



Program Policies of Interest to Prospective Students

Policies Regarding Clinical Clerkship Sites and Preceptors

- o By ARC-PA Accreditation standards, the program must secure all clinical sites and preceptors in sufficient numbers to allow all students to meet learning outcomes (Standard 3.08).
- The program goes to great lengths to secure rotation sites and preceptors for all clinical clerkship rotations for all students. Securing sites and preceptors encompasses a great deal of work by the program director and clinical team including recruiting sites and preceptors, meeting with site coordinators, preceptors, and senior leadership of medical facilities, vetting sites to ensure they meet all requirements (e.g., safety requirements), vetting preceptors to ensure they meet all requirements (e.g., unrestricted license to practice and board certification), orienting preceptors on specific learning outcomes for SCPEs, completing legal affiliation agreements, and, when appropriate, seeking clinical affiliate faculty appointments for preceptors. It generally takes 3-6 months to develop a site from 1st contact to finalization of affiliation agreement and subsequent student placement.

Policies and Procedures Regarding Immunizations, Tuberculosis Testing, and COVID-19 Testing

All students are required to provide proof of immunization prior to matriculation in the MS-PA program*. All students must provide documentation that the following immunizations and Tb testing has been completed prior to matriculation and maintain immunizations and complete annual Tb testing throughout their training.

For immunizations, the MS-PA program adheres to the Centers for Disease Control and Prevention Recommended Vaccines for Healthcare Workers.

- COVID-19 Vaccination: Documented evidence of COVID-19 vaccination or exemption submitted to the Monmouth University Student Health Portal.
- o Please refer to the University's website regarding updates on vaccination requirements.
- o Importantly, some clinical sites may require COVID-19 vaccination without opportunity for exemptions for student learners to participate in activities at the site. Such policies are site-specific and may exceed Monmouth University policies. In such cases, although the program will make every effort to place students on an alternate clerkship rotation, the program may not have an alternate clinical rotation to place unvaccinated students potentially resulting in delay of graduation.
- Hepatitis B Series: Documented evidence from a medical practitioner of serologic proof of immunity, or evidence of contraindication*. Please note the Hepatitis vaccination is a series of 3 vaccines completed over 6 months' time.
- Flu (Influenza): All students are required to receive and maintain annual influenza immunization. For incoming students, proof of immunization, or evidence of contraindication*, must be received by the Fall of their matriculation year and annually thereafter.
- MMR (Measles, Mumps, & Rubella): Documented evidence from a medical practitioner of serologic proof of immunity, or evidence of contraindication*
- Varicella (Chickenpox): Documented evidence from a medical practitioner of serologic proof of immunity or evidence of contraindication*
- Tdap (Tetanus, Diphtheria, Pertussis): Documented evidence from a medical practitioner of Tdap vaccine within last 10 years or contraindication to vaccination*



- Tuberculosis Testing: Documented evidence from a medical practitioner of negative two-step PPD testing or negative IGRA Tb testing and, if needed, negative Chest X-Ray results if PPD positive, or evidence of contraindication*. Following initial two-step PPD, one-step PPD required annually.
- Meningococcal: Recommended for those who are routinely exposed to isolates of *N. meningitidis* per CDC recommendations. Not required by program but may be required by some clinical sites.
- Students are responsible for all expenses related to immunizations and proof of immunizations.

*Contraindications to the above will be considered on a case-by-case basis, only with documentation from a medical provider, and must be discussed prior to matriculation. Personal/Religious reasons for declining immunizations must be discussed prior to matriculation. Religious exemptions are not accepted by most clinical sites and it is important to understand that participating in some clinical experiences may be prohibited from some institutions/practices without completion of immunization requirements. This can delay graduation and affect ability to complete the program.

Program Competencies/Learning Outcomes

The MS-PA program has the following learning outcomes:

1. Medical Knowledge

- a. Synthesize and apply fundamental knowledge in clinical sciences to patient presentations when developing a differential diagnosis, patient management plan, health maintenance and disease prevention.
- b. Obtain, investigate and critically analyze appropriate patient history, physical, and diagnostic findings in order to derive a definite diagnosis.
- c. Understand and apply evidence-based guidelines to the care of the patient when recommending patient management plans and screening methods.
- d. Demonstrate familiarity with signs, symptoms, diagnosis and management of common conditions seen in the patient, understanding associated etiologies, risk factors, underlying pathologic process, epidemiology, diagnostic criteria and treatment modalities.
- e. Determine appropriate management strategies for patients with chronic conditions, and those needing short and long-term rehabilitation, psychiatric intervention, safety measures against abuse and violence or end of life care.

2. Interpersonal & Communication Skills

- a. Maintain ethical and respectful communication skills including verbal, nonverbal, written, and electronic documentation when eliciting and providing information to the patient, patient family, physicians, and health care staff.
- b. Maintain ethical, respectful, and appropriate relationships with patients, patient family, physicians, and other health care staff.
- c. Demonstrate the ability to maintain accurate patient records and documentation as well as provide accurate, clear, logical, and efficient oral case presentations.
- d. Maintain composure and emotional stability and demonstrate adaptability and flexibility when working effectively as a member of a health care team to provide care to the patient.



3. Patient Care

- a. Perform pertinent and accurate history, physical, assessment, and plan demonstrating patient- centered care and use of age-appropriate evidence-based guidelines and recommendations.
- b. Develop and implement patient care plans identifying recommended age-appropriate screenings across the lifespan to promote disease prevention and health maintenance.
- c. Perform medical and surgical skills and procedures commonly utilized in the patient population.
- d. Display empathetic behavior with a diverse patient population while providing sound patient education and recommendations.

4. Professionalism

- a. Demonstrate adherence with legal regulations identifying personal limitations and commitment to continuing medical education and professional growth.
- b. Form respectful professional relationships with patients, patient family, physician supervisors, and other health care staff demonstrating sensitivity to culture, age, gender, and sexual identity.
- c. Demonstrate initiative and commitment by providing evidence of professionalism.

5. Practice-based Learning & Improvement

- a. Apply critical analysis of study designs and statistical methods to the appraisal of clinical studies and medical literature to accurately integrate evidence related to diagnostic criteria and therapeutic effectiveness for the care of the patient.
- b. Demonstrate appropriate response to feedback and criticism, providing evidence of self- motivation by rectifying gaps in medical knowledge.
- c. Utilize common resources, technology, electronic medical records, databases, and evidence- based guidelines to establish current and best patient care practices.

6. Systems-based Practice

- a. Develop awareness to concepts of health population and support the socioeconomic status, geographic location, culture, race, age, sexual identity, and disability status of the patient.
- b. Demonstrate an awareness of financial limitations and rising healthcare costs to provide patient centered care that is cost effective but doesn't compromise quality.
- c. Advocate for systems-based factors that serve as a barrier to patient care by identifying resources and support to improve patient compliance and outcomes.
- d. Identify and respond to the situations, circumstances, and actions that contribute to medical errors to improve patient care.

Academic Policies and Requirements for Promotion & Graduation

Attaining the MS-PA degree will require the successful completion of all didactic and clinical phase coursework. Specifics regarding course requirements are noted in course syllabi. Unless otherwise noted in the syllabi, failing to complete all required course assignments may result in a failing grade for that



course and subsequently may result in deceleration or dismissal. Students must maintain a 3.0 grade point average or better to progress to the clinical phase of the program. Failure to achieve a 3.0 GPA or better will result in academic probation or dismissal.

Grades

Performance in courses is commonly assessed by written and/or practical examinations, oral presentations and/or research papers. In designated courses throughout the program, grades will be recorded as a percentage. At the end of each course the percentage scores will be converted, following the Professionalism Demeanor Multiplier (PDM – described below), to a grade, A through F.

Specifically, the MS-PA program uses the following grading conversion scale for all course grades:

Final Course Percentage	Letter Grade	Quality Points
≥95%	A	4.0
90% - 94.9%	A-	3.7
87% - 89.9%	B+	3.3
83% - 86.9%	B	3.0
80% - 82.9%	B-	2.7
77% - 79.9%	C+	2.3
73% - 76.9%	C	2.0
< 73%	F	0

Satisfactory Progress, Academic Warning and Probation, Dismissal, Leave of Absence & Withdrawal

Policies and procedures regarding satisfactory progress, academic warning and probation, dismissal, leave of absence, withdrawal, and deadlines are covered in the Monmouth University Graduate Catalog. Specific to the MS-PA program, if a leave of absence or withdrawal does occur resulting in student deceleration (i.e., rejoining the program at a later date to restart the curriculum), such will be permitted only once in the program and students must return to the program within one year of the last day attended.

Importantly, many state licensure agencies, credentialing agencies, and facilities require the program to report if students were placed on academic probation. Reporting such issues, which, again, is a requirement placed on the program, may delay licensure and credentialing.

Policies and Procedures for Progression, Remediation and Deceleration

The MS-PA program is specifically formatted to educate students in advanced clinical sciences, enabling graduates to become successful and highly competent Physician Assistants. Because of the difficulty and volume of the information presented, PA programs are well known as some of the most challenging graduate level programs. As such, the below remediation policy was developed with recognition of the following:

- Physician Assistants need to be self-directed career-long learners of the medical sciences.
- A major portion of any Physician Assistant educational program involves independent studying.
- Because of the pace of accelerated PA programs, little opportunity exists for in-class instructional review of previously presented material.
- The educational process proceeds, week to week, building on previously presented and learned material.
- Presentations and lectures in the program should be considered supplemental to readings.



- In order to be successful, students need to continually master presented material on a day-to-day, week-to-week, month-to-month, and/or module-to-module basis.

Throughout the program, evidence of information mastery is monitored via student performance on written, oral and practical evaluations. Students are encouraged to contact the relevant faculty or instructor at any time to improve their mastery of the material. Student progress is monitored by the Academic Coordinator in a manner that promptly identifies deficiencies in knowledge or skills and establishes means for remediation as described herein.

Students are required to maintain a GPA greater than 3.0 in the program. If a student fails to maintain a GPA of 3.0 at the conclusion of the didactic phase of the program, they cannot progress to the clinical phase of the program and are subject to dismissal. Students must pass all courses to progress to the subsequent semester. Course failures during the didactic phase of the program are subject to dismissal. During the clinical phase of training, failure of any portion of an individual clerkship during a Supervised Practical Clinical Experience (SCPE), will be subject to failure and/or remediation for that clerkship and be brought before the Progress and Promotion Committee for the remediation plan as per the policy described below.

The remediation process is multi-faceted and designed to identify the student's barrier to success. Students identified by the Academic Coordinator will be asked to complete a self-evaluation. This self-evaluation will result in the student meeting with their individual Academic Advisor to discuss the evaluation. Once the barriers are identified, an individualized learning plan is developed and implemented for success.

In some cases, a different and course-specific remediation policy may be applied and, if so, this will be clearly noted in the course syllabus. Course Directors will be available to facilitate remediation when needed. If a Course Director is not available, the Program Director will assign the role to another faculty member.

Importantly, all student conduct/professionalism policies apply to remediation, including policies related to examinations. For remediations that involve papers, projects, or similar activities, and unless informed differently by



the course director, students are expected to work on any remediation assignments alone, and without assistance from others. Failure to do so is considered a violation of student conduct/professionalism policies and subject to consequences up to and including dismissal.

Remediation

In the MS-PA program, remediation is defined as the re-study and/or retraining of material for which the student has not evidenced competency and occurs in the following ways: (a) remediation of evaluation (e.g., written or practical examination, OSCE) without potential for grade change; (b) remediation of evaluation for grade change.

Intention of the Remediation Policy

Remediation is the re-teaching and re-learning of material for which the student has not achieved mastery. Remediation does not necessarily include post-remediation evaluation/testing. The goal of remediation is to identify, based on course instructional objectives and evidenced by poor performance on examination(s), areas of weaknesses of material, and, once identified, to assist the student in overcoming those weaknesses and develop mastery of the material. Course Directors may allow remediation with other assessment tools/methods at their discretion.

Deceleration

Specific to the MS-PA program and as defined by ARC-PA, deceleration is defined as stopping progress in the MS-PA program and remaining matriculated in the program and returning at a later time. Deceleration can be instituted for academic or non-academic reasons. A deceleration for non-academic reasons a student will cease progress in the program and rejoin at a later date. This can occur at a later date within the same cohort or they can return with the next cohort of admitted students. Students returning to the program with a later cohort will be subject to needing to demonstrate competency of the same level of the cohort to which they join. Students who decelerate for non-academic reasons must return to the program within one year. Students with poor academic performance may be subject to dismissal. As per Monmouth University Graduate Catalog and Student Handbook policy students who have been academically dismissed have the right to appeal that decision in writing to the graduate academic and standards review committee. If an appeal is granted, an academic plan including deceleration will be developed with the Program Director as per university policy.

Didactic Phase Evaluation and Remediation

The following policies, in addition to the above, apply to didactic phase evaluations and remediation.

- A passing grade for any evaluation/assignment is represented by achieving a grade of 73% or greater. Any grade <73% constitutes failure of an evaluation/assignment and **requires** either informal or formal remediation.
- To receive credit, all remediation assignments and retesting of examinations/evaluations must be completed and submitted by the Course Director's chosen deadline.
 - Late remediation assignments, examinations/evaluations, regardless of how late, will not be accepted for credit and, as such, students will receive the original final grade on their examination/evaluation.
- Quizzes cannot be remediated for grade change.
- Students must complete all remediation prior to the start of the next semester unless receiving an Incomplete for the course.
 - The Course Director, after meeting and discussing with the student, will decide on the remediation timeline during the specific semester. At the discretion of the Course Director, remediation(s) may be completed during the semester or during the semester break but must be completed prior to the start of the next semester.
- Remediation for a failed examination involves a three-step process including:
 - Step 1: Identification of weakness area
 - Students will receive a summary of exam results via a strengths and opportunities report.
 - Step 2: Development of remediation study plan based on the identified area(s) of weakness.
 - Step 3: If applicable, evidencing proficiency of failed material
- Not all remediation will include post-remediation assessments. This will be detailed in course syllabi. If a post-remediation assessment does occur, students will be reassessed by the Course Director after completion of the remediation. The assessment activity may vary, at the discretion of the Course Director and depending on



the nature of deficiency and degree of remediation necessary. The activity may include, but not be limited to:

- Make-up written, oral, or practical examination
- Written completion of selected course instructional objectives with reference citations
- Written response to selected examination items with reference citations
- Problem based learning exercise(s) focused on area(s) of weakness
- Written self-reflection exercise(s)
- Maximum points applied is capped at a score of 73%, the original examination score would only be improved to 73%. Students are eligible for one remediation for grade change per course per semester.
- As TMS is the course most predictive of PANCE success, any student that receives a C+ or below on any TMS exam will be required to complete remediation tasks prior to starting the next TMS course. (Ex. Must complete TMS I remediation prior to TMS II). For TMS III, these tasks must be completed prior to clinical prep. For **EACH** task not completed, a PDAT will be given in the subsequent course. (Ex. If a student has 2 Cs on exams in TMS II and fails to complete both tasks, they will receive two separate PDAT violations in TMS III)
- Any student identified as at-risk following PACKRAT I will not be permitted to progress to the first clerkship until remediation tasks are complete.
- Final examinations are NOT permitted to be remediated for grade change. Additionally, failure to attend a scheduled final examination will result in a grade of 0. If for any reason extenuating circumstances occur, it is the student's responsibility to contact the program in a timely manner.

Clinical Phase Remediation

SCPE course grades are comprised of End-of-Rotation Examinations (EOREs), case-based performance evaluations (e.g., objective structured clinical examinations; OSCEs), logging of patient cases and clinical experience hours, preceptor evaluations, and professionalism.

Remediation processes in the clinical phase:

- Remediation policies for clerkship components are specified in the Supervised Clinical Practice Experiences course syllabi.
- For End of Rotation (EOR) Exams and End of Program Summative Exams
- End of Rotation Exams:
 - All students must "pass" an End Of Rotation (EOR) exam with 73%, however they must also demonstrate minimum competency of 80% on every EOR exam.
 - If a student scores < 80% on an EOR exam and has passed all the other components of the SCPE, they can remediate that EOR exam at a later date during clinical year prior to graduation.
 - If the student scores < 80% on the retake of the same EOR exam, the student must retake the exam until they demonstrate minimum competency of 80%.
 - If the student scores < 73%, it is considered a failure and will require remediation of the exam prior to progressing to the next clerkship. If the student then scores less than 73% on the remediated exam they will need to repeat the clerkship. If a student scores < 73% on the EOR of a clerkship that has been repeated, the student may be subject to dismissal. A minimum competency of 80% must be achieved or the student will be subject to dismissal or evaluation by the Progress and



Promotion Committee. The committee will convene to make the final determination as to satisfaction of competency regarding each student.

- Retake of EOR exams **only take place during a call back week or following a selective SCPE** (ie. Retake exams will not be given following SCPEs with a callback day)
- Maximum points applied is capped at a score of 80%, i.e. the original examination score would only be improved to 80%.
- A maximum of two clerkships can be repeated secondary to failure or the student will be subject to evaluation by the Progress and Promotion committee and dismissal. The committee will consult with the entire academic and clinical faculty to make the final determination as to satisfaction of competency regarding each student.

In cases where the student's graduation is delayed, the student is responsible for any subsequent tuition and fees related to the extra coursework.

Policies and Procedures for Grievances and Appeals

The MS-PA program follows the MU Student Handbook and the Graduate Catalog information on student grievances

and appeals. Information on student complaints about grades and change of grades requests can be found in the Graduate Catalog at the following link: <https://catalog.monmouth.edu/graduate-catalog/academic-programs-support-services-regulations/grades/grade-reports/>. Student grievances regarding equal opportunity, harassment, and nondiscrimination can be found at the following link: <https://catalog.monmouth.edu/graduate-catalog/responsibilities-policies-university/>.

Policies and Procedures Regarding Employment While Enrolled in the Program

Employment While Enrolled Strongly Discouraged

Because of the pace and rigor of the program, students are strongly discouraged from working while in the program. Please keep in mind that PA education is well known to be among the most difficult of graduate education experiences. Experience has taught us that students holding employment during enrollment struggle significantly more than other students in regard to academic success.

The following guidelines are meant to help the student in deciding about work during their participation in the PA program:

- Employment while enrolled is strongly discouraged.
- Students who work are encouraged to make this known to their academic advisor.
- Students who are working and find themselves in academic difficulty will be advised to consider terminating that work.
- Coursework and all required activity schedules will not be altered to conform to employment. Your education must remain your primary responsibility when balancing work and school.

Policy Regarding Working for the MS-PA Program or Clinical Sites (Accreditation Standard

A3.02) Besides graduate assistant opportunities (see MU Graduate Handbook) a student may not, at any time during enrollment, be employed by the program or serve for or function as instructional faculty. Additionally, students cannot, at any time during enrollment, substitute for clinical or administrative staff including but not limited to when on Supervised Clinical



Practice Experiences (SCPEs) or other clinical practice activities.

Policy for student travel to required rotation sites

All of the program's SCPEs are located in the same region as the program, including the NY Metropolitan Area and the state of NJ with the vast majority of sites located within 60 miles of our campus. Unlike many other programs, students do not have to relocate for clerkships. There is an opportunity for students to suggest additional sites and the policies and procedures for this are outlined in the student handbook.

Students are responsible for their own transportation to and from clerkships and any related travel expenses (e.g., transportation, gas, tolls). If the student should lose their transportation prior to or during a clinical clerkship rotation (e.g., due to a disabled or lost vehicle), it is the student's responsibility to find alternate transportation. Although the program does attempt to place students in clerkships closer to their residence location when those sites are further than a one-hour commute from the graduate center, this cannot be guaranteed. Due to clinical rotation site limitations, the program is not able to accommodate students requesting specific commutes, locations, or environments for clinical clerkship rotations unless this is part of an approved disability services accommodation, and it is feasible to do so for the program.