
</tr>
<tr>
<td><strong>Number of professions represented by instructional faculty</strong></td>
<td>11 Professions including: PA, MD, DO, NP, PhD, RN, DPT, LCSW, MSW, RT, and CGC</td>
<td></td>
</tr>
<tr>
<td><strong>Graduate medical learners who possess the knowledge and skills required to practice as physician assistants</strong></td>
<td>5-year first-time test taker PANCE performance 94%</td>
<td></td>
</tr>
<tr>
<td><strong>Graduate &amp; alumni surveys</strong></td>
<td>Students strongly agreed (4.35/5) they were well prepared to practice in interprofessional patient-centered teams.</td>
<td></td>
</tr>
<tr>
<td><strong>All-Time PANCE performance</strong></td>
<td>100% All-Time PANCE Pass Rate</td>
<td></td>
</tr>
<tr>
<td><strong>Prepare students for practice in rural and urban medically underserved populations</strong></td>
<td>Graduate &amp; alumni surveys Students agreed (3.7/5) they were prepared for community based or rural practice. They also agreed (3.8/5) they received a strong foundation for primary care practice.</td>
<td></td>
</tr>
<tr>
<td><strong>Clinical site placements</strong></td>
<td>~16% of clinical placements occurred in a rural and/or medically underserved populace from Jan 2020 – June 2021</td>
<td></td>
</tr>
</tbody>
</table>
1 Non-Traditional classification is typically defined by greater than 24 years of age. In addition to age consideration, UNC-CH classifies non-traditional status to applicants with two or more years of an alternative career trajectory prior to preparation for PA school, and/or greater than 29 years of age.

2 UNC specifically recruits veterans who served in a medical capacity.

3 Likert Scale 1 – Strongly Disagree to 5 – Strongly Agree

### 3.5 PANCE Performance (A3.12c)

To become a certified Physician Assistant (PA-C), a graduate from an accredited program must pass the Physician Assistant National Certifying Exam (PANCE). The PANCE is provided by the National Commission on Certification of Physician Assistants, Inc. (NCCPA) and is the only certifying organization for PAs in the United States.

**Five Year PANCE First-Time Pass Rates**

<table>
<thead>
<tr>
<th>Class of</th>
<th>UNC Pass Rate</th>
<th>National Pass Rate</th>
</tr>
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<tbody>
<tr>
<td>2017</td>
<td>85%</td>
<td>97%</td>
</tr>
<tr>
<td>2018</td>
<td>94%</td>
<td>98%</td>
</tr>
<tr>
<td>2019</td>
<td>94%</td>
<td>93%</td>
</tr>
<tr>
<td>2020</td>
<td>94%</td>
<td>95%</td>
</tr>
<tr>
<td>2021</td>
<td>Available in 2022</td>
<td>Available in 2022</td>
</tr>
</tbody>
</table>

Available [DETAILED REPORT](#)

### 3.6 Attrition Rates (A3.12i)

<table>
<thead>
<tr>
<th>Maximum entering class size (as approved by ARC-PA)</th>
<th>Class of 2017</th>
<th>Graduated Classes</th>
<th>Class of 2018</th>
<th>Class of 2019</th>
<th>Class of 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entering class size</td>
<td>20</td>
<td>Class of 2018</td>
<td>20</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Graduates</td>
<td>20</td>
<td>Class of 2019</td>
<td>18</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>* Attrition rate</td>
<td>0%</td>
<td>** Graduation rate</td>
<td>100%</td>
<td>90%</td>
<td>90%</td>
</tr>
<tr>
<td>** Graduation rate</td>
<td>100%</td>
<td></td>
<td>90%</td>
<td>90%</td>
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</table>
3.7 **ORGANIZATIONAL STRUCTURE**

- **Chancellor**
  - Kevin Guskiewicz, PhD, ATC

- **Executive Vice Chancellor & Provost**
  - Robert Blouin, PharmD

- **Dean, School of Medicine**
  - Wesley Burks, MD

- **Executive Dean, School of Medicine**
  - Cristen Page, MD, MPH

- **Associate Chair, Department of Allied Health Sciences**
  - Stephen Hooper, PhD

- **Division & Program Director, Physician Assistant Studies**
  - Paul Chelminski, MD, MPH, FACP

3.8 **MHSPAS PROGRAM STRUCTURE**

- **Medical Director**
  - Tim Daaleman, DO, MPH

- **Division & Program Director**
  - Paul Chelminski, MD, MPH

- **Associate Program Director & Associate Director of Evaluation and Assessment**
  - Mary Beth McGranaghan, PhD, PA-C

- **Manager, Business & Student Affairs**
  - Tracy Velez

- **Program Specialist**
  - Jamont Beatty

**Clinical Education**
- **Director of Clinical Education**
  - Jason Hrdina, MPAS, MPH, PA-C

- **Clinical Education Administrators**
  - Kayla Gardner

**Pre-Clinical Education**
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  - Katie Hanlon, MMS, PA-C

- **Clinical Assistant Professor**
  - Chileatha Wynn, DMSc, MPAS, PA-C

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919.962.8008

UNC Campus Map
### 3.10 **Program Curriculum (A3.12d, A3.12e)**

#### 3.10.1 Curriculum Overview

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<thead>
<tr>
<th>Course No.</th>
<th>Course Name</th>
<th>Hours</th>
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<td>Physiology</td>
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<td>PASC 704</td>
<td>History &amp; Physical Examination</td>
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<td>PASC 713</td>
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<td>SCPE: Internal Medicine</td>
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<td>SCPE: Pediatrics</td>
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<td>SCPE: Women’s Health &amp; Prenatal Care</td>
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<td>Clinical Seminar III</td>
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**Total Hours: 104**
PASC 701 Human Anatomy (4 credit hours)
This one-semester clinical anatomy unit prepares the student for clinical practice with an understanding of the functional and applied anatomy stressing the normal landmarks and common clinical findings. Cadaver gross dissections and pro-sections, anatomical models, lectures and electronic resources are utilized in this course.

PASC 702 Physiology (2 credit hours)
This foundation course for the clinical medicine courses provides an understanding of human physiology at the cellular, tissue and organ levels. The importance of physiology and pathophysiology to the study of clinical medicine is reinforced. This course lays the foundation foundations for disease etiology, management and prevention.

PASC 703 Foundations of Medical Science (2 credit hours)
An introduction to the genetic and molecular mechanisms of disease; biochemistry; microbiology; and basic principles of pharmacology. Instruction in the genetic basis of disease and clinical genetic disorders serves as a foundation for the Clinical Medicine Courses (PASC 710, 720, 730) to understand genotypic specific diagnoses, prevention, and therapy. The biochemistry and microbiology modules additionally prepare students to apply the knowledge and principles to gain an improved understanding of organ systems and related diseases in the Clinical Medicine Courses (PASC 710, 720, 730). Basic pharmacology concepts prepare students for the Pharmacology and Therapeutics Courses (PASC 711, 721, 731).

PASC 704 History & Physical Examination (4 credit hours)
This semester long course introduces the student to the art of acquiring a patient history and performing the physical examination. Instruction in interpersonal and communication skills resulting in effective acquiring of patient history and collaboration with patients, families and other health professionals are incorporated. Using weekly lecture and laboratory format the course details how to obtain a medical history and perform a complete physical examination. The labs allow the student to learn history taking and physical examination skills, after they are demonstrated by the faculty. Simulated patient encounters provide the student with the opportunity to practice their clinical skills.

PASC 705 Professional Practice & the Health System I (1 credit hours)
This is part one of a two-part course that provides an introduction to the social, regulatory, ethical and professional aspects of the PA profession. The history, development and current status of the PA profession within the context of the US health care system including professional conduct, legal issues, scope of PA practice, and economic aspects. Instruction in intellectual honesty, academic and professional conduct are covered.

PASC 710 Clinical Medicine I (4 credit hours)
This is the first of three didactic Clinical Medicine courses presented in the first phase and covers cardiology (including EKG), hematology/oncology and pulmonology. The course concentrates on the etiology, pathophysiology, clinical presentation, diagnosis, treatment, management and prevention of disease across the human life span; organized into an organ system approach. Clinical information is correlated with information taught in Diagnostic Methods I (PASC 713) and Pharmacology and Therapeutics I (PASC 711). Course format includes lectures and small group case studies. Problem solving and medical decision-making skills are emphasized.

PASC 711 Pharmacology & Therapeutics I (3 credit hours)
This first in a series of three courses begins with an introduction to the principles of pharmacodynamics, pharmacokinetics, drug metabolism, drug interactions, adverse reactions and human behavior impacting adherence and therapeutics. Patient safety is addressed through understanding of the risks and benefits of drug treatment, drug interactions and adverse reactions. The student is also introduced to the drug reference resources. Drugs are introduced in conjunction with the clinical medicine units that are taught
this semester and students learn to individualize pharmacologic regimens based on drug specific parameters, clinical evidence, drug safety and cost.

**PASC 713 Diagnostic Methods I (2 credit hours)**
The essentials of ordering, interpreting and performing diagnostic studies used in the screening, diagnosis, management and monitoring of disease are addressed in this course through primarily case based format. Topics for this course are congruent with Clinical Medicine I (PASC 710) and emphasize clinical reasoning and medical decision-making skills.

**PASC 720 Clinical Medicine II (8 credit hours)**
This is the second of three didactic Clinical Medicine courses presented in the first phase and covers Nephrology, Urology, Dermatology, Otolaryngology, Endocrinology, Infectious Diseases and Gynecology. The course concentrates on the etiology, pathophysiology, clinical presentation, diagnosis, treatment, management and prevention of disease across the human life span; organized into an organ system approach. Clinical information is correlated with information taught in Patient Assessment (PASC 722) and Pharmacology and Therapeutics (PASC 721). Course format includes lectures and small group case studies. Small group cases are selected to provide understanding of disease presentation, opportunities for prevention, medical ethics, interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families and other health professionals. Problem solving and medical decision-making skills are emphasized.

**PASC 721 Pharmacology & Therapeutics II (2 credit hours)**
This second in a series of three courses builds on the principles in PASC 711. The course concentrates on therapeutic applications of drugs for various organ systems integrated with the clinical medicine (PASC 720) units being taught during this semester. Patient safety is addressed through understanding of the risks and benefits of drug treatment, drug interactions and adverse reactions. The course format includes lecture, case studies and small group sessions.

**PASC 722 Patient Assessment I (3 credit hours)**
This course builds on the history and physical diagnosis course by adding a practical component. Students gain hands on experience in performance of a complete history and physical exam; documentation of the exam in the medical record; and formal/complete oral presentation. Students understand the purpose of the oral presentation is to provide other clinicians with patient information in such a way that it tells the patient’s story in a logical, clear and complete fashion, yet is neither cumbersome nor too long. Students are exposed to patients from diverse populations, and develop their skill sets in encounters with multiple standardized patients. Skills in interviewing patients, obtaining a medical history, performing a focused physical exam, and relaying findings through oral and written communication are enhanced. Professional conduct is a central emphasis of patient assessment.

**PASC 723 Diagnostic Methods II (1 credit hours)**
This course provides instruction in the essentials of ordering, interpreting and performing diagnostic studies used in the screening, diagnosis, management and monitoring of disease. Topics for this course are congruent with Clinical Medicine II (PASC 720) and Pharmacology and Therapeutics II (PASC 721). Course format includes independent review of modules, in class case discussions, and small group discussions. Completion of this course enables students to order, interpret, supervise, and perform laboratory procedures commonly utilized in a primary care, out-patient or hospital setting for screening, diagnosing and managing common disease states. Content is primarily learned through a case-based format.

**PASC 727 Behavioral Medicine (2 credit hours)**
This course is an introduction to psychiatric disorders and behavioral medicine. Presented in lecture-based format the major psychiatric disorders are studied. DSM-V classification is covered, as is interviewing and office counseling. Clinical reasoning exercises include small-group clinical case study
discussions, led by experienced clinicians, which are utilized to develop problem solving skills. Students learn basic counseling and patient education skills in preparation for clinical patient interactions in the clinical phase.

**PASC 730 Clinical Medicine III (5 credit hours)**
This is the third didactic Clinical Medicine courses presented in the first phase and covers Gastroenterology, Orthopedics, Rheumatology, Neurology, Ophthalmology, Obstetrics, Pediatrics, and Geriatrics. The course concentrates on the etiology, pathophysiology, clinical presentation, diagnosis, treatment, management and prevention of disease; organized into an organ system approach. Clinical information is correlated with information taught in Pharmacology and Therapeutics (PASC 731) and Patient Assessment II (PASC 732). Course format includes lectures and small group case studies. Small group cases are selected to provide understanding of disease presentation, opportunities for prevention, medical ethics, interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families and other health professionals. Problem solving and medical decision-making skills are emphasized.

**PASC 731 Pharmacology & Therapeutics III (3 credit hours)**
This third in a series of four courses builds on the principles in PASC 711 and 721. The course concentrates on therapeutic applications of drugs for various organ systems integrated with the clinical medicine (PASC 730) unit taught during this semester. Patient safety is addressed through understanding of the risks and benefits of drug treatment, drug interactions and adverse reactions. The course format includes lecture, case studies and small group sessions.

**PASC 732 Patient Assessment II (3 credit hours)**
Students continue to gain hands on experience in performance of focused history and physical examinations and additional patient care skills, building off of their foundational knowledge from the prior two semesters. Students are exposed to patients from diverse populations, and through standardized patient encounters interview patients and obtain pertinent medical history and perform a focused physical exam, subsequently communicating findings and proposed management plans both through formal oral presentations as well as clinical documentation in preparation for the Clinical Phase.

**PASC 733 Diagnostic Methods III (2 credit hours)**
This course covers the essentials of ordering interpreting and performing diagnostic studies used in the screening, diagnosis, management and monitoring of disease. Topics for this course are congruent with Clinical Medicine III (PASC 730) and Pharmacology and Therapeutics III (PASC 731). Course format is primarily case-based, and includes lectures and small group discussions. Completion of this course enables students to order, interpret, supervise, and perform laboratory procedures commonly utilized in primary care, out-patient or hospital settings for screening, diagnosing and managing common disease states.

**PASC 734 Fundamentals of Surgery (3 credit hours)**
This course is designed to orient the student to the fundamentals of surgical practice including basic clinical procedures, sterile procedure, anesthesia, suturing, and common office procedures. Pre-operative and post-operative patient care is presented. Hands-on laboratory training of surgical skills required for performing minor procedures is a component of this course.

**PASC 735 Professional Practice & the Health System II (1 credit hours)**
This second part of a two-part course introduces the students to providing medical care to racial, ethnic and socioeconomically diverse patients in a fluid and changing health care system. This course continues the discussion on professional development topics pertinent to employment and practice including
medical ethics, licensing and credentialing, medical coding and billing, malpractice issues, career growth and leadership.

**PASC 736 Evidence-Based Medicine I (2 credit hours)**
This one semester course is an introduction to Evidence-based Medicine (EBM), and prepares the student for EBM II, which is the master's project. Intellectual and academic professionalism are incorporated into this course. Evidence-based medicine provides tools to assist clinicians to make accurate diagnoses and select optimal treatment for their patients. This course reviews statistical concepts, the epidemiologic basis for clinical research, and research ethics, and teaches students to formulate clinical questions, search and critically appraise the medical literature, and incorporate best evidence into their practice. The course content is presented in lecture format with small group discussions.

**PASC 800 SCPE: Family Medicine (4 credit hours)**
Students are introduced to the principles of and practice of ambulatory care and family medicine with emphasis on disease prevention and health maintenance across the lifespan. The student will refine techniques in history taking, physical examination, health behavior counseling. Many of these sites provides care for the disadvantage and underserved populations exposing students to the diversity of community and family health needs and the occupation and environmental issues that influence health and healthcare decision making.

**PASC 801 SCPE: Internal Medicine (4 credit hours)**
This Supervised Clinical Practice Experience provides the student the opportunity to understand the principles of general internal medicine. The student will apply knowledge and skills learned in the pre-clinical phase to patient evaluation and begin to apply patient management strategies to patients in an assigned clinical setting. Under the direction of a clinical instructor, the student will analyze the patient chart, monitor the patient’s progress, perform history and physicals, and plan therapeutic interventions. The student will learn to order specialty tests, write orders, and request special consultation. Students will participate in discharge planning and disposition regarding home care and follow up.

**PASC 802 SCPE: Surgery (4 credit hours)**
This Supervised Clinical Practice Experience provides experience in the management of patients with surgical problems. The student will learn pre-operative, intra-operative, and post-operative patient care. The student will scrub into surgical cases and assist the surgeon as indicated. The student will participate in the management of the surgical inpatient and assist with discharge planning. The student will work as part of a surgical on-call team and respond to emergency situations in the emergency department and the operating room with the team.

**PASC 803 SCPE: Pediatrics (4 credit hours)**
This Supervised Clinical Practice Experience provides the student exposure to the care of neonates, infants, children, and adolescents. The student will further refine the skills of history taking and physical examination specific to the pediatric population. The student will recognize normal development and appreciate common abnormalities of growth and development. Students will become familiar with the evaluation and treatment of common pediatric disorders. Emphasis will be on preventive care and family dynamics.

**PASC 804 SCPE: Women's Health & Prenatal Care (4 credit hours)**
This Supervised Clinical Practice Experience provides the student an opportunity to gain experience in common gynecological conditions. The student learns about screening for breast and gynecologic cancers, normal and abnormal menstrual patterns, infectious disease, and family planning. The student participates in providing routine prenatal and obstetrical care.
PASC 805 SCPE: Psychiatry & Behavioral Medicine (4 credit hours)
The student will be exposed to and participate in the care of patients with psychiatric illnesses and psychosocial disorders. The student will develop skill in counseling patients, communicating with family members of patients living with these conditions, and managing common outpatient illnesses. Under the direction of the clinical instructor the student will become familiar with the use of psychotropic therapeutics. Students will learn to identify and refer “at risk” patients.

PASC 806 Evidence-Based Medicine II (4 credit hours)
This second EBM course extends the content presented in EBM I. EBM II through the entire clinical phase allowing students exposure to clinical setting where EBM is a strong component. In EBM II students formulate a clinical question, research and assess the medical literature, and analyze the selected research studies for validity. There are bi-monthly small group lectures and discussions. The students meet on an individual basis with a faculty mentor to refine their clinical questions and develop a final paper. The students will create a PowerPoint presentation to present findings to the faculty in the final two months of the program. Credit will be assigned in the Fall semester.

PASC 807 SCPE: Emergency Medicine (4 credit hours)
This Supervised Clinical Practice Experience provides in-depth exposure to the illnesses and injuries that necessitate emergency across the continuum of life. Students will participate in all aspects of emergency medical care. The student will interview, evaluate and examine patients presenting to the Emergency Department. Students will present all patients cared for to the precepting clinician. Emergency procedures and treatment will be guided by the clinical instructor.

PASC 808/809 SCPE: Medicine Core Elective I/II (4/4 credit hours)
In addition to the above required core Supervised Clinical Practice Experiences, students are given the option of electing two Supervised Clinical Practice Experiences of their choice.

PASC 810 SCPE: Primary Care (4 credit hours)
A continuation to the principles of and practice of ambulatory care and family medicine with emphasis on disease prevention and health maintenance across the lifespan. The student will refine techniques in history taking, physical examination, health behavior counseling. Many of these sites provides care for the disadvantaged and underserved populations exposing students to the diversity of community and family health needs and the occupation and environmental issues that influence health and healthcare decision making.

PASC 820/821/822 Clinical Seminar I (1/1/1 credit hours)
Clinical Phase Seminar I/II/III is designed to augment the student’s clinical experiences by reinforcing acquisition of medical knowledge, supporting development of interpersonal communication skills, distinguishing traits that promote professional excellence, implementing improvements in practice performance by applying critically appraised medical literature, and recognizing the impact of systems-based processes on individual patient care. Topics will be presented in a sequence that prepares students to transition from their student role to that of an autonomous member of a physician/physician assistant team.
## Academic Calendar

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<thead>
<tr>
<th>Course</th>
<th>Hours</th>
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<tr>
<td><strong>PRE-CLINICAL PHASE</strong></td>
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<td>PASC 703 Foundations of Medical Science (ends in Feb)</td>
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<td>PASC 704 History &amp; Physical Examination</td>
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3.11 **COMPETENCIES**

3.11.1 **The Physician Assistant Profession**

The physician assistant (PA) is a state-licensed medical professional who diagnoses illness, develops and manages treatment plans, prescribes medications, and often serve as a patient’s principal healthcare provider with physician supervision. With thousands of hours of medical training, PAs are versatile and collaborative. PAs practice in every state and in every medical setting and specialty, improving healthcare access and quality.

In clinical practice, PAs perform an extensive range of medical services in nearly every medical and surgical specialty and health care setting. As part of their many roles in the clinical setting, physician assistants:

- Take medical histories
- Conduct physical exams
- Diagnose and treat illness
- Order and interpret tests
- Develop treatment plans
- Prescribe medication
- Counsel on preventive care
- Perform procedures
- Assist in surgery
- Make rounds in hospitals and nursing homes
- Participate in end-of-life care
- Do clinical research
- Teach future PAs

3.11.1.1 **Professional Resources for Physician Assistants**

American Academy of Physician Assistants (AAPA) - [https://www.aapa.org/](https://www.aapa.org/)

In 1968, the AAPA was founded to serve as the national professional society for physician assistants. Its primary objective is to advocate for the physician assistant concept. The AAPA lobbies in support of the PA legislative agenda in Washington DC while aiding state PA chapters to improve their local practice acts. This organization offers continuing medical education, including material related to the maintenance of NCCPA certification and provides leadership development for physician assistant students and PAs in practice. Students of the MHSPAS program are eligible to become members of the Academy and are encouraged to participate in the continuing development of the PA profession.

Accreditation Review Commission for Physician Assistant Programs (ARC-PA) – [www.arc-pa.org](http://www.arc-pa.org)

The ARC-PA is the independent accrediting body for all physician assistant programs in the United States. The ARC-PA serves to protect public interest by advocating for high educational standards for all accredited PA educational programs. Eligibility for the NCCPA exam includes successful completion of a PA program that is accredited by the ARC-PA. The process of accreditation for PA programs is rigorous, thus ensuring that those programs which successfully achieve accreditation are capable of providing a high value educational experience and preparing students for careers as competent physician assistants.

National Commission on Certification of Physician Assistants (NCCPA) – [www.nccpa.net](http://www.nccpa.net)

The NCCPA is an independent certifying organization, with representation from many national medical organizations and the PA profession. It develops and administers the initial certification exam called the Physician Assistant National Certifying Examination (PANCE) and the re-certification exam known as the Physician Assistant National Recertifying Examination (PANRE). Eligibility for the PANCE is extended to graduates of accredited US PA programs. Maintenance of certification, designed to increase the legitimacy of the PA profession, occurs on both two and ten year cycles.
North Carolina Academy of Physician Assistants (NCAPA) – www.ncapa.org

The North Carolina Academy of Physician Assistants (NCAPA) was incorporated as a nonprofit organization in North Carolina in January 1976 to serve as the voice of PAs in North Carolina. NCAPA provides innovative solutions to empower their members to enhance their careers and advocate for optimal health care. UNC MHSPAS program sponsors annual student memberships for two years while enrolled in the UNC MHSPAS program. (Students extending their trainings beyond the 24-month period will be responsible for obtaining their own membership.)

Physician Assistant Education Association (PAEA) – www.paea.org

The PAEA is the only national organization in the United States representing accredited physician assistant educational programs. The PAEA’s mission is to “pursue excellence in PA education, foster faculty development, advance the body of knowledge that defines quality education and patient-centered care, and promote diversity in all aspects of physician assistant education.” (2013, PAEA) The Central Application Service for Physician Assistants (CASPA), the method by which all applicants to the BU PA Program apply, began as a project of the PAEA and now serves most PA programs nationwide.

3.11.2 Essential Functions, Technical Standards of Physician Assistants

3.11.2.1 Technical Standards (A3.13e)

Technical Standards are defined as personal attributes and capabilities essential for admission, promotion, and graduation of a UNC-CH Physician Assistant Student. The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) requires all Physician Assistant (PA) programs to publish technical standards for admission.

A UNC PA student must have knowledge, skills, and competency required to master the didactic and clinical requirements of the curriculum.

Skills fundamental to the Physician Assistant profession and curriculum include but are not limited to:

- Problem-solving given verbal, visual, and written information, within a limited time frame
- Clinical reasoning and decision making within a limited time frame
- Visual-spatial integration
- Insight and judgment for safety and prognostication
- Written and verbal communication among group members
- Time management to coordinate course requirements and clinical responsibilities

The following technical standards describe the non-academic qualifications required in addition to academic achievements, which the PA program considers essential for successful completion of its curriculum.

Attitudinal, behavioral, interpersonal, and emotional attributes

The candidate should have the capacity to learn and understand the ethical principles, and state and federal laws that govern medical practice and to perform within these guidelines. The candidate should be able to relate to colleagues, staff, and patients with honesty, integrity, non-discrimination, self-sacrifice, and dedication.

The candidate should be able to understand and use the power, special privileges, and trust inherent in the PA-patient relationship for the patient’s benefit, and to know and avoid the behaviors that constitute misuse of this power. The UNC diversity policy requires that candidates have the interpersonal skills necessary to interact respectfully and appropriately with all persons regardless of race/ethnicity, belief systems and socioeconomic status.
The candidate must be of sufficient emotional health to utilize fully his/her intellectual ability, to exercise good judgment, to complete patient care responsibilities promptly, and to relate to patients, families, and colleagues with courtesy, compassion, maturity, and respect for their dignity.

The ability to participate collaboratively and flexibly as a professional team member is essential. The candidate must display this emotional health in spite of stressful work, changing environments, and clinical uncertainties. The candidate must be able to modify behavior in response to constructive criticism. The candidate must be open to examining personal attitudes, perceptions, and stereotypes (which may negatively affect patient care and professional relationships).

Stamina
The study and ongoing practice of medicine often involves taxing workloads and stressful situations. A candidate must have the physical and emotional stamina to maintain a high level of function in the face of these likely working conditions.

Intellectual Skills
A candidate must possess a range of intellectual skills that allow him/her to master the broad and complex body of knowledge that comprises the PA curriculum. The student’s learning style must be effective and efficient. The ultimate goal will be to solve difficult problems and to make diagnostic and therapeutic decisions. A candidate must be able to memorize, perform scientific measurement and calculation, and understand and cognitively manipulate three-dimensional models.

Reasoning abilities must be sophisticated enough to analyze and synthesize information from a wide variety of sources. It is expected that the candidate is able to learn effectively through a variety of modalities including, but not limited to: classroom instruction, small group discussion, individual study of materials, preparation and presentation of written and oral reports, and use of computer-based technology.

Communication Skills
The candidate must be able to ask questions, to receive answers perceptively, to record information about patients and to educate patients. S/he must be able to communicate effectively and efficiently with patients, their families, and with other members of the health care team. This must include spoken communications and non-verbal communications such as interpretation of facial expressions, affects, and body language. Mastery of both written and spoken English is required.

Visual, Auditory, Tactile and Motor Competencies
A candidate must possess sufficient visual, auditory, tactile and motor abilities to allow him/her to gather data from written reference material, from oral presentations, by observing demonstrations and experiments, by studying various types of medical illustrations, by observing a patient and his/her environment, by observing clinical procedures performed by others, by reading digital or analog representations of physiologic phenomena, and by performing a basic physical examination of a patient.

Essential Functions of Technical Standards
The UNC-CH is committed to the education of all qualified individuals, including persons with disabilities who, with or without reasonable accommodation, can perform the essential functions of the educational program in which they are enrolled and the profession that they pursue.

It is the policy of the UNC-CH to comply with the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and state and local requirements regarding students and applicants with disabilities. Under these laws, no otherwise qualified and competent individual with a disability shall be denied access to or participation in services, programs, and activities solely based on the disability.

In accord with federal regulations established by the Americans with Disabilities Act, the above standards are described to assist each candidate in evaluating his/her prospect for academic and clinical success. General standards for the UNC MHSPAS program are followed by standards that apply to the professional
discipline to which you have applied (see additional standards below). When a student's ability to perform is compromised, the student must demonstrate alternative means and/or abilities to perform the essential functions described.

It is important students and applicants read each technical standard carefully. Each applicant is given the opportunity to read and acknowledge their understanding of the technical standards prior to beginning the program as addressed within their offer of admissions and acceptance of admissions to the program by indicating their intent to enroll and paying the admissions deposit.

**Accommodations for Students with Disabilities**

The UNC MHSPAS program is committed to equality of educational opportunity and does not discriminate on the basis of disability. The UNC MHSPAS program adheres to UNC-CH’s policies and applicable federal and state law regarding disability accommodations ([https://ars.unc.edu/about-ars/policies](https://ars.unc.edu/about-ars/policies)). The UNC MHSPAS program collaborates with the Accessibility Resources & Service (ARS) Office in order to provide reasonable accommodations for PA students with disabilities, chronic medical conditions, a temporary disability or pregnancy complications resulting in difficulties with accessing learning opportunities. Students who seek reasonable accommodations for a disability must contact ARS. ARS is the only body that approves requested accommodations.

**Procedure(s)**

All students with a documented disability who are seeking accommodations should contact Accessibility Resources & Services Office (ARS) at least two weeks before the beginning of the semester or immediately following any injury or illness. This recommendation is to ensure timely implementation of accommodations. In the first instance, students should visit the website: [https://ars.unc.edu/](https://ars.unc.edu/); call 919-962-8300; or email accessibility@unc.edu. Students may also find assistance with the Equal Opportunity & Compliance office ([https://eoc.unc.edu](https://eoc.unc.edu)).

Faculty and staff members are required to provide reasonable accommodations to all students with disabilities who have provided appropriate documentation of the disability to ARS. Therefore, all students requesting accommodations because of a disability at any time during enrollment should be referred to ARS. Once the request has been made, ARS will determine eligibility for disability-related services.

If correct documentation has been submitted and a student qualifies for accommodation, ARS will notify each instructor by letter through a secured portal. The letter from ARS explains the accommodations necessary for that student. Any recommended accommodations must be reconciled with the program’s published technical standards. Reasonable efforts will be made to implement ARS recommendations as long as they do not conflict fundamentally with these standards. ARS communications and reports are confidential. Discussing accommodations with a student must be done in confidence. If a student wishes to disclose to a class member or another faculty member, that is his or her right, but a faculty member is prohibited from disclosing.

Each semester, it is the student’s responsibility to notify ARS of his or her updated class schedule, and ARS will, in turn, notify each instructor by letter. If the program feels that it cannot implement all the recommended accommodations, the program should contact ARS to negotiate an acceptable alternative. Modifications of an existing ARS action plan under these circumstances will again take into consideration the program technical standards and program resources. The alternative will then be discussed with the student by ARS and the program.

The nature of exams and assessments in each course throughout the curriculum varies. For pre-clinical students, students should also notify the Director of Pre-Clinical Education to coordinate approved accommodations for assessments. For clinical courses, students with approved accommodations should notify the Director of Clinical Education and Clinical Instructor before the start of the course.
As members of the healthcare community, UNC-CH PA students are expected to adhere to high standards of medical professionalism. Maturity, integrity, flexibility, cultural competence, honesty, respect, compassion, accountability for your actions & your work/assignments and self-control are expected of students in all aspects of the pre-clinical and clinical phases of the program. Professionalism should be manifest as a high level of professional judgment and composure in interactions with instructors, clinical instructors, fellow students, staff, and patients. Most of all, a medical professional understands that the welfare of the patient is paramount and takes precedence over other considerations.

Academic, clinical, and professional development are intertwined and related to each other. The program’s technical standards consider the physical, cognitive, and behavioral abilities required for satisfactory completion of the physician assistant curriculum. A student’s growth in the academic and clinical areas may be dependent on his/her growth as a professional. PA students must be aware that, even as students, they are viewed by both patients and medical providers as part of the larger medical community. As such professional development will be assessed, just as academic and clinical skills are measured, as students progress through the program. Additionally, overall assessments of professionalism will be reviewed each semester by the Academic Excellence Committee as part of the student review for progression into the next semester/phase of the program.

Physician assistant students are required to know and comply with the policies, procedures, and rules of the Master of Science in Physician Assistant Studies program and the university; and the policies, procedures, and rules of each clinical site to which the student is assigned. Further, physician assistant students are required to conduct themselves in a manner that complies with the following principles and standards:

- **Honesty**
  Being truthful in communication with others.

- **Trustworthiness**
  Maintaining the confidentiality of patient information; admitting errors and not intentionally misleading others or promoting self at the patient’s expense.

- **Professional Demeanor**
  Being thoughtful and professional when interacting with patients and their families; striving to maintain composure under pressures of fatigue, professional stress or personal problems; maintaining a neat and clean appearance and dress in attire that is reasonable and accepted as professional to the patient population served; appropriately addressing colleagues, faculty, instructors, and staff in a professional manner by use of professional titles (i.e. Professor, Doctor, Mrs., Ms., Mr.).

- **Respect for the Rights of Others**
  Interacting with professional, staff, and peer members of the healthcare team, in a considerate manner and with a spirit of cooperation; acting with an egalitarian spirit toward all persons encountered in a professional capacity regardless of age, race, color, national origin, disability, religion, gender, sexual preference, gender identity, socioeconomic status, or
veteran/Reserve/National Guard status; respecting the rights of patients and their families to be informed and share in patient care decisions; respecting patients’ modesty and privacy.

- **Personal Accountability**
  Participating responsibly in patient care to the best of your ability and with appropriate supervision; undertaking clinical duties and persevering until they are complete; notifying the responsible person if something interferes with your ability to perform clinical tasks effectively.

- **Concern for the Welfare of Patients**
  Treating patients and their families with respect and dignity both in their presence and in discussions with others; discerning accurately when supervision or advice is needed and seeking these out before acting; recognizing when your ability to function effectively is compromised and asking for relief or help; not using alcohol or drugs in a way that could compromise patient care or your own performance; not engaging in romantic, sexual, or other nonprofessional relationships with a patient, even upon the apparent request of a patient, or with a clinical instructor.

- **Personal Aptitude for Medicine**
  Awarding a degree from the Master of Health Science in Physician Assistant Studies program is predicated on the determination by the faculty that a student is suitable for the practice of medicine in terms of his/her personal characteristics and conduct as well as scholastic achievement.

Students in the MHSPAS program are participants in a professional training program whose graduates seek positions of high responsibility as providers of health care. Accordingly, students are evaluated not only on their academic and clinical skills but also on their interpersonal skills, reliability, appearance and professional conduct. Deficiencies in any of these areas are brought to the student's attention in the form of a written evaluation and may result in a warning, probation, or dismissal from the program. Academic grades alone are not sufficient to warrant promotion to the next class, clinical phase, or graduation. The faculty reserves the right to refer any student when the student’s behavior is not in line with the standards of the medical profession or when the student’s presence in the MHSPAS program is considered detrimental to the student in question, the other students, or to society into the Academic Excellence Committee.

Students in the program are expected to develop behaviors and habits expected of a professional physician assistant. The American Academy of Physician Assistants Guidelines for Ethical Conduct is a statement of the values and principles used to promote and maintain the high standards of behavior for physician assistants. Students must read, be familiar with, and follow these principles and values located on the American Academy of Physician Assistants website: http://www.aapa.org/workarea/downloadasset.aspx?id=815.

**3.11.2.3 Program Defined Competencies (A3.12g)**
For successful completion of the course of study for the degree of Master of Health Sciences (MHS) at the University of North Carolina at Chapel Hill Physician Assistant Studies program, candidates for graduation must possess the knowledge, skills, attitudes and judgment to function in a broad variety of clinical situations and to render a wide spectrum of patient care. Candidates must demonstrate the capacity to develop academic and emotional maturity and leadership skills to function in a medical team.

In 2019, the Physician Assistant Education Association released its **Core Competencies for New Physician Assistant Graduates**. This document serves as a foundation from which the UNC Chapel Hill PA Program has developed its program learning outcomes and objectives. These competencies follow:
3.11.2.3.1 Medical Knowledge
Acquire and demonstrate medical knowledge.

*Student learning experiences include basic science skills such as normal anatomy & physiology, pathophysiology, and the mechanisms of disease. Through a variety of learning modalities, including case-based learning, lectures, and hands-on activities, students will learn to use critical thinking and reasoning to evaluate patients, develop a sound differential diagnosis, and provide competent patient management. Health promotion and disease prevention are prioritized to improve health outcomes.*

3.11.2.3.2 Patient Care
Develop and demonstrate patient care skills.
Demonstrate proficient knowledge and skills of Primary Care practice.

*Students will be exposed to patients who are representative of the cultures and diversity of North Carolina. Students will also learn to care for patients of all ages. Students will be exposed to age-appropriate patient assessment, evaluation and management and acquire skills for caring for patients in a variety of settings (e.g. age spectrum, operative spectrum, ambulatory vs. acute). Patient and provider safety is emphasized throughout their training.*

3.11.2.3.3 Professionalism and Cultural Sensitivity & Humility
Demonstrate and model professionalism and ethical behavior.

Demonstrate respect and awareness of the impact of cultural considerations in the provision of healthcare delivery.

*Professional and ethical behavior in the classroom and clinic is demonstrated through role modeling of the faculty and staff, in lectures and workshops, and during clinical clerkships. Students will learn skills that support collaboration with patients, their families, and other health professionals, emphasizing the team approach to patient-centered care.*

3.11.2.3.4 Interpersonal and Communication Skills
Develop effective interpersonal and communication skills.
Communicate effectively through telehealth modalities.

*Students will be presented with learning opportunities to develop their communication skills, encompassing verbal, nonverbal and written exchanges of information, in a culturally/ethnically sensitive manner and among diverse communities of patients.*

3.11.2.3.5 Systems-Based Practice
Develop knowledge of healthcare delivery systems and health policy.

*Students will be exposed to the current trends in health care delivery, including methods of coding and reimbursement, North Carolina healthcare systems, North Carolina PA rules and regulations, and both national and local PA organizations.*

3.11.2.3.6 Self-Assessment and Ongoing Professional Development
Acquire practice-based learning and life-long improvement skills.

*Students will be exposed to and expected to demonstrate skills in the elements of using peer-reviewed evidence to evaluate the best practices of health care. Students will learn to search, interpret and evaluate medical literature, and apply this knowledge to individualized patient care.*
3.12 HIPPOCRATIC OATH

“I swear to fulfill, to the best of my ability and judgment, this covenant:

I will respect the hard-won scientific gains of those physician assistants in whose steps I walk, and gladly share such knowledge as is mine with those who are to follow.

I will apply, for the benefit of the sick, all measures that are required, avoiding those twin traps of overtreatment and therapeutic nihilism. I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug.

I will not be ashamed to say "I know not," nor will I fail to call in my colleagues when the skills of another are needed for a patient's recovery. I will respect the privacy of my patients, for their problems are not disclosed to me that the world may know. Most especially must I tread with care in matters of life and death. If it is given me to save a life, all thanks. But it may also be within my power to take a life; this awesome responsibility must be faced with great humbleness and awareness of my own frailty. Above all, I must not play at God.

I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person's family and economic stability. My responsibility includes these related problems, if I am to care adequately for the sick.

I will prevent disease whenever I can, for prevention is preferable to cure. I will remember that I remain a member of society, with special obligations to all my fellow human beings, those sound of mind and body as well as the infirm.

If I do not violate this oath, may I enjoy life and art, respected while I live and remembered with affection thereafter. May I always act so as to preserve the finest traditions of my calling and may I long experience the joy of healing those who seek my help.”
4  ACADEMIC ADMISSIONS & MATRICULATION

4.1  ADMISSIONS
The UNC MHSPAS program matriculates 20 students each year in January. The program accepts applications from April - September 1st of each year. The program does not offer rolling admissions. All applications are reviewed by program faculty and staff for minimum qualifications and specific program-defined applicant attributes to determine selections for interview and admissions.

The UNC MHSPAS program participates in the Centralized Application Service for Physician Assistants (CASPA) online application process. Applicants must complete a CASPA application and submit a UNC supplemental application and a non-refundable application fee of $95. Applicants should carefully read over CASPA’s application instructions early in the application period to familiarize themselves with the application process and requirements. It is the responsibility of the applicant to meet the required established deadlines.

Only applications in CASPA with a verified status by September 1st and a completed UNC supplemental application and applicant fee paid by September 5th will be considered. A verified status is given when an application is e-submitted and all transcripts, payments, at least three letters of reference have been received and verified by CASPA and attached to the application. Documents should be sent several weeks prior to deadline dates to ensure items arrive on time.

4.1.1  Minimum Qualifications (A3.13b, A3.13d)

4.1.1.1  GPAs
Applicants must meet the following GPA thresholds (no exceptions):
- Minimum cumulative GPA (all courses taken at all levels) or last 60 credit hours > 3.0
- Minimum cumulative prerequisite GPA > 3.2

4.1.1.2  Bachelor’s Degree
Degree from a regionally accredited institution in the United States or Canada to be completed by the end of the spring semester of the application year (June 1). Applicants with a baccalaureate degree from a non-U.S. or Canadian institution may apply for admission if their prerequisite courses were completed at a regionally accredited U.S. or Canadian institution.

4.1.1.3  Prerequisites

<table>
<thead>
<tr>
<th>Course</th>
<th>Semester Hours</th>
<th>Quarter Hours</th>
<th>UNC Chapel Hill Equivalencies</th>
<th>NC Community College Equivalencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anatomy*</td>
<td>3</td>
<td>5</td>
<td>EXSS 175 or BIO 252 &amp; BIO 253*</td>
<td>BIO 168 &amp; BIO 169*</td>
</tr>
<tr>
<td>Physiology</td>
<td>3</td>
<td>5</td>
<td>EXSS 276 or PHYI 292</td>
<td></td>
</tr>
<tr>
<td>Biochemistry or Organic Chemistry</td>
<td>3</td>
<td>5</td>
<td>CHEM 261 or CHEM 430</td>
<td>CHM 251 or CHM 271</td>
</tr>
<tr>
<td>Microbiology</td>
<td>3</td>
<td>5</td>
<td>BIO 422 or MCRO 251</td>
<td>BIO 175 or BIO 275</td>
</tr>
<tr>
<td>Sociology or Psychology</td>
<td>3</td>
<td>5</td>
<td>PSYC 101 or higher or SOCI 101 or higher</td>
<td>PSY or SOC prefix course</td>
</tr>
<tr>
<td>Statistics or Biostatistics</td>
<td>3</td>
<td>5</td>
<td>STOR 151, 155 or PSYC 210</td>
<td>BUS 228, MAT 152 or PSY 285</td>
</tr>
<tr>
<td>Medical Terminology**</td>
<td></td>
<td></td>
<td>CLAS 126</td>
<td>MED 121 &amp; MED 122</td>
</tr>
</tbody>
</table>
All prerequisite work must be done at a regionally accredited college or university in the U.S. The program will not accept transfer credit from other physician assistant programs. Prerequisite courses must be completed with grades “C” or better. It is strongly recommended, but not required, that all prerequisite courses be taken within the last seven years. Students with prerequisite courses older than seven years are encouraged to audit or retake courses to refresh their understanding of the subject matter. AP/IB/CLEP credits, PASS/FAIL, or survey level courses (i.e. Survey of Organic Chemistry) cannot be used to fulfill prerequisite requirements. Additionally, work experience may not be used as a substitute for prerequisite course requirements.

* A&P Human-based highly preferred. Applicants completing A&P I are required to take A&P II. Completion of A&P I and A&P II do not require additional physiology coursework. Completion of SOCM course or equivalent are accepted with appropriate JST or equivalent transcript records.

** A certificate of completion may also be accepted in lieu of academic credit.

For course equivalencies from other institutions, please refer to Transfer Equivalencies. Courses can be taken at regionally accredited four-year institutions or community colleges (online or in-person) and are considered equally. Applicants may have up to two pending prerequisite courses in progress at the time of application. In progress courses must be completed by August 31 with final grades available by September 1. Coursework completed after September 1 of the application year will not be considered as part of the application.

4.1.1.4 Patient Care Experience
A minimum of 1,000 hours of direct, hands-on patient care is required. Examples include experiences in which an applicant has been directly involved in patient care such as scribing, assisting in procedures, providing care specified in protocols, working as an active licensed or certified health provider such as a nurse, EMT, paramedic, pharmacist, pharmacy technician, CNA, etc. Positions may be for pay or volunteer. These hours must be completed no later than September 1 of the application period. Additional documentation will be required to confirm and applicant’s patient care experiences. Applicants may download the Patient Care Experience Verification Form here.

4.1.1.5 GRE
The GRE is a required component of the admissions application. GRE scores are required to be sent to CASPA using the code 6945. Scores must be appended to the applicants CASPA application by September 1. Recommended GRE scores: verbal, 150 or higher; quantitative, 150 or higher; analytical writing, 3.5 or higher.

4.1.1.6 Letters of Recommendation
Three letters of recommendation are required. Two of the three letters must be from experienced health care professionals who observed or supervised you in a clinical setting. It is highly recommended at least one letter of recommendation come from a practicing Physician Assistant. No personal recommendations are accepted.

4.1.1.7 Technical Standards (A3.13E)
Students must meet technical standards for admission, progression, and graduation from the PA program as outlined in section 6 of this handbook.

4.1.1.8 Personal Statement
The UNC MHSBAS program recognizes that the personal statement serves as an important component of the application to allow the admission committee insight into the applicant beyond academic metrics. The UNC MHSBAS program admissions committee takes a holistic approach and considers each application beyond the required minimums to acquire a sense of who each applicant is and how they can contribute to the classroom, program, profession, and community at large. Evidence of maturity, motivation,
academic potential, communication and interpersonal skills, knowledge of the PA profession, the health care system and the specific mission of the UNC MHSPAS program are strongly considered during the admission process.

4.1.2 Interviews
The UNC MHSPAS program conducts interviews for selected applicants based on the information obtained through the CASPA application system and takes into consideration selected program defined applicant attributes.

4.1.2.1 Program Defined Attributes (A3.14)

**Intellectual Ability**
*A solid foundation of knowledge and academic aptitude to adequately adjust to the rigors of PA school and succeed*

**Commitment to Service**
*Participates and is involved in the community*

**Positive Self-Concept**
*Demonstrates confidence, strength of character, determination, and independence*

**Realistic Self-Appraisal and Management**
*Recognizes and accepts any strengths and deficiencies, especially academic, and work hard at self-development*

**Availability of a Strong Support Network**
*Seeks and takes advantage of a strong support network or has someone to turn to in a crisis or for encouragement*

**Goal Oriented**
*Ability to respond to deferred gratification, plans ahead and sets goals*

**Knowledge of the Profession**
*Demonstrates a solid understanding of the roles and responsibilities of a Physician Assistant*

**Concept of Team**
*Ability to work collaboratively with others to accomplish shared goals within and across settings to achieve coordinated, high-quality outcomes*

**Program Fit**

4.1.2.2 Special Preferences (A3.13A)
We give preference to veterans who served in a medical capacity while serving in the military, particularly, Special Forces Medical Sergeants. Preference is also given to applicants who meet the mission and goals of the program.

4.1.2.3 Advanced Placement / Transfer Students (A3.13C)
UNC MHSPAS program does not waive curriculum requirements or accept transfer of credit from other PA programs or other graduate degree programs. Admitted students, regardless of level of education, are required to complete all curriculum requirements. All relevant coursework required for graduation must be completed in the UNC MHSPAS program.
4.1.3 Offers of Admission & Waitlists
UNC MHSPAS program notifies selected applicants by phone with offers of admissions followed by an email notification through the UNC-CH ApplyNow application system (UNC supplemental application system). Applicants will have ability to choose to accept or deny their offer of admissions through the ApplyNow portal. Upon acceptance of an offer of admissions, a $1000 non-refundable deposit is required to be paid through the ApplyNow portal to reserve a seat within the UNC MHSPAS program. Paid deposits will be applied to matriculated student accounts upon the University’s student census date approximately two weeks after the first day of class.

Due to the competitiveness of the program and the limited available seats each year, the program utilizes a waitlist for additional highly qualified applicants. Waitlisted applicants will receive notification by email of their status and position on the waitlist. The program notifies waitlisted applicants of any changes or offers of acceptance from the waitlist by email. Waitlisted applicants may be offered a seat within the program up until the first day of classes in January. Acceptance rates from the waitlist vary from year to year and are unpredictable.

4.2 Matriculation Requirements
Applicants accepted into the UNC MHSPAS program will receive a Welcome Docket to include all the information matriculating students will need to begin establishing their status as a student with the University and the program.

4.2.1 Welcome Docket
Matriculating students will receive a welcome docket from the UNC MHSPAS program within 5-10 calendar days of program receiving the student’s enrollment deposit. Students will be required to review the information contained within the welcome docket and complete various tasks including:

- Account setups and activations
- Submission of University required immunizations
- Computer requirement acknowledgement

Students are required to have a personal computing device for use on campus. Students may decide to purchase a laptop through the Carolina Computing Initiative (CCI) or bring a device of their own. Students wishing to bring their own device should review the Computer Requirements for information about purchasing a CCI Computer versus bringing your own device. Several devices on the market are not compatible with UNC systems (e.g. Chromebook). It is the responsibility of the student to ensure they have a compatible computing device for use on campus.

- Medical supplies quality standard

Required medical equipment and supplies:

- Stethoscope
- Diagnostic Set
- BP Cuff (Adult)
- Weighted Tuning Fork: Frequency 256 or 512
- Reflex Hammer
- Tape Measure
- Handheld Eye Chart

For convenience, we have created an Amazon List from which you may find all of the above items. You may purchase these items from any vendor; however, please ensure all items purchased are
of equal quality to those listed on our Amazon List. It is the responsibility of the student to ensure they have proper quality medical supplies for use during instruction and practice sessions.

- Placing an order for their program provided white coat
- Instructions for placing their Castle Branch, Inc. orders
- Waive or enroll in UNC-CH provided Student Health Insurance

All students enrolled in the UNC system colleges and universities, including UNC-CH, are required to have health insurance coverage. The UNC System endorses a cost-effective Student Health Insurance Plan to cover most health care expenses not covered by the Campus Health Fee.

A completed, verified and accepted WAIVER is required each semester if you do not wish to participate in the UNC System-Wide Student Health Insurance Plan. To waive or enroll visit the Blue Cross Blue Shield Student Blue website for UNC Chapel Hill. For more information call 1-888-351-8283 or email: email@studentbluenc.com

You will be automatically enrolled and billed for the UNC System-Wide Student Health Insurance plan unless you submit a waiver to show that you have an alternate health insurance plan. Please visit the Campus Health Services website for information on the waiver process.

Students are also informed about orientation, textbooks, financial aid and scholarships, residency status and additional resources regarding campus and the Chapel Hill/Carrboro area.

4.2.2 Castle Branch, Inc. Compliance Tracker (A3.07, A3.17b, A3.19)
Castle Branch, Inc. (CB) (https://discover.castlebranch.com/) is a third-party vendor contracted by the UNC MHSPAS program to provide matriculating and current students a centralized hub to submit and verify program and clinical site records for accuracy and compliance. Students are responsible for all costs associated with the creation and maintenance of their accounts. Please refer to the tuition and fees section for current CB costs.

Students will receive an email from CB to establish their accounts by placing an order for a criminal background check with order code UO33. (Email service providers may filter these emails to junk and/or spam folders.)

Students are required to complete all UNC MHSPAS program components, a background check and a urine drug screen by December 1 prior to matriculation to the program as outlined in their CB checklist. A student’s acceptance to the UNC MHSPAS program is contingent upon their successful completion of the immunization requirements and submission of required documentation by the December 1 prior to matriculation. Students not in compliance by the December 1 deadline will forfeit their seat within the program. Students admitted after November 15 prior to matriculation to the program will be allowed an extended deadline, but must contact the program, paprogram@unc.edu, for approval.

When placing additional orders, use the following program/company codes when prompted:

- Criminal Background Check: UO33
- Drug Test: UO33dt
- Compliance/Immunization Tracker: UO33im
- CB Bridges: UO33bridges

It is essential students begin working on their CB checklists as soon as possible. Particular attention should be paid to items that will require additional time for processing such as:

- Criminal Background Check
- Immunizations
• Drug Test

Please note: LMS/EPIC training modules will not be made available for completion until a student’s criminal background check has been completed and received by the program thereby allowing access to the LMS/EPIC training system.

_Students will be required to repeat all annual trainings, criminal background checks, drug tests, and immunization requirements as needed to retain UNC MHSPAS program and clinical site compliance._

CB Bridges serves as a repository for uploading clinical site required credentialing documentation and instructions. Contracted clinical sites will be able to pull, review, and credential students prior to their Supervised Clinical Practice Experiences or as needed for compliance reporting. The UNC MHSPAS program requires all current students in the program to be fully credentialed by UNC Health by December 1 prior to entering the program as part of their onboarding process. Students must be fully credentialed by UNC Health prior to engaging in any instructional activities.

Prior to students entering the clinical phase of the program, the Director of Clinical Education will provide students with a schedule of their Supervised Clinical Practice Experiences assignments. Students will receive notification one month prior to the start of a supervised clinical practice experience (or within one business day of a change in schedule if this is less than one month from the start of the experience) to complete all clinical site-specific compliance trainings, immunizations, background checks, drug screens, and documentation. Students must review the clinical site-specific instructions and documentation to determine the clinical site-specific deadline for compliance prior to the start of the Supervised Clinical Practice Experiences. Students must be fully credentialed by the clinical site prior to engaging in any instructional activities. Students not credentialed by a clinical site by the clinical site’s established deadlines may have a delayed start of their Supervised Clinical Practice Experience which may result in a delay of graduation.

4.2.3 Immunization Requirements (A3.07, A3.17b, A3.19)

Matriculating students to the UNC MHSPAS program are required to be up to date on all immunizations as outlined by the NC Required Immunizations requirement and those required of all Health Sciences students, the CDC, and ONE UNC Health. It is the responsibility of all matriculating students to provide appropriate documentation to Campus Health Services (through their Connect Carolina Student Portal) and to the UNC MHSPAS program through CB to show compliance by December 1 prior to entering the program.

Applicants interested in applying to our program should review the immunization requirements and prepare well in advance to ensure they are compliant by the deadline should they be accepted to the program.

4.3 Registration

The UNC MHSPAS Manager of Business & Student Affairs is responsible for registering program students for all courses each semester. Students are notified by email to their UNC @med.unc.edu email account indicating when the process has been completed.
5  **FINANCIAL & ACADEMIC SERVICES**

Below is an estimate of the entire two-year program costs for the class of 2022. Tuition and fees are subject to change and the most current information can be found at: [https://cashier.unc.edu/tuition-fees/](https://cashier.unc.edu/tuition-fees/)

### 5.1  **TUITION AND FEES* (A3.12f)**

<table>
<thead>
<tr>
<th></th>
<th>Resident</th>
<th>Non-Resident</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tuition</strong></td>
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<td>$101,748</td>
</tr>
<tr>
<td><strong>Institution Fees</strong></td>
<td>$5,876</td>
<td></td>
</tr>
<tr>
<td><strong>Program Fees</strong></td>
<td>$500</td>
<td></td>
</tr>
</tbody>
</table>

* Tuition and fees are costs that will be directly charged to you by the University Cashier and may be changed each year by the UNC Board of Governors. Students are billed at the beginning of each semester upon enrollment.

#### Academic-Related Cost Estimates

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost</th>
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</thead>
<tbody>
<tr>
<td>Castle Branch, Inc. Immunizations/Compliance Tracking</td>
<td>$70</td>
</tr>
<tr>
<td>CPR/BLS, ACLS, PALS Training</td>
<td>$110</td>
</tr>
<tr>
<td>Criminal Background Checks/Drug Screenings</td>
<td>$150</td>
</tr>
<tr>
<td>PANCE Prep Board Review Course</td>
<td>$70</td>
</tr>
<tr>
<td><strong>Laptop</strong></td>
<td>$1,500</td>
</tr>
<tr>
<td><strong>Stethoscope/Medical Tools/Textbooks</strong></td>
<td>$2,650</td>
</tr>
<tr>
<td><strong>AAPA/NCAPA Dues</strong></td>
<td>$250</td>
</tr>
<tr>
<td><strong>Clinical Education Travel</strong>*</td>
<td>$600</td>
</tr>
<tr>
<td><strong>Clinical Education Housing</strong>*</td>
<td>$9000</td>
</tr>
</tbody>
</table>

#### Personal Cost Estimates

<table>
<thead>
<tr>
<th>Expense</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Room</strong></td>
<td>$25,888</td>
</tr>
<tr>
<td><strong>Board</strong></td>
<td>$10,072</td>
</tr>
<tr>
<td><strong>Health Insurance</strong></td>
<td>$2,896</td>
</tr>
</tbody>
</table>

* Supervised Clinical Practice Experience travel and housing occur in the second phase of the program. It is the responsibility of the student to have adequate housing and travel accommodations for each Supervised Clinical Practice Experience. The program supports housing applications to NC AHEC as an alternative, cost-effective option for lodging for clinical sites more than 60 miles from campus. Neither the program nor NC AHEC guarantees approval of requests. NC AHEC approved housing costs are incurred by the Department of Allied Health Sciences. More information can be found in the Clinical Phase section of the student handbook.
** All eligible students enrolled in the UNC System Colleges and Universities, including UNC-CH, are required to have health insurance coverage.

5.1.1 Refunds (A1.02k)
The process for initiating a Cancellation or Withdrawal from the University and UNC MHSPAS program is handled through the Registrar's Office.

5.1.1.1 Cancellations
Cancellation is when all enrollment is ceased prior to the first official day of classes for the term. No tuition or fees are charged, but other charges related to attending the University are the responsibility of the student.

5.1.1.2 Drops
A drop is withdrawing from a course while remaining registered for other courses in the term. The UNC MHSPAS program charges flat rates for tuition and fees each semester. Should a student choose to drop a course during their enrollment, no tuition or fee refunds will be issued.

5.1.1.3 Leave of Absence
All students are expected to maintain continuous enrollment in degree seeking programs. There may be instances where a student requests a leave of absence. A leave of absence is not the same as Official Withdrawals or Registration Cancellations and follow different policies and procedures within the program. A student in good academic standing may request a leave of absence from the program for a definite, stated period of time (not to exceed 36 months from first enrollment to graduation) during which the student does not plan to make academic progress.

Detailed information can be found in the Leave of Absence Policy.

5.1.1.4 Withdrawals
Students wishing to withdraw from the program may receive a refund. A withdrawal is dropping all of your courses after the term has started. If the withdrawal is effective during the withdrawal refund period, tuition and fees will be reduced according to the withdrawal refund schedule.

NOTE: if you have financial aid, some or all of your awards may have to be returned. Contact aidinfo@unc.edu for more info.

5.1.1.5 Dismissal
Students dismissed from the program for professional and/or academic reasons will not receive a refund of tuition or fees from the program or University.

5.2 Financial Aid Opportunities

5.2.1 FAFSA
Graduate students should complete the Free Application for Federal Student Aid (FAFSA) using code 002974 prior to matriculation and as soon as possible after January 1 of each year.

For information about the financial aid process, estimated costs, and types of aid available, please visit the Office of Scholarships and Student Aid website.

5.2.2 Department and Program Scholarships & Grants

5.2.2.1 Department of Allied Health Sciences
For information about departmental aid opportunities please see the Department of Allied Health Sciences' financial resources website.
5.2.2 Division of Physician Assistant Studies

The program occasionally has funding available for scholarship opportunities. Admitted students will receive an invitation upon acceptance to submit an application for any scholarship opportunities available. Application deadlines are December 1 each year. All UNC-CH PA students are welcome to submit an application for consideration.

5.2.3 Physician Assistant Financial Aid Resources

5.2.3.1 National Health Service Corps (NHSC)

This scholarship is a competitive program that pays tuition, fees and provides a living stipend to students enrolled in accredited medical (MD or DO), dental, nurse practitioner, certified nurse midwife, and physician assistant training programs. Upon graduation, scholarship recipients serve as primary care providers between two and four years in a community-based site in a high-need Health Professional Shortage Area (HPSA) that has applied to and been approved by the NHSC as a service site. Awards are made to applicants most committed to serving underserved people, most likely to build successful careers in HPSAs, and meet future needs for care throughout the nation. Application instructions can be found at the NHSC website.

5.2.3.2 The North Carolina Forgivable Education Loan for Service

Established by the North Carolina General Assembly in 2011, the Forgivable Education Loans for Service provides financial assistance to qualified North Carolina resident students enrolled in an approved education program and committed to working in critical employment shortage professions in North Carolina. The North Carolina State Education Assistance Authority provides administration for the program.

5.2.3.3 The U.S. Public Health Service (USPHS)

USPHS has several programs that offer scholarships, stipends and loan repayment to PA students who commit to varying periods of employment in medically underserved settings. Information on these programs may be obtained by calling (800) 221-9393 or visiting the National Health Service Corps (NHSC) web site.

5.2.3.4 Indian Health Service (IHS)

IHS offers a minimum two-year obligation for two years of financial support. Priority is given to Native American students, but others are encouraged to apply. Contact: IHS scholarship office at (800) 962-2817

5.2.4 Military Programs

Information on the GI Bill or other VA benefits including the Choice Act and Yellow Ribbon Program are available at veterans.unc.edu. Matriculating students should begin processing their claims early to help avoid delays in the disbursements of funding. Jan Benjamin (jan.benjamin@unc.edu) is the primary VA liaison at UNC-CH.

5.2.4.1 Armed Forces Educational Scholarships

5.2.4.2 Department of Veterans Affairs Health Professionals Scholarship Program

If you are interested in working for the VA in the future, there is information available about educational assistance programs for employees, US Department of Veterans Affairs. Contact (202) 565-7528 for more information concerning this program.

5.2.4.3 Veteran Benefits & Financial Aid Resources

5.2.5 PA Professional Organizations

5.2.5.1 AAPA

Financial Aid information is also available by writing to the American Academy of Physician Assistants 950 Washington Street Alexandria, VA 22314-1552. Phone 703-836-2272, or visit the American
Academy of Physician Assistants web site.

The AAPA Physician Assistant Foundation, since 1989, has awarded over $1 million to deserving PA students across the country. Scholarships are awarded on the basis of financial need, academic achievement, extracurricular activities, and future goals as a PA.

Several caucuses and specialty groups of the American Academy of Physician Assistants offer student scholarships. Below is a partial listing.

For a Physician Assistant Student Financial Aid Information Booklet, sponsored by the AAPA, write to:
Spec Works
810 S. Bond St.
Baltimore, MD 21231
Phone: 1-(800) 708-7581 (8:30 am-6:00 pm EST)
Fax: (410) 558-1410

5.2.5.2 **AAPA Affiliated Caucuses**
A caucus is composed of individuals who share a common goal or interest related to healthcare access or delivery.

- African Heritage Caucus
- Association of Postgraduate PA Programs
- Fellowship of Christian PAs
- Lesbian Bisexual Gay & Transgender PA (LBGT PA) Caucus
- PAs for Global Health
- PAs for Latino Health
- PAs for Rural Health
- PAs in Asian Health
- Veterans Caucus Inc.

5.3 **NORTH CAROLINA RESIDENCY FOR TUITION PURPOSES**
Under North Carolina state law, a person who wants to be classified as an in-state resident for tuition purposes must have established and maintained legal residence in North Carolina for at least 12 months with the intent of making a permanent home in North Carolina. Applicants must show a preponderance of evidence demonstrating North Carolina as their domicile and not just a place that they have relocated for college. Additionally, applicants must show that their domicile in North Carolina is their sole legal residence.

5.3.1 **Online Residency Application**
Initial determination of residency status is determined at the time of submission of the UNC supplemental application in the ApplyNow portal through the Residency Determination Service (RDS).

5.3.1.1 **Decision Notification:**
Upon completing the initial RDS interview process, RDS communicates your residency status immediately. This determination is contingent upon verification of the information you provide.

- If you are required to provide additional documentation and do not submit this documentation before the 25-day deadline, your residency status changes from resident to non-resident.
- RDS validates information you provide with federal and state agencies. Should the information you provide not validate, your residency status changes from resident to non-resident.

In addition to your residency determination status, RDS provides you with a Residency Certification Number (RCN) and a summary of the information you enter. You must enter your RCN number in
your Connect Carolina Student Center (if you have an ONYEN) in order for your residency status to be updated.

For reconsideration and appeal requests, RDS staff must review the request in full before providing a residency status. RDS can review your request only after you provide all your required documents. If your required documents are not submitted before the 25-day deadline, your request is canceled and your residency status remains non-resident.

5.3.1.2 Appeal Process:

You may request an appeal if you believe that the RDS process has failed to accurately consider important information regarding your residency claim. There are two types of appeal:

1. **RDS Appeal** – the RDS appeal is for students who believe their active residency determination is incorrect – either from an initial consideration or a reconsideration. Students have the ability to request the RDS appeal online, submit additional information and documentation to support their claim, and meet face-to-face (or via technology) to review their appeal.

2. **SEAA appeal** – the SEAA appeal is the final administrative step in the residency process. The appeal is conducted by a statewide committee comprised of representatives from the North Carolina Community College System, North Carolina Independent Colleges and Universities, State Education Assistance Authority, and The University of North Carolina System. No additional documentation or information is permitted by RDS or the student in this appeal.

Both the RDS appeal and SEAA appeal require submitting a notification to appeal within 10 calendar days of the determination the student is appealing. Requests for appeal after 10 calendar days are not permitted. Go to the [Residency Guidelines](#) section of the website to learn more about appeals.

5.3.2 Matriculated Online Residency Application

All students who are currently in a graduate degree program and are listed as non-residents, but now wish to be considered for in-state residency may submit requests for reconsideration. Please visit your Connect Carolina Student Center and click the NC Residency Reconsideration or Appeal link under the Personal Information tab. Once you complete the RDS process you must enter your Residency Certification Number (RCN) in your Student Center. This is the only way the university will know about your updated status. It is the students’ responsibility to let the university know that their residency status has changed. It can take up to a week for your status to change within Connect Carolina. If after this time you still do not see an updated status, please contact Student Services.

To access RDS directly, please visit [ncresidency.org](#).

Anyone found to purposely present false/misleading information will be subject to the conditions of the University Honor Code.
ACADEMIC & PROFESSIONAL POLICIES AND PROCEDURES

6 GRADING

The graduate grading scale in use at UNC-Chapel Hill is unique in that it cannot be converted to the more traditional ABC grading scale. Graduate students do not carry a numerical GPA. This grading scale applies to all Physician Assistant Studies coursework and examinations.

6.1 PERMANENT GRADES

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
<th>Percentage Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>H</td>
<td>High Pass - Clear Excellence</td>
<td>90% or above</td>
</tr>
<tr>
<td>P</td>
<td>Pass - Entirely Satisfactory Graduate Work</td>
<td>80% - 89.99%</td>
</tr>
<tr>
<td>L</td>
<td>Low Pass - Inadequate Graduate Work</td>
<td>70% - 79.99%</td>
</tr>
<tr>
<td>F</td>
<td>Fail</td>
<td>Below 70%</td>
</tr>
</tbody>
</table>

Coursework, examinations, and/or final course grades will not be rounded.

6.2 SPECIAL PERMANENT GRADES

- XF: Fail-Honor Court hearing outcome; equivalent to F
  
  A grade of XF indicates an Honor Court sanction of a failing grade in a course. Receiving a grade of XF results in the student becoming academically ineligible to continue studies in the Physician Assistant Studies program and/or the UNC Graduate School.

6.3 TEMPORARY GRADES

- AB: Absent from final examination
  
  An AB grade must be given to a student who did not take a traditional/sit-down final exam regardless of the reason, but might have passed the course had they done so. AB is a temporary grade that converts to F* unless the grade is replaced with a permanent grade by the last day of classes for the same term one year later.

  If the exam absence is officially excused by the instructor or University, the student must take the final examination at a mutually reasonable time designated by the course instructor, in no case to exceed one year from the original examination.

  Since the grade of AB is given after the deadline to change courses in that semester, a student may not retroactively drop a course where an AB was received. The student must complete the final exam in the timeframe expected or earn F*.

- IN: Work incomplete
  
  A grade of IN is given when the course instructor determines that exceptional circumstances warrant extending the time for the student to complete the course. IN is a temporary grade that converts to F* unless the grade is replaced with a permanent grade by the last day of classes for the same term one year later.
The instructor should set clear expectations for course completion requirements and set the maximum allowable period for completing the course, but in no case will this extension exceed one year. If the time allowed is to be less than one year, this information should be transmitted in writing to the student and copied to The Graduate School. It is the sole responsibility of the student to complete the course and initiate the grade change prior to the one-year deadline.

Since the grade of IN is given after the deadline to change courses in that semester, a student may not retroactively drop a course where an IN was received. The student must complete the work in the timeframe expected or earn F*.

NR  Not recorded
A grade of NR is administratively assigned by the University when the deadline to assign grades in a given term passes and the instructor has not finalized the grade roster. NR is a temporary grade that converts to F* unless the grade is replaced with a permanent grade by the last day of classes for the same term one year later.

Since the grade of NR is listed after the deadline to change courses in that semester, a student may not retroactively drop a course where an NR was received. The student must complete the work and work closely with their instructor to ensure a permanent grade is assigned.

A temporary grade of IN, AB and NR converts to F* unless the grade is replaced with a permanent grade by the last day of classes of the term in which a student plans to graduate will prevent graduation.

6.4  GRADING IN THE CLINICAL PHASE
Throughout the clinical phase of the program, students will be evaluated and expected to meet the highest standards of achievement in the established learning outcomes and expected competencies. The UNC MHSPAS adheres to a multi-method and longitudinal global assessment program during the clinical phase. The use of multiple combination of assessments will result in a portfolio that resembles the overall picture of how well the student is performing during the clinical phase. This will allow for timely feedback of student’s clinical performance and to assist in facilitating remediation during the clinical phase.

6.4.1  Final Course Grades
Supervised Clinical Practicum Experience and Clinical Seminar courses in the clinical phase of the UNC MHSPAS program will receive a final course grade resulting in either:

1. satisfactory graduate coursework, “Pass” or “P” as reported on a student’s transcript
2. failing to meet graduate level coursework, “Fail” or “F” as reported on a student’s transcript

Coursework, examinations, and/or final course grades will not be rounded.

6.4.2  PAEA End of Rotation Examinations
The PAEA End of Rotation exams are scored with a scale score (300-500) similar to the PANCE. This unified scale eliminates variances between form versions established by PAEA each year. Scaled scores are translated into the following competency scale for the UNC MHSPAS program:

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥ 410</td>
<td>Demonstrates Advanced Medical Knowledge</td>
</tr>
<tr>
<td>409 - 385</td>
<td>Demonstrates Satisfactory Medical Knowledge; Requires Individualized Learning Plan (ILP)</td>
</tr>
<tr>
<td>&lt; 385</td>
<td>Demonstrates Limited Medical Knowledge; Requires Individualized Learning Plan (ILP) and Retake</td>
</tr>
</tbody>
</table>

Please refer to the UNC MHSPAS EOR Examination Policy for further details.
6.4.3 ORIM

The ORIM framework provides terminology for describing the professional growth of PA students through competency-based education. The progression of student development during the clinical years is probably best conceptualized by the ORIM framework and is utilized specifically for the final clinical instructor evaluation. As students grow in knowledge, skills and attitudes, they generally progress through four stages: Observer, Reporter, Interpreter, and Manager. Students will progress through the stages at different rates. Each stage requires an integration of knowledge, skills and attitudes. The more advanced stages require a higher degree of sophistication and confidence. Attributes of each level include:

**Observer**

The student does not participate in patient care directly but observes the clinical instructor in all aspects of healthcare delivery. Students start PA school as Observers and progress to Reporter in the middle of the pre-clinical year.

**Reporter**

Reporters can accurately and reliably gather clinical information on each of their patients. Reporters can communicate clearly (both verbally and in writing) the clinical information they have obtained. Reporters are able to distinguish important information from unimportant information and are able to focus data collection and presentation on central issues. It is expected that all students will function as master Reporters (and be transitioning into beginning Interpreters) by the end of the didactic year.

**Interpreter**

Interpreters are able to identify problems independently and to prioritize problems, including new problems, as they arise. Interpreters are able to develop a differential diagnosis independently and to make a case for and against each of the important diagnoses under consideration for a patient's central problem(s). All students are expected to begin their clinical year primarily at this stage, and to demonstrate significant progress to a manager towards the latter part of the clinical year.

**Manager**

Managers are able to develop and defend a diagnostic and a therapeutic plan for each of their patients' central problem(s). Managers are able to utilize their growing clinical judgment to decide when action needs to be taken. Managers can analyze the risk/benefit balance of specific diagnostic and therapeutic measures based on an individual patient's circumstances. While some students will acquire sufficient knowledge, skills, and confidence to function as Managers for some of their patients earlier in the clinical year, not all will make this transition until the latter part of the clinical year. The transition from Interpreter to Manager is essential during the course of the clinical year.
Summary
The ORIM model provides a framework and terminology for describing the professional growth of PA students through competency-based education. Students should use it to monitor their own progress and clinical instructional faculty should use it to monitor student progress and to provide appropriate feedback in guiding students’ professional growth in becoming a practicing PA.

6.5 Remediation & The Individualized Learning Plan (A3.15c)
MHSPAS program faculty are committed to the success of all students admitted to the program. On occasion, a student may require remediation when they are unable to demonstrate sufficient mastery of course knowledge, skills, and/or professional attitudes as defined by the program. When this occurs, an individualized learning plan (ILP) for remediation is designed by the course director/liaison within the MHSPAS program.

The individualized learning plan is designed within the following framework:

- Review deficiencies of content knowledge, skills, and/or professional attitudes
- Reflect on performance
- Relearn deficient content knowledge, skills, and/or professional attitudes
- Retest student’s ability to demonstrate sufficient mastery of course knowledge, skills, and/or professional attitudes

ILP’s may include additional examination, assignments, advising, and/or use of an elective Supervised Clinical Practice Experience address areas of needed improvement.

ILP triggers include:

1. A quiz/examination score less than 80%
2. Course and/or unit score less than 80%
3. Standardized patient score less than 80%
4. Didactic summative assessment score less than 70%
5. PAEA End of Rotation examination score less than 410
6. Cumulative summative written assessment score less than 70%
7. Cumulative summative observed standardized clinical experience less than 70%
8. Documented professionalism concerns
Failure or performance of inadequate graduate work of any assigned remediation/ILP will be grounds for dismissal from the program.

Remediation may occur within a given course/Supervised Clinical Practice Experience or may utilize breaks or other opportunities where more time would be available. This may take the form of mandatory online assignments to be done over a break, returning from break a few days early to complete one or more tasks, or a delay in starting Supervised Clinical Practice Experiences and/or graduation. A student will incur a grade of incomplete (IN) until remediation is successful. Additional costs may be incurred by the student should the student need to extend their training beyond standard 24-month program length. Please refer to the Tuition and Fees for more information.

6.6 **GRADE CHANGE & APPEALS (A3.15G)**

The UNC MHSPAS program adheres to the Department of Allied Health Sciences and UNC-CH policy on student grievances.

6.6.1 **Grounds for a Grade Appeal**

A petition for a grade appeal must set forth how the disputed grade resulted from one or more of the following grounds:

- arithmetic or clerical error
- arbitrariness, possibly including discrimination or harassment on the basis of an individual’s age, color, disability, gender, gender expression, gender identity, genetic information, national origin, race, religion, sex, sexual orientation, or veteran status.
- personal malice; and/or
- student conduct cognizable under the Instrument of Student Judicial Governance (http://instrument.unc.edu/).

**Consultation with the Course Instructor**

Prior to pursuing a grade appeal, the student should first address the student’s concerns with the Course Instructor who assigned the grade. If the Course Instructor detects an arithmetic or clerical error that negatively influenced the grade assignment, the Course Instructor may execute a grade change form reflecting the corrected grade. A Course Instructor may not initiate a change of a course grade as a result of re-evaluating the quality of the student's performance or as a result of additional work performed by the student.

A student who is considering a grade appeal is advised to meet with the Course Instructor as soon as possible after the grade is posted. The appeal must be submitted no later than 20 calendar days after the grade is officially posted. If the student has difficulty scheduling a meeting with the Course Instructor, the student should contact the Division Director or the Division Director’s designee. If a basis for the appeal is arbitrariness, discrimination, harassment or personal malice by the Course Instructor, the student should submit the appeal directly to the Division Director without meeting with the Course Instructor.

**Appeal to the Division Director**

If after consultation with the Course Instructor, a satisfactory resolution cannot be reached, the student may appeal the decision of the Course Instructor who assigned the grade to the Division Director. The appeal must be in writing and must be submitted to the Division Director, copying the Course Instructor. The appeal must describe how the disputed grade resulted from one or more of the grounds provided above. Appeals must be submitted no later than 20 calendar days after the grade is officially posted. If the Course Instructor who assigned the grade is also the Director of the Division, the student may appeal the Course Instructor's decision directly to the Chair of the Department of Allied Health Sciences.
Appeal to the Department Chair

In the event that the Division Director does not grant the student’s appeal, the student may pursue a formal appeal to the Chair of the Department of AHS. The appeal must be submitted in writing no later than 20 calendar days after the student receives the Division Director's decision. The AHS Chair will refer the appeal to the AHS Appeals Committee for review.

The Appeals Committee will review the student’s written appeal and will provide the Course Instructor with the opportunity to reply to the student's petition in writing. The Appeals Committee will share the Course Instructor’s reply with the student. The student may request a meeting with the Appeals Committee. The student may bring a support person who is not an attorney to the meeting with the Appeals Committee. The AHS Appeals Committee will make a recommendation to the AHS Chair. The AHS Chair will make the final decision and will inform the student in writing of the decision. The decision of the AHS chair is final, and no further appeals are available.

6.6.2 Appeal of a Dismissal Decision Based on Grades

If the Division Director, in consultation with the Division faculty and in accordance with Divisional policies, determines that a student’s academic performance warrants dismissal, the student will be informed of the decision to dismiss the student in writing. If a student wishes to appeal the dismissal decision, the student may appeal to the Chair of the Department of Allied Health Sciences. The appeal must be submitted in writing within 20 calendar days of the date the student received the dismissal letter from the Division Director. The appeal must consist of a written, signed statement by the student, stating the specific grounds and all of the supporting facts upon which the student bases the appeal. The appeal must cite evidence that the dismissal was not in accordance with the Division’s policies. The Chair of the Department of Allied Health Sciences will refer the appeal to the AHS Appeals Committee. The Appeals Committee will review the written appeal and may seek additional information as needed. The student may request a meeting with the Appeals Committee. The student may bring a support person who is not an attorney to the meeting with the Appeals Committee. The AHS Appeals Committee will make a recommendation to the AHS Chair. The AHS Chair will make the final decision and inform the student in writing. No further appeals of this decision are available.

6.6.3 Appeal of a Grade and a Dismissal Decision Based on that Grade

If a student submits a grade appeal and an appeal of a dismissal decision based on that grade at the same time, the grade appeal will be considered first. If the grade appeal is granted, the Appeals Committee will then consider the appeal of the dismissal decision. If the grade appeal is not granted, the Appeals Committee will consider the appeal of the dismissal decision if the student’s appeal cites evidence that the dismissal was not in accordance with the Division’s policies.

6.6.4 Enrollment During an Appeal Process

During a grade appeal process, the UNC MHSPAS program will determine whether or not the student may enroll in further program classes based on all of the facts and circumstances. Factors that could be considered include prerequisite knowledge for the course(s) in which the student wishes to enroll and the student's overall performance in the program. This decision may be made in consultation with the Graduate School, the Equal Opportunity and Compliance Office, Accessibility Resources and Service, or other University offices depending on the grounds for the appeal.

6.7 Professionalism Appeal (A3.15G)

The UNC MHSPAS program adheres to the Department of Allied Health Sciences and UNC-CH policy on Professional Behavior, Criminal Background Check, and Drug Testing.

Students will be informed of their Division's or Program’s professional requirements before they begin a program, either during the admissions process or during orientation. The professional requirements will be provided in writing or on the Division's/Program's website. Students who have questions about their
ability to satisfy the Division's or Program's requirements for professional conduct should meet with the Division or Program Director to discuss their concerns.

Specific Division / Program professional requirements and/or Technical / Essential Standards are listed below:

- Clinical Laboratory Science

- Clinical Rehabilitation and Mental Health Counseling

- Occupational Science and Occupational Therapy
  [http://www.med.unc.edu/ahs/ocsci/Prospective%20students/ms-admissions/professionalism-policy/view](http://www.med.unc.edu/ahs/ocsci/Prospective%20students/ms-admissions/professionalism-policy/view)
  [https://www.med.unc.edu/ahs/ocsci/Prospective%20students/phd-Program-Description/phd-handbook](https://www.med.unc.edu/ahs/ocsci/Prospective%20students/phd-Program-Description/phd-handbook)

- Physician Assistant Studies

- Physical Therapy

- Radiologic Science

- Speech and Hearing Sciences:

Students who have questions about their ability to meet the professional requirements and/or Technical / Essential Standards due to disabilities or medical conditions should contact the UNC Accessibility Resources & Service for evaluation of accommodations, resources and services. [https://ars.unc.edu/](https://ars.unc.edu/)

Behaviors that appear to be a violation of the Honor Code will be referred to the Honor System. Behaviors that appear to constitute prohibited harassment or discrimination based upon a protected status (e.g., race, religion, sexual orientation, disability) will be referred to the Equal Opportunity and Compliance (EOC) Office [http://eoc.unc.edu/](http://eoc.unc.edu/). Additional information regarding the University's Honor Code is available online at [https://studentconduct.unc.edu/sites/studentconduct.unc.edu/files/documents/Instrument.pdf](https://studentconduct.unc.edu/sites/studentconduct.unc.edu/files/documents/Instrument.pdf).

Additional information regarding the University's Policy on Prohibited Discrimination, Harassment, and Related Misconduct, including a full list of the protected statuses to which the policy applies, is available online at [http://eoc.unc.edu/our-policies/ppdhrm/](http://eoc.unc.edu/our-policies/ppdhrm/).
If a student demonstrates a violation of the applicable Technical / Essential Standards or professional requirements of their respective Division, Program, or Department that is not addressed by the Honor System or the EOC Office, the student will receive written documentation of the behavioral concerns from the Division, Program, or Department. If remediation is possible, the student will be placed on probation and given a professional improvement plan. The plan will include a timeline for completion of the remediation plan.

If remediation is not possible, or if the student does not successfully complete the remediation plan, the Division or Program faculty will meet to consider dismissing the student from the program. A student who is in good academic standing may be dismissed based on the student’s professional behavior. The dismissal decision may be reviewed by the entire faculty or by a faculty committee. The Division or Program faculty or the faculty committee, with the advice of University Counsel, may also meet to consider dismissing a student based on the results of the Honor System or EOC Office investigation. The student may request a meeting with the faculty or faculty committee to present pertinent information. The student may bring a support person who is not an attorney to the meeting with the Appeals Committee. If the Division/Program faculty or faculty committee decides that a student should be dismissed from the program based on violations of the applicable Technical/Essential Standards or professional requirements of the student’s respective Division, Program, or Department, the student will be notified by email and/or in writing.

6.7.1 Appeal of a Dismissal Decision Based on Professional Behavior
If a student wishes to appeal the dismissal decision based on professional behavior, the student may appeal to the Chair of the Department of Allied Health Sciences. The appeal must be submitted in writing within 20 calendar days of the date the student received the dismissal letter from the Division Director. The appeal must consist of a written, signed statement by the student, stating the specific grounds and all the supporting facts upon which the student bases the appeal. The Chair of the Department of Allied Health Sciences will refer the appeal to the AHS Appeals Committee. The Appeals Committee will review the written appeal and may seek additional information as needed. The student may request a meeting with the Appeals Committee. The student may bring a support person who is not an attorney to the meeting with the Appeals Committee. The AHS Appeals Committee will make a recommendation to the AHS Chair. The AHS Chair will make the final decision and inform the student in writing. Any further right of appeal will be established by University policies or procedures.

6.7.2 The University’s Policy on Prohibited Discrimination, Harassment and Related Misconduct
The University of North Carolina at Chapel Hill prohibits discrimination or harassment on the basis of age, color, disability, gender, gender expression, gender identity, genetic information, national origin, race, religion, sex, sexual orientation, or veteran status. The University's Policy is available online at: https://eoc.unc.edu/our-policies/policy-statement-on-non-discrimination/

Students who want additional information regarding the University’s process for investigating allegations of discrimination or harassment should contact the Equal Opportunity and Compliance Office for assistance:

Equal Opportunity and Compliance Office  
137 E. Franklin Street, Suite 404, CB #916  
Chapel Hill, NC 27599-9160  
Telephone: (919) 966-3576  
Email: eoc@unc.edu
Any administrator or supervisor, including a department chair, associate dean or other administrator, who receives a student’s complaint about prohibited harassment or discrimination must notify the Equal Opportunity and Compliance Office within five (5) calendar days of receiving the complaint. If a student raises a claim of prohibited harassment or discrimination during an appeal, an investigation of the student’s claim must be performed under the direction of the Equal Opportunity and Compliance Office. The school or department must await the results of the harassment or discrimination investigation before deciding the student’s appeal.

6.7.3 **Criminal Background Checks**
AHS students who participate in clinical supervised clinical practice experiences must complete a Criminal Background Check. If a student has a positive Criminal Background Check, the clinical site will be informed by the student or the Division/Program clinical coordinator, and the student will have the opportunity to provide additional information to the clinical site explaining the results. The clinical site and not the Division, Program or Department will determine the student’s eligibility for the supervised clinical practice experience.

Students who have a positive Criminal Background Check may not be able to complete their supervised clinical practice experiences and may not be eligible for certification and/or licensure examinations. Students are informed of the requirement for a Criminal Background Check before enrollment.

A positive Criminal Background Check may result in referral to the University’s Emergency Evaluation and Action Committee (EEAC). Information regarding the EEAC process is available online at [http://policy.sites.unc.edu/files/2013/04/EEAC.pdf](http://policy.sites.unc.edu/files/2013/04/EEAC.pdf). Students may also be referred to the Honor System or to the Division’s/Program’s faculty or faculty committee for compliance with the DAHS Professional Behavioral Policy.

6.7.4 **Drug Screening for Clinical Site Placements**
A student with a positive drug screening test has the right to dispute the positive results by having the original specimen retested by a different laboratory. The student is responsible for the cost of the dispute process. If the positive result is not disputed or if it is confirmed in the dispute process, the student will be referred to Campus Health Services for evaluation. A drug screen may be positive because the student is taking a legally prescribed medication. This includes drugs prescribed by a licensed practitioner and over-the-counter drugs that have been legally obtained and are being used in the appropriate amount solely by the individual and for the purpose for which the medication was prescribed or manufactured. Students with documentation from Campus Health Services showing that they are legally taking the drug(s) in question will be medically validated to go to their clinical sites.

If a student with a positive drug screening test is not validated by a Campus Health Services evaluation, the clinical site will be informed of a positive drug screen test. The clinical site, and not the Division, Program or Department, will determine the student’s eligibility for the supervised clinical practice experience.

A positive drug screen may result in referral to the University’s Emergency Evaluation and Action Committee (EEAC). Information regarding the EEAC process is available online at [http://policy.sites.unc.edu/files/2013/04/EEAC.pdf](http://policy.sites.unc.edu/files/2013/04/EEAC.pdf). Students may also be referred to the Honor System or to the Division’s/Program’s faculty or faculty committee for compliance with the DAHS Professional Behavioral Policy.
7 Academic Standing, Progression & Promotion

7.1 Academic Standing & Eligibility
To remain in good academic standing, a student must meet the academic progression requirements of the UNC MHSPAS program. If the criteria for good standing are not met, the student will be considered, “not in good standing” and will be placed on probation or dismissed from the program. It is the responsibility of the student to know their academic status and progression standards.

Under certain circumstances a student will not be allowed to continue in the UNC MHSPAS program. A student becomes academically ineligible to continue in the UNC MHSPAS program for the following reasons:

1. Final course grade resulting in failing to meet graduate level coursework, “Fail” or “F” as reported on a student’s transcript.
2. Final course grade resulting in inadequate levels of graduate coursework, “Low Pass” or “L” as reported on a student’s transcript for 7 or more UNC MHSPAS course credit hours accumulated in the preclinical phase of their enrollment in the UNC MHSPAS program.
3. Fails a written or oral examination for the second time in a single UNC MHSPAS course.
4. Fails two or more written or oral final course/rotation examinations in the UNC MHSPAS program.
5. Fails to successfully complete all components of their individualized learning plan.

7.2 Semester Progression
Successful progression from one semester to the next requires students to perform levels of satisfactory graduate coursework, defined by the UNC-CH graduate school and UNC-CH MHSPAS as “Pass” or “P” as reported on a student’s transcript. Students with final course grades resulting in inadequate levels of graduate coursework, “Low Pass” or “L” as reported on a student’s transcript, will be referred to the AEC committee.

Each semester the UNC MHSPAS program’s Academic Excellence Committee (AEC) will convene to review each student’s progress and performance both academically and professionally in each course to determine if the student is adequately prepared to proceed to the next semester of the program.

The AEC will review the following components:

- Course grades from the current and previous semesters, as applicable
- Individual unit and course exams; including cumulative final exams, as applicable
- Advising reports, as applicable
- Professionalism performance

Based on the committee’s findings, one or more of the following actions will result:

1. Progression clearance to the next semester.
2. Students may be required to enter into a learning contract as part of their academic plan to allow progression to the next semester. Students who are unsuccessful in fulfilling the requirements as defined within their learning contract will be brought to the Academic Excellence Committee for further review and consideration of dismissal from the program.
3. Recommendation of deceleration
4. Students may be placed on program academic and/or professional warning or probation.

In addition to UNC MHSPAS program requirements, the UNC-CH registrar’s office sets firm standards on the level of graduate coursework required for progression within the University. Students acquiring six or more credit hours of coursework with inadequate graduate level coursework, “Low Pass” or “L” as
reported on a student’s transcript within a single semester will be placed on University level academic probation. Subsequent earned credit hours of inadequate graduate level coursework, “Low Pass” or “L” as reported on a student’s transcript will result in dismissal from the University.

The UNC MHSPAS program adheres to the principles as outlined by the UNC-CH registrar’s office and expects student to perform entirely satisfactory graduate coursework, “Pass” or “P” as reported on a student’s transcript for all coursework completed throughout the program. If at any point within the pre-clinical phase of the program a student achieves seven or more credit hours of inadequate graduate level coursework (“Low Pass” or “L” as reported on a student’s transcript), this will result in dismissal from the UNC MHSPAS program.

Students with final course grades resulting in failing to meet graduate level coursework, “Fail” or “F” as reported on a student’s transcript, at any time during the program will be dismissed from the program.

7.3 Pre-clinical to Clinical Phase Promotion

Upon the completion of the pre-clinical phase curriculum, students must take the pre-clinical summative assessment (PCSA) within the final week of the fall semester of the pre-clinical phase. The (PCSA) is a four-hour 250 multiple choice written exam developed by Rosh Review as a nationally validated assessment to determine a student’s preparedness to progress from the pre-clinical phase to the clinical phase of the UNC MHSPAS program. Students must achieve a minimum of 70% or within 1 standard deviation of the mean (whichever benefits the student) on the exam for eligibility to progress to the clinical phase of the program.

If a student is unable to achieve a minimum score of 70% or 1 standard deviation of the mean (whichever benefits the student) on the examination, the student will be required to successfully complete a remediation individualized learning plan prior to sitting for a second attempt. The second assessment for the standardized MCQ examination will consist of different questions that pertain to the specific content areas that the student failed to correctly answer on the first attempt. The student must achieve a minimum score of 70% on the remediation exam in order to successfully remediate for eligibility to progress to the clinical phase of the program. Not attaining a minimum score of 70% on the second attempt will result in academic dismissal from the UNC MHSPAS program. Please refer to the PCSA Remediation Policy online for further guidance.

Additionally, students are required to take the Physician Assistant Education Association nationally recognized Physician Assistant Clinical Knowledge Rating and Assessment Tool (PACKRAT) four-hour multiple choice formative assessment.

During the fall semester meetings of the AEC, the committee will review all components of a student’s progress as previously outlined during semester progressions with addition of the PCSA, PACKRAT, and remediation assignments as applicable. Based on the committee’s findings, one or more of the following actions will result:

1. Promotion clearance to the clinical phase of the program.
2. Students may be required to enter into a learning contract as part of their academic plan to allow progression to the clinical phase of the program. Students who are unsuccessful in fulfilling the requirements as defined within their learning contract will be brought before the Academic Excellence Committee for further review and consideration of dismissal from the program.
3. Recommendation of deceleration
4. Students may be placed on program academic and/or professional warning or probation.

7.4 Clinical Phase Progression

Successful progression through the clinical phase of the program from one semester to the next requires students to perform levels of satisfactory graduate coursework, defined by the UNC-CH graduate school
and UNC MHSPAS program as “Pass” or “P” as reported on a student's transcript. Students with any assignment grade resulting in failing to meet graduate level coursework, “Fail” or “F” as reported on a student's transcript or two or more low performing End of Rotation examinations, will be referred to the AEC committee.

Each semester the UNC MHSPAS program’s Academic Excellence Committee (AEC) will convene to review each student’s progress and performance both academically and professionally in each Supervised Clinical Practice Experience and/or course to determine if the student is adequately prepared to proceed to the next semester of the program. In addition, the AEC will convene to address individual student progress and performance both academically and professionally in Supervised Clinical Practice Experiences with the occurrence of any assignment grade resulting in failing to meet graduate level coursework, “Fail” or “F” as reported on a student’s transcript or two or more low performing End of Rotation examinations.

The AEC will review the following components:

- Course/Supervised Clinical Practice Experience grades from the current and previous semesters, as applicable
- End of Rotation Examinations
- Feedback assessments (including but not limited to: Clinical Instructor Assessment of the Student, Mid-Point Feedback)
- eMedley logs of patients, procedures, and hours
- Mock PANCE Examinations
- Direct Observation of Procedural Skills and Clinical Competency (“Ramses Medical Journal”)
- Advising reports, as applicable
- Professionalism performance

Based on the committee’s findings, one or more of the following actions will result:

1. Progression clearance to the next semester.
2. Students may be required to enter into a learning contract as part of their academic plan to allow progression to the next semester. Students who are unsuccessful in fulfilling the requirements as defined within their learning contract will meet with the Academic Excellence Committee for further review and consideration of dismissal from the program.
4. Students may be placed on program academic and/or professional warning or probation.

Students with final course grades resulting in failing to meet graduate level coursework, “Fail” or “F” as reported on a student’s transcript, at any time during the program will be dismissed from the program.

7.5 Promotion to Graduate

Successful promotion to graduate from the UNC MHSPAS program requires students to successfully demonstrate adequate attainment of the program defined competencies. Students will demonstrate competency through successful completion of each element of Supervised Clinical Practice Experiences with a grade of “Passing” while maintaining good academic and professional status within the program and the University.

Additional demonstrations of competency will be determined within the last six weeks of the program through the following required components:

- Cumulative Summative Assessment (CSA)
  The CSA consists of Standardized Multiple-Choice Question (MCQ) Examination and Objective Structured Clinical Examination (OSCE) upon the completion of the clinical phase. Students must
achieve a minimum score of 70% on the MCQ and 70% on the OCSE examination for successful completion.

**Cumulative Summative Assessment (CSA) Standardized MCQ Examination**
The CSA Standardized MCQ Examination is a multiple-choice written exam developed by Rosh Review as a nationally validated assessment to demonstrate entry-level knowledge for the PA profession. It consists of 250 MCQ questions which measure student comprehension in the core competencies for PA graduates: patient-centered practice knowledge, health literacy and communication, and professional and legal aspects of Health Care. The examination is derived from second- and third-order questions (analyze, explain/justify) and is based on a comprehensive PA curriculum (25% pre-clinical phase and 75% clinical phase).

If a student does not achieve a minimum score of 70% on the exam, the student will be required to successfully complete a remedial individualized learning plan prior to sitting for a second attempt. The second assessment for the standardized MCQ examination will be a different version of the examination, but will contain the same number of questions, categories and tasks as the first assessment.

**Cumulative Summative Assessment (CSA) OSCE**
The CSA OSCE is comprised of three standardized patient encounters encompassing acute/emergent, chronic/preventive, Evidence Based Medicine patient scenarios each with clinical encounter, oral presentation, and documentation components. Performance is measured through a competency-based framework, structured upon the competencies of the PA profession including medical knowledge, interpersonal and communication skills, patient care, practice-based learning & improvement, professionalism, and systems-based practice. Individual assessment elements are mapped and linked to the program-defined competencies.

If a student does not achieve a minimum score of 70% on any of the OSCE assessments, the student will be required to successfully remediate those cases prior to taking a second version of the summative OSCE. Students will only attempt a second version of the Summative OSCE for those cases in which he/she scored less than 70%. Student will meet with the Academic Excellence Committee (AEC) and advisor to develop an individualized learning plan based on the results of the OSCE summative assessment within 24-72 hours of taking the examination.

Once the student has been determined to successfully meet the agreed requirements of the individualized learning plan by the AEC, the student will take a different version of the OSCE assessment with the same content and learning outcomes. If a student does not follow and/or complete the requirements of the individualized learning plan, the student will meet with the AEC for possible actions: dismissal from the program. If a student fails the second attempt, the student will be dismissed from the program in accordance with the UNC Chapel Hill Graduate School Academic Requirements. Timeline for completion of the individualized learning plan can range from 1 week to 11 months. Students will not receive program completion or officially graduate from the University until successful completion is achieved.

Please refer to the [CSA Remediation Policy](#) for further guidance.

- **Direct Observation of Procedural Skills and Clinical Competency ("Ramses Medical Journal")**
Over the course of the clinical phase, MHSPAS students are expected to evaluate at least 1 patient for each program-defined clinical presentation or program-defined clinical skill in various age groups, settings and levels of acuity. Many of these presentations, skills, age groups and/or acuity levels may occur during clinical experiences at your practice. The MHSPAS program’s pre-clinical phase curriculum is based on clinical presentations and the clinical phase curriculum
mirrors that design in order to maintain a longitudinal learning experience and competency assessment for students.

Students should work toward gaining exposures in the rotation specialty, but also be aware of opportunities to identify Clinical Presentations & Skills in which they need exposure during the rotation. Students will ask to have the Clinical Presentations & Skills Portfolio signed when there is feedback indicating that he/she has proven competency in that area/task.

**Clinical Presentations**

Clinical instructors should only sign off on presentations once the student has fully met the medical knowledge and patient care objectives for that presentation. If asked to sign before you feel the student is competent, please offer the student constructive feedback on how he/she needs to proceed to reach competency and re-evaluate periodically throughout the clinical experience.

**Clinical Skills**

There are observational skills and performance skills that students need to accomplish during the clinical phase. The student may ask to have observational skills signed off once the observational exposure occurs. For performance skills, students should be able to perform the skill at the level of an entry-level PA before having it signed off.

The AEC certifies each student has met all the following requirements before approving them to graduate and conferring the degree of Master of Health Sciences in the UNC MHSPAS program. During the fall semester, the committee will convene to review each student’s progress and performance both academically and professionally in each course and phase of the program to determine if the student has adequately demonstrated competency of the learning outcomes defined by the program.

The AEC will review the following components:

- Course grades from the current and previous semesters, as applicable
- Individual unit and course exams; including cumulative final exams, as applicable
- End of Rotation (EOR) exams
- Clinical Instructor evaluations
- Advising reports, as applicable
- Professionalism performance
- Direct Observation of Procedural Skills and Clinical Competency (“Ramses Medical Journal”)
- PCSA and CSA

Based on the committee’s findings, one or more of the following actions will result:

1. Committee recommendation for clearance to graduate
2. Students may be required to enter into a learning contract as part of their academic plan to prior to clearance to graduate. Students who are unsuccessful in fulfilling the requirements as defined within their learning contract will be brought to the Academic Excellence Committee for further review and consideration of dismissal from the program.
3. Recommendation of deceleration

The UNC MHSPAS program also requires the following administrative components be completed prior to clearance for graduation:
• Completion the UNC Physician Assistant Studies sponsored National Commission on Certification of Physician Assistants Board Review Course
• Completion of an Exit Interview with the Program Director and Student Services Representative
• Completion of the Carolina 360 Physician Assistant Studies Program Exit Survey
• Returning of all borrowed/loaned program materials

Beyond program requirements, UNC-CH requires all of the following University components be completed prior to clearance for graduation:

• Application submission for graduation within the first 3 weeks of the Fall semester through the Connect Carolina Student Portal
• Successfully resolve all financial obligations and any pending “Holds” on their student accounts through the University 1 week prior to graduation.

7.6 GRADUATION DISTINCTIONS
The UNC MHSPAS program offers selective distinctions and awards to recognize outstanding student achievements during graduation ceremonies.

7.6.1 Pi Alpha National Honor Society for Physician Assistants Selection
The Pi Alpha National Honor Society is organized for the promotion and recognition of significant academic achievement, leadership, research, community/professional service and related activities, and the encouragement of a high standard of character and conduct among both physician assistant (PA) students and graduates.

Student Membership Policies and Procedures
i. Physician assistant students who have excelled academically in research, publishing, community/professional service, and leadership are eligible for nomination for membership.
ii. Academic excellence is defined as having a minimum cumulative grade point average (GPA) of 3.5 on 4.0 scale at the time of nomination. (The program establishes academic excellence as those meeting scholastic achievement of honors with distinction as outlined below.)
iii. The GPA is a minimal requirement and is to be based on the GPA earned during the professional phase of the program only.
iv. Demonstrated excellence in research, publishing, community/professional service or leadership activities is to be weighed in addition to the GPA. GPA alone is not an indication for induction.
v. The University of North Carolina at Chapel Hill Chapter 1118 will nominate the election of new members. Each student shall be approved by the Society.
vi. The total number of nominees elected shall not exceed fifteen percent of the total number in the class expected to graduate. (The program chooses one student per cohort meeting the selection criteria contained here within but reserves the right to choose up to two additional students from the graduating cohort depending on the graduating class size not to exceed the honor society’s fifteen percent threshold in special cases.)
vii. Inductees with receive a letter from the Phi Alpha National Honor Society for Physician Assistants, a certificate of recognition, cord, and pin to be presented to them at graduation.

7.6.2 Scholastic Achievement of Honors with Distinction or Highest Distinction

Physician Assistant Studies program awards the Scholastic Achievement of Honors with Distinction to students who have demonstrated outstanding scholastic ability throughout the program. Students’ achievements include a minimum average of ninety percent in all preclinical phase courses, minimum of four
hundred and twenty-five cumulative average on end of rotation examinations, and a eighty percent or higher on the cumulative summative assessments.

**Honors with Highest Distinction**

Physician Assistant Studies program awards the Scholastic Achievement of Honors with Highest Distinction to students who have demonstrated outstanding scholastic ability throughout the program. Students’ achievements include a minimum average of ninety-five percent in all preclinical phase courses, minimum of four hundred and fifty cumulative average on end of rotation examinations, and a ninety percent or higher on the cumulative summative assessments.

7.6.3 **Making a Difference Award**

The UNC MHSPAS program recognizes an outstanding student who has demonstrated exemplary commitment to health, education, and community engagement.

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### 8 STUDENT SERVICES

8.1 **Student Identification**

One Card - [https://onecard.unc.edu/](https://onecard.unc.edu/)

SOM ID Badges - [https://www.med.unc.edu/planning/id-badges-building-access/](https://www.med.unc.edu/planning/id-badges-building-access/) (A3.06)

8.2 **Academic Support**

Writing Center - [https://writingcenter.unc.edu/](https://writingcenter.unc.edu/)

Learning Center - [https://learningcenter.unc.edu/](https://learningcenter.unc.edu/)

8.3 **Books & Supplies**

Health Sciences Library Electronic Textbooks - [https://guides.lib.unc.edu/PA/textbooks](https://guides.lib.unc.edu/PA/textbooks)

UNC Student Stores Textbooks - [https://unc.bncollege.com/shop/unc/page/find-textbooks](https://unc.bncollege.com/shop/unc/page/find-textbooks)

8.4 **Library Services**

Health Sciences Library - [https://hsl.lib.unc.edu/](https://hsl.lib.unc.edu/)

8.5 **Technology Support Services**

UNC SOM ITS - [https://www.med.unc.edu/it/](https://www.med.unc.edu/it/)

UNC ITS Service Desk - [https://its.unc.edu/sd-walkin/](https://its.unc.edu/sd-walkin/)

8.6 **Emergency Services/Closing of the University**

Alert Carolina - [https://alertcarolina.unc.edu/](https://alertcarolina.unc.edu/)

8.7 **Diversity, Equity, & Inclusion**


8.8 **Counseling Services**

[https://caps.unc.edu/](https://caps.unc.edu/)
8.9 **DINING SERVICES**
Carolina Dining Services - [https://dining.unc.edu/](https://dining.unc.edu/)

8.10 **TRANSPORTATION SERVICES**

8.10.1 **Parking**
Campus Parking - [https://move.unc.edu/parking/student-parking/](https://move.unc.edu/parking/student-parking/)
Park & Ride Lots - [https://move.unc.edu/transit/park-ride/](https://move.unc.edu/transit/park-ride/)

8.10.2 **Alternative Transportation Options**
[https://move.unc.edu/](https://move.unc.edu/)

9 **PRE-CLINICAL PHASE**

9.1 **PURPOSE OF THE PRE-CLINICAL PHASE**
The Pre-Clinical phase of UNC MHSPAS program lays the foundation for students in their achievement of all program defined competencies. The domains of Medical Knowledge, Patient Care, Professionalism and Cultural Sensitivity and Humility, Interpersonal and Communication Skills, Systems-Based Practice, and Self-Assessment and Ongoing Professional Development are introduced and cultivated throughout Pre-Clinical courses in the first year. Subsequently, students will utilize the knowledge, skills, and attitudes acquired in the first year, and apply them to the dynamic environment of clinical practice as they transition to the Clinical Phase of education.

10 **CLINICAL PHASE**

10.1 **PURPOSE OF THE CLINICAL PHASE**
Clinical practicums enable PA students to sharpen their primary care skills and learn the intricacies of medical practice. For clinical instructors unfamiliar with PA education, it is useful to compare the clinical practicums with practicums performed by third- and fourth-year medical students. A clinical instructor should typically allow the student to assess the patient, establish a working diagnosis, present the patient to the clinical instructor and work with the clinical instructor to plan therapy. The primary goal is for the student to gain practical experience, develop skills as a healthcare practitioner and learn the role of other members of the healthcare team. The practicums also emphasize the Physician-Physician Assistant Team Concept. To facilitate this, students are available for practicum activities a minimum of 40 hours per week. Days off and holidays will follow the schedule of the supervising clinical instructor.

10.2 **GOALS OF THE CLINICAL PHASE**
The mission of the UNC Physician Assistant Program is to educate our students in a generalist curriculum which promotes practice in rural and urban medical underserved populations of North Carolina. There are nine educational goals of the UNC Physician Assistant Program Clinical Phase. Each of these goals aligns with the UNC Physician Assistant Program-Defined Competencies for successful completion of course study for the degree of Master of Health Sciences.

1. Proficiency in obtaining a thorough medical history and performance of a complete physical examination.
2. Effective communication with fellow healthcare team members, family members and patients.
3. The ability to care and demonstrate compassion and understanding while being supportive and willing to provide superior patient care.
4. A functional understanding of disease processes and injuries and be able to form appropriate differential and final diagnoses.
5. Appropriate utilization and interpretation of medical diagnostics.
6. The capacity and ability to apply critical thinking into the evaluation and care of patients.
7. The ability to conduct oneself in an ethical and moral manner.
8. Integrate diagnostic assessment skills with knowledge of patient presentation, pharmacology, and health care subspecialties to synthesize appropriate treatment plans.
9. Demonstrate basic competency in clinical procedures performed by a graduate Physician Assistant.

10.3 **CLINICAL SITE AFFILIATION AGREEMENTS (A1.02, A1.03G, A2.14, A3.01, A3.03, C4.01, C4.02)**

The UNC MHSPAS program is committed to the continuous development of effective clinical sites. The review, evaluation and approval of a supervised clinical practical experience (SCPE) site and clinical instructors is a rigorous process, this is to ensure that the SCPE site provides sufficient clinical experience to facilitate the achievement of the supervised clinical practice experience’s learning objectives, student safety, and expected competencies. The program requires a current and fully executed written and signed affiliation agreement between all SCPE sites and the University of North Carolina School of Medicine. These agreements are legal documents that address academic, physical, clinical, and liability issues. The process of attaining SCPE sites is solely the responsibility of the program and facilitated by the University of North Carolina legal counsel.

10.4 **ELECTIVE SUPERVISED CLINICAL PRACTICE EXPERIENCES**

Scheduling elective Supervised Clinical Practice Experiences (SCPEs): Though the UNC MHSPAS strives to honor a student’s wishes when possible, academic integrity and a robust clinical experience is priority during the clinical phase of training. Selecting an elective Supervised Clinical Practice Experience (PASC 808 SCPE: Medicine Elective I and PASC 809 SCPE: Medicine Elective II) is a privilege earned throughout the pre-clinical and clinical year. It is not an educational entitlement. Depending on a student’s academic standing, clinical performance, and compliance with UNC MHSPAS policies & procedures, students may request an elective Supervised Clinical Practice Experience in any area of allopathic or osteopathic medicine. These clinical electives are subject to the approval of the director of clinical education and the student’s advisor. Efforts are made for elective Supervised Clinical Practice Experiences to be scheduled after all core Supervised Clinical Practice Experiences have been completed.

The following are specific criteria that may require that the director of clinical education and the student’s advisor assign or change an elective Supervised Clinical Practice Experience for the best interest of the student:

- Academic Standing of Academic or Professionalism Probation at any time during enrollment in the UNC MHSPAS program.
- Inadequate levels of graduate coursework, “Low Pass” or “L” as reported on a student’s transcript in any final course grade in the UNC MHSPAS program.
- Inadequate levels of graduate coursework, “Low Pass” or “L” as reported on a student’s transcript or failing to meet graduate level coursework, “Fail” or “F” as reported on a student’s transcript of any “unit” of Clinical Medicine (unit exam < 80% on any PASC 810, 820, or 830 unit)
- Documented unprofessional behavior
- Limited Medical Knowledge Competency Score <385 on an individual PAEA End of Rotation examination
• Clinical Instructor Evaluation documenting concerns or performance below program expectations (refer to Clinical Phase Grading)
• Availability of clinical sites and/or clinical instructors

10.5 **CLINICAL INSTRUCTOR FINAL EVALUATION OF STUDENT**

It is the student’s responsibility to contact their clinical instructor and request that they complete the final evaluation assessment in eMedley. Students are strongly encouraged to discuss setting aside time with the clinical instructor to complete their assessment and review the assessment prior to the end of their Supervised Clinical Practice Experience.

If the clinical instructor did not receive an eMedley notification link by email to complete the final evaluation assessment, students should e-mail the clinical team outlining the needs of the clinical instructor. The clinical team will provide one reminder email to the clinical instructor on the student’s behalf. If a student continues to have difficulty obtaining their final evaluation assessment from their clinical instructor electronically, the student may print off a paper version and schedule a time to personally take it to their clinical instructor for completion. If a student continues to have difficulty after trying the above steps, please contact the clinical team outlining the steps the student has taken to obtain their final clinical instructor evaluation and its current status.

10.6 **MEDICAL RECORDS AND PATIENT CONFIDENTIALITY**

Patient confidentiality is a cornerstone in PA practice and essential for establishing and maintaining the patient-provider relationship built on trust.

PA students are privileged to learn information that patients share only with healthcare professionals and be present in very personal moments of patients’ lives. Patients, in turn, trust the PA students will preserve their confidentiality; as a key component of medical professionalism, PA students must honor this trust.

Students are not to discuss a patient in any manner or situation that would disclose any information about that patient to any person not directly involved in the patient’s healthcare. Students must refrain from discussing patients in public places, (i.e. cafeterias, elevators, etc.) where conversations may be overheard. Students should remind those who may be inappropriately discussing patient information, about confidentiality.

Students will adhere to ethical principles and use practical reasoning when dealing with patients at all times. No student should medically treat other PA students, friends, or family members while a student is in the UNC MHSPAS program.

All students will receive formal instruction on, and must follow the Health Insurance and Portability and Accountability Act (HIPPA) rules when participating in clinical activities at affiliated hospitals and clinics; HIPAA compliance includes maintaining confidentiality of paper and electronic health records.

When violations of HIPPA by a student are identified by a hospital, clinic, physician’s office, etc., the violation will be reviewed by the SCPE Committee. Disciplinary actions may which include remediation and/or sanctions, including the possibility of dismissal from the program.

10.7 **STUDENT DOCUMENTATION GUIDELINES FOR PATIENT RECORDS**

Student must read and observe the rule set forth by the Committee for Medicare and Medicaid (CMM) as it pertains to student documentation. The Center for Medicare and Medicaid Services (CMS) guidelines are that physicians, physician assistants, and advanced practice registered nurses (APRNs – nurse practitioners, clinical nurse specialists, certified nurse-midwives and certified registered nurse
anesthetists) *can review and verify (sign and date)*, rather than re-documenting, notes made in the medical record by other physicians, residents, medical, physician assistant, and APRN students, nurses, or other members of the medical team.

Further information regarding CMS guidelines on student documentation §§ 410.20, 410.69, 410.74, 410.75, 410.76, and 410.77, can be found in the **final rule (Pages 377 – 389)**

### 10.8 Prescription Writing

Students may write or input electronic prescribing information for the clinical instructor, but the clinical instructor must sign/send all prescriptions. The student's name is not to appear on the prescription. For supervised clinical practices experiences sites that use electronic prescriptions, the clinical instructor MUST log into the system under his/her own password and personally sign and send the electronic prescription.

Students should practice *handwriting* prescriptions on supervised clinical practice experiences when the opportunity to input electronic prescriptions is not available.

In addition, students MUST notify the PA Clinical Team immediately if he/she is being asked by a clinical instructor or a member of his/her staff to write, sign, or distribute medications without supervision.

### 10.9 Anti-Nepotism Policy

Students may complete a supervised clinical practice experience in the same clinic/hospital system as a family member ONLY if the family member is not the clinical instructor and the clinical instructor is not considered a subordinate of the family member. Requests for such arrangements will be reviewed by the Clinical Team.

Similarly, supervised clinical practice experiences with a current personal health care provider are prohibited. If a student is scheduled for a supervised clinical practice experience with a previous health care provider, it must be >1 year prior to the start of the supervised clinical practice experience since the student was a patient with that clinical instructor. The student may not seek medical advice/care from the clinical instructor or other providers at that clinical site during their supervised clinical practice experience. It is also highly discouraged for students to initiate a provider-patient relationship with any previous clinical instructor prior to graduation.

Students who do not comply with these policies will be withdrawn from the supervised clinical practice experience and may incur a delay in the progression of their clinical education. Questions or concerns should be addressed by the Clinical Team.

### 10.10 Area Health Education Centers (AHEC) Housing

AHEC housing may be available for some Supervised Clinical Practice Experiences on a first come – first serve basis. It is the responsibility of each individual student to reserve housing. Housing may be reserved from one day prior to the start of your Supervised Clinical Practice Experience to one day after the Supervised Clinical Practice Experience is completed. The Supervised Clinical Practice Experience must be greater than 60 miles from the UNC School of Medicine for AHEC Housing to be approved. The Department of Allied Health Sciences will cover the costs for housing ($7.00 per night). The link to make AHEC housing reservations is [https://my.ncahec.net/login.php](https://my.ncahec.net/login.php).

AHEC Housing brief will be conducted by AHEC personal in November of the pre-clinical year. More information regarding AHEC Housing can be found at: [https://www.ncahec.net/student-services/student-housing/](https://www.ncahec.net/student-services/student-housing/).
The practice of health care involves the care of individuals who are ill or injured. As a student enrolled in the Division of Physician Assistant Studies at the University of North Carolina at Chapel Hill, you will be expected to provide care to patients who may have known or unknown infections/communicable diseases. Prior to starting the clinical year, all students must complete and sign the Healthcare Provider Disclaimer Form.

Accidents will occasionally occur in the laboratory or in the clinical setting. Exposure to blood-borne pathogens is a risk assumed by all healthcare providers. Students will receive training to minimize their risk during orientation. Individual clinical sites may also provide orientation sessions regarding blood-borne pathogens. Observing universal precautions is one method to reduce risk. Each clinical site Supervised Clinical Practice Experience presents different potential hazards. Phone numbers for point of contacts for an environmental exposure or patient safety incident are listed on the "code card" provided to each student. The code card must be displayed behind the UNC student ID badge to allow for easy access for emergency contact numbers and codes.

The principle of universal precautions recognizes that any patient may be infected with microorganisms that could be transmitted to other persons. Of particular concern are the primarily blood-borne pathogens HIV (human immunodeficiency virus) and HBV (hepatitis B virus). However, body fluids other than blood, secretions, and excretions are included in universal precautions. Since infected patients may be asymptomatic, it becomes necessary to use basic precautions with every patient. Observance of universal precautions will help to provide better protection for every staff member. Students should also familiarize themselves with the hospital/clinical sites’ specific policies regarding universal precautions. Further information regarding the Student Exposure Policy can be found at: https://www.med.unc.edu/ahs/unc-pa/files/2020/04/UNCPAP-Student-Exposure-Policy.pdf

Universal Precautions Guidelines:

1. Act as though all patients with whom you have contact have a potentially contagious blood-borne disease.
2. Avoid direct contact with blood, body fluids, secretions, excretions, mucous membranes, non-intact skin, and lesions.
3. Avoid injuries from all "sharps" and observe standard procedures for handling sharps.
4. Avoid direct contact with items, objects, and surfaces contaminated with blood, body fluids, secretions, and excretions.
5. Dispose of all “sharps” promptly in the appropriate special puncture resistant containers.
6. Dispose of all contaminated articles and materials in a safe manner prescribed by law.

In practice, using Universal Precautions also requires:

1. Washing hands frequently and thoroughly, especially if they become contaminated with blood, body fluids, secretions, and excretions.
2. Depending on job duties and risk of exposure, using appropriate barriers, including gloves, gowns, aprons, caps, shoe covers, leggings, masks, goggles, face shields, and equipment such as resuscitation devices.

These barriers are to be used to protect:

- Skin, especially non-intact skin (where there are cuts, chapping, abrasions, or any other break in the skin), mucous membranes, especially eyes, nose, and mouth.
NOTE: These items of protective apparel, including gloves are removed after each use and are properly disposed. The same pair of gloves, etc., are NOT to be worn from one patient or activity to another.

1. Students will wear protective equipment as directed by their clinical instructor or facility protocol.
2. All patient specimens are bagged per facility protocol before transport to the laboratory.

11.1.1 Methods of Prevention: (A3.08)
Immunizations: In order to reduce the risk of PA students of being exposed to infectious diseases, PA students are required to have immunizations as required by the Centers for Disease Control and Prevention, the North Carolina Department of Health and Human Services, North Carolina law, and UNC Health.

Training: The UNC CH Office of Environment, Health and Safety, and the UNC MHSPAS require PA students, to complete training in infection prevention, blood-borne pathogens, tuberculosis awareness, emergency preparedness, hazard communication and safety, and fire safety prior to matriculation and the start of Supervised Clinical Practice Experiences.

11.1.2 Infection Control (Needlestick & Bloodborne Pathogen Exposure) (A3.08)
Exposure to blood, infectious body fluid, serum or unfixed tissue by sharp stick, cut or splash onto mucous membrane or non-intact skin constitutes an exposure. Students must immediately report any infectious disease exposure to the clinical instructor, the hospital/clinic and the employee health department per facility protocol, as well as the UNC MHSPAS Program Clinical Team. Students must also complete and submit the UNC MHSPAS Program Student Incident Report which can be found by clicking on the follow link:

Procedures concerning blood-borne pathogen exposure exposures and needle stick procedures can be found by clicking on the following link:
https://www.med.unc.edu/ahs/unc-pa/students/policies-proceedures/

11.1.3 COVID-19
During the performance of clinical practice/research activities, a student may have contact with patients/subjects with COVID-19. Students must read and follow the UNC MHSPAS policy outlined in the COVID-19 protocol for students in the clinical environment and review the required training materials for methods of prevention. Students must read and sign the Clinical Learning During COVID-19 Attestation, Health Care Provider COVID-19 Disclaimer, and Infections & Communicable Diseases Attestation. Students must understand the risks associated with the clinical care of patients in the current COVID-19 pandemic and will take necessary precautions and follow prescribed protocols to prevent the spread of the infection. Further information regarding the UNC MHSPAS COVID-19 policy can be found at:

11.1.4 Other Exposures, Illness, or Injury
For student and patient safety, students who have been exposed to a contagious disease or are ill with symptoms of contagious diseases may need to avoid contact with patients. In such cases, or in the event of an injury, the student should be evaluated by a healthcare provider in order to determine need for therapy and clearance for patient care. Students must notify and work with the site clinical instructor to determine whether the situation requires the student to be evaluated by the site occupational health provider or their own healthcare provider. Students must report via email such instances to the Director of Clinical Education or the Program Director within 24 hours of the event.
11.1.5 Medical Follow-up and Clearance to Return to Clinical Activities
Initial and subsequent care and follow-up activities including recommendations related to counseling, prophylactic/treatment regimens, and continued or restricted practice activities following a student's exposure incident/illness/injury will be determined by the student's healthcare provider (in collaboration with the student) and other appropriate healthcare professionals. The student must obtain a medical attestation form from their healthcare provider clearing the student for participation in patient care.

11.1.6 Effects of Exposure/Illness/Injury on Student Learning Activities
Students may not be able to return to a specific clinical affiliate and/or meet the required technical standards due to effects of clinical exposure to infectious and environmental agents. In such case the Clinical Affairs Academic Committee will review the case and make recommendations regarding the student's academic standing. Students should refer to the remediation, deceleration, and progression policies regarding criteria for academic separation.

11.1.7 Latex Allergy
As part of the “Universal Blood and Body Fluids Precautions” to limit the transmission of various pathogens, use of gloves is required when appropriate. With increased use of latex products in healthcare the emergence of various forms of latex sensitivity and/or allergy has been identified as a problem both for patients and staff. The course directors recommend preventing or minimizing latex use and exposure to help 1) minimize or prevent the student from developing an allergic reaction and 2) to prevent latex exposure to patients that have or may develop such sensitivities.

Natural latex rubber is potentially found in but not limited to: rubber bands, erasers, elastic, bandages and dressings, gloves, catheters and drains, blood pressure cuffs, stethoscope tubing, balloons, balls & toys and nipples and pacifiers. Latex exposure occurs most commonly through skin via gloves, tape, masks etc., but can also occur through mucous membranes, inhalation, intra-uterine devices or intravascularly.

Common reactions are almost indistinguishable from irritant contact dermatitis of the skin; however more serious reactions are possible, including symptoms of anaphylaxis. Latex avoidance is the best prevention. Careful history taking from patients should identify the high-risk group or those with preexisting allergy.

The student is ultimately responsible for avoiding self-exposure and patient-exposure to prevent reactions or the development of sensitivity. The course directors recommend the use of non-latex products in all situations, but they cannot guarantee availability. It is the students’ responsibility to provide non-latex products for their own use.

12 Incidental Findings
It is possible that during a student's course of study, incidental medical findings may be noted. These incidental findings may include previously known or previously unknown pathological findings or normal variants. These discoveries may occur in physical examination, point of care ultrasound, or laboratory sessions, among other educational settings. When an incidental finding is noted, faculty will maintain confidentiality and instruct the student to follow up with his/her primary care provider, student health, or emergency services, as indicated for diagnosis and consideration of management. Any students who are privy to the incidental finding due to their engagement in the curricular activity that led to its finding, should maintain confidentiality as well. It is important to note that the UNC MHSPAS program faculty, Program Director, and Medical Director are not permitted to provide the student medical care or access the student’s health records unless in the event of an emergency.
13 Policies & Procedures

Program policies apply to all students, program faculty, and the program director regardless of location except in circumstances where discrepancies exist at Supervised Clinical Practice Experience (SCPE) locations. Supervised Clinical Practice Experience policies may supersede those of the program.
13.1 **INSTITUTIONAL POLICIES**

13.1.1 University Policy on Non-Discrimination (A1.02j, A3.15g)

13.1.2 University Policy on Prohibited Discrimination, Harassment and Related Misconduct (A1.02j, A3.15g)

13.1.3 Procedure for Religious Accommodations

13.1.4 University Branding

13.2 **PHYSICIAN ASSISTANT STUDIES GOVERNANCE**

13.2.1 Jurisdiction of Program Policies (A3.01, A3.02)

13.3 **STUDENT ADVANCEMENT AND ACADEMIC EXCELLENCE COMMITTEE**

13.3.1 Leave of Absence Policy (A3.15b)

13.4 **ASSESSMENTS & GRADE POLICIES**

13.4.1 Pre-Clinical Summative Assessment (PCSA) Remediation Policy (A2.05d, A2.05f, A3.02, A3.15a-d)

13.4.2 Cumulative Summative Assessment (CSA) Remediation Policy (A2.05d, A2.05f, A3.15a-d, B4.03a-e)

13.4.3 PAEA End of Rotation Examination Policy

13.5 **PROFESSIONALISM**

13.5.1 Attendance Policy for Clinical Phase

13.5.2 UNC Honor Court

13.5.3 Classroom and Clinical Setting Dress Policy (B4.02e)

13.5.4 Email Etiquette Policy (A3.02)

13.6 **ACADEMIC AND PROFESSIONAL ASSISTANCE**

13.6.1 Personal Health, Academic Performance Monitoring and Support Policy (A3.10)

13.6.2 Accommodations for Students with Disabilities (A3.10)

13.6.3 UNC-CH Care Team Referral (A3.10)
13.7 **MONITORING STUDENT TIME**

13.7.1 Student Duty Hour Guidelines

13.8 **LEARNING ENVIRONMENT AND STUDENT MISTREATMENT**

13.8.1 Student Mistreatment and Learning Environment Concern Policy and Procedures (A3.15f)

13.9 **CLINICAL SETTING AND TEACHING RESPONSIBILITIES**

13.9.1 Student Identification in the Clinical Learning Environment (A3.06)

13.9.2 Student Role in Classroom and SCPEs (A3.04, A3.05)

13.9.3 Clinical Site Recruitment Policy (A1.01, A1.02a, A1.10a-b, A2.16a-b, A3.02, A3.03, C2.01a-c)

13.9.4 Student Employment Policy (A3.15e)

13.9.5 Student Shadowing During the Clinical Phase

13.10 **HEALTH & SAFETY**

13.10.1 Student Exposures (A3.08)

13.10.2 Bloodborne Pathogen Exposure (A3.08)

13.10.3 Needlestick Exposure (A3.08)

13.10.4 Student Incident Report (A3.08)

13.10.5 Controlled Substance Abuse Policy

13.10.6 Student Urine Drug Screen Policy

13.10.7 Background Check Policy

13.10.8 Alcohol Policy

13.10.9 Illegal Drug Policy

13.10.10 Annual Security Report

13.10.11 No Smoking Policy

13.10.12 Fireworks, Firearms, and Other Weapons

13.11 **CONFLICT OF INTEREST**

13.11.1 Faculty Provisions for Medical Care of Students (A3.09)

13.11.2 Improper Relationships Between Students and Employees
13.12 **STUDENT RECORDS**

13.12.1 *Family Education Rights and Privacy Act (FERPA)*

13.12.2 *Health Insurance Portability and Accountability Act (HIPAA)*

13.13 **TUITION**

13.13.1 *Tuition Policy*

13.14 **ADVERSE EVENTS AND DISASTER PLAN**

13.14.1 *Adverse Event Policy (A1.03g)*

13.14.2 *Hostile Intruder Policy and Procedures for UNC Chapel Hill Campus and Clinical Sites (A1.03g)*

13.14.3 *Inclement Weather (A1.03g)*

13.15 **COVID-19**

13.15.1 *Student Protocol for Clinical Learning During COVID-19 (A3.01, A3.02, 3.08)*

13.15.2 *On-Campus Clinical Teaching During COVID-19 (A3.08)*

13.15.3 *FAQ from Campus Health Regarding COVID-19 Procedures (A3.08)*
14.1 UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL PA STUDENT SOCIETY

Contact Information

Website: https://heellife.unc.edu/organization/pass
Twitter: https://twitter.com/UNC_PA
Instagram: https://www.instagram.com/uncpastudentsociety/?hl=en

Officer Positions

President
Duties include presiding over monthly meetings; setting meeting agendas; coordination of the activities of the committees and other officers; keeping the membership informed of the activities of these committees; keeping HeelLife updated; maintaining roster and constitution; marketing and apparel; and coordination of annual blood drive.

This position also serves as the Class President and transitions to Chief PA in the clinical phase of the program.

Vice President
Duties include acting as the point of contact for the university; distributing meeting agendas from the president to the student society members; assisting the president in keeping members up to date with activities and committees; serving as president in his or her absence; attending/supporting all student society functions as applicable (i.e. fundraising, major volunteer events, etc.); assisting or acting as co-coordinate with outreach coordinator to build relationships with outside entities to allocate resources.

NC State Chapter (NCAPA) Representative
Duties include acting as the liaison between the student society and the constituent chapter; completing and submitting quarterly program updates to the NCAPA; attending quarterly state chapter meetings representing his or her student society; attending NCAPA student representative meetings; graduation marshal: attend graduation of 2\textsuperscript{nd} year pa students; usher guests, pass out programs, and provide any other assistance needs to attendees.

Treasurer
Duties include responsibility for general financial oversight of the student society's activities, including financial planning, budgeting, record-keeping, and reporting; coordination with other entities to organize fundraising efforts; ensuring appropriate use and organization of funds.

Student Academy Representative (SAR)
Duties include responsibility for the distribution of all Student Academy information to his/her program; serving as point of contact for the Student Academy Board of Directors and committees; attending the annual AOR meeting at the AAPA annual conference to elect new officers of the Student Academy, to establish and amend policy of the Student Academy, and to conduct business as necessary.

Student Academy Representative (SAR) Alternative / Diversity Representative
Duties include serving as a backup to the AOR Representative; attending any required meetings that the AOR Representative is unable to attend and act as the AOR Representative in said cases; recording meeting minutes during Scheduled Meetings; Graduation Marshal: attend graduation of
2nd year PA students (usher guests, pass out programs, and provide any other assistance needs to attendees).

**Outreach Chair**
Duties include coordination of activities and public relations efforts between his or her Student Society and external groups (including but not limited to other medical professionals, such as physician, osteopath, physical therapist, occupational therapist, nurse, and speech therapist; city, county, state, and national organizations; and other community-related organizations); conveying any and all concerns and issues regarding external affairs to the Student Academy of the American Academy of Physician Assistants (SAAAPA) directors of external affairs; posting on social media; and NC HOSA

**Allied Health Ambassador**
Duties include attending monthly Allied Health Ambassador meetings (lunchtime, usually in MacNider); speaking to college or high school groups about health disciplines; volunteering at department events; organizing events for students and faculty; communicating information about ambassador activities to peers; promoting ambassador events on campus and online.

**Alternate SHAC Lead Coordinator**
Duties include seeing to duties each Wednesday with fellow MTJ coordinators: (example: Reminding volunteers of their SHAC shifts); filling in at SHAC when volunteers are unable to keep their shift; working at SHAC when there are inadequate volunteers.

*SHAC is held each Wednesday (excluding holidays) in Carrboro at the Piedmont Health Clinic from 6p-10p.

**SHAC Coordinator**
Duties include working with med student MTJ Coordinators (medical team junior) to email medical and PA students to recruit volunteers for SHAC; attending monthly Executive Board meetings; supporting recruitment of new volunteers; disseminating information from board meetings to classmates; attending annual program review in December; approving/rejecting proposed changes to SHAC bylaws.

**Graduate and Professional Student Federation Representative (GPSF)**
Duties include attending one meeting per month (typically first Tuesday of the month, dinner provided, meetings are a great way to learn about greater political/social issues at a campus level); relaying relevant information from meetings to your PA class; hosting a "Town Hall Meeting" for students to voice concerns to be addressed at a Senate level (one time during the Summer or Fall semester, can be combined with Student Society Meeting).

*Elections for this position are held in January; provides opportunities to get involved on Senate Committees.

### 14.2 CAROLINA PRE-PHYSICIAN ASSISTANT ASSOCIATION
Contact Information
Website: [https://heellife.unc.edu/organization/cppaa](https://heellife.unc.edu/organization/cppaa)
Facebook: [https://www.facebook.com/CarolinaPrePhysicianAssistantAssociation?ref=hl](https://www.facebook.com/CarolinaPrePhysicianAssistantAssociation?ref=hl)
14.3 **STUDENT HEALTH ACTION COALITION (SHAC)**
The Student Health Action Coalition (SHAC) provides free health care and services to underserved populations while engaging UNC Health Science students in interdisciplinary service-learning activities.

Website: [https://www.med.unc.edu/shac](https://www.med.unc.edu/shac)

14.4 **ALLIED HEALTH AMBASSADORS**
The allied health ambassador program began in 2002 to promote interdisciplinary student involvement by encouraging communication between students and administration, peer camaraderie, recruitment of prospective students, assistance to matriculating students, and alumni involvement. The student ambassadors serve as allied health representatives at various college fairs, school tours and campus events. They are an elite group of students, with strong leadership abilities, a positive attitude about UNC-CH, excellent communication skills, and good academic standing. To be eligible, applicants must be currently enrolled in any division of the Department of Allied Health Sciences with a grade point average meeting the standards of their current program. These students also must exhibit a history of student involvement prior to attending UNC-CH and participate in an interview and ambassador orientation.

Website: [https://www.med.unc.edu/ahs/students/allied-health-ambassadors/](https://www.med.unc.edu/ahs/students/allied-health-ambassadors/)
Student Handbook, Policies & Procedures Acknowledgement & Compliance

By signing this form, I acknowledge that I have received an electronic copy of the Master of Health Science Physician Assistant Studies program (MHSPAS) Student Handbook, Policies and Procedures. My signature below indicates I have reviewed and familiarized myself with the contents of the MHSPAS Student Handbook, Policies & Procedures and agree to be responsible for abiding by the MHSPAS Student Handbook, Policies and Procedures within and understand the consequences for failing to follow these policies and procedures while enrolled as a student at MHSPAS. I have been made aware and understand if I have questions regarding the content in the MHSPAS Student Handbook, I will contact the appropriate MHSPAS representative.

I understand the MHSPAS Student Handbook, Policies and Procedures may be amended during the year without notice. The MHSPAS Student Handbook, in the latest version, and all Policies and Procedures here within will be available on the MHSPAS website and is applicable to all MHSPAS students upon the implementation of any change. The MHSPAS administration will notify all MHSPAS students in writing, where possible, of any changes to the MHSPAS Student Handbook and MHSPAS Policies and Procedures as soon as is practical.

________________________________________  ______________________________________
Student Signature                                     Student Name (Please Print)

________________________________________
Student PID#

________________________________________
Date
Photo Release Form

I hereby grant to the University of North Carolina the right, to reproduce, use, exhibit, display, broadcast, distribute and create derivative works of university related photographs, voice recordings or video recorded images of the undersigned student for use in connection with the activities of the university or for promoting, publicizing or explaining the school or its activities. This grant includes, without limitation, the right to publish or display such images in its academic programs, in the university's student newspaper, alumni magazine, advertisements, fund-raising materials and any other university-related publication. These images may appear in any of the wide variety of formats and media now available to the school and that may be available in the future, including but not limited to print, broadcast, videotape, CD-ROM and electronic/online media. All photos and recordings taken are without compensation to me. All electronic or non-electronic negatives, positives, videos and prints are owned by the university.

If at any time I would like to revoke the photo permission, I understand I must notify the MHSPAS Manager of Business & Student Affairs, in writing.

I hereby acknowledge that I am 18 years of age or older and have read and understand the terms of this release.

__________________________________________  __________________________________________
Student Signature                               Student Name (Please Print)

__________________________________________                                        __________________________
Student PID#                                     Date
FERPA General Disclosure Consent Form

The Family Educational Rights and Privacy Act of 1974 (FERPA) was designed to protect the privacy of students’ educational records and to establish the rights of students to inspect and review their educational records. In accordance with FERPA, as a general rule the prior written consent of the student must be obtained before the school may disclose the student’s educational records to a third party.

ATTN UNC MHSPAS OFFICIALS: This consent is not valid unless: (1) the educational records are identified; (2) the person to whom disclosure is to be made is identified; (3) the purpose of the disclosure is listed; and (4) the form is signed and dated by the student. A copy of this consent must be kept with the student’s records.

I hereby consent to disclosure of my:

- X Academic Records (transcripts, grades, etc.)
- X Academic Advisement Records

from my educational records to any agency contracted by UNC-CH’s Master of Health Sciences Physician Assistant Studies program for the following purpose(s): providing Supervised Clinical Practice Experience or other educational opportunities. This written consent is valid for the duration of program enrollment unless student provides written notice withdrawing his or her consent to the office maintaining the records identified above.

__________________________________________  __________________________________________
Student Signature                           Student Name (Please Print)

__________________________________________  __________________________________________
Student PID#                                 Date
Clinical Environment & Classroom Etiquette Acknowledgement & Compliance

So that faculty and students are consistent in clinical environment & classroom etiquette, the following are expectations of students as they attend class/supervised clinical practice experiences:

- Class starts and ends on time. Please be in your chair by the class start time.
- Students must arrive on time to all scheduled clinical shifts and clinical instructor assigned activities and be prepared to actively participate in clinical activities.
- You should not talk while the instructor is lecturing or while others are asking or answering questions.
- Please refrain from doing homework, studying, other coursework or personal correspondence (e.g., sending emails, surfing the internet, checking Facebook) while you are in the class.
- Please remove all hats and headphones during exams and/or quizzes. Additionally, no materials (textbooks, phones, notebooks, water bottles, etc.) should be on the desk during exams and/or quizzes.
- Please be cognizant of others taking exams and/or quizzes in the room, by limiting noise-making actions such as opening candy wrappers, crumpling paper, and talking.
- If there is a reason for your cellphone or other electronic device to be on (sick children, severely ill family member, etc.), please inform the faculty member/clinical instructor prior to the start of your scheduled shift or class and sit close to the door so that interruption can be minimal to the rest of the class. Otherwise, please turn off or to vibrate all electronic equipment prior to the start of class/supervised clinical practice experience.
- Signing the roll sheet/clocking in and then leaving class/supervised clinical practice experience is not acceptable behavior. Neither is signing the roll sheet/clocking in for a classmate. Doing so is ground for disciplinary action.
- Leaving class/supervised clinical practice experience at the break and not returning is unacceptable and will constitute a class/clinical shift absence. If there is a reason for this, please notify the Director of Preclinical Education or Director of Clinical Education, as applicable to your phase in the program, prior to the beginning of class/supervised clinical practice experience.

The faculty respect and value your presence in the classroom/clinical environment. Please let your behavior reflect your respect and appreciation for them.

I understand that these behaviors will be expected of me when I am in my classes/supervised clinical practice experiences. Further, I agree to comply with the above stated guidelines for clinical environment and classroom etiquette.

_________________________________________  _______________________________________
Student Signature                          Student Name (Please Print)

_________________________________________  ________________________________
Student PID#                                Date
Online Classroom Etiquette Acknowledgement & Compliance

So that faculty and students are consistent in online classroom etiquette, the following are expectations of students as they attend virtual class:

- Choose a quiet space, free from distractions, to set yourself up for class. Turn off cell phones, TVs, etc. Exit other applications on your computer prior to entering the classroom.
- Come to class early, log or dial in 5 minutes before the virtual classroom sessions begins.
- Attendance is required.
- Dress business casual. Remember this is still a classroom setting. See Dress Code Policy.
- Use your full name when you sign into the classroom.
- When you enter the classroom, make sure to enable both audio and video. You can click “Start Video” and “Join Audio” in the bottom menu. For audio connection, you can choose to connect via the computer or dial-in on your phone. Mute your microphone during the lesson to avoid disturbing the class with any background noise.
- Be respectful.
- Participate. When you have a question or comment, use the “Raise your Hand” button that can be found in the window that pops up when you click on Participants in the bottom menu. Wait to be acknowledged by the teacher before unmuting yourself to speak.
- Use the chat responsibly. It is meant to facilitate conversation around the lesson topic, not for sideline discussions.
- Please refrain from doing homework, studying, other coursework or personal correspondence (e.g., sending emails, surfing the internet, checking Facebook) while you are in the class.
- Video feature must be enabled for the duration of the class.
- Leaving class at the break and not returning is unacceptable and will constitute a class absence. If there is a reason for this, please notify the faculty member prior to the beginning of class.
- When your class is over, leave the classroom by closing the window.

The faculty respect and value your presence in the classroom. Please let your behavior reflect your respect and appreciation for them.

I understand that these behaviors will be expected of me when I am in my classes. Further, I agree to comply with the above stated guidelines for classroom etiquette.

______________________________________________  ____________________________________________
Student Signature                   Student Name (Please Print)

______________________________________________  ____________________________________________
Student PID#                       Date
Clinical Phase Health and Safety Acknowledgement and Compliance

Prior to entering the clinical phase of the UNC MHSPAS program student are required to complete any additional credentialing requirements required by their assigned Supervised Clinical Practice Experience clinical sites within CB Bridges which serves as the repository for uploading clinical site required credentialing documentation and instructions. Contracted clinical sites will be able to pull, review, and credential students prior to their Supervised Clinical Practice Experiences. The UNC MHSPAS program requires all enrolled students being promoted to the clinical phase of the program to be fully credentialed by all assigned clinical sites by December 1 prior to entering the clinical phase of the program. Students not credentialed by their clinical sites may have a delayed start of their Supervised Clinical Practice Experiences resulting in a delay of graduation.

I agree to fulfill the health and safety requirements listed below and to provide documentation thereof to my compliance tracker and CB Bridges in Castle Branch, Inc. by December 1 prior to entering the clinical phase of the program. I will comply with any requirements that I have not yet completed from previous years and any requirements that may be subsequently prescribed by the University of North Carolina at Chapel Hill and/or assigned clinical sites.

ANNUAL REQUIREMENTS

- **TB SCREENING**: I will provide proof of a 2-Step Tuberculosis Skin Test (TST) or IGRA Blood Test (preferred) done after **November 1 prior to entering the clinical phase of the program or as needed to remain compliant (at least one month prior the expiration date)**. If I have a non-negative result to the test, I will report to Campus Health Services for follow up and provide to my compliance tracker and CB Bridges within Castle Branch, Inc. a copy of a completed TST Evaluation document.

- **INFLUENZA IMMUNIZATION**: I will provide proof of influenza vaccination within the current season (Sept-Oct prior to entering the clinical phase of the program).

- **OTHER IMMUNIZATIONS**: I will provide proof of compliance in updating any upcoming immunization requirements at least 1 month prior to the expiration date.

- **LMS COMPLIANCE**: I will provide an updated transcript of completed annual required LMS trainings as outlined in my compliance tracker within Castle Branch, Inc. by December 1 prior to entering the clinical phase of the program.

- **DRUG SCREENING**: I will purchase and complete the annual drug screening as outlined within my compliance tracker within Castle Branch, Inc. by December 1 prior to entering the clinical phase of the program.

- **BACKGROUND CHECK**: I will purchase and complete the annual background check as outlined within my compliance tracker with Castle Branch, Inc. by December 1 prior to entering the clinical phase of the program.
• **HEALTH INSURANCE**: I will purchase and maintain a comprehensive Health Insurance Policy for the duration of my enrollment in the MHSPAS program, and I will not cancel this policy unless I can provide proof of coverage to my compliance tracker within Castle Branch, Inc. under an alternate acceptable policy. Gaps in health insurance coverage will result in removal from Supervised Clinical Practice Experiences and/or courses until compliance is restored. I acknowledge any gaps resulting in removal from my Supervised Clinical Practice Experience/course may delay my graduation.

__________________________________________  __________________________________________
Student Signature                              Student Name (Please Print)

__________________________________________  _____________________________
Student PID#                                   Date
UNC Medical Center Campus Map