

**UNIVERSITY OF MISSOURI-KANSAS CITY  
SCHOOL OF MEDICINE  
PHYSICIAN ASSISTANT PROGRAM**



**2024 STUDENT HANDBOOK**

## About the Handbook

This student handbook has been compiled to acquaint students with the available resources and provide information regarding the policies and procedures applicable to students in the Master of Medical Science Physician Assistant (MMSPA) program. This manual is not all-inclusive but contains detailed information for students in the program.

Additional direction to access supplemental or more comprehensive information, when applicable, is provided. Other important resources include the following:

[MMSPA Program Website](#)

[School of Medicine Office of Student Affairs](#)

[UMKC Graduate Academic Regulations in the UMKC catalog](#)

[University of Missouri System Collected Rules and Regulations: Programs, Courses, and Student Affairs](#)

### Supplemental Documents to Support Student Handbook

Policy on Standards of Conduct for Teacher/Learner Relationships

**Note: This version of the UMKC PA Program Student Handbook replaces all previous versions and is applicable to all enrolled students in the PA program. Effective Date: 01-01-2024.**

In May of 2022, the American Academy of Physician Assistants (AAPA) voted to adopt “physician associate” as the official title for the PA profession. Currently, the AAPA does not recommend that PAs use the term physician associate in the clinical setting. Because we remain in a transition period, the program will continue to refer to our professional title as “physician assistant” but “PA” when possible. In this handbook, references to “physician assistant” or “physician associate” are used interchangeably.

\*Italicized letters and numbers next to handbook sections reference Accreditation Review Commission on the Education for the Physician Assistant (ARC-PA) Standards- Fifth Edition. These indications throughout the handbook identify information/policies that assist the program in being compliant with the respective Standard(s).

# Table of Contents

Page

Program Logo .....	01
About the Handbook .....	02
Table of Contents .....	03
<b>Section A: Administrative Information and Policies .....</b>	<b>07</b>
A1. Program Sponsorship .....	07
Introduction to the UM Systems, UMKC, and UMKC School of Medicine (SOM) .....	07
UMKC SOM Mission and Vision .....	07
UMKC SOM Organizational Chart .....	08
Introduction to the Department of Graduate Health Professions in Medicine .....	09
Graduate Health Professions in Medicine Organizational Chart .....	09
A2. Introduction to the UMKC PA Program .....	10
Mission, Vision, and Goals .....	10
National and State Affiliate Organizations .....	10
ARC-PA .....	10
NCCPA .....	11
NCCPA Core Competencies .....	11
Board Certification Exam .....	11
PANCE Blueprint .....	11
PAEA .....	11
AAPA .....	11
PA Foundation .....	11
MOAPA .....	12
KAPA .....	12
PA Historical Society .....	12
A3. Program Faculty and Department Personnel .....	12
Program Faculty .....	12
Principal Faculty .....	13
Department Personnel .....	13
A4. Operations .....	13
SOM and Program Committees .....	13
Graduate Programs Governance Chart .....	15
Attendance and Campus Closure .....	16
Attendance .....	16
Didactic Phase .....	16
Clinical Phase .....	16
Planned Absence .....	17
Travel Time for Call Back Days .....	17
Conferences .....	17
Interview Times .....	18
Unplanned Absences .....	18
Exposure Absences .....	18
Campus or Program Cancellation of Program Educational Activities .....	18
Campus Closure for Inclement Weather .....	18
Didactic Phase and On-Campus Events for Clinical Phase Students .....	18
Clinical Phase Students on Rotation .....	19
Clinical Phase Students Rotating in Kansas City Area .....	19
Clinical Phase Students Rotating Outside the Kansas City Area .....	19

Campus Closure - Non-weather Related .....	19
Jury Duty .....	19
Program Absences .....	19
Short-Term Absence .....	20
Didactic Phase .....	20
Clinical Phase .....	20
Leaves of absence .....	20
Personal .....	20
Procedure for Requesting .....	20
Procedure for Returning .....	21
Medical .....	21
Conditions for Medical Leave .....	22
Procedure for Requesting .....	22
Procedure for Returning .....	22
Emergency .....	23
Procedure for Obtaining .....	24
Procedure for Returning .....	24
Administrative .....	25
Procedure for Placement .....	25
Procedure for Returning .....	25
Student Records .....	26
Access to Student Information .....	26
Project Concert .....	26
Communication, Electronic, Social Media Policies .....	27
Social Media .....	27
Single Sign On (SSO) and UMKC Email Communication .....	28
Telephone .....	28
Video or Audio Recordings of Course Content .....	28
Sharing Course Materials Outside the Program .....	29
Student Research .....	29
Student Employment .....	29
Outside the Program .....	29
Within the Program .....	29
Appearance and Identification Policy .....	29
A5. Matriculation Requirements and Information .....	31
Tuition, Fees, and Other Program Costs .....	31
Background Screening .....	31
Drug Screening and Testing .....	32
Annual Immunization Requirements .....	32
Annual Technical Standards Screening Requirements .....	34
Health Insurance .....	34
Pathway and Course Registration .....	35
Proof of Class Registration .....	35
Malpractice Coverage .....	35
Emergency Contact Information .....	35
Transfer, Experiential Learning, or Advanced Placement Credit .....	35
Technical Standards .....	35
<b>Section B: Curriculum Information and Policies .....</b>	<b>38</b>
B1. Program Competency Domains and Learning Competencies/Outcomes .....	38

B2. Curriculum .....	40
B3. Didactic Instruction .....	40
Course and Instructional Scheduling .....	40
B4. Clinical Instruction .....	41
Pre-requisites for the Clinical Phase.....	41
HIPAA Compliance .....	42
OSHA Guidelines.....	42
Student-Initiated Clinical Experiences .....	42
Elective Clinical Course Experiences.....	43
Travel, Transportation, and Housing.....	43
Preceptors and Supervision.....	43
Program Responsibilities for Clinical Experiences .....	44
Student Responsibilities for Clinical Experiences .....	44
Clinical Experience Guidelines.....	45
Clinical Role of the Student .....	46
Chaperones During Sensitive Exams and Procedures .....	46
Course Map .....	47
B5. Professionalism .....	48
Code of Professional Ethics for the Physician Assistant .....	48
UMKC SOM Standards of Professional Conduct .....	48
Standards of Conduct for Teacher/Learner Relationships .....	57
Suspected Violations of Professional Standards .....	57
Honor Council Procedures for Violations of Professional Standards.....	58
In-Seat Classroom Instruction and Professional Behavior .....	65
Online Classroom Instruction and Professional Behavior .....	66
<b>Section C: Exam, Evaluations, Grading and Advising Policies .....</b>	<b>67</b>
Examination and Testing Policy .....	67
Grading Policy .....	67
Grade Appeal Policy .....	67
Advising .....	67
C1. Assessment of Student Learning .....	68
Identification of Academic Difficulties .....	68
Remediation and Retesting .....	68
Didactic Phase .....	68
Clinical Phase .....	69
Summative Evaluations .....	69
C2. Evaluations and Feedback .....	69
Completed by the Student .....	70
Completed by the Faculty .....	70
Student Promotion and Progression .....	70
Program of Study .....	70
Committee on Progression .....	70
Promotion .....	71
Probation .....	71
Separation .....	71
Retention .....	71
Graduation .....	71

<b>Section D: Accreditation Statement and Overview</b> .....	72
D1. Accreditation Statement .....	72
Standards of Accreditation .....	72
Program Self-Assessment .....	72
Program Closure/Teach Out Policy .....	72
<b>Section E: University, SOM, and Program Student Resources, Information, and Policies</b> .....	73
E1. Academic Support Resources .....	73
Health Sciences Library .....	73
Experiential Learning Center .....	73
Clinical Training Facility .....	73
E2. SOM Office of Student Affairs .....	73
Education Coordinator .....	74
Academic Support .....	74
Wellness .....	74
Student Financial Counseling .....	74
Office of Financial Aid and Scholarships .....	47
Student Organizations .....	74
Physician Assistant Student Association (PASA) .....	75
E3. Diversity, Equity, and Inclusion (DEI) Resources .....	75
SOM Office of Diversity, Equity, and Inclusion .....	75
SOM Statement on Diversity, Equity, and Inclusion .....	75
Office of Equity and Title IX .....	75
Student Accessibility Services.....	76
Equal Educational Opportunity and Equity Resolution Process for Resolving Complaints .....	77
Statement on Discrimination, Intimidation, and Sexual Harassment .....	77
Reporting Mistreatment at the School of Medicine .....	77
SOM Student Ombudsperson .....	77
Multicultural Student Affairs .....	77
SOM Meditation/Prayer Room .....	77
LGBTQIA+ Programs and Services .....	78
RISE: Resources, Intervention, Support & Education .....	78
Student Veteran and Military Resources .....	78
SOM Lactation Room .....	78
E4. Student Health, Wellness, and Safety .....	78
Faculty as Student Health Providers .....	78
UMKC Student Health .....	79
UMKC Counseling Services .....	79
Timely Care Virtual Health App .....	79
Sanvello App .....	79
Infectious, Communicable Disease, and Environmental Hazards Policy .....	79
Exposure Prevention and Post-Exposure Information .....	80
Medical Management and Return to Clinical Activities .....	82
Student Financial Responsibility for Health-Related Expenses .....	82
Effects of Exposure/Illness/Injury on Student Learning Activities .....	82
Graduate Student Lounge and Lockers .....	82
Kangaroo Pantry-Health Sciences District Satellite Site .....	83
UMKC Police Department and Safety Information .....	83

## Section A: Administrative Information and Policies

### A1. Program Sponsorship

#### UM System, UMKC, and UMKC School of Medicine (SOM)

##### UM System

The University of Missouri System (UM) is composed of the University of Missouri – Columbia (MU), the University of Missouri – Kansas City (UMKC), the Missouri University of Science and Technology (Missouri S&T) – located in Rolla, and the University of Missouri – St. Louis (UMSL). The UM system supports more than 70,000 students and serves all 114 counties in Missouri and beyond.

The vision of the UM System is to advance the opportunities for success and well-being for Missouri, our nation, and the world through transformative teaching, research, innovation, engagement, and inclusion.

##### UMKC

Founded in 1933, UMKC is the largest comprehensive, fully accredited university in the Kansas City area. Its faculty are leaders in their fields, and its students come from all 50 states and 85+ countries, enriching the community with diverse perspectives.

##### University of Missouri-Kansas City School of Medicine

The UMKC SOM was founded on July 1, 1973, at Kansas City General Hospital with three residents making it one of the nation's first to be endorsed by the Liaison Residency Endorsement Committee, a precursor organization to the Accreditation Council on Graduate Medical Education.

In December 1976, the program moved into the brand-new University Health Truman Medical Center (UHTMC), which is still its primary clinical education site and continues to serve as the “safety net” hospital for adults in Kansas City, Missouri. Near UHTMC are Children’s Mercy Hospital and Saint Luke’s Hospital, which also serve as affiliated teaching hospitals.

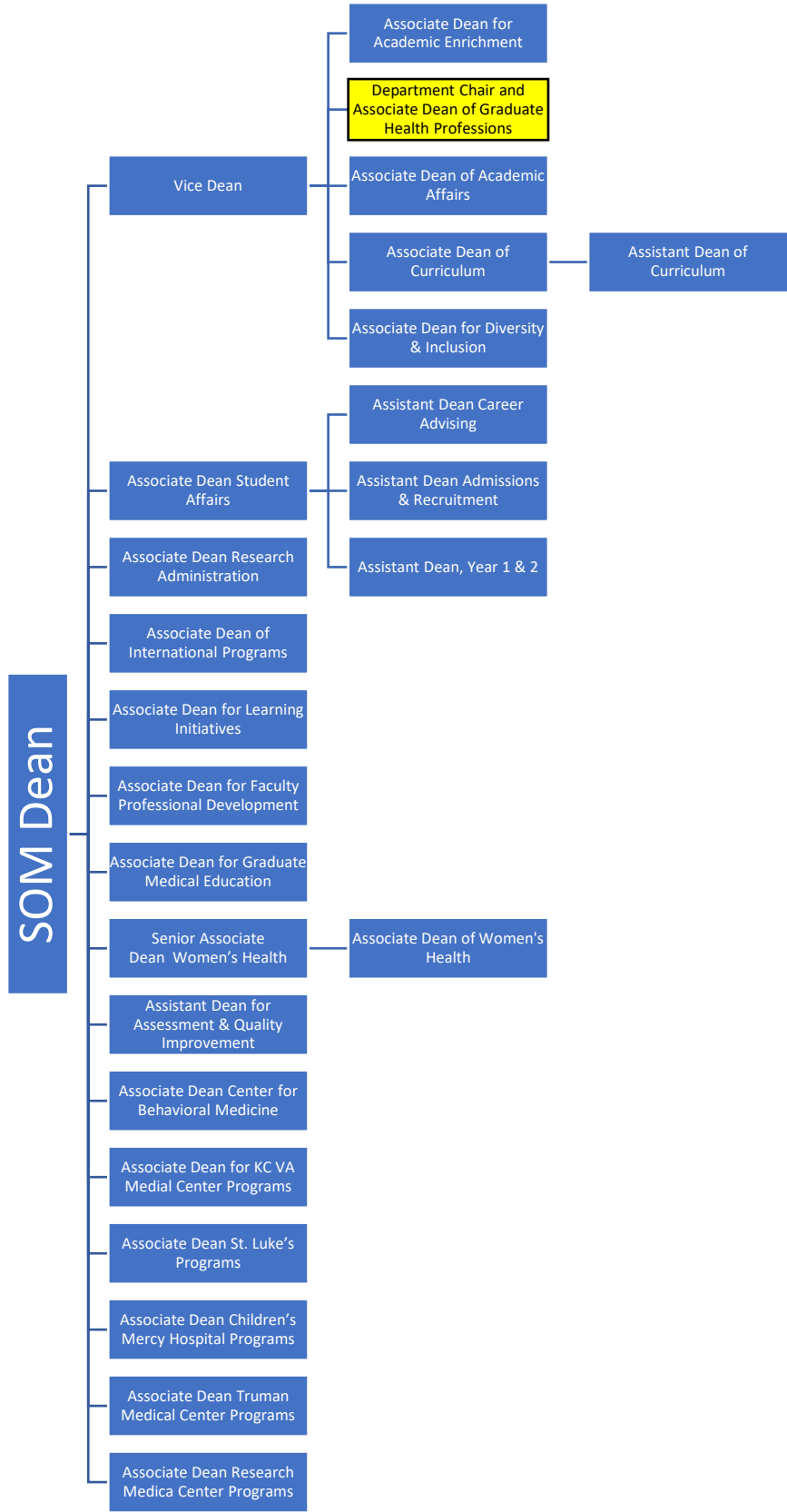
Many things with UHTMC have changed over the years, but the hospital's mission has not and is exemplified by the Shakespearean quote still found over the entrance to the Old General Hospital. It reads, “The quality of mercy is not strained. It droppeth as the gentile rain from heaven upon the place beneath. It is twice blessed. It blesses him that gives and him that takes.”

##### UMKC SOM Mission and Vision

The mission of the University of Missouri-Kansas City School of Medicine is to improve the health and well-being of individuals and populations through innovative educational programs in medicine and biomedical science, cutting-edge biomedical research, and leadership in academic medicine. The school strives to implement this mission with the highest professional and ethical standards in a culture of diversity and inclusiveness and in an environment that enables each individual to develop to their full potential.

The vision of the UMKC School of Medicine is to aim to be the anchoring institution for a leading academic health center.

# SOM Organizational Chart

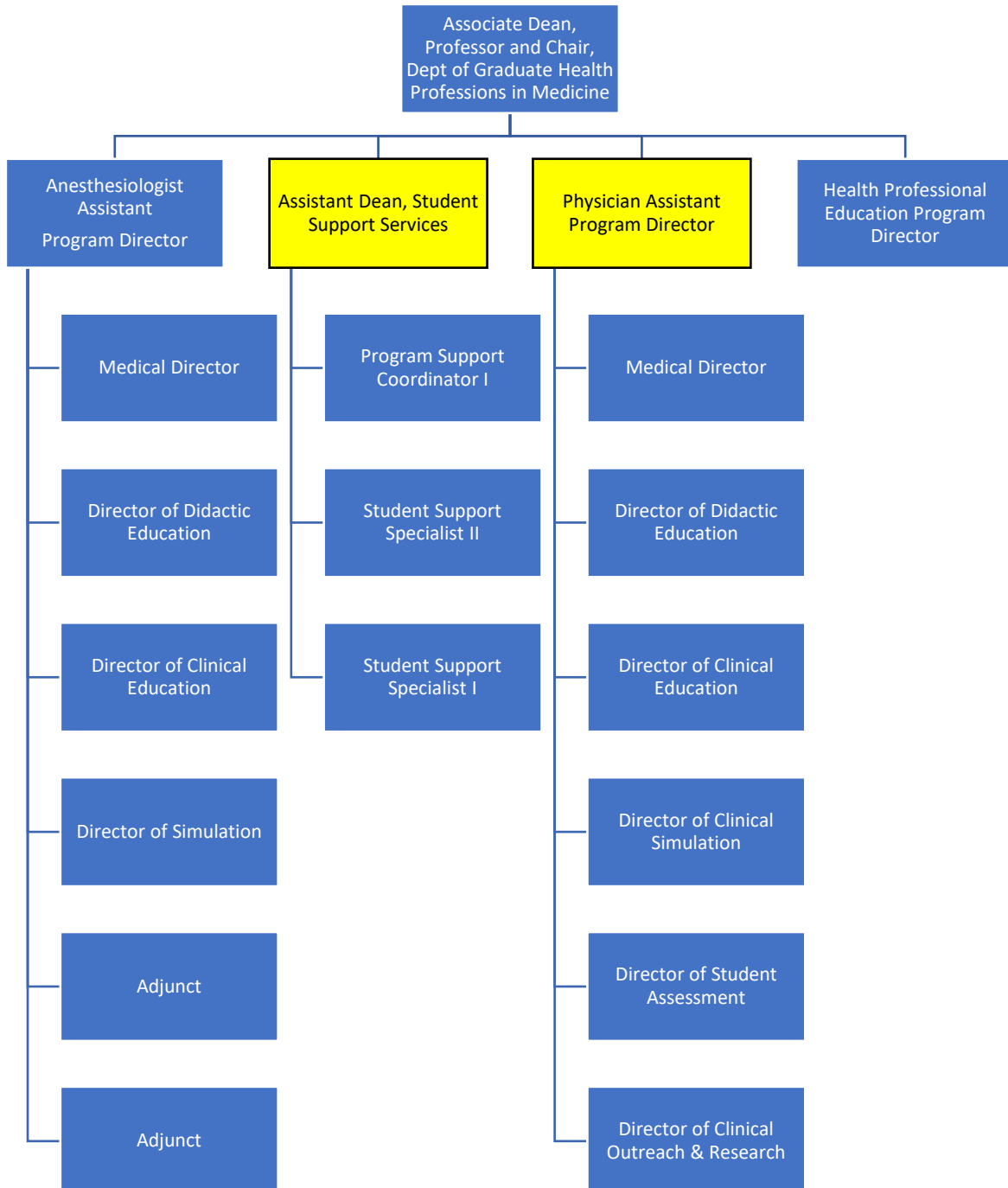




## Department of Graduate Health Professions in Medicine

The Department of Graduate Health Professions in Medicine was established in 2018 and is housed within the UMKC School of Medicine. The department is comprised of the Master of Science in Anesthesia Program, the Physician Assistant Program, and the Health Professional Education Program. Administrative and Student Support Services assists all department programs.

### Graduate Health Professions in Medicine Organizational Chart



## A2. UMKC School of Medicine PA Program

The UMKC PA program comprises a cohort of students with predetermined courses that progress through the program together.

### Program Mission

The mission of the Master of Medical Science Physician Assistant Program (MMSPA) is to educate competent, compassionate, and culturally-aware physician assistants who are prepared to meet the healthcare needs of our community. Graduates will advance the Physician Assistant profession through clinical excellence, service, and dedication to professional stewardship.

### Program Vision

The UMKC MMSPA Program will be a leader in PA education, recognized by the quality of our graduates, community partnerships, and academic excellence.

### Program Goals

1. To graduate competent Physician Assistants.

*Specific objectives:*

- Program PANCE pass rate equal to or above the national average
- Graduates will meet the published Program graduate competencies and requirements

2. To advance the Physician Assistant profession.

*Specific objectives:*

- To increase employment of PAs in the state of Missouri
- To place graduates in both rural and urban underserved areas
- Recruit a highly qualified and diverse faculty, staff, and student body
- Promote a culture of service among students and faculty

### National and State Affiliate Organizations

#### ARC-PA

The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) is the accrediting agency that protects the interests of the public and PA profession by defining the standards for PA education and evaluating PA educational programs within the territorial United States to ensure their compliance with those standards.

The ARC-PA is an independent accrediting body authorized to accredit qualified PA educational programs leading to the professional credential, Physician Assistant (PA). Accreditation is a quality assurance process determining whether the program meets established standards for function, structure, and performance. The ARC-PA does not accredit any academic degree awarded by the sponsoring institution of the PA program.

The ARC-PA encourages excellence in PA education through its accreditation process by establishing and maintaining standards of quality for educational programs. It awards accreditation to programs through a peer review process that includes documentation and periodic site visit evaluation to substantiate compliance with the Accreditation Standards for Physician Assistant Education. The accreditation process encourages sound educational practices and innovation by programs and stimulates continuous self-study and improvement.

## [NCCPA](#)

The National Commission on the Certification of Physician Assistants (NCCPA) is the only certifying organization for PAs in the United States. Established as a not-for-profit organization in 1974, NCCPA provides certification programs that reflect standards for clinical knowledge, clinical reasoning, and other medical skills and professional behaviors required upon entry into practice and throughout the careers of PAs.

### [NCCPA Core Competencies](#)

The NCCPA Competencies define the specific knowledge, skills, and attitudes that physician assistants in all clinical specialties and settings in the U.S. should be able to demonstrate throughout their careers. They are designed to serve as a roadmap for PAs, teams of clinicians, health care systems, and other organizations committed to promoting the development and maintenance of professional competencies among PAs. Some competencies are acquired during the PA education program, and others are developed and mastered as PAs progress through their careers.

### [Board Certification Exam](#)

Upon graduating from the PA program, graduates take the Physician Assistant National Certifying Examination (PANCE) for board certification.

### [PANCE Content Blueprint](#)

The PANCE content blueprint provides guidance on the information assessed on the PANCE and is categorized into general categories. The first is knowledge of the diseases and disorders physician assistants' encounter. The second is knowledge and skills related to tasks physician assistants perform when treating patients.

## [PAEA](#)

The Physician Assistant Education Association (PAEA) is the only national organization representing physician assistant educational programs in the United States. Currently, all the accredited programs in the country are members of the Association. PAEA provides services for faculty at its member programs, as well as to applicants, students, and other stakeholders.

## [AAPA](#)

The American Academy of Physician Associates (AAPA) is the national professional society for PAs (physician associates/physician assistants). It represents PAs across all medical and surgical specialties in every state, the District of Columbia, U.S. territories, and the uniformed services.

AAPA advocates and educates on behalf of the profession and the patients PAs serve. They ensure professional growth, personal excellence, and recognition of PAs. We also enhance their ability to improve the quality, accessibility, and cost-effectiveness of patient-centered healthcare.

### [PA Foundation](#)

The Physician Associate Foundation is a national nonprofit organization that promotes better health and wellness by providing PAs and PA student with philanthropic opportunities and resources. It is the philanthropic arm of the AAPA, representing a profession of approximately 168,000 PAs across all medical and surgical specialties in all 50 states, the District of Columbia, U.S. territories, and the uniformed services.

Since 1977, the PA Foundation has worked to promote better health and to positively impact the live of PAs, students, their patients, and the communities they serve.

### [MOAPA](#)

The Missouri Academy of Physician Assistants (MOAPA) is a constituent organization of the AAPA. The purpose of MOAPA is to render loyal and honest service to the medical profession and to the public, to develop and administer continuing educational programs for the Physician Assistant and the Academy membership, to promote the Physician Assistant concept through education of professional and lay people, to promote similar interests in the student societies, and any other purposes not prohibited by law.

### [KAPA](#)

The Kansas Academy of Physician Assistants (KAPA) is a constituent organization of the AAPA. KAPA serves as the official representative voice for the Physician Assistants in Kansas.

KAPA's purpose is to enhance the quality of medical care of the citizens of Kansas by promoting the profession and providing medical education resources to Physician Assistants, other health professionals, the legislative and governing bodies and to the public. They accomplish this by promoting quality, cost-effective, and accessible health care, and by supporting the professional and personal development of physician assistants.

### [PA Historical Society](#)

The Physician Assistant History Society, Inc., is dedicated to the history and legacy of the physician assistant profession through the identification and collection of appropriate papers, manuscripts, magazine and newspaper clippings, newsletters, reports, dissertations, oral histories, and visual artifacts, such as films, slides, videos, photographs, and digital images.

## A3. Program Faculty and Department Personnel

### **Master of Medical Science Physician Assistant (MMSPA) Program Faculty and Staff**

*(A1.07, A2.01, A2.02a-b)*

#### **Program Administrators**

##### **Program Director**

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#### **School of Medicine Administrators**

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**Director of Clinical Outreach and Research**  
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## **Support Personnel**

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## **A4. Operations**

### **General Information, Policies, and Procedures (A3.01, A3.02)**

Upon admission acceptance, students have many responsibilities to maintain an active status in the program. These may seem overwhelming and repetitive at times and may be associated with costs to the student; however, they are crucial to a student's ability to complete the program and become a certified professional. Students must become familiar with the university and program policies that govern student status in the program. The program will notify students if assigned to a clinical site where the policies differ and supersede the programs.

### **SOM and PA Program Committees**

Several committees and councils play important roles in student admission, progression, and graduation.

### **School of Graduate Studies**

The minimum criteria for admission and progression/graduation are set by the Graduate Academic Regulations and Governing Councils of the UMKC School of Graduate Studies. Specific degree programs, i.e., the MSA and MMSPA programs, may define more stringent criteria.

### Advisory Committee

The purpose of the MMSPA Advisory Committee is to gather a diverse group of individuals committed to making a positive impact on health care by supporting, advising, and giving recommendations in the development, marketing, and community outreach of the UMKC MMSPA program.

### Admissions Committee

The purpose of this committee is to select and admit qualified applicants to the MMSPA Program. This committee is also responsible for determining admissions criteria and ensuring compliance with admissions policies and procedures. Student representatives serve on this committee.

### Curriculum Committee

The purpose of the MMSPA Curriculum Committee is to support the program faculty in curriculum design, course selection, and program evaluation.

### Committee on Progression

The responsibility of the Committee on Progression (COP) is the development of policies and procedures for the academic assessment of students in the School of Medicine graduate programs regarding student progression, probation, separation, and graduation. The Committee on Progression assesses the status of individual students to make recommendations for progression, probation, separation, and graduation to the School of Medicine Graduate Council. Students should become familiar with the policies and procedures of this committee (included in the handbook).

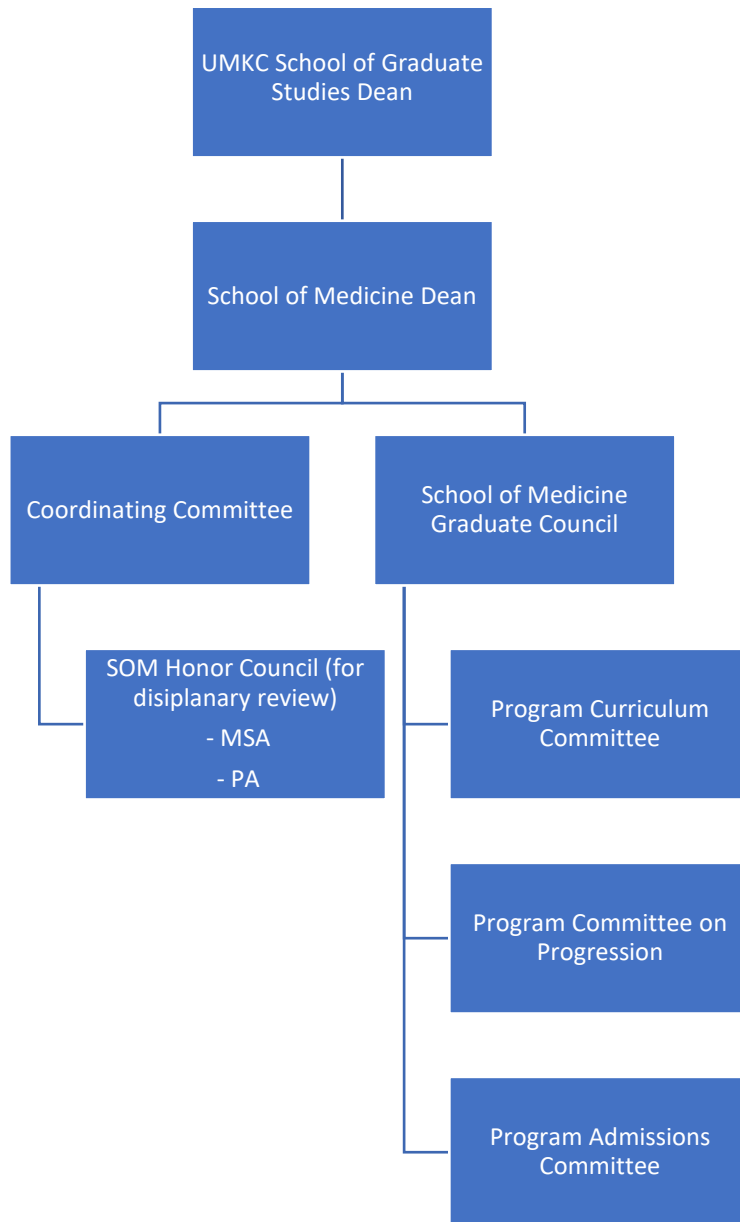
### School of Medicine Graduate Council

This council oversees the academic aspects of the Graduate Programs at the School of Medicine (SOM). The council reviews and formulates appropriate recommendations relevant to policies regarding student admissions, curriculum, student assessment, graduation, dismissal, and discipline of each program to assure quality, adherence to UMKC's School of Graduate Studies regulations, and appropriate consistency across programs. The Council makes final determinations regarding an individual student's academic progress. Student appeals regarding dismissal are made to the Graduate Council. Following communication with the course instructor and program, grade appeals may also be reviewed by this council. Students should refer to the full grade appeal process provided later in the handbook for more details.

### Honor Council

The Honor Council is concerned with incidents of alleged violations of the School of Medicine's Standards of Professional Conduct by UMKC School of Medicine students enrolled in the MD or graduate Professional programs (MSA and MMSPA). Whether such violations occur on the Volker campus, in classes, or during clinical experiences at affiliated hospitals and clinics through the School of Medicine, they are reported to, investigated, and evaluated by this Council. Further information can be found in the Standards of Professional Conduct.

## SOM Graduate Programs Governance Chart



## Attendance and Campus Closure

### Attendance

#### Didactic Phase

Attendance at all instructional periods is expected. Students shall provide a written report to the program director and course instructor regarding the reason for an absence a minimum of 24 hours before the absence, unless not possible due to the circumstance of the absence. Students requesting an absence from a didactic class will be responsible for the material presented in class and must make arrangements to complete missed assignments or exams. Any missed assignments or exams must be made up at the instructor's discretion. If an absence is determined to be unexcused by the program or course director, the ability to complete missed assignments is not guaranteed. If a pattern of absences appears to surface, a student will be referred to the Committee on Progression. Examples of excused absences may be:

- Illness or healthcare appointments for acute matters. An absence of three or more consecutive days due to illness requires a written excuse from a health care provider of no relation to the student on official letterhead. The letter should be submitted to the program director.
- Special or unusual circumstances resulting in an absence, e.g., bereavement leave, jury duty.

#### Clinical Phase

Attendance during the clinical year is necessary for student development and success and is, therefore, mandatory. Each clinical rotation is a 4.0 credit hour course which typically lasts 4 weeks. During clinical rotations, students will follow the schedule of their assigned clinical rotation site and/or preceptor, which may include call, evenings, nights, shift-type work, non-UMKC holidays/breaks, and/or weekends.

The last Friday of each 4-week rotation is Call Back Day (CBD). Students will take their end-of-rotation exam (EORE), give their case presentations, and participate in other formative or summative practical exercises or testing. The afternoon of CBD is designated for the Professional Development for the PA course from 1:00 PM – 5:00 PM. Attendance & participation is mandatory. There will be no excused absences on CBD except for illness or emergency.

Other activities in the clinical phase for which attendance is mandatory include but are not limited to the Physician Assistant Clinical Knowledge Rating and Assessment Tool (PACKRAT) exam, end-of-curriculum exam assessment, summative practical exams, and capstone presentations.

Students are allowed five (5) daily absences during the clinical phase. Daily absence is defined as not being present, regardless of cause, to participate in clinical education and associated activities at any scheduled or assigned time, including call, evenings, nights, shift-type work, non-UMKC holidays/breaks, and/or weekends, as expected by the preceptor. Apart from rare, pre-approved instances, no more than one clinical absence may be used in a single rotation. In addition, a daily absence should be avoided on the first and last day of a clinical experience. Daily absences may not be used to extend program-designated time off/breaks or travel days. Absences, other than for illness or emergency, will not be granted for CBD. Any absence during a CBD will be counted toward the students allotted five daily absences.

The program may occasionally make unannounced phone calls, emails, and site visits to clinical sites to verify student attendance. Failure of the student to notify the proper individuals within the required timeline by the required method (i.e., Student Time Off Request Form, utilizing the student's UMKC email address) may result in an unexcused absence(s). Determination of an unexcused absence is at the discretion of the Clinical faculty. An unexcused absence(s) will result in the use of allowed daily



absence(s) and may result in referral to the Committee on Progression for non-adherence to MMSPA program policies. Additionally, an unexcused absence may result in failure to pass the course.

**Absences for any purpose, whether excused or unexcused, do not affect the rotation expectations or required learning outcomes. Supplemental learning and/or additional clinical time may be assigned at the discretion of the clinical faculty. A student must make up the time if the absence will lead to a deficit in hours and/or the student will not be able to meet required learning outcomes. It is at the discretion of the clinical faculty and preceptor to assign the make-up time.**

#### Planned Absences

All daily absences must first be approved by the Clinical faculty before discussion with the preceptor. The student must submit a PA Program Student Time Off Request Form via Microsoft Form, <https://forms.office.com/r/jTVbAEH3gZ>, to the program at least 30 days before the expected absence. Submission of the form does not guarantee approval. These requests will be reviewed on a case-by-case basis. If course requirements cannot be fulfilled by the student due to a requested absence, the clinical faculty may not approve the absence. Failure of the student to report a planned absence will result in an unexcused absence.

A student requesting to adjust their daily clinical hours, such as coming in late or leaving early from their assigned schedule, must notify the clinical faculty via an email from the student's UMKC email for approval. Based on the availability to make up the missed hours with the preceptor and other criteria determined by the clinical faculty, the student may be required to use a daily absence.

Any planned absences due to program requirements (standardized patient events, summative exam, PACKRAT, admissions interviews, clinical rotation site training/orientation, remediation, etc.) must be communicated to the preceptor by the student via an email from the student's UMKC email address within 48 hours of program notifying the student of required event.

#### Travel Time for Call Back Days

Students will be given an extra travel day on the day before CBD for any clinical rotation site that is greater than 200 miles from UMKC School of Medicine. Prior approval from the clinical faculty is required. The student must submit a PA Program Student Time Off Request Form via Microsoft Form, <https://forms.office.com/r/jTVbAEH3gZ>, to the program at least 30 days before the expected absence. Submission of the form does not guarantee approval. Once the request is approved, the student must notify the preceptor that they will end their rotation a day early to travel back to campus for Call Back Day. Failure to adhere to the approved dates or process shall result in an unexcused absence.

#### Conferences

It is the program's desire to promote dedication to the lifelong learning process needed for our profession. As such, students may request time off to attend regional and national PA conferences (e.g., American Academy of Physician Assistants National Conference, Missouri Academy of Physician Assistants Conference). Students must be in good academic and professional standing to attend.

Prior approval from the clinical faculty and preceptor is required. The student must submit a PA Program Student Time Off Request Form via Microsoft Form, <https://forms.office.com/r/jTVbAEH3gZ>, to the program at least 30 days before the expected absence. Submission of the form does not guarantee approval. Failure to adhere to the approved dates shall result in an unexcused absence.

### Interview Time

During the clinical phase, students may need time to attend job interviews. The student must submit a PA Program Student Time Off Request Form via Microsoft Form, <https://forms.office.com/r/jTVbAEH3g7>, to the program at least 10 days prior to the first day of the expected absence. It is also the responsibility of the student to inform the preceptor at the clinical site of the pending absence. No more than two days per interview request will be granted, and a maximum of 3 (2-day) interviews will be granted per student for the entire clinical year. If a student requires more than 3 interview sessions, students must take a daily absence. Interview days will not be granted after the student has formally accepted a job offer. Students are responsible for achieving program-defined learning outcomes. Supplemental learning and/or additional clinical time may be assigned at the discretion of the clinical faculty.

### Unplanned Absences

If a clinical absence is due to an unplanned situation such as illness or emergency, the student should notify both the Clinical faculty and their preceptor simultaneously **prior to the regular reporting time via an email from student's UMKC email**. Failure of the student to notify the clinical faculty and their preceptor of an absence before the regular reporting time may result in an unexcused absence. An absence of three or more consecutive days due to illness requires a written excuse from a health care provider of no relation to the student on official letterhead.

### Exposure Absences

Clinical attendance may be restricted for students who have had exposure to an infectious or environmental hazard based on policies of UMKC Student Health and/or a clinical site. Students must report initial exposure events to the program within 24 hours via [the UMKC School of Medicine Student Occupational and Environmental Exposure Report Form](#). Additionally, students must notify the Clinical faculty and their preceptor of absence and timeline for return via an email from the student's UMKC email address within 24 hours of the first missed clinical experience. Students should refer to the handbook section "Exposure Prevention and Post-Exposure [Information](#)" for full details pertaining to exposure reporting, exposure management, and details about returning to educational activities. Required clinical absences due to exposure do not count toward the student's daily absence limit.

### [Campus Closure or Program Cancellation of Educational Activities](#)

The Chancellor shall determine whether conditions require cancellation of on-campus classes and/or closure of the University. Example events that may prompt such a decision include severe weather, natural disasters, an act of terrorism, workplace violence, or significant utility outages. Students should reference the sections below to determine how to proceed with campus closures based on their phase in the program, type of campus closure, and/or location of their clinical rotations.

### [Campus Closure for Inclement Weather](#)

#### [Didactic Phase Students and On-Campus Events for Clinical Phase Students](#)

Should the Chancellor determine that classes are to be cancelled and/or the University closed, the following steps shall be implemented:

If the UMKC Volker campus has closed, there will be no School of Medicine **on-campus** activities that day, except in special circumstances. \* This includes **on-campus** lectures, laboratories, and learning activities. Yet, students should be prepared to participate in educational activities remotely. When the campus is closed, remote work allows our work to continue, ensures students may make academic progress, and maintain productivity. Students should check email and course Canvas sites for instructor communications about schedules or learning assignment changes.

\*In special circumstances, the program has been granted permission to bring students to campus for essential skills and simulation training if the program determines it is necessary and safe to do so. The safety of students, faculty, and staff; available resources; timing of the educational event in relationship to program progression; etc., will all be carefully considered when making this decision. The program will inform students via email if they are to report to campus for events such as these.

### Clinical Phase Students on Rotation

#### Clinical Phase Students Rotating in Kansas City Area

Clinical learning balances the need for patient care with personal safety. The SOM administration, faculty, and staff consider student and patient safety a priority; thus, inclement weather decisions are made considering both. University decisions about student learning will apply only to those who are in didactic learning environments. The SOM administration and faculty will assume responsibility for making the decision regarding student clinical endeavors. When you receive messages from the UMKC Alert system, know that it only applies to didactic learning. **Clinical phase students on rotations should check the [UMKC SOM website](#) for a cancellation announcement if educational requirements have been cancelled.** If no cancellation announcement has been posted on the website, students are expected to attend clinical activities.

When cancelled, students **must** notify the preceptor at their clinical site that according to the University and SOM policy, students are not to attend clinicals.

#### Clinical Phase Students Rotating Outside of the Kansas City Area

Operating rooms, hospitals, and clinics may not close for weather conditions, yet students are not expected to put themselves in dangerous situations. If a student feels as though road conditions are too dangerous for driving, then the student should report the absence to the program as they would with any other type of absence. If a clinical preceptor cancels a clinic day due to inclement weather, it is considered an excused absence and should be reported to the program. Students are not required to make up excused absences due to weather but should strive to achieve the maximum number of hours during the rotation.

### Campus Closure - Non-weather Related

Should campus be closed for a reason other than inclement weather (i.e., the issue is specific to being on-campus), clinical phase students are expected to attend clinicals for the day. Should the campus closure be of such a nature that students may be negatively affected in some way (emotionally, physically, etc.), the program will alert students to not attend clinicals.

### Jury Duty Summons and Service

Students summoned to serve jury duty should act immediately once the summons is received, as jury duty may affect a student's ability to participate in educational activities and meet the program's attendance policy. Many jurisdictions allow postponements for currently enrolled students, but the student must research and request postponement according to the respective court's timeline. Students should contact the program director and assistant dean to discuss and ask for a letter of support to supplement the postponement request. Students registered in Jackson County, MO jurisdiction; can find out more [online](#).

### Program Absences

Students are responsible for all content, assignments, exams, and other course requirements missed during any type of absence. Short-term absences and/or leaves of absence should not be undertaken without considerable thought, planning, and communication with faculty, university staff and advisors, as

absences may affect financial aid and may extend a student's program of study.

## Short-Term Absences

### Didactic Phase

A short-term absence is considered an absence from the program for a period not to exceed 14 consecutive weekdays and is granted or denied at the discretion of the program director. Requests must be submitted in writing and detail the reason for the request. Should a request for a Short-Term Absence not be approved by the program director, it will be forwarded for recommendation to the Committee on Progression.

### Clinical Phase

Short-Term Absences in the clinical phase are granted or denied at the program director's discretion. Students who are granted a Short-Term Absence of longer than 5 consecutive weekdays will be required to complete the rotation later, resulting in an extension of their program of study. Requests must be submitted in writing and detail the reason for the request. Should a request for a Short-Term Absence not be approved by the program director, it will be forwarded for recommendation to the Committee on Progression.

## Leaves of Absence

### Personal

A personal leave of absence is when a student is granted permission to be away from the program to attend to familial or personal obligations that interfere with the student's ability to adhere to the program's Technical Standards. Personal leave is granted by the Chair of the Committee on Progression and is subject to the approval of the Graduate Council.

Any student failing to fully participate in the program without a documented leave risks meeting the criteria for separation. A student requesting personal leave is personally responsible for ensuring the timely completion and submission of all required forms and supporting documentation and for maintaining accurate course enrollment in the Pathway system. Once granted, personal leave may extend a student in the program an equivalent amount of time to the leave or more. A student in the clinical phase may request an extension of personal leave by submitting updated required forms and supporting documentation for review by the Committee Chair. Under university policy, any request for an extension will not be granted beyond one year from the original leave date. Retroactive requests for personal leave are not permitted. Students on personal leave are ineligible to take any examinations or readiness assessment (i.e., PBA, End of Rotation Exams, PACKRAT, and ITE) examinations. Students can petition the Committee on Progression for permission to take readiness assessment while on personal leave. Upon return from leave, the student must adhere to the schedule outlined by their respective curriculum committee, program director, or the Committee on Progression to complete outstanding exams and the readiness assessment examination.

A student must return from personal leave when they are prepared to adhere to the program's Technical Standards and the pre-approved period for the leave. Students request permission to return from personal leave by submitting the required forms and supporting documentation identified in this policy. To satisfy enrollment requirements, students must return to the program and register for coursework following an expired leave.

### Procedure for Requesting Personal Leave

1. The student completes the COP Request for Leave of Absence form and obtains signatures from their Student Affairs Education Coordinator and Program Director.

2. The student reads and completes their respective program's Technical Standards document.
3. The student completes the UMKC Request for Leave of Absence form and obtains all necessary signatures from Step 2 of that form.
4. The student submits the completed COP Request for Leave of Absence, Program Technical Standards document, and UMKC Request for Leave of Absence forms to the Council on Evaluation office no later than 30 days before the anticipated leave start date.
5. The Committee on Progression Chair will review the paperwork and render a decision upon the request.
6. If the request for personal leave is approved by the Chair, Council on Evaluation staff will forward the information to the Registrar's Office for final processing and send an email notification to the student's university email account. The student must then facilitate any necessary change in enrollment in the Pathway system because of the leave.
7. If the request for personal leave is denied by the Chair, Council on Evaluation staff will notify the student and/or request any additional information necessary.
8. During any approved leave, students must monitor their UMKC email address and maintain contact with their Education Coordinator and Program Director.

#### Procedure for Returning from Personal Leave

1. The student completes the COP Request for Return from Leave form and obtains the Student Affairs Education Coordinator and Program Director's signatures.
2. The student reads and completes a new program-specific Technical Standards document.
3. The student completes the campus UMKC Request for Return from Leave form and obtains all necessary signatures from Step 2 of that form.
4. The student submits the completed COP Request for Return from Personal Leave, program-specific Technical Standards document, and UMKC Request for Return from Leave forms to the Council on Evaluation office no later than 30 days prior or as soon as possible to the anticipated leave return date.
5. The Committee on Progression Chair will review the paperwork and render a decision upon the request.
6. If the request for return from personal leave is approved by the Chair, Council on Evaluation staff will forward the information to the Registrar's Office for final processing and send an email notification to the student's university account. The student must then facilitate any necessary change in enrollment in the Pathway system because of the return.
7. If the request for return from personal leave is denied by the Chair, Council on Evaluation staff will notify the student and/or request any additional information necessary. *No student is permitted to return to the program or coursework without permission from the school.*

#### Medical

A medical leave of absence is defined as a period during which a student is medically unable, as certified by a treating physician or therapist who is not a family member or relative of the student, to fully participate in the program as required by the student's program-specific Technical Standards. Medical leave is granted by the Chair of the Committee on Progression and is subject to the approval of the Graduate Council.

Any student failing to fully participate in the program without a documented leave risks meeting the criteria for separation. A student requesting medical leave is personally responsible for ensuring the timely completion and submission of all required forms and supporting documentation and for maintaining accurate course enrollment in the Pathway system. Once granted, medical leave may extend a student in the program an equivalent amount of time to the leave or more. A student in the

clinical phase may request an extension of medical leave by submitting updated required forms and supporting documentation for review by the Committee Chair. Per university policy, any request for an extension will not be granted beyond one year from the original leave date. Retroactive requests for medical leave are not permitted. Students on medical leave are ineligible to take any examinations or readiness assessment (i.e., PBA, End of Rotation Exams, PACKRAT, and ITE) examinations. Students can petition the Committee on Progression for permission to take readiness assessment while on personal leave. Upon return from leave, the student must adhere to the schedule outlined by either their respective curriculum committee or the Committee on Progression to complete outstanding exams and readiness assessment examinations.

A student must return from medical leave when the physician or therapist that has provided ongoing care through the leave of absence certifies that the student is ready to enter with full-time participation in the program as required by the program-specific Technical Standards and the pre-approved period for the leave. Students request permission to return from medical leave by submitting the required forms and supporting documentation identified in this policy. To satisfy enrollment requirements, students must return to the program and register for coursework following an expired leave.

#### Conditions for a Medical Leave of Absence

A medical leave of absence may be granted when a student has a verified medical condition, including psychiatric illness, which prohibits full participation in the program as defined by the student's program-specific Technical Standards.

#### Procedure for Requesting Medical Leave

1. The student completes the top of the COP Provider Certification for Medical Leave of Absence form, reads and completes the program-specific Technical Standards form, and submits both to the treating physician/therapist. *Note that family members/relatives, Emergency Room physicians, and/or urgent care facility physicians are not accepted as providers able to certify a student's need for medical leave.*
2. The student completes the COP Request for Leave of Absence form and obtains the Student Affairs Education Coordinator's and Program Director's signatures.
3. The student completes the campus UMKC Request for Leave of Absence form and obtains all necessary signatures from Step 2 of that form.
4. The student submits the completed COP Request for Leave of Absence and UMKC Request for Leave of Absence forms to the Council on Evaluation office no later than 30 days before the anticipated start of the leave.
5. Once the COP Provider Certification for Medical Leave of Absence form, program-specific Technical Standards document, and supporting documentation is submitted to the Council on Evaluation office by the care provider, the Committee Chair will review the paperwork and render a decision upon the request.
6. If the request for medical leave is approved by the Chair, Council on Evaluation staff will forward the information to the Registrar's Office for final processing and email the student. The student must then facilitate any necessary change in enrollment in the Pathway system because of the leave.
7. If the request for medical leave is denied by the Chair, Council on Evaluation staff will notify the student and/or request any additional information necessary.
8. During any approved leave, a student is required to monitor their UMKC email address and keep in contact with their Student Affairs Education Coordinator and Program Director.

#### Procedure for Returning from Medical Leave

1. To prepare for returning from leave, the student must complete the top of the COP Provider Certification for Return from Medical Leave of Absence form and read and complete the program-

specific Technical Standards Document and submits both to the same treating physician/therapist who originally certified the leave.

2. The student completes the COP Request for Return from Leave form and obtains the Student Affairs Education Coordinator and Program Director's signatures.
3. The student completes the campus UMKC Request for Return from Leave form and obtains all necessary signatures from Step 2 of that form.
4. The student submits the completed COP Request for Return from Leave and UMKC Request for Return from Leave forms to the Council on Evaluation office no later than 30 days before the anticipated return from leave.
5. Once the COP Provider Certification for Return from Medical Leave of Absence form, program-specific Technical Standards document, and any supporting documentation is submitted to the Council on Evaluation office by the care provider, the Committee Chair will review the paperwork and render a decision upon the request.
6. If the request for return from medical leave is approved by the Chair, Council on Evaluation staff will forward the information to the Registrar's Office for final processing and send an email notification to the student. The student must then facilitate any necessary change in enrollment in the Pathway system because of the return.
7. If the request for return from medical leave is denied by the Chair, Council on Evaluation staff will notify the student and/or request any additional information necessary. *No student is permitted to return to the program or coursework without permission from the school.*

### Emergency

An emergency leave of absence is defined as a period during which a student is medically unable to fully participate in the program as required by the student's program-specific Technical Standards as the result of an emergent or potentially life-threatening medical or psychiatric illness. An emergency leave of absence may be granted when a student or immediate family member has an emergent or life-threatening medical condition, including psychiatric illness, which prohibits the student's full participation in the program as defined by the student's program-specific Technical Standards. Emergency Leave is determined by the Associate Dean for Student Affairs or Associate Dean (Academic) for Graduate Health Professions, working in conjunction with the Committee on Progression.

A student seeking emergency leave must follow the procedure outlined in this policy when able. School of Medicine staff will assist in completing any required paperwork for Emergency Leave if a student cannot participate in the process. Any student failing to fully participate in the program without a documented leave risks meeting the criteria for separation.

Any student seeking emergency leave is personally responsible for ensuring the timely completion and submission of all required forms and supporting documentation and for maintaining accurate course enrollment in the Pathway system *when able*. Emergency leave should coincide with the start of the acute illness and is granted for a period not to exceed 30 days. Emergency leave may be counted as an entire month away from the program, dependent on the curriculum requirements of the student. A student may not request an extension of emergency leave but can, if necessary, request medical leave by submitting all required forms and supporting documentation for Medical Leave to the Committee on Progression. Retroactive requests for emergency leave are not permitted. Enrollment in any coursework, at any institution, while on emergency leave is strictly prohibited. Students on emergency leave are also ineligible to take any examinations or readiness assessment (i.e., PBA, End of Rotation Exams, PACKRAT, and ITE) examinations.

A student must return from emergency leave when a treating physician or therapist who is not a family member or relative of the student certifies that the student is ready to fully participate in the program as required by the program-specific Technical Standards and the pre-approved period for the

leave. Students request permission to return from emergency leave by submitting the required forms and supporting documentation identified in this policy. To satisfy enrollment requirements, students must return to the program and register for coursework following an expired leave.

#### Procedure for Obtaining Emergency Leave

1. The student, if able, completes the COP Request for Leave of Absence form and submits it to their respective Program Director. The Program Directors will provide the information to the Associate Dean for Student Affairs or Associate Dean (Academic) for Graduate Health Professions, who will render a decision regarding the request and forward it on to the Council on Evaluation office.
2. The student, if physically able, completes the program-specific Technical Standards document and campus UMKC Request for Leave of Absence form and obtains all necessary Step 2 signatures.
3. The student submits the completed UMKC Request for Leave of Absence form, and program-specific Technical Standards document to the Council on Evaluation office no later than 48 hours after submitting the COP Request for Leave of Absence form.
4. Once the COP Request for Leave of Absence, the program-specific Technical Standards document, and the UMKC Request for Leave of Absence forms are submitted to the Council on Evaluation office, the Committee staff will review the paperwork for completeness and note the decision of the Associate Dean for Student Affairs or Associate Dean (Academic) for Graduate Health Professions.
5. If the request for emergency leave is approved by the Associate Dean, Council on Evaluation staff will forward the information to the Registrar's Office for final processing and email the student. The student, if physically able, must then facilitate any necessary change in enrollment in the Pathway system because of the leave.
6. If the request for emergency leave is denied by the Associate Dean or Assistant Dean, Council on Evaluation staff will notify the student and/or request any additional information necessary.
7. During emergency leave, students who are physically able must monitor their UMKC email address and maintain contact with their Student Affairs Education Coordinator and Program Director.

#### Procedure for Returning from Emergency Leave

1. To prepare for returning from an emergency medical leave, the student must complete the top of the COP Provider Certification for Return from Emergency Medical Leave of Absence form and submit it to the treating physician/therapist who treated the student during the leave, along with the program-specific Technical Standards document. The student must also complete the forms listed below. Students granted emergency leave for non-medical reasons must only complete steps 2 – 7 below.
2. The student completes the program-specific Technical Standards document and COP Request for Return from Leave form and obtains signatures from the Student Affairs Education Coordinator and Program Director.
3. The student completes the campus UMKC Request for Return from Leave form and obtains all necessary Step 2 signatures.
4. The student submits the completed COP Request for Return from Emergency Leave, program-specific Technical Standards, and UMKC Request for Return from Leave forms to the Council on Evaluation office no later than 7 days before the anticipated return from leave.
5. Once the COP Provider Certification for Return from Leave of Absence form (where applicable) and all other non-medical emergency leave return forms are submitted to the Council on Evaluation office, the COP Chair will review the paperwork and decide upon the request.
6. If the request for return from emergency leave is approved by the Chair, Council on Evaluation staff will forward the information to the Registrar's Office for final processing and send an email notification to the student. The student must then facilitate any necessary change in enrollment in the Pathway system because of the return.



7. If the request for return from emergency leave is denied by the Chair, Council on Evaluation staff will notify the student and/or request any additional information necessary. *No student is permitted to return to the program or coursework without permission from the school.*

#### Administrative

An administrative leave of absence is defined as a period during which a student is not permitted to participate in the program due to academic performance, eligibility for separation based on COP policies, or as the result of a retention appeal. Administrative leave is determined by the Chair of the Committee on Progression and is subject to the approval of the Graduate Council.

Any student placed on administrative leave is personally responsible for ensuring the timely completion and submission of all required forms and supporting documentation and for maintaining accurate course enrollment in the Pathway system. Administrative leave coincides either with the start of the month or academic term or with the date of a School of Medicine Graduate Council meeting. Administrative leaves conclude at the end of a month or academic term. Administrative leave is counted as whole months away from the program and may extend a student in the program an equivalent amount of time to the leave. A student may not request an extension of administrative leave but can, if appropriate, request personal leave by submitting all required forms and supporting documentation for Personal Leave to the Committee on Progression. Students on administrative leave are ineligible to take any examinations or readiness assessment (i.e., PBA, End of Rotation Exams, PACKRAT, and ITE) examinations. Students can petition the Committee on Progression for permission to take readiness assessment while on administrative leave.

A student must return from administrative leave when they are prepared to adhere to the program-specific Technical Standards and the pre-approved period for the leave. Students request permission to return from administrative leave by submitting the required forms and supporting documentation identified in this policy. To satisfy enrollment requirements, students must return to the program and register for coursework following an expired leave.

#### Procedure for Placement on Administrative Leave

1. The student receives notification from the Committee on Progression that they meet the criteria for placement on Administrative Leave.
2. The student completes the UMKC Request for Leave of Absence form and obtains all necessary signatures from Step 2 of that form.
3. The student submits the completed UMKC Request for Leave of Absence forms to the Council on Evaluation office no later than 3 days following the original notification from the Committee on Progression.
4. Office of Evaluation staff will forward the leave information to the Registrar's Office for final processing and send an email notification to the student's university email account. The student must then facilitate any necessary change in enrollment in the Pathway system because of the leave.
5. During administrative leave, the student is required to monitor their UMKC email address and keep in contact with their Student Affairs Education Coordinator and Program Director.

#### Procedure for Returning from Administrative Leave

1. The student completes the program-specific Technical Standards document and the COP Request for Return from Leave form and obtains signatures from the Student Affairs Education Coordinator and Program Director.

2. The student completes the campus UMKC Request for Return from Leave form and obtains all necessary signatures from Step 2 of that form.
3. The student submits the completed program-specific Technical Standards document, the COP Request for Return from Leave, and the UMKC Request for Return from Leave forms to the Office of Evaluation no later than 10 days before the anticipated leave return date.
4. The Committee Chair will review the paperwork and render a decision upon the request.
5. If the request for return from administrative leave is approved by the Chair, Office of Evaluation staff will forward the information to the Registrar's Office for final processing and send an email notification to the student's university account. The student must then facilitate any necessary change in enrollment in the Pathway system because of the return.
6. If the request for return from administrative leave is denied by the Chair, Office of Evaluation staff will notify the student and/or request any additional information necessary. *No student is permitted to return to the program or coursework without permission from the school.*

### Student Records (A3.17a-f, A3.18, A3.19)

#### Access to Student Information

All student educational records are protected by FERPA (Family Education Rights and Privacy Act) as described in the [University of Missouri System Collected Rules and Regulations, Section 180.020 Student Records](#). More information regarding this regulation and its implementation at UMKC is available [online](#).

Student health records, including immunization and screening results, are confidential and must not be accessible to program faculty or staff without written permission from the student. **By signing the student handbook agreement, students grant permission to the program to maintain, review, and release to clinical affiliates certain health records.** To ensure compliance and administrative support for the clinical curriculum, students provide permission for the following:

- Maintenance and review of immunization documents, specific health screening results (e.g., TB testing, antibody titer results), annual screening form verifying student's ability to meet the technical standards.
- These records are saved in a secure folder that is accessible to clinical course directors and program support staff.
- Records will be released by the program to clinical affiliates as part of a student's onboarding requirements.

The program also maintains records for the purpose of clinical onboarding and student preparation, such as, but not limited to, drug screening reports, criminal background checks, environmental injury reports (needle stick/sharps report). These types of documents are not considered to be student health records. Students should not include confidential health information when submitting injury or exposure reports.

The School of Medicine maintains student academic and disciplinary student records. Students request access to their own academic and/or disciplinary records, which are kept secure and confidential. A student may not access the records of another student. Academic records include information concerning a student's admission status and academic status (progression, probation, separation, dismissal, and graduation). Disciplinary records are kept separate from academic records and include information regarding the Standards of Professional Conduct and investigations and recommendations made by the Honor Council. To gain access to records, a student must make an appointment with the Office of Evaluation located on the Ground Floor of the School of Medicine and show proper photo identification to access their personal records. A student may not remove records but may privately review them in the Office of Evaluation.

Financial records are maintained by the UMKC Cashiers and Collections and Office of Financial Aid. Transcripts are maintained by the UMKC Office of Registration and Records.

### Project Concert

[Project Concert](#) is a web-based system designed specifically to track information for health professions training programs. UMKC graduate programs use Project Concert primarily to track information and evaluate our students and faculty. Students will be issued login information and training regarding the use of the system and are required to use it for assessment, clinical experience tracking, and updating their personal information, as indicated by the program. Specific policies for using Project Concert are provided to students via posted training videos and in respective syllabi, as necessary.

### Communication: Social Media, Email, and Telephone Policies

#### Social Media

Social media is meant to include all electronic-based technologies such as, but not limited to, Facebook, X (Twitter), Instagram, LinkedIn, Tik Tok, Reddit, Tumblr, blogs, Snapchat, and blogs, as well as seemingly “private” social media platforms such as GroupMe and WhatsApp. While using these technologies, students are expected to maintain the highest standard of conduct and professionalism required by the PA profession. Students should remain cognizant that they represent the UMKC PA program and our clinical affiliates. Students are expected to abide by all the social media policies of our affiliates should they be more restrictive.

Be thoughtful about the information you share on social media in all its forms. Future employers may ask you to “friend” or “follow” them, so they can check your newsfeed or online behavior. The program does not survey these sites regularly but will become involved if a student’s posting on such a site violates university, school of medicine, or program rules and/or harasses another community member. Posting inappropriate content in any open forum can negatively affect your goal of becoming a respected member of the physician assistant profession.

The success of the university, college, and program is due in part to excellent relationships with local, regional, state, and national communities and institutions. These relationships have been forged and motivate content experts to share their skills and expertise in the classroom and at clinical sites. Inappropriate use of social media can jeopardize these relationships and the success of our students.

Students are not to engage in social networking during any educational activities, including classroom time or while at clinical rotations. Students are not permitted to “check-in” (identify the geographical location of where the post is being made) or make social media posts from any rotation site affiliated with the UMKC PA program.

Students are not permitted to extend or accept “friend requests” from any patient encountered while on rotation at the UMKC PA program-affiliated site.

The patients we serve are protected by law and by oath. The patient’s privacy must be protected at all times. HIPAA standards and laws apply to all social networking sites. No identifiable patient or clinical information should be shared via social media. A good way to avoid potential breaches of patient confidentiality is to refrain from posting about any clinical activities.

Social media activities should not jeopardize the integrity of the UMKC PA program coursework. No information regarding exams, answers to assignments, or specifics of clinical rotation sites should be shared via social media.

Students should use privacy settings to safeguard personal information and content to the extent possible but should realize that privacy settings are not absolute. Students are responsible for all information on their social media sites. Even if privacy settings are in place, the student should assume that all information posted on a social media site is visible to program faculty, patients, clinical rotation sites, preceptors, and future employers.

Faculty are prohibited from sending or accepting “friend” requests with students on all social media platforms except for LinkedIn, until after the student graduates

### Single Sign On (SSO) and UMKC Email Communication

Students must keep their single sign-on and password active to access course-related sites and resources. UMKC email is the official means of communicating with students. Students are expected to check and read program-related emails daily. Faculty will not rely on non-UMKC email addresses to communicate with students.

Email is an important communication tool and is the primary medium for communication with the PA program faculty and staff. The proper use of email is essential to develop as the structure of clinical education mandates an increased frequency of electronic communication with students. The PA program will utilize the university email address assigned to students. Forwarding your UMKC University email to another email account is prohibited. These non-University accounts can lack the security, capability, applications, and, sometimes, sufficient space necessary for downloading important attachments.

Expectations for students when utilizing email communication:

- Email communication must be written professionally utilizing appropriate grammar, punctuation, spelling, and capitalization. They must maintain a professional tone.
- Check your UMKC University email account at least once every 24 hours.
- Reply to program emails sent to you individually within 24 hours. If emails contain assigned tasks that will take time to complete, the reply should acknowledge receipt of the email and indicate a timeline and/or plan for those assignments.
- Email responses and forwarded emails should include the original message when appropriate.
- Maintain access to email even while moving and traveling during clinical rotations.
- Students must allow and accept read receipts if received by program faculty or staff, including clinical preceptors.

### Telephone Communication

Students may contact faculty at their listed office phone number, but email is the preferred method of communication. Students can expect a delayed response if communication is initiated via phone/voicemail as opposed to sending an email. Communication via cell phone (voice or text) may be permissible at the discretion of individual instructors. Reference the course syllabus for information regarding the instructor’s communications preference.

Expectations for students when utilizing telephone communication:

- Phone voicemail systems must be active and able to receive messages.
- Reply to voicemails within 24 hours.

- Per university policy, students must notify the program and the university registrar immediately upon changing their contact or emergency contact information.
- Students must update Project Concert immediately if their contact information or emergency contact information changes.

### Video or Audio Recordings of Course Content

University of Missouri System Executive Order No. 38 lays out principles regarding the sanctity of classroom discussions at the university. The policy is described fully in [Section 200.015 of the Collected Rules and Regulations](#). Students should reference each course syllabus to obtain the faculty member's allowance of videotaping/recording course content.

Students are videotaped in certain academic classes and clinical labs for teaching and learning purposes and will be made aware of these occurrences in advance.

### Sharing Course Materials Outside the Program

Students are not permitted to share course materials outside the UMKC PA program unless they have received written permission from the instructor.

### Student Research

While completing the required coursework, including supervised clinical practical experiences (SCPEs), students must not substitute for individuals in the research staff or investigator role. Research activities must not pre-empt the required student learning activities, and minimum required clinical hours of clinical rotations. However, research-based learning experiences may be incorporated into courses to the extent that they meet course and program learning outcomes. While on clinical rotations, assuming the preceding criteria are met, if time allows and the appropriate opportunity is present, students may observe or assist an investigator or research staff in the conduct of research; however, participation in such research opportunities must be approved in advance by the Clinical faculty.

### Student Employment

#### Outside the Program (A3.15e)

Full or part-time employment is strongly discouraged while a student but not prohibited. Due to the rigorous nature of the program, the demands placed on students are extremely high, particularly concerning the clinical work schedule and associated study requirements. Non-program activities shall not interfere with the academic or clinical requirements of the program.

#### Within the Program (A3.04, A3.05a-b)

Students are not required to work for the program. Students may not, by position or responsibility, be employed or function as instructional faculty or substitute for clinical or administrative staff. An MMSPA student, credentialed or licensed in other non-PA professions, cannot function in that role while in the role of an MMSPA student. Students must not accept payment while on rotation for work at clinical sites. The program does not consider stipends, scholarship money, or other financial support as payments. Rotation experiences are for educational purposes only.

### Appearance and Identification Policy

Students should maintain a professional appearance whenever they are representing UMKC and the PA profession. This includes the campus, clinical sites, meetings, and special events. Students should adhere to the following appearance policy:

**Attire:** Business casual is expected in didactic courses and while on clinical experiences when scrubs are not allowed/required. The PA program prohibits clothing such as but not limited to flip-flops, shorts, cut-offs, hats, jeans, clothing with tears, or leisure wear. No open-toed shoes should be worn in patient care settings. No clothes with political or religious messages should be worn. A short white coat should be worn in clinical settings. Clothing should allow adequate movement during patient care and should not be tight, short, low cut, or exposing the midsection or undergarments.

Scrubs (top and pants) may be worn in the classroom in place of business casual attire but must be the program designated color. A UMKC logo t-shirt or jacket can be worn in place of the scrub top. Hospital-issued scrubs may be worn to clinical experiences with the preceptor's permission but should not be worn home.

Attire requirements for any course that includes physical examination skills are outlined in the course syllabus.

On occasion, the program may require students to wear business professional attire. Examples of business professional attire include dress shoes, dress pants, dress skirts, a solid shirt with a tie, or a solid shirt with a suit jacket with or without a tie.

**ID:** Proper identification as a PA student is always mandatory in the clinical setting. UMKC I.D. and program-issued nametag must be worn while at clinical sites. Some sites also require wearing separate security I.D. badges; these will be arranged during orientation at the beginning of the rotation. (A3.06)

**Jewelry:** No excessive or oversized jewelry that may prohibit patient care.

**Nails:** Fingernails should be kept trimmed and, when in surgical settings or rotations, without polish or artificial nails.

**Tattoos:** Tattoos that are perceived as offensive, hostile, and/or diminish the effectiveness of the learning and clinical environment must not be visible.

**Fragrances:** No excessive or heavy fragrances, perfumes/colognes, or after-shave.

**Hair:** Hair should be clean and arranged so as not to interfere with providing patient care. Facial hair should be neatly trimmed.

**Exceptions:** When required, students must adhere to guidelines for wearing appropriate personal protective equipment (PPE), such as masks, gloves, goggles, gowns, etc. PPE guidelines may supersede program-established appearance policies, such as facial hair with N-95 masks.

Established dress codes at clinical rotation sites supersede those of the program (except required UMKC SOM I.D. badges). The program director will consider all other exceptions on a case-by-case basis.

Clinical supervisors, preceptors, or MMSPA faculty reserve the right to ask a student who does not meet the appearance policy to leave the learning environment.

## A5. Matriculation Requirements and Information

### Tuition, Fees, and Other Program Costs (A1.02K, A3.12f)

Students are responsible for managing tuition and fee payments. Students with outstanding balances may be ineligible for course registration. Students are responsible for knowing the conditions for tuition payment plans, refund upon course withdrawal, the impacts of drop dates and financial aid. Policies and procedures are found on the [Cashiers and Collections website](#).

The Board of Curators approves the tuition rate to be charged per semester for the MMSPA Program. In addition to educational fees, students are charged a Student Life Fee based on their capped number of credit hours and program-specific fees, such as the Medical Simulation Fee. Tuition and fee estimates are available via the [Cashiers' website](#). Estimated Cost of Attendance is available via the [Financial Aid and Scholarships website](#).

In addition to education fees, students are financially responsible for required medical equipment, books, conference registration/travel, out-of-town rotation travel, and living expenses. Estimated costs for additional program expenses are provided to students before matriculation and are posted on the programs' Canvas site. These costs, in addition to tuition and fees, are considered when the Financial Aid Office assesses student financial assistance needs.

Any tuition discount or financial assistance provided to a student by UMKC may be reviewed each semester and is subject to change.

### Background Screening (A3.12f)

UMKC-affiliated hospitals and clinics where students complete clinical rotations require that background and employment screens be conducted before placement. All students who accept an offer of admission must complete a background and employment screen before matriculation into the program, including decelerated students who restart with a new cohort. Additionally, students are required to complete an additional background screen before the clinical phase of the program. The cost of background screens is paid by the student. Additional screens may be required for certain rotations or based on changes in the program's background screening requirements. Any additional screenings are the financial responsibility of the student.

By completing a background screen, the student authorizes UMKC to release the results of any screens in the UMKC School of Medicine records to affiliated hospitals or clinics where a student is rotating.

The results of background screens are forwarded to the Associate Dean of Student Affairs. If a student is identified as having been convicted of a crime or has any other unsatisfactory finding in the background screen process, the affiliated institutions will be notified and will determine if the student will be permitted to participate in clinical activities on-site. It is possible that certain background screen results may prevent a student from being able to fulfill the mandatory requirements for graduation if the screen prevents a student from rotating in affiliated hospitals or clinics.

Should an incident occur after the initial background screen that may prohibit the student from successfully completing any part of the program, including a required clinical rotation, it is the responsibility of the student to report the incident to program administrators. Each incident will be handled on a case-by-case basis.

### Drug Screening and Testing (A3.12f)

UMKC-affiliated hospitals and clinics where students complete clinical rotations require that drug screens be conducted before student placement. All students who accept an offer of admission must complete a drug screening before matriculation into the program. Drug screenings are required annually for students, and deadlines will be announced by the program. The cost of screenings is paid by the student. Additional screenings may be required for certain rotations or based on changes in the program's drug screening requirements. Any additional screenings are the financial responsibility of the student. Students who are required to complete a drug screening in addition to the program's testing due to affiliate onboarding policies must still complete the program's annual screening unless 1) a student's screening has occurred within three months of the program's screening deadline or after August 1 of the same year (whichever is longer), 2) the screening meets the program's requirements, and 3) the screening can be released to the program. By completing a drug screening, the student authorizes UMKC to release the results of any reports in the UMKC School of Medicine records to affiliated hospitals or clinics where a student is rotating.

Results of screens that are not "Negative" are forwarded to the Associate Dean for Student Affairs and may result in re-testing at the student's expense. If a student is identified as having a drug screen that is not a negative status, which could be consistent with substance abuse behavior, the affiliated institution will be notified and will determine if the student will be permitted to participate in clinical activities on-site. It is possible that certain drug screen results may prevent a student from being able to fulfill the mandatory requirements for graduation if the screen prevents a student from rotating in affiliated hospitals or clinics and/or may require the student to get more drug screenings at the cost of the student.

### Annual Immunization Requirements (A3.07a, A3.12f, A3.19)

#### Procedures

- The program's policy on immunization and health screening requirements are based on the most recent CDC recommendations, state-specific mandates, and affiliate policies. The policy is reviewed annually to ensure they meet national and local recommendations. Students will be notified of changes to the immunization policy and given directions on completing any additional requirements as necessary.
- Specified immunizations and health screenings are required for all students unless an exemption is provided for medical contraindication (health care provider documentation must be provided and based on CDC contraindication guidelines) or religious exemption. A student who receives an exemption meets the program's immunization policy, but this does not necessarily grant a student exemption for clinical facilities. A student with an exemption may need to pursue exemption or additional testing at other facilities where they are scheduled to fulfill that site's onboarding requirements.
- If a student cannot meet the immunization requirements of the program and all clinical sites where they are scheduled, the student may be prevented from fulfilling the mandatory requirements for graduation if it prevents a student from rotating in affiliated hospitals or clinics. Clinical assignments will not be changed for students who do not meet the immunization policy of the program or a clinical site.
- Additional immunization and/or health screening requirements beyond those mandated by the program may be required by a clinical affiliate. If so, students will be made aware of additional requirements and must ensure compliance at their own cost, as necessary. (A3.12f)
- By signing the program's handbook agreement, the student provides permission for the program's clinical course directors and support staff to have access to confidential student health records



(immunization records, health screenings, and annual screening form) for the purpose of clinical onboarding and program requirements. Additionally, the student provides permission for the program to release these records to affiliated hospitals or clinics where a student is rotating for the purpose of clinical onboarding. (A3.19)

- Verification of required immunizations and health screenings will be completed by UMKC Student Health before matriculation and clinical placement. Students must utilize the AAMC Immunization Form and the required attachments to confirm initial compliance with the program's immunization and health screening requirements. The form must be signed by a qualified health care provider (MD, DO, physician assistant, or nurse practitioner) who is not related to the student. After initial compliance is confirmed, laboratory results and other documents may be used to prove compliance with subsequent screenings and immunizations.
- Students may obtain requirements through [UMKC Student Health and Wellness](#) or a health care provider of their choice.

Students must provide proof of screening, vaccination, and/or immunity for the following (all doses must be given at the required scheduled time durations):

**Tuberculosis (TB)**- TB screening procedures vary based on a student's immunization/disease history.

1. Students who **do not have a history of TB infection/disease or have not had positive TB test results in the past** (regardless of BCG vaccination status) are required to:
  - a. Complete a 2-step Tuberculin Skin Test (TST) within three months of matriculation. (The second TST must be placed 1-3 weeks after the first TST is read. If both tests do not occur within this time interval, students will need to start the 2-step process over. Also, there must be at least a 4-week interval between receiving any live viral vaccine and a TST.)  
**OR**
  - b. Complete one TB Interferon Gamma Release Assay (IGRA) blood test (QuantIFERON TB Gold or T-Spot) within three months of matriculation.  
**AND**
  - c. Annual testing (TST or IGRA blood test) and a TB questionnaire is required thereafter.
2. Students who have a **history of a positive TB skin test, positive TB blood test, and/or diagnosis of Latent Tuberculosis Infection (LTBI)** must provide:
  - a. Documentation of positive TB skin test (TST) results and a report from the most recent two-view chest x-ray received and provide details for drug treatment for LTBI or TB. Chest x-rays are valid to meet the program's immunization policy for 4 years. (Additional negative two-view chest x-rays may be required by some clinical affiliates and will be the student's financial responsibility.)  
**AND**
  - b. An Annual TB questionnaire is required annually thereafter.

Additional action may be required for a student based on the results of the TB questionnaire.

**Tetanus-Diphtheria-Pertussis (Tdap/Td)** - Evidence of one dose of Tdap within 10 years of all program activities. If the student has received Td only, then a one-time dose of Tdap must be received, then boost with Td every 10 years.

**Measles, Mumps, & Rubella (MMR)** - Students must show immunity through documentation of a series of two doses of MMR vaccine; **OR** two doses of Measles, two doses of Mumps, and one dose of Rubella; **OR** laboratory evidence of immunity via positive antibody titer results. Students with negative or indeterminate antibody titer results will be required to complete the vaccination series, followed by a second titer.

**Varicella (Chicken Pox)**- Evidence of immunity is documentation of two doses of the varicella vaccine (administered at least 28 days apart with the last dose completed at least two weeks before clinical start date) **OR** laboratory evidence of immunity via positive antibody titers. Students with negative or indeterminate antibody titer results will be required to complete the vaccination series, followed by a second titer.

**Hepatitis B** - Evidence of immunity is documentation of a Hepatitis B vaccination series **AND** laboratory evidence of immunity via a positive antibody titer. Students with negative or indeterminate antibody titer results will be required to complete a second vaccination series and an antibody titer 1-2 months after the last dose of the second series.

**Influenza** - Evidence of current season flu vaccination required at matriculation and annually thereafter.

**COVID-19** - Evidence of two doses (primary series).

### Annual Technical Standard Screening Requirement ([A3.12f](#), [A3.13e](#), [A3.19](#))

Students must undergo an annual screening that assesses their ability to perform educational activities based on the program's technical standards. By signing the student handbook agreement, the student authorizes program clinical course directors and support staff to maintain, review, and release the Annual Screening Form to affiliated hospitals or clinics where a student is rotating, as required for clinical onboarding. A licensed healthcare provider (physician, physician assistant, or nurse practitioner) of no relation to the student must release the student to participate in program activities on the specified program form. Detailed medical information **should not** be submitted to the program and cannot be included as part of a student's record. The first screening must be completed no sooner than six months before program matriculation and will be required annually. Deadlines for the screenings will be announced by the program.

Students who exhibit signs or symptoms of a behavioral or physical illness affecting their ability to successfully participate in the curriculum may be asked to undergo evaluation by a medical provider to renew their technical standards status and/or complete a drug screening.

### Health Insurance ([A3.08c](#), [A3.12f](#))

Students must maintain personal health insurance throughout the duration of the program. Proof of insurance will be verified by program administrators within the first month of the program, and continuous coverage is the responsibility of the student. Health insurance is a requirement that protects the student and is a requirement for clinical activities. **Students should carefully consider the type of coverage they select, as follow-up visits/treatments for any potential injury or exposure while in the program will be the financial responsibility of the student.** Any student found to not have health coverage will be out of compliance with program policy and may be prohibited from completing required program components.

Student health insurance is an option available to UMKC students through [Anthem Student Health](#). Students are encouraged to research and consider other insurance options, as well. Students found to not have continuous health care coverage may be prevented from fulfilling the mandatory requirements for graduation if it prevents a student from rotating in affiliated hospitals or clinics. Students should always carry their health insurance card!

### Pathway and Course Registration

Students are responsible for Pathway course registration, withdrawals, and other functions, including the accuracy and currency of registration and grades. According to the program calendar, students are expected to be registered for courses by the program's designated course start date. Students who are not registered for courses may not participate in educational activities, including clinical assignments, and will not have access to online course management systems. Students who are not accurately registered for courses promptly are not in compliance with program policies, which meets the criteria for separation from the program prompting referral to the Committee on Progression.

### Proof of Class Registration

If students must verify their status as a student for instances such as obtaining loans, they must obtain a certificate from the national clearinghouse. The program cannot provide proof of student status for these purposes. Students can obtain an [enrollment certificate online](#).

### Malpractice Coverage

The university provides students with medical malpractice coverage while enrolled in the program. Affiliate hospitals and clinics will not allow the placement of students without this coverage, and the program will provide clinical sites with a statement of coverage. Students are not covered for malpractice if they are not registered for coursework in Pathway or if they are on a leave of absence. In addition, students who may participate in shadowing experiences not affiliated with program-assigned curricular components are not covered by their student malpractice.

### Emergency Contact Information

Students are to provide the program with emergency contact information. Each student will be responsible for keeping contact information updated and current through their UMKC Pathway and Project Concert profiles. If the program determines there is reasonable justification to investigate the welfare or status of a student or to report the student's current personal/health status, they will do so with the emergency contact information provided. Examples of reasonable justification for communication with a student's emergency contact include, but are not limited to, absence from the program for more than a reasonable time without notice, illness, and/or injury.

### Transfer, Experiential Learning, or Advanced Placement Credit (*B3.13b-c*)

The UMKC PA Program does not accept transfer credit, experiential learning credit, or advanced placement credit.

### Technical Standards (*A3.13e*)

Due to our obligation to ensure that patients receive the best medical care possible, certain abilities are required of our students. To undertake and successfully complete the UMKC Master of Medical Science Physician Assistant program, an individual must possess those intellectual, emotional, and physical capabilities which are necessary to participate fully in the curriculum and which are essential to achieve the levels of competence required for graduation from the program. When completing the MMSPA application, the applicant indicated meeting certain technical standards necessary to carry out all activities required for completion of the program. If there is any change in a student's technical standards status before matriculation or while completing the program of study, the student must notify the program director. A student's ability to meet the technical standards is assessed annually by the screening form. Any student approved for a leave of absence must sign a new technical standards form before and upon return from the leave.

Below are some (not all inclusive) examples necessary skills and abilities the candidate for the PA degree must possess.

### Observation

- Observing and performing a variety of procedures.
- Observing and evaluating a patient accurately, at a distance and close at hand. This necessitates the functional use of the senses of vision, hearing, touch, and sometimes smell.
- Ability to observe in demonstrations, visual presentations in lectures and laboratories, laboratory evidence and microbiologic cultures, microscopic studies of microorganisms and tissues in normal and pathologic states.

### Communication

- Speaking, hearing, and observing patients to elicit information, perceive nonverbal communications, and describe changes in mood, activity, and posture.
- Communicating effectively and sensitively with patients and families including not only speech, but also reading and writing.

### Motor

- Eliciting information from patients by palpation, auscultation, and percussion, as well as carry out diagnostic maneuvers.
- Execution of movements reasonably required to provide general care and emergency treatment to patients. Such skills require coordination of gross and fine muscular movements, equilibrium, and sensation.
- Manipulation of equipment and instruments to perform basic laboratory tests and procedures required to attain curricular goals (e.g., needles, stethoscope, ophthalmoscope, tongue blades, intravenous equipment, gynecologic speculum, and scalpel).
- Transporting oneself from one location to another in a timely fashion to facilitate patient care responsibilities and to receive educational training.

### Intellectual-Conceptual, Integrative and Quantitative Abilities

- Intellectual abilities of measurement, calculation, reasoning, analysis, and synthesis.
- Comprehension of three-dimensional relationships and the spatial relationships of structures.
- Ability to collect, organize, prioritize, analyze, and assimilate large amounts of technically detailed and complex information within a limited time frame. This information will be presented in a variety of educational settings, including lectures, small group discussions, and individual clinical settings. The candidate should be able to analyze, integrate, and apply this information appropriately for problem solving and decision-making.

### Behavioral and Social Attributes

- Working as an effective member of the health care team.
- Ability to maintain attendance, especially in clinical coursework, to earn the required clinical practice hours and experience for graduation.
- Possess the emotional health to fully use intellectual ability, exercise good judgment, and complete all responsibilities attendant to the diagnosis and care of patients.
- Ability to tolerate physical, mental, and emotional stress in training and continue to function effectively.

- Possess qualities of adaptability, flexibility and be able to function in the face of uncertainty. Must have a high level of compassion for others, motivation to serve, integrity, and a consciousness of social values.
- Possess sufficient interpersonal skills to interact positively with people from all levels of society, all ethnic backgrounds, and all belief systems.
- Accepting of criticism and respond by appropriate modification of behavior.

## Section B: Curriculum Information and Policies

### B1. Competency Domains and Learning Outcomes/Competencies

The PAEA describes six broad distinguishable areas of competence which constitute the general descriptive framework for the profession. The UMKC PA Program adopted these in 2022 as the program's graduate learning outcomes. Below are the graduate competencies within their Competency Domains.

1. Patient-centered practice knowledge: medical knowledge applied to the individual patient as a partner in health. Graduates will be able to recognize healthy versus ill patients in the context of the patients' lives and determine the stage of illness — acute, at risk of illness (emerging), or chronic. Graduates will demonstrate the ability to utilize up-to-date scientific evidence to inform clinical reasoning and clinical judgment.
  - 1.1. Recognizing normal and abnormal health states
  - 1.2. Discern among acute, chronic, and emerging disease states
  - 1.3. Elicit and understand the stories of individual patients and apply the context of their lives (including environmental influences, cultural norms, socioeconomic factors, and beliefs) when determining healthy versus ill patients
  - 1.4. Develop meaningful, therapeutic relationships with patients and their families
  - 1.5. Partner with patients to address issues of ongoing signs, symptoms, or health concerns that remain over time without clear diagnosis despite evaluation and treatment
  
2. Society and population health: understand how the health of individual patients may be affected by and contribute to the health status of the larger community. Graduates will be able to recognize and understand that the influences of the larger community may affect the health of patients and integrate knowledge of social determinants of health into care decisions.
  - 2.1. Recognize the cultural norms, needs, influences, and socioeconomic, environmental, and other population-level determinants affecting the health of the individual and community being served
  - 2.2. Recognize the potential impacts of the community, biology, and genetics on patients and incorporate them into decisions of care
  - 2.3. Demonstrate accountability and responsibility for removing barriers to health
  - 2.4. Understand the role of structural disparities in causing illness
  - 2.5. Engage members of the health care team in the surveillance of community resources to sustain and improve health
  - 2.6. Engage the health care team in determining the adequacy of community resources
  - 2.7. Reflect on personal and professional limitations in providing care
  - 2.8. Elicit and hear the story of the individual and apply the context of the individual's life (including environmental influences, culture, and disease) when determining healthy versus ill patients
  - 2.9. Understand and apply the fundamental principles of epidemiology
  - 2.10. Recognize the value of the work of monitoring and reporting for quality improvement
  - 2.11. Use appropriate literature to make evidence-based decisions on patient care
  
3. Health literacy and communication: the skills necessary to help patients understand information about their health and become partners in their healthcare. Graduates will be able to communicate

with patients as partners who engage in shared decision-making and who communicate, interpret, and express themselves as individuals with unique personal, cultural, and social values.

- 3.1. Establish meaningful, therapeutic relationships with patients and families that allow for a deeper connection and create space for exploration of the patients' needs and goals to deliver culturally competent care
  - 3.2. Interpret information so that patients can understand and make meaning out of the information conveyed to them
  - 3.3. Recognize the need for and governing mandates that ensure patients have access to interpreters and appropriate resources when barriers to communication arise
  - 3.4. Demonstrate insight and understanding about emotions and human responses to emotions that allow one to develop and manage interpersonal interactions
  - 3.5. Communicate effectively with patients, families, and the public
  - 3.6. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs
  - 3.7. Organize and communicate information with patients, families, community members, and health team members in a form that is understandable, avoiding discipline-specific terminology when possible, and checking to ensure understanding
4. Interprofessional collaborative practice and leadership: teamwork is key to delivering safe, quality health care. Graduates will be able to recognize that the patient is at the center of all health care goals and to partner with the patient to define the patient's health care goals.
- 4.1. Articulate one's role and responsibilities to patients, families, communities, and other professionals
  - 4.2. Redirect the focus of the health care team to the needs of the patient
  - 4.3. Assure patients that they are being heard
  - 4.4. Ensure patients' needs are the focus over self and others
  - 4.5. Contribute to the creation, dissemination, application, and translation of new health care knowledge and practices
  - 4.6. Recognize when referrals are needed and make them to the appropriate health care provider
  - 4.7. Coordinate care
  - 4.8. Develop relationships and effectively communicate with physicians, other health professionals, and health care teams
  - 4.9. Use the full scope of knowledge, skills, and abilities of available health professionals to provide care that is safe, timely, efficient, effective, and equitable
  - 4.10. Use unique and complementary abilities of all members of the team to optimize health and patient care
  - 4.11. Engage diverse professionals who complement one's own professional expertise, as well as associated resources, to develop strategies to meet specific health and health care needs of patients and populations
  - 4.12. Describe how professionals in health and other fields can collaborate and integrate clinical care and public health interventions to optimize population health
5. Professional and legal aspects of health care: practicing medicine in ethically and legally appropriate ways while demonstrating professional maturity and accountability. Graduates will be able to

practice medicine in a beneficent manner, recognizing and adhering to standards of care while attuned to advancing social justice.

- 5.1. Articulate standard of care practice
  - 5.2. Admit mistakes and errors
  - 5.3. Participate in difficult conversations with patients and colleagues
  - 5.4. Recognize one's limits and establish healthy boundaries to support healthy partnerships
  - 5.5. Demonstrate respect for the dignity and privacy of patients while maintaining confidentiality in the delivery of team-based care
  - 5.6. Demonstrate responsiveness to patient needs that supersedes self-interest
  - 5.7. Demonstrate accountability to patients, society, and the profession
  - 5.8. Exhibit an understanding of the regulatory environment
6. Health care finance and systems: successfully navigate the health care system. Graduates will be able to articulate the essential aspects of value-based health care and apply this understanding to the delivery of safe and quality care.
- 6.1. Recognize that health care is a business
  - 6.2. Articulate individual providers' value-add to the health care team in terms of cost
  - 6.3. Appreciate the value of the collaborative physician/PA relationship
  - 6.4. Understand different types of health systems, funding streams, and insurance, including the role of Medicare and Medicaid as payors

Additionally, there are two cross-cutting domains that are essential across each of the other six domains:

7. Cultural humility: an ongoing openness to other cultures. Understanding and respecting important aspects of those with different backgrounds.
8. Self-assessment and ongoing professional development: a continual process of discipline and self-control. An awareness of personal and professional limitations with a plan to address deficits.

## B2. Curriculum

The UMKC PA Program curriculum is a 29-month long and 129.5-credit-hour professional degree program. It is intended to prepare students academically and professionally for the responsibilities and service as an entry level PA.

## B3. Didactic Instruction

Beginning in January, the didactic phase comprises the first 16 months, with the following 13 months focusing on clinical education. Upon completing the program, the university confers a Master of Medical Science Physician Assistant Degree. There is didactic instruction in every year and each phase of the PA program.

### Course and Instructional Scheduling

It is priority to make course/module schedules available to students at the beginning of the course/module, though schedules are subject to changes. Students within the program are expected to have some flexibility with their schedules. This is due, in part, to some instructors also working in clinical settings where schedules are difficult to determine. Changes to schedules will be made available to students as soon as possible.



<b><u>Year 1: Spring Semester</u></b>	
<b><u>MEDPA</u></b>	<b><u>Course Title</u></b>
5501	Anatomy for the Physician Assistant
5502	Foundations in Basic Medical Science
5504	Ethics, Law, and Policy
5505	Clinical Assessment for the PA
5511	Clinical Practicum I
5521	PA Professions I
5531	Science and Practice of Medicine I

### **Year 1: Summer Semester**

<b><u>MEDPA</u></b>	<b><u>Course Title</u></b>
5512	Clinical Practicum II
5522	PA Professions II
5532	Science and Practice of Medicine II

### **Year 1: Fall Semester**

<b><u>MEDPA</u></b>	<b><u>Course Title</u></b>
5523	PA Professions III
5533	Science and Practice of Medicine III

<b><u>Year 2: Spring Semester</u></b>	
<b><u>MEDPA</u></b>	<b><u>Course Title</u></b>
5514	Clinical Practicum IV
5524	PA Professions IV
5534	Science and Practice of Medicine IV

### **Year 2: Summer Semester**

<b><u>MEDPA</u></b>	<b><u>Course Title</u></b>
5581	Professional Development for the PA

### **Year 2 Fall Semester**

<b><u>MEDPA</u></b>	<b><u>Course Title</u></b>
5581	Professional Development for the PA

### **Year 3 Spring Semester**

<b><u>MEDPA</u></b>	<b><u>Course Title</u></b>
5580	Senior Seminar
5581	Professional Development for the PA
5595	Capstone

## **B4. Clinical Instruction**

The clinical phase of the program provides the students with 12 four-week clinical experiences (48 weeks total). These experiences are in-depth opportunities to evaluate and manage patients in a variety of clinical settings, under the supervision of a preceptor. The settings, characteristics, assigned tasks, and student schedules will vary depending on the site. The clinical rotation schedule is provided on Canvas under the MMS Physician Assistant course, although the order of disciplines will vary for each student. Throughout the clinical phase students will have the following courses.

<b><u>MEDPA</u></b>	<b><u>Specialty Experience</u></b>	<b><u>MEDPA</u></b>	<b><u>Specialty Experience</u></b>
5610	Family Medicine I	5650	Pediatrics
5611	Family Medicine II	5660	Surgery
5620	Internal Medicine Inpatient	5670	Behavioral Medicine
5621	Internal Medicine Outpatient	5680	Geriatrics
5630	Emergency Medicine	5690	Elective
5640	Women's Health	5691	Elective
5581	Professional Development for the PA		

### **Pre-requisites for the Clinical Phase (A3.15b)**

Students are required to successfully complete/pass the following requirements prior to start of the clinical year and remain compliant throughout the clinical year:

1. All didactic coursework
2. End of didactic year PACKRAT
3. All pre-clinical & onboarding assignments by the assigned deadlines
4. BLS and ACLS certification
5. HIPAA training

6. OSHA training
7. Current Curriculum Vitae (CV)
8. Criminal background check
9. Employment verification
10. Current health insurance coverage
11. An 11-panel urine drug screen
12. All required immunizations, titers, tuberculosis & other infectious disease screenings, and physical exam
13. UH-TMC Just in Time Mask Fit test

### HIPAA Compliance

Before clinical experiences, all students must be trained in the Health Insurance Portability and Accountability Act (HIPAA) regarding medical privacy regulations. Students must demonstrate continuous compliance with these regulations throughout the program.

### OSHA Guidelines (A1.02g, A3.08a-c)

Safety is an important objective for students and patients. Before starting clinical experiences, students receive training in accordance with the requirements of the Occupational Health & Safety Administration (OSHA) on Universal Precautions and are provided information regarding the appropriate methods of handling blood, tissues, and bodily fluids, as well as dealing with the management of communicable diseases. Each student is responsible for incorporating these precautionary measures into the daily routine while caring for patients. The student is responsible for becoming familiar with the policies and procedures for employing these precautions at each clinical site to which the student is assigned. All students will participate in clinical affiliation requirements for safety and quality assurance compliance at the direction of the clinical affiliation personnel.

Failure to complete any of these required items by the assigned deadline may result in a delayed start to the clinical year, clinical experience, and/or clinical site placements. This may, in turn, delay the student's completion of the program and may result in additional tuition and/or fees.

### Student-Initiated Clinical Experiences (A3.03)

Students are not required, nor are they allowed to arrange their own clinical experiences but may suggest potential opportunities to the Clinical faculty. The program is committed to developing new relationships with preceptors and clinical sites that meet accreditation standards, further the program's mission, and benefit our students. Therefore, the clinical faculty must approve all clinical experience requests. Students should recognize that it may take several months to vet and complete the required agreements and documentation. Requests may not be approved due to time or workload constraints. To suggest a clinical experience, students must observe the following:

1. Students should allow at least four months for the necessary paperwork and approval process to be completed.
2. The student is prohibited from contacting the clinical site without first obtaining written permission from the clinical faculty via email. Include the preceptor's name and credentials, clinic name, administrator, and contact information.
3. The program will evaluate the potential clinical preceptor/site/rotation to determine if they meet program expectations and accreditation standards. Clinical faculty will email the student if the request has been approved.

The PA program works toward firmly establishing each clinical rotation; however, unforeseeable events can occur which may require a student to be moved to a different clinical site with short notice, just prior to starting and/or during a rotation. Once the rotation schedule has been set, requests for changes by the student will be limited to emergency situations or if the requested change benefits the program, the program's mission, and/or students only. Students are responsible for all financial costs associated with travel, onboarding, and/or relocation, regardless of the cause. The clinical faculty makes all final decisions regarding the placement of students in sites throughout the clinical phase of the program.

### Elective Clinical Course Experiences

Students will have the opportunity to submit preferences for elective rotations. The elective clinical experiences can be an opportunity for students to enhance an area of interest, explore a potential location for future clinical practice, and prepare for the PANCE board exam.

While preferences will be thoughtfully considered, the program reserves the authority to select a discipline that provides the student with the necessary clinical experiences to fulfill learning outcomes, support PANCE preparation, and/or meet program goals.

The UMKC PA program is not approved for clinical rotations outside of the United States.

### Travel, Transportation, and Housing (A3.12f)

All students should plan to travel and/or relocate for clinical rotations. Travel is defined as any driving distance greater than 60 miles from the UMKC School of Medicine campus. All students should expect to travel and/or find temporary housing for the duration of some clinical rotations. Special accommodations may be made only for unusual or unique circumstances and are at the program's discretion. Housing and transportation for all clinical experiences are the responsibility of the student. Some clinical experiences provide housing options or housing information that students may choose to utilize. However, the UMKC PA program is not responsible for student housing. Students are not permitted to stay with a preceptor, or any individual involved in student evaluation.

### Preceptors and Supervision (A2.15, A2.17a, B3.05, B3.06a-c)

The student will be assigned a primary preceptor for each clinical location who will evaluate student performance in meeting the program's learning outcomes and instructional objectives. Students can access contact information for the primary preceptor through the respective site profile in Project Concert. "How To..." Project Concert Panopto training videos are available to students via Canvas in the MMS Physician Assistant Course. That preceptor is responsible for providing ongoing and timely feedback regarding clinical performance, knowledge base, and critical thinking skills based on the student's level of training and the respective course's learning outcomes. During a student's time at the facility, the preceptor must be available for supervision, consultation, and teaching or designate an alternate preceptor. Students may also be assigned to another MD, DO, PA, NP, or CNM who will serve as the student's preceptor for any given time interval. Although students may interact with and be supervised by resident physicians or other licensed clinicians, the program primarily relies upon board-certified physicians and NCCPA-certified PAs for didactic and clinical instruction. Having more than one clinical preceptor offers the advantage of sharing preceptorship duties and exposes students to valuable variations in practice style, which can help learners develop the professional personality that best fits them. In the case where supervision is not available by a physician or PA, students may be given an assignment or may spend time with residents, NPs, or CNMs as well as ancillary staff (CNA, CMA, nurse, x-ray, lab, psychologist, pharmacist, social worker, physical therapy, etc.), as these experiences can be very valuable. The preceptor should always be aware of the student's assigned activities.

Students are not employees of hospitals or clinics and, therefore, work entirely under the preceptor's supervision. On each rotation, the student's responsibility is to ensure that the supervising preceptor also sees all the student's patients. The preceptor can provide direct supervision of technical skills with gradually increasing autonomy in accordance with the PA student's demonstrated level of expertise. However, every patient must be seen, and every procedure evaluated by the supervisor before discharge. The preceptor must document the PA student's involvement in the patient's care in all aspects of the visit. The preceptor must also specifically document that the student was supervised during the entirety of the patient visit. The PA student will not be allowed to see, treat, or discharge a patient without evaluation by the preceptor.

### Program Responsibilities for Clinical Experiences

- The program will develop and maintain affiliation agreements with all clinical sites. (A1.01)
- The program will ensure that all students have current medical professional liability coverage.
- The program coordinates (identifying, contacting, and evaluating) and assigns all student clinical experiences. Student preferences for clinical assignments may be considered but are not guaranteed. (A3.03)
- The program will strive to give students clinical assignments at least 30 days in advance; however, *the program reserves the right to alter assignments as needed.*
- The program will provide specific rotation learning outcomes, syllabi, and procedural clinical competency lists to preceptors and students. (B1.03)
- The program will provide the preceptor handbook to preceptors. (A2.17b)
- The program will evaluate clinical sites and preceptors on a routine basis to confirm that the supervised clinical practice experiences provide students an opportunity to fulfill learning outcomes with appropriate access to physical facilities, patient populations, and supervision. (C2.01a-c)
- The program will immediately remove the student from an educational learning experience if it is determined they are in danger or in an environment not conducive to learning.
- The program will withdraw any student from a clinical experience at the request of the preceptor when it is deemed by the program that the student's work, conduct, or health is considered unsafe or detrimental to patients or the practice site.
- The program will withdraw any student from a rotation if a significant conflict between the student and preceptor would deter them from the learning experience.
- Removing a student from a clinical experience for any reason may result in an extension of their program of study.
- The program will determine the final grades for students.

### Student Responsibilities for Clinical Experiences

- The student must be flexible and anticipate changes. Physician assistant clinical education involves instruction from practicing clinicians with unpredictable schedules. At times, clinical rotations may need to be adjusted with short notice. Students must also learn to adapt to the preceptors' and sites' various teaching styles, expectations, rules, regulations, and schedules.
- The student will adhere to the regulations and policies of the UMKC School of Medicine and the MMSPA Program.
- The student will identify themselves as a UMKC PA student and wear appropriate identification during all clinical experiences. Students must always wear their program-issued identification nametag at clinical sites, in addition to any student identification required by the site. Students must report lost or destroyed nametags/identification within one day and will incur the cost of replacement tags. (A3.06)

- While in the program, students may not use previously earned titles (i.e., RN, RT, DC, Ph.D., etc.) for identification purposes. Students must wear a short white clinical jacket with the program patch while at all clinical sites, unless instructed not to do so by the clinical site or the program. (A3.06)
- The student will always be courteous, respectful, and act in a professional manner.
- The student will demonstrate awareness of professional limitations and will only perform activities assigned by and under the supervision of their preceptor.
- The student will become familiar with information specific to safety and personal protective equipment (PPE) at each assigned site.
- The student will follow the rules and regulations of the hospital or other institutions associated with the clinical experience.
- The student shall handle all confidential information in a professional and ethical manner and in accordance with all applicable federal and state laws and regulations, including HIPAA.
- **The student will email preceptor and/or clinical site at least 2 weeks prior to the beginning of their clinical rotation. The purpose of this email is an introduction to the student with a copy of their face sheet attached, as well as a friendly reminder of the scheduled rotation. Students will typically also obtain 1st day instructions and/or rotation schedule during this email correspondence.**
- The student will take an active part in the learning process during their clinical education. Students are expected to review their required learning outcomes and procedural clinical competency list with their preceptor(s) at the beginning of each rotation and during each mid-rotation evaluation. Students will inform preceptor of educational goals, including but not limited to, sharing with the preceptor their level of competence and knowledge in specific clinical requirements and clinical skills, as well as the goals the student would like to achieve during the rotation. Active listening skills must be applied to all clinical encounters whether observational or interactive. Students should show initiative and an eagerness to learn. Preceptors have very different teaching styles and time constraints. Students must be assertive in pursuing their educational goals, but never aggressive or disrespectful. In general, preceptors are likely to invest more time and energy teaching students who demonstrate significant interest and effort. Students are expected to manage their time well and use slow periods for disciplined specific reading and preparation for examinations. Students are responsible for all assignments given by the preceptor and the program.
- The student will communicate to the Clinical faculty immediately any concerns pertaining to clinical experiences that prevent the student from meeting the learning outcomes before the end of the rotation.
- The student will give their preceptors and/or site direct and current contact phone number and get a direct phone number for both the preceptor and site.
- The student will complete all assignments and assessments in accordance with course instructions and as assigned by preceptor by the assigned deadline(s).
- The student will complete a clinical experience log for each patient encounter, number of clinical training hours, and procedures, as specified by program instructions, by the specified deadline in Project Concert.
- The student will complete an evaluation of clinical site/preceptor at the end of every clinical rotation, as well as evaluation of each course by the assigned deadline. (C1.01c, f, C1.02a)

### Clinical Experiences Guidelines

Students are expected to fully engage with educational opportunities at supervised clinical practice experiences (SCPEs). It is recommended that students strive to attain at least 144 hours per rotation. All clinical time, cases, and procedures must be logged by the student according to the syllabus. This is tracked by the program to ensure adequate student effort and an appropriate SCPE. Clinical time includes time in clinic or the hospital and educational learning such as grand rounds, morbidity and

mortality conferences, virtual webinars/lectures, orientations, trainings, conferences, etc. Additionally, it is expected that students observe, assist, and/or perform procedures as opportunities are available. Students should progress from observing to assisting and then, performing procedures under supervision. Although attainment of clinical hours, patient encounters, and procedures is not a direct correlation to competency, students should notify the clinical faculty if they are unable to meet the provided learning outcomes. The inability to meet learning outcomes, for any reason, may result in the need for additional clinical assignments, additional clinical time, and/or supplemental learning activities.

Falsification of records by a student is considered academic dishonesty and is a violation of the UMKC School of Medicine Standards of Professional Conduct.

### Clinical Role of the Student (A3.04, A3.05)

Clinical experiences should be educational for the PA student. At no time during the clinical year should the student be called upon to work for the program or clinical site or be used to substitute for regular clinical or administrative staff. If a situation arises where an individual is asked to perform in a role other than that of student or to substitute for a staff member, the student should contact the program immediately for guidance.

The following are some “guidelines” regarding what a PA student may be permitted to do by the preceptor. The judgment of the preceptor regarding how much responsibility a student is ready to assume should be the determining factor of which tasks are assigned and how much supervision is needed. All students should exhibit a baseline of medical knowledge and clinical skills. A course syllabus will be provided to the preceptor outlining the course learning outcomes (A2.17b).

Typical tasks assigned to PA students include:

- Taking histories and performing physical examinations, including vital signs
- Assessing common medical problems and recommending appropriate management
- Performing and assisting in diagnostic and therapeutic procedures
- Assisting the preceptor in hospital/nursing home rounds, recording progress notes, and transcribing specific orders of the preceptor, as allowed by the facility
- Following protocols (verbal or standing orders) of the preceptor
- Presenting patient cases orally and in a written problem-oriented format
- Discussing the basic pathophysiologic mechanisms that have produced the signs, symptoms, and disease processes under investigation
- Completing assigned readings and preparing presentations as requested by clinical preceptor and/or program faculty
- Attending all teaching rounds, teams, webinars, and conferences, including virtual
- Following the assigned call schedule
- Discussing/recommending treatment approach, medication, and follow-up care

### Chaperones During Sensitive Exams and Procedures

The program requires students to have a chaperone for all sensitive patient exams and procedures. Sensitive exams and procedures may include but are not limited to a patient’s genitalia, rectum, and/or breast. A patient’s personal and cultural background may broaden their definition of a sensitive examination and procedure. A chaperone is a person who acts as a witness for a patient and a health professional or student during a medical examination or procedure. A chaperone may include a student’s preceptor or trained staff member at a rotation site. A chaperone cannot be a patient’s family member, friend, or guest.

# Course Map

UMKC School of Medicine Master of Medical Science Physician Assistant Program																														
Systems-Based Curriculum Outline																														
MEDPA	Course	Credit hour	Sem 1					Sem 2		Sem 3					Sem 4				Sem 5			Sem 6				Sem 7				
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
5501	Anatomy for the PA	3																												
5502	Foundations of Basic Medical Science	4																												
5504	Ethics, Law and Policy	1																												
5505	Clinical Assessment for the PA	2																												
5511	Clinical Practicum I	1																												
5512	Clinical Practicum II	1																												
5513	Clinical Practicum III	1																												
5514	Clinical Practicum IV	1																												
5521	PA Professions I	1																												
5522	PA Professions II	1																												
5523	PA Professions III	1																												
5524	PA Professions IV	1																												
5531	Science & Practice of Medicine I Dermatology Hematology Musculoskeletal/Rheumatology	9																												
5532	Science & Practice of Medicine II Pulmonology Cardiology	12																												
5533	Science & Practice of Medicine III Endocrinology HEENT Neurology Gastroenterology	20																												
5534	Science & Practice of Medicine IV Behavioral Medicine & Geriatrics Nephrology Genitourinary Women's Health Pediatrics Emergency Medicine/Surgery	19																												
5610	Family Medicine	4																												
5611	Family Medicine II	4																												
5620	Internal Medicine	4																												
5621	Internal Medicine II	4																												
5630	Emergency Medicine	4																												
5640	Women's Health	4																												
5650	Pediatrics	4																												
5660	General Surgery	4																												
5670	Behavioral Medicine	4																												
5680	Geriatrics	4																												
56XX	Elective I	4																												
56XX	Elective II	4																												
5580	Senior Seminar	1																												
5581	Professional Development for the PA	1.5																												
5595	Capstone	1																												
		129.5																												

Updated 11.2023

## B5. Professionalism

### Code of Professional Ethics for the Physician Assistant

The Code of Professional Ethics for the Physician Assistant was first adopted in 2000 and has undergone many revisions, the last being in 2008. The AAPA reaffirmed them in 2013, and while the fundamental ethical principles have not changed, revisions appreciated that PAs must use their best judgment in given situations. These situations should consider the preferences of the patient, clinical information, ethical concepts, and legal obligation.

### UMKC SOM Standards of Professional Conduct

#### I. Preamble

Health care professionals are characterized by: 1) a prolonged specialized training in a body of knowledge and skills; 2) ethical principles; 3) a service orientation; and 4) judgment. These professions determine their own standards of education, training, licensure, and practice, and have long subscribed to a body of ethical statements developed primarily for the benefit of the patient. As a potential future member of these professions, a student must recognize responsibility and an obligation not only to patients, but also to society, other health care professionals, and self to behave in a manner compatible with the health care profession's standards of conduct.

One of the goals of a medical school is to educate a student during the transition to a professional life. The University of Missouri-Kansas City ("UMKC") School of Medicine has an obligation to evaluate our students pursuing the M.D. and other health professions degrees administered by the School of Medicine as thoroughly as possible for their cognitive abilities, their academic and professional knowledge and skills, their integrity, and their suitability for the practice of their health care professions. Accordingly, the Standards of Professional Conduct detailed in this document have been developed to guide the pre-professional behavior of students in health professions degree programs of UMKC School of Medicine, and to prepare the students to meet the ethical standards of these professions.

All students in the UMKC School of Medicine, including students enrolled in either the M.D. or graduate health professions programs involving direct patient care, are subject to the jurisdiction of the Standards of Professional Conduct and Honor Council Procedures for Violations of the Standards of Professional Conduct upon enrollment. The presentation of these documents shall be an integral part of the orientation of newly accepted students at UMKC School of Medicine.

#### II. UMKC School of Medicine Standards of Professional Conduct

##### A. Professional Integrity

##### 1. Honesty

A student shall deal honestly with people including, but not limited to, colleagues, instructors, representatives of the University, patients, attending physicians, and other members of the health care team. Students are expected to demonstrate honesty and integrity in all aspects of their interactions with patients and staff — particularly in assuring accuracy and completeness of their documentation in medical records. The student shall be willing to admit errors and must not mislead others or promote himself/herself at the patient's expense. Students shall strive to report, by utilizing the Honor Council Procedures for Violations of the Standards of Professional Conduct, those students who violate these Standards of Professional Conduct ("Standards").



The basic principle underlying all research is *honesty*. Scientists and students who participate in research have a responsibility to provide research results of the highest quality; to gather facts meticulously; to keep impeccable records of work done; to interpret results realistically, not forcing them into preconceived molds or models; and to report new knowledge through appropriate channels. Co-authors of research reports must be sufficiently acquainted with the work of their co-workers so they can personally vouch for the integrity of the study and validity of the findings and must have been active in the research itself.

In all cases of academic dishonesty, the instructor shall make an academic judgment about the student's grade on that work and in that course. The instructor shall also report the alleged academic dishonesty to the Chair of the Honor Council.

Examples of academic dishonesty include, but are not limited to, the following:

**Cheating** — 1) use of any unauthorized assistance including, but not limited to, notes, textbooks, unauthorized electronic devices or prohibited internet resources, in taking quizzes, tests, or examinations; 2) dependence upon the aid of sources beyond those authorized by the instructor in writing papers, preparing reports, solving problems, or carrying out other assignments; 3) acquisition or possession without permission of tests or other academic material belonging to a member of the University faculty or staff; 4) in any way giving assistance to others who are participating in any of the three preceding types of behavior; 5) falsifying attendance records or other official documents; or 6) submitting the same paper, project, or document for a grade or credit in multiple courses.

**Plagiarism** — 1) use by paraphrase or direct quotation of the published or unpublished work of another person without fully and properly crediting the author with footnotes, citations or bibliographical reference; 2) unacknowledged use of materials prepared by another person or agency engaged in the selling of term papers or other academic materials; or 3) unacknowledged use of original work/material that has been produced through collaboration with others without release in writing from collaborators. The detection may involve the use of commercially available software.

**Sabotage** — unauthorized interference with, modification of, or destruction of the work or intellectual property of another member of the University community.

Examples of dishonesty related to clinical practice include, but are not limited to, the following:

**Falsification of Patient's Medical Record** — writing progress notes regarding the patient's status that are false including, but not limited to, clinical observations or results in the patient's chart when the student has not seen or evaluated the patient or using incorrect times of data entry.

**Falsification of Patient's Medical Information** — reporting medical information such as physical examination findings, lab values, test results, and any other relevant patient information to other students, residents, attending physicians, preceptor, the patient, the patient's family, or other relevant medical personnel that has been fabricated by the student.

## 2. **Responsibility**

A student must acquire competencies with the appropriate concepts, knowledge, and skills which the faculty determines to be essential. These competencies shall be utilized to care for the sick and to promote the health and welfare of society. A student shall recognize a responsibility to participate in activities contributing to an improved community.

Students in the care of patients must not be harmful, dangerous, or negligent to the mental or physical health of a patient or the public. Negligent means the failure to use that degree of skill and learning ordinarily used under the same or similar circumstances by other students.

Students must pay tuition and other University fees, such as the medical equipment or disability fees, on time. Students must complete required forms of evaluation, degree forms, examination applications, etc. on time.

Students must be familiar with and follow the rules and regulations of UMKC School of Medicine, the University, and the applicable health care professional organizations. Students shall be familiar with and comply with the policies and procedures of clinical sites where they are assigned.

While the University and UMKC School of Medicine are committed to the rights of students to free expression, they also have the right to restrict certain conduct which violates the law or University policy, or otherwise directly interferes with the functioning of the University or UMKC School of Medicine and/or its clinical affiliates. Students are expected to be knowledgeable of and comply with the limits on free expression as set forth in the University "Commitment to Free Expression," available at <https://freespeech.missouri.edu/commitment-to-free-expression/>

Students shall be responsible in their use of personal and professional social media accounts. "Social media" includes any electronic communication or networking using an online service, platform, or site to share information, ideas, personal messages, images, photographs, or other content including, but not limited to, emails, Facebook, Twitter, LinkedIn, YouTube, Snapchat, Instagram, GROUPME, TikTok, Reddit, Tumblr, and blogs. Students shall use appropriate judgment and be respectful and professional in all social media communications. Information shall be truthful and not misleading or deceptive. Content on social media is considered to be published material and therefore must comply with Federal copyright laws.

### B. **Professional Behavior**

#### 1. **Prohibition Against Discrimination, Harassment, and Sexual Misconduct**

A student shall be dedicated to providing supervised, competent health care services with compassion, respect for human dignity, and without discrimination.

It is against University regulations to discriminate on the basis of race, color, religion, pregnancy, sex, sexual orientation, gender identity, gender expression, ancestry, national origin, age, disability, protected veteran status, or any other status protected by applicable State or Federal law. The University has an AIDS policy statement consistent with Missouri law that prohibits discrimination against persons with AIDS, AIDS Related Complex ("ARC"), or who are HIV positive.

Students shall not harass, discriminate against, or engage in sexual harassment, sexual discrimination, or sexual misconduct with any other individual, either in person or on social media.

**2. Representation**

A student shall accurately represent himself/herself to others including, but not limited to, colleagues, instructors, representatives of the University, patients, attending physicians, and other members of the health care team.

Examples of misrepresentation include, but are not limited to, the following:

- a. A student shall never use the title of “Doctor” or M.D., as this clearly misrepresents the student’s position, knowledge, and authority.
- b. Use of fraud, deception, lies, or bribery in securing any certificate of registration or authority, diploma, permit, or license issued, or in obtaining permission to take any examinations.
- c. Impersonation of any person holding a certificate of registration or authority, permit, license or allowing any person to use his/her certificate of registration or authority, permit, license, or diploma from any school.
- d. Forgery, alteration, or misuse of a patient's medical records or knowingly furnishing false information to the health care team and/or professional organizations.

Representations on social media shall accurately reflect that any opinions voiced are those of the student and the student is not speaking on behalf of the University, or UMKC School of Medicine and/or its clinical affiliates.

**3. Confidentiality and Privacy**

A student shall respect the rights of patients, colleagues, and other health care professionals, and shall safeguard the confidentiality and privacy of patient communications and protected health information within the constraints of the law. The patient’s right to privacy in regard to his/her medical record, which includes privacy of personal and social history, is a fundamental tenet to health care.

The discussion in public of the problems of an identified patient, without the patient's permission, by students violates patient confidentiality and privacy laws and is unethical. Under no circumstances can any medical record be removed from an institution. Copying of the entire medical record is never permitted for presentations or rounds; students are permitted to extract information, but not copy “wholesale” parts of a medical record. Names and any other identifiers of patients should be omitted from any documents used for these presentations.

Any protected health information of patients, or any patient identifiers, hospital room numbers, or photographs of patients or their hospital or clinic rooms shall not be posted on social media.

**4. Disclosures of Information**

While the student is a member of the health care team and under faculty supervision, a student shall continue to study, apply, and advance scientific knowledge, make relevant

information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health care professionals when indicated.

Sharing of health information appropriately with a patient and colleagues involved in the care of the patient is a fundamental ethical requirement. The patient must be well informed to make health care decisions and work intelligently in partnership with the health care team. Information that the patient needs for decision making shall be presented in terms the patient can understand. If, for some reason, the patient is unable to comprehend information, there shall be disclosure to the patient's authorized representative. Failure of a student to share health information relevant to a patient with the patient and colleagues involved in the care of the patient is unethical. Providing inaccurate health information with these individuals is also unacceptable.

Students are prohibited from communicating with patients and/or their authorized representatives or family members on social media. Any conversations regarding specific patient health care conditions, treatments, or particular processes in a clinical setting can be mutually beneficial for the professional community; however, these must only occur without identifying patients and when using professional social media sites that maintain the privacy and security of communications with registered users.

5. **Assessment of Personal Competence (Self-Evaluation)**

Students shall seek consultation and supervision whenever their ability to play their role in the care for a patient is inadequate because of lack of knowledge or experience.

Students are expected to respond to constructive criticism by appropriate modification of behavior.

It is unacceptable for a student to attempt procedures or to prescribe therapies without supervision.

6. **Professional Demeanor, Appearance, and Communications**

The student is expected to be thoughtful and professional when interacting with patients and their families, attending physicians, preceptors, supervising residents, and other students, and whenever his/her behavior may influence adversely the judgments of others about UMKC School of Medicine and/or its clinical affiliates, or the University. Students shall comply with the code of ethics for their applicable health care profession both on campus and at clinical affiliates, by conduct and speech, and when using social media.

Students shall maintain a neat and clean appearance, and dress in attire that is generally accepted as professional by the patient populations served and in compliance with any policies of clinical affiliates.

Inappropriate behaviors may include, but are not limited to, either in person or on social media: 1) the use of offensive, vulgar, lewd, obscene, profane, or unprofessional language, gestures, images, or videos; or 2) cyberbullying. Any conduct or speech that materially and substantially interferes with the educational process of other students or violates the rights of others is prohibited.

Attempting, directly or indirectly, by way of intimidation, coercion or deception, to obtain or retain a patient or discourage the use of a second opinion or consultation is not appropriate.

7. **Informed Consent**

Students are to understand the obligations of health care professionals to obtain informed consent from patients, but students are **not** responsible for obtaining consent. It is the responsibility of health care professionals to ensure that the patient or his/her surrogate be appropriately informed as to the nature of the patient's medical condition, the objectives of proposed treatments, treatment alternatives, and risks involved. The patient's or surrogate's consent must be obtained without coercion.

8. **Avoidance of Conflicts of Interests**

If a conflict of interest arises, in which the student has competing interests or loyalties that could potentially undermine their ability to act in an impartial manner, the student will disclose this information as soon as possible through the appropriate channels. For example, gifts, hospitality, or subsidies offered by manufacturers and distributors of medical and pharmaceutical equipment/goods shall not be accepted if acceptance would influence the objectivity of clinical judgment.

9. **Appropriate Conduct with Patients**

The student will demonstrate respect for others, act without discrimination, treat patients politely and considerately, respect their views, respect their privacy and right to confidentiality. The student will communicate effectively and appropriately, and will understand, accept, and agree to be bound by the principle of confidentiality of patient data, and also of information concerning staff and fellow students. The student will not engage in romantic, sexual, or other non-professional behaviors with a patient — even upon the apparent request of a patient — while the student is involved with the patient's care. Any involvement or communications with former patients must meet the professional standards of conduct of the student, and shall not breach the patient's right of privacy of protected health information.

10. **Awareness of Impairments**

The student will not use alcohol or drugs or practice while under a physical or mental health condition if such impairs his/her ability to perform the work of the profession or results in compromised patient care. It is also the responsibility of every student to strive to protect the public from an impaired colleague and to assist that colleague whose capability is impaired because of alcohol or drug use, or a physical or mental health condition. Students are strongly encouraged to self-report and/or seek assistance if they are aware of any potential self-impairment. Additionally, any student who displays signs of impairment should be reported by a peer or UMKC School of Medicine faculty or staff member. Any retaliation against a student for good faith reporting of a peer suspected of impairment shall constitute a violation of professional conduct.

11. **Civility with Colleagues**

Professional relations among all members of the medical community shall be marked by civility. Scholarly contributions shall be acknowledged, and each person shall recognize and facilitate the contributions of others to this community; slanderous comments and acts are not acceptable. Students shall deal with professional, staff, and peer members

of the health care team in a considerate manner and with a spirit of cooperation.

It is unethical and harmful for a student to disparage, in person or on social media, without sufficient evidence, the professional competence, knowledge, qualifications, or services of a colleague to anyone. It is also unethical to imply without reliable evidence — by word, gesture, or deed — that a patient has been poorly managed or mistreated by a colleague.

#### 12. **Duty To Teach**

It is incumbent upon students entering health care professions to teach other students what they know of the science, art, and ethics of their professions. It also includes communicating clearly and teaching patients so that they are properly prepared to participate in their own care and in the maintenance of their health.

### III. **The University of Missouri Standard of Conduct for Students**

In addition to the conduct detailed above, a student is subject to the University of Missouri Standard of Conduct for Students, as administered by the UMKC Office of Student Conduct and Civility in the Division of Student Affairs, in Section 200.010. of the Collected Rules and Regulations of the University

([http://www.umsystem.edu/ums/rules/collected\\_rules/programs/ch200/200.010\\_standard\\_of\\_conduct](http://www.umsystem.edu/ums/rules/collected_rules/programs/ch200/200.010_standard_of_conduct)). Students in the UMKC School of Medicine may be subject to discipline by either the UMKC Office of Student Conduct and Civility or the Honor Council, or by the Title IX Coordinator in the Office of Affirmative Action for allegations related to sexual discrimination. A student will not be subject to discipline for the same violation by multiple entities. The Honor Council, the Office of Student Conduct and Civility, and the Office of Affirmative Action may share information about possible violations to determine which entity will handle the matter, and about violations that have been substantiated.

As of February 7, 2017, conduct for which students are subject to sanctions falls into the following categories:

1. **Academic dishonesty**, including, but not limited to, as cheating, plagiarism, or sabotage. The Board of Curators recognizes that academic honesty is essential for the intellectual life of the University. Faculty members have a special obligation to expect high standards of academic honesty in all student work. Students have a special obligation to adhere to such standards. In all cases of academic dishonesty, the instructor shall make an academic judgment about the student's grade on that work and in that course. The instructor shall report the alleged academic dishonesty to the Primary Administrative Officer.
2. **Forgery, alteration, or misuse of University documents, records or identification, or knowingly furnishing false information to the University.**
3. **Obstruction or disruption of teaching, research, administration, conduct proceedings, or other University activities, including its public service functions on or off campus.**
4. **Physical abuse or other conduct which threatens or endangers the health or safety of any person.**
5. **Stalking** another by following or engaging in a course of conduct with no legitimate purpose that puts another person reasonably in fear for one's safety or would cause a reasonable person under the circumstances to be frightened, intimidated, or emotionally

distressed.

6. **Violation of the University's Equal Employment/Education Opportunity Policy and Statement of Nondiscrimination** in Section 600.010 of the Collected Rules and Regulations. Discrimination is prohibited based on race, color, national origin, ancestry, religion, sex, pregnancy, sexual orientation, gender identity, gender expression, age, disability, protected veteran status, and any other status protected by applicable State or Federal law.
7. Violation of the University's Sex Discrimination, Sexual Harassment and Sexual Misconduct in Education/Employment Policy in Section 600.0020 of the Collected Rules and Regulations. These violations include:
  - a. **Sex Discrimination.** Sex discrimination is conduct that is based upon an individual's sex, pregnancy, gender identity, or gender expression that adversely affects a term or condition of the individual's employment, education, living environment, or participation in a University activity. Sexual harassment, sexual misconduct, sexual exploitation, stalking based on sex, and dating/intimate partner violence are forms of sex discrimination which are prohibited under this policy.
  - b. **Sexual Harassment.** Sexual harassment is defined as:
    1. Unwelcome sexual advances or requests for sexual activity by a person or persons in a position of power or authority to another person, or
    2. Other unwelcome verbal or physical conduct of a sexual nature by a person to another person, when:
      - a. Submission to or rejection of such conduct is used explicitly or implicitly as a condition for academic or employment decisions; or
      - b. Such conduct creates a hostile environment by being sufficiently severe or pervasive or objectively offensive that it interferes with, limits, or denies the ability to participate in or benefit from the University's educational programs, activities, or employment.
  - c. **Sexual Misconduct.** Sexual misconduct includes: 1) Nonconsensual sexual intercourse; 2) Nonconsensual sexual contact involving the sexual touching of a body part (i.e., the lips, genitals, breast, anus, groin, or buttocks of another person) or the nonconsensual sexual touching of another with one's own genitals, whether directly or through the clothing; 3) Exposing one's genitals to another under circumstances in which one should reasonably know that the conduct is likely to cause affront or alarm; or 4) Sexual exploitation.
  - d. **Stalking based on Sex.** Stalking based on sex is following or engaging in a course of conduct based on sex with no legitimate purpose that puts another person reasonably concerned for his or her safety or would cause a reasonable person under the circumstances to be frightened, intimidated or emotionally distressed.
  - e. **Dating/Intimate Partner Violence.** Violence, threats of violence, intimidation, or act of coercion committed by a person who is or has been in a social relationship of a romantic or intimate nature with the recipient of the violent behavior.
  - f. **Sexual Exploitation.** Sexual exploitation occurs when one person takes nonconsensual or abusive sexual advantage of another person for one's own advantage or benefit or for the advantage or benefit of anyone other than the person being exploited, and which behavior does not constitute any other form of sexual misconduct. Examples of sexual exploitation include, but are not limited to, the following activities done without the consent of all participants:

1. Invasion of sexual privacy;
  2. Prostituting another person;
  3. Taping or recording of sexual activity;
  4. Going beyond the boundaries of consent to sexual activity (letting your friends hide to watch you engaging in sexual activity);
  5. Engaging in voyeurism;
  6. Knowingly transmitting an STI, STD, venereal disease or HIV to another person;
  7. Inducing another to expose their genitals;
  8. Nonconsensual distribution of intimate images; or
  9. Use or distribution of drugs or alcohol with the intent to facilitate sexual contact without consent (i.e., predatory drugs or alcohol).
- g. **Retaliation.** Retaliation is any adverse action taken against a person because of that person's participation in protected activity. The University strictly prohibits retaliation against any person for making any good faith report to a Title IX Coordinator or for filing, testifying, assisting, or participating in any investigation or proceeding involving allegations of sex discrimination, sexual harassment, or sexual misconduct.
- h. **False Reporting.** False reporting is making an intentional false report or accusation in relation to this policy as opposed to a report or accusation, which, even if erroneous, is made in good faith.
8. **Threatening or Intimidating Behaviors**, defined as written or verbal conduct that causes a reasonable expectation of injury to the health or safety of any person or damage to any property or implied threats or acts that cause a reasonable fear of harm in another.
  9. **Participating in attempted or actual taking of, damage to, or possession without permission of property of the University or of a member of the University community or of a campus visitor.**
  10. **Unauthorized possession, duplication, or use of keys to any University facilities or unauthorized entry to or use of University facilities.**
  11. **Violation of University policies, rules, or regulations or of campus regulations** including, but not limited to, those governing residence in University-provided housing, or the use of University facilities, or student organizations, or the time, place and manner of public expression.
  12. **Manufacture, use, possession, sale or distribution of alcoholic beverages or any controlled substance without proper prescription or required license or as expressly permitted by law or University regulations**, including operating a vehicle on University property, or on streets or roadways adjacent to and abutting a campus, under the influence of alcohol or a controlled substance as prohibited by law of the state of Missouri.
  13. **Disruptive conduct.** Conduct that creates a substantial disruption of University operations including obstruction of teaching, research, administration, other University activities, and/or other authorized non- University activities that occur on campus.
  14. **Failure to comply with directions of University officials acting in the performance of their duties.**
  15. **The illegal or unauthorized possession or use of firearms, explosives, other weapons, or hazardous chemicals.**
  16. **Hazing**, defined as an act that endangers the mental or physical health or safety of a student, or an act that is likely to cause physical or psychological harm to any person within the University community, or that destroys or removes public or private property,



for the purpose of initiation, admission into, affiliation with, or as a condition for continued membership in a group or organization. Participation or cooperation by the person(s) being hazed does not excuse the violation. Failing to intervene to prevent, failing to discourage, and/or failing to report those acts may also violate this policy.

17. **Misuse of computing resources in accordance with University policy** including, but not limited to:
- a. Actual or attempted theft or other abuse;
  - b. Unauthorized entry into a file to use, read, or change the contents, or for any other purpose;
  - c. Unauthorized transfer of a file;
  - d. Unauthorized use of another individual's identification and password;
  - e. Use of computing facilities to interfere with the work of another student, faculty member, or University official;
  - f. Use of computing facilities to interfere with normal operation of the University computing system; and
  - g. Knowingly causing a computer virus to become installed in a computer system or file.

Details of current rules, sanctions, and due process for violations of the University of Missouri Standard of Conduct for Students are found [here](#) and in the University of Missouri-Kansas City General Catalogue. Students shall be familiar with these rules and procedures.

#### [Standards of Conduct for Teacher/Learner Relationships](#)

The SOM community is committed to maintaining academic and clinical environments in which faculty, staff, fellows, residents, and students can work together to further education and research while providing the highest quality of ethical and compassionate care for patients at affiliated hospitals and clinics. As effective learning is best fostered in an environment of mutual respect between teachers and learners, mutual respect is expected. Each SOM community member must be accepted as an individual and treated with respect and fairness. [The Standards of Conduct for Teacher/Learner Relationships Policy](#) outlines the responsibilities of teachers and learners in facilitating a professional learning environment, as well as the process for reporting inappropriate conduct.

#### [Suspected Violations of Professional Standards](#)

All students at UMKC are expected to abide by the Standard of Conduct as described in the [University of Missouri System Collected Rules and Regulations, Chapter 200 Student Conduct, section 200.010 Standard of Conduct](#). In addition, students must abide by the [School of Medicine Standards of Professional Conduct and Honor Council procedure](#)

The conduct code is designed to ensure social responsibility, academic integrity, and the safety of our community. Students found to be in violation of the Standard of Conduct may face formal sanctions, ranging from a warning to expulsion. Students have the right to a formal hearing. When academic dishonesty within a course is admitted by the student or confirmed by evidence, the faculty will assign the outcome described in the course syllabus (e.g., failing grade for an assignment, grade for an exam or course, as appropriate). Additionally, the faculty may also refer the incident to the Assistant Dean for Graduate Studies, who will refer the incident to the School of Medicine Honor Council for investigation and recommendation. Recommendations may include no action, warning, probation, suspension, or dismissal. Students should read the School of Medicine Standards of Professional Conduct and Honor Council Procedures for more information.

## Honor Council Procedures for Violations of the Standards of Professional Conduct

### I. Jurisdiction of the Honor Council

The Honor Council shall have the authority to address incidents of alleged violations by University of Missouri-Kansas City (“UMKC”) School of Medicine students enrolled in either the M.D. or graduate health professions programs involving direct patient care of the UMKC School of Medicine Standards of Professional Conduct (“Standards”), whether such violations occur on the Volker campus or in classes or clinical experiences at affiliated hospitals and clinics through the UMKC School of Medicine. The Standards identify areas of conduct which are judged unacceptable for students either who are in or aspire to a health care profession. The Standards and Honor Council Procedures for Violations of the Standards of Professional Conduct (“Procedures”) are published documents of UMKC School of Medicine and have been approved by the University of Missouri Board of Curators. When a student has been charged with one or more violations of these Standards (“Respondent”), the Honor Council shall adhere to the following Procedures. The Honor Council shall have the authority to recommend sanctions upon a Respondent appearing before the Honor Council. The disciplinary proceedings described are not to be construed as judicial trials. Care shall be taken, however, to comply as fully as possible with the spirit and intent of these Procedures.

### II. Organization of the Honor Council

#### A. Composition

The Honor Council voting members shall consist of the Chair, six faculty/staff members (1 Docent, 1 Basic Scientist, 2 Clinical Scientists, 1 Humanities/Social Sciences representative, and 1 Graduate faculty member), and two student members (1 Years 3-6 and 1 graduate student). Four members constitute a quorum. Nonvoting Honor Council staff who assist the Chair in investigations and generation of reports may be present at the hearings to take minutes or assist with the hearing.

#### B. Eligibility and Appointment

The Chair, faculty/staff, and student members shall be appointed to the Honor Council by the Dean of UMKC School of Medicine.

#### C. Chair

The Chair shall count as one member of the Honor Council and shall be entitled to vote on all matters before the Honor Council.

#### D. Time of Appointment and Term of Office

The Chair and faculty/staff members of the Honor Council shall serve for the duration of their appointments. The student members of the Honor Council shall serve for one year.

A student is ineligible to continue as a member of the Honor Council if he/she is placed on academic or disciplinary probation, or if for any other reason his/her continued membership on the Honor Council may not be in the best interest of UMKC School of Medicine as determined by the Dean of UMKC School of Medicine.

### III. Procedures for Report of Violation, Investigation, Informal Disposition, and Notice

#### A. Report of Violation

An alleged violation of the Standards should be reported to the Chair of the Honor Council, or his/her designee, as soon as possible after discovery of the incident. Reports may be made in person or by webform or email.

**B. Preliminary Procedures and Investigation**

The Chair of the Honor Council or his/her designee shall investigate any reported student misconduct and determine whether any violation(s) of the Standards occurred. The reporter may be requested to meet with the Chair or his/her designee to discuss the alleged violation.

The Chair is responsible for notifying the Respondent by UMKC email of the alleged violation prior to the commencement of the investigation. In addition, the Respondent shall receive a copy of these Procedures as an attachment to the email notice. The Chair shall meet with the Respondent to allow the Respondent the opportunity to respond to the alleged violation.

After investigating, if the Chair determines that a violation of the Standards has occurred, the Chair or his/her designee shall provide notice by UMKC email to the Respondent of the Respondent's right to a hearing.

The Dean of UMKC School of Medicine or his/her designee may at any time temporarily suspend or deny readmission to a Respondent pending formal procedures when the Dean or his/her designee finds and believes from available information that the presence of the Respondent would seriously disrupt UMKC School of Medicine or constitute a danger to the health, safety, or welfare of members of the UMKC School of Medicine community.

**C. Informal Disposition**

The Chair shall have the authority to determine that a violation of the Standards did not occur and to impose an informal non-disciplinary disposition and shall fix a reasonable time within which the Respondent shall accept or reject a proposed informal non-disciplinary disposition.

A failure of the Respondent either to accept or reject a proposed informal non-disciplinary disposition within the time fixed shall be deemed to be an acceptance of the informal non-disciplinary disposition and, in such event, the proposed informal non-disciplinary disposition shall become final upon expiration of such time.

If the Respondent rejects a proposed informal non-disciplinary disposition, it must be in writing and shall be forwarded to the Chair of the Honor Council.

The Chair may refer a matter to the Honor Council for formal investigation and hearing without first offering informal disposition.

**D. Notice of Hearing**

Upon completion of the investigation, when a violation of the Standards has been substantiated in the judgment of the Chair of the Honor Council, the Chair will schedule a formal hearing as soon as possible but no later than sixty

(60) calendar days after receipt of the report of the alleged violation. A request for an extension may be made by the Chair to the Dean of UMKC SOM if there are extenuating circumstances that justify the delay of the hearing. The Dean of UMKC SOM shall determine whether an extension shall be granted and the length of any extension. Notice of an extension shall be provided to the Respondent by UMKC email.

The reporter of the violation, witnesses, and Respondent will be given written notice of the hearing by UMKC email. The Notice of Hearing shall describe the alleged violation and include the date, time, and place of the alleged violation. The Notice of Hearing shall also provide the date, time, and place of the hearing before the Honor Council, request for attendance of the

parties involved, and a reference for the Respondent to the Rights of the Respondent which are outlined in these Procedures.

The Notice of Hearing shall be given at least seven (7) consecutive calendar days prior to the hearing, unless a shorter time is fixed by the Chair for good cause.

Any request for continuance shall be made in writing to the Chair who shall have the authority at his/her discretion to postpone the hearing if he/she determines the request is timely and made for good cause. The Chair shall notify the Honor Council members, the Respondent, the reporter, the witnesses, and any other relevant individuals of the new date, time, and location for the hearing.

If the Respondent fails to appear at the scheduled time, the Honor Council may hear and determine the matter in the Respondent's absence.

#### **IV. Procedures for Honor Council Hearing**

##### **A. Rights of the Honor Council**

The Honor Council shall have the right to:

1. hear together cases involving more than one Respondent which arise out of the same act of misconduct, but in that event shall make separate findings and recommendations for each Respondent;
2. permit a stipulation of facts by the Honor Council member who performed the investigation and by the Respondent;
3. permit the incorporation in the record by a reference of any document, affidavit, or other material produced and desired in the record by UMKC School of Medicine or the Respondent;
4. question witnesses or review other evidence introduced by either UMKC School of Medicine or the Respondent at any time;
5. hear from the Chair about dispositions made in similar cases and any dispositions offered to the Respondent;
6. call additional witnesses or require additional investigation;
7. dismiss any action at any time or permit informal disposition as otherwise provided;
8. permit or require at any time, within a reasonable time as determined by the Honor Council, amendment of the Notice of Hearing to include new or additional matters which may come to the attention of the Honor Council before final determination of the case; provided, however, that in such event the Honor Council shall grant to the Respondent and/or UMKC School of Medicine such time as the Honor Council may determine reasonable under the circumstances to answer or explain such additional matters; and
9. dismiss any person from the hearing who interferes with or obstructs the hearing or fails to abide by the rulings of the Council Chair on any procedural question or request of the Chair for order.

##### **B. Rights of the Respondent**

The Respondent shall have the right to:

1. submit a written response to the alleged violation outlined in the Notice of hearing before the scheduled hearing is to commence;
2. request in advance of the scheduled hearing a review of any materials contained in the Respondent's hearing file;

3. submit a written request for the identities of witnesses to be called to testify before the Honor Council;
4. be present at the hearing;
5. have an adviser or attorney appear with him/her and to consult with such an adviser or attorney during the hearing; however, the adviser/attorney will not be allowed to question witnesses and/or members of the Honor Council;
6. hear or examine evidence presented to the Honor Council;
7. question witnesses present who are testifying at the hearing;
8. present evidence by witness, affidavit, written report, other memoranda, photographs, drawings, and any other relevant evidence the Respondent desires;
9. make any statement to the Honor Council in mitigation or explanation of the conduct in question;
10. not respond to questions during the hearing;
11. be informed in writing of the findings and recommendations of the Honor Council; and
12. appeal the final decision to the UMKC Chancellor, as herein provided.

**C. Rights of Witnesses**

Witnesses shall be notified of the scheduled time, date, and location of the hearing. Witnesses shall bring with them whatever documentation is requested. Failure of a student witness to appear, without good cause, is a violation of the Standards.

**D. Record of Hearing**

All proceedings of the Honor Council are to be held in the strictest confidence by the members and all other persons involved. The hearings shall be recorded, either by audio, video, digitally, or stenographically as determined by the Chair of the Honor Council and shall serve as the official hearing record. The Notice of Hearing, hearing record including exhibits, and Final Report of the Honor Council shall become the "Record of the Case." The Record of the Case shall be scanned and stored electronically with limited access. The Record of the Case shall be accessible at reasonable times and places to the University, UMKC School of Medicine, and the Respondent for the purposes of review or appeal. All requests for access to the Record of the Case shall be made to the Chair or Coordinator of the Honor Council.

**E. Conduct of the Hearing**

The Chair of the Honor Council shall preside at the hearing, call the hearing to order, call the roll of the Honor Council members in attendance, ascertain the presence or absence of the Respondent, read the Notice of Hearing, verify the receipt of the Notice of Hearing by the Respondent, report any continuances requested or granted, establish the presence of any adviser or attorney of the Respondent, call to the attention of the Respondent and the adviser/attorney any special or extraordinary procedures to be employed during the hearing, and permit the Respondent to make suggestions of or objections to any procedures for the Honor Council to consider.

The Respondent may also invite guests to the hearing. In advance of the hearing, the Respondent shall provide the Chair of the Honor Council with signed UMKC SOM Forms, "FERPA: Access to Student Records," for each adviser/attorney and guest who will be present at the hearing. Without such signed Form, the person will not be permitted to attend the hearing.

All requests to address the Honor Council shall be addressed to the Chair. The Chair will rule on all requests and points of order and may consult with Honor Council's legal adviser prior to any ruling. The Chair's ruling shall be final, and all participants shall abide thereby, unless the Chair shall present the question to the Honor Council at the request of a member of the Honor Council, in which event the ruling of the Honor Council by majority vote shall be final.

Rules of common courtesy and decency shall be observed at all times. An adviser or attorney may be permitted to address the Honor Council at the discretion of the Chair. An adviser or attorney may request clarification of a procedural matter or object based on procedure at any time by addressing the Chair after recognition.

Written statements may be submitted by any person to the Chair of the Honor Council either prior to or at the hearing.

Witnesses may only be questioned by the Honor Council members and the Respondent.

**Opening Statements:** 1) The Chair of the Honor Council or his/her designee shall make opening remarks outlining the general nature of the case and testify to any facts the investigation has revealed. 2) The Respondent may make an opening statement to the Honor Council about the alleged violation at this time or at the conclusion of UMKC School of Medicine's presentation.

**UMKC School of Medicine Evidence:** 1) UMKC School of Medicine witnesses are to be called by the Chair of the Honor Council and identified or written reports of evidence are introduced as appropriate. 2) The Honor Council may question the Respondent. 3) The Respondent may question a witness or examine evidence at the conclusion of UMKC School of Medicine's questioning of the witness or introduction of such evidence.

**Respondent Evidence:** 1) The Respondent shall have the opportunity to make a statement to the Honor Council about the alleged violation. 2) The Respondent may present evidence through witnesses or written memoranda. 3) The Honor Council may question a witness after the witness is questioned by the Respondent.

**Rebuttal Evidence:** The Honor Council may permit UMKC School of Medicine or the Respondent to offer a rebuttal of the other's presentation.

If it appears that essential testimony is unavailable, or that for other good cause the hearing should be deferred, the Chair of the Honor Council may continue, recess, or discontinue the hearing without prejudice.

## V. **Determination of the Honor Council**

Following the hearing, the Honor Council shall promptly deliberate in closed session out of the presence of the Respondent. Determinations are to be made regarding both the validity of the alleged violation(s) and, if any violations are substantiated, the sanction(s) to be imposed.

### A. **Violation of the Standards of Professional Conduct**

The Honor Council shall determine if the evidence presented in the hearing supports

substantiation of a violation(s) of the Standards. The Honor Council may consult with other persons or examine other evidence prior to deciding. Minutes of any meetings or any additional evidence shall be included in the "Record of the Case." Each member of the Honor Council shall have a vote; however, the Chair shall only vote in the event of a tie vote. The Honor Council shall render a decision, by simple majority vote, of whether one or more violations has been committed by the Respondent. Each alleged violation, if there is more than one, shall be considered individually and/or collectively at the discretion of the Honor Council. The Honor Council shall recommend sanctions for any substantiated violations.

An oral presentation of the Honor Council's findings and recommendations is permitted following the hearing, but a written "Final Report of the Honor Council" that includes findings of fact and recommended sanctions shall be completed as soon as possible after the hearing. This Final Report of the Honor Council shall be submitted to the Respondent by UMKC email, the Coordinating Committee, the Dean of UMKC School of Medicine, and any UMKC School of Medicine faculty or staff involved in any required remediation.

#### B. **Sanctions**

The Honor Council shall determine the sanctions to be imposed, if any, based upon its deliberations. One of the following sanctions is to be recommended by means of simple majority vote of the Honor Council members.

Where there are multiple violations, there can be separate sanctions for each violation or one sanction for all violations. Requirements for education and/or training, or referral to a UMKC School of Medicine Committee or other resource may be imposed on a Respondent irrespective of whether a violation of the Standards of Professional Conduct has been substantiated. Any such requirements do not constitute a sanction.

The sanctions include the following:

**No Sanction.** Given when the Respondent is not found in violation of any of the Standards of Professional Conduct.

**Warning.** A written reprimand that the Respondent has violated one or more Standards of Professional Conduct. A copy is to be placed in the Respondent's file. There is no prohibition on a student receiving more than one (1) warning; however, that fact that a student has received one or more warnings may be considered if there are any subsequent violations of the Standards. A warning is not a reportable action.

**Probation.** A written reprimand to the Respondent for one or more violations of the Standards of Professional Conduct that includes a designated period, the probability of more severe sanctions if the Respondent violates any other Standards of Professional Conduct during the probationary period, and subject to any appropriate terms or conditions, such as loss of privileges, restitution, and discretionary assignments. A disciplinary probation is a reportable action.

**Suspension.** An involuntary separation of the Respondent from UMKC School of Medicine for a specified period or until special conditions have been met, with a statement whether suspension should relate back to the date of the violation, begin at the time imposed, or begin at a date specified in the future. At the conclusion of the period of suspension, the Respondent is automatically returned to student status.

Conditions for readmission may be specified. A disciplinary suspension is a reportable action.

**Dismissal.** An involuntary separation from UMKC School of Medicine for an indefinite period. The order of dismissal may specify a date before which the faculty will not consider a petition for readmission from the Respondent. A disciplinary dismissal is a reportable action.

**Expulsion.** Permanent separation of the student from UMKC School of Medicine. A disciplinary expulsion is a reportable action.

The above sanctions only apply to the status of the Respondent at UMKC School of Medicine. Any of the above actions that are reportable will be included on a Respondent's MSPE. Additionally, this information will be reported by UMKC SOM as needed on any future licensure certifications and verifications for the Respondent, and/or any official requests for information made from other UMKC entities. Respondents may also have an obligation to report sanctions on licensure or other applications.

#### VI. **Decision of the Coordinating Committee**

The Coordinating Committee, chaired by the UMKC Vice Dean for Academic Affairs and composed of members as detailed in the *Bylaws of the Coordinating Committee*, shall review the Final Report of the Honor Council. Each member of the Coordinating Council shall have a vote; however, the Chair of the Coordinating Council shall only vote in the event of a tie vote. After deliberation and careful consideration, the Coordinating Committee shall approve, by simple majority vote, one of the following actions: 1) to sustain the recommendations of the Honor Council; 2) to amend the recommendations of the Honor Council to another type of sanction; 3) to remand the Honor Council's recommendations for further consideration by the Honor Council; or 4) to reverse the Honor Council's recommendations.

The findings and determinations of the Honor Council and the Coordinating Committee shall be transmitted to the Respondent by UMKC email and to the Dean of UMKC School of Medicine in writing, within seven (7) consecutive calendar days following the meeting of the Coordinating Committee where an action was approved.

#### VII. **Decision of the Dean of UMKC School of Medicine**

Upon receipt of the documents from the Honor Council and the Coordinating Committee, the Dean of UMKC School of Medicine shall review the Record of the Case and the approved action of the Coordinating Committee.

The Dean of UMKC School of Medicine will, within a reasonable amount of time, decide to affirm, amend, or reverse the Coordinating Committee's action, or remand the matter to the Coordinating Committee for further proceedings.

The Dean of UMKC School of Medicine shall notify the Respondent by UMKC email of his/her final decision. Copies of the notice to the Respondent will be sent to the Chair of the Honor Council and the Chair of the Coordinating Committee and will be placed in the Respondent's file at UMKC School of Medicine and in the Record of the Case.

#### VIII. **Right of Appeal**

When a recommendation is made for a sanction(s) other than "none," and this is upheld by the Dean of UMKC School of Medicine, or if a recommendation of "no sanction" is revised by the Dean



to expulsion, dismissal, or suspension from UMKC School of Medicine, the Respondent may appeal such decision to the UMKC Chancellor or his/her designated representative by filing a written "Notice of Appeal" with the UMKC Chancellor within ten (10) consecutive calendar days after notification of the decision from the Dean. A copy of the Notice of Appeal will also be given by the Respondent to the Dean of UMKC School of Medicine at the time of filing with the UMKC Chancellor. The Respondent may file a written memorandum for consideration by the UMKC Chancellor with the Notice of Appeal. If the Respondent fails to timely file an appeal, the decision of the Dean of UMKC School of Medicine shall become final and effective on the eleventh calendar day after notice to the Respondent.

The UMKC Chancellor or his/her designated representative shall review the Record of the Case and the appeal documents and may affirm, reverse, or remand the case for further proceedings, and shall notify the Dean of UMKC School of Medicine and the Respondent in writing of the decision on the appeal. The action of the UMKC Chancellor shall be final unless it is to remand the matter for further proceedings. The decision of the Dean of UMKC School of Medicine shall be deemed effective on the eleventh calendar day after notice was given to the Respondent unless the matter is remanded by the UMKC Chancellor. Any final sanction will be forwarded to the UMKC Office of Student Conduct and Civility for information purposes.

In cases of suspension, dismissal, or expulsion where a Notice of Appeal is filed within the required time, a Respondent may petition the UMKC Chancellor in writing for permission to attend classes pending final determination of appeal. The Chancellor may permit a Respondent to continue in school under such conditions as may be designated pending completion of appellate procedures, provided such continuance will not disrupt the University or constitute a danger to the health, safety, or welfare of the University community. In such event, however, any sanction imposed shall be effective from the date of the action of the Dean of UMKC School of Medicine.

#### **IX. Amendments to the Standards of Professional Conduct or Honor Council Procedures for Violations of the Standards of Professional Conduct**

Amendments to the Standards of Professional Conduct and/or Honor Council Procedures for Violations of the Standards of Professional Conduct may be proposed by petition of any twenty-five members of the student body, the Honor Council on its own motion, or the UMKC SOM Faculty. Any proposed amendments must be approved by the Honor Council, the Coordinating Committee, the Dean of UMKC School of Medicine, the UMKC Chancellor, and the University of Missouri Board of Curators.

#### **In-Seat Classroom Instruction and Professional Behavior**

Students are expected to fully participate in all educational activities, as outlined by the schedule and syllabus. Full participation includes, but is not limited to, arriving on time, and being prepared to participate. Promptness is a trait required of professional health care providers. Additionally, tardiness disturbs the lecturer and other members of the learning environment. Class location, start/end times, and/or virtual access/login information will be clearly outlined for students. Anyone arriving after an educational activity has started may be allowed to join activities when there is a break or when the instructor allows. Excessive tardiness and lack of participation will be reported by instructors to the program director; such unprofessional behavior may be reported and worthy of review under the Committee on Progression or Honor Council policies.

### Online Classroom Instruction and Professional Behavior

When classes are held virtually, students must be on camera with their face visible for the entire lecture, meeting, or discussion. Students may disable their camera briefly when they need to do anything that may distract others. No private chatting between students, by any means, is permitted during the instruction. Students must have their full name visible during the instruction and should conduct themselves as if they were in the classroom. To the extent possible, students should be seated with an appropriate, distraction-free background.

Students are expected to abide by the Code of Professional Conduct as described in the PA Student Handbook. Professional behaviors expected by the program include the following:

- Attendance
- Timeliness
- Appropriate participation for each session
- Appropriate dress, as stated in the student dress code
- Being prepared for lessons and assignments
- Respectful and courteous behavior toward faculty and peers
- Participation in discussions and learning activities
- Self-reflection, assessment of learning needs
- Providing and accepting constructive feedback
- Personal responsibility
- Respecting confidentiality of patients and fellow students

## Section C: Exam, Evaluations, Grading, and Advising Policies

### Examination Testing Policy

During a written assessment:

1. A program-approved proctor must be present.
2. Students must be in their seats and logged in at least 10 minutes before the scheduled assessment.
3. Cell phones, smartwatches, and other personal electronic devices must be turned off and stored where designated by the faculty/proctor.
4. All personal items, including food and beverages, must be removed from desktops.
5. Backpacks must be stored where designated by the faculty/proctor.
6. Breaks are discouraged during the testing period. If a break must be taken,
  - a. Only one person may leave the classroom at any given time,
  - b. No more than 10 minutes will be allowed for a break, and
  - c. The length of the exam will not be extended.
7. Student-owned laptops must be fully charged if utilized for electronic testing.
8. No questions may be asked regarding assessment items (questions) during the exam.

### Grading Policy

Grading information will be made available to students within the individual course syllabi.

### Grade Appeal Policy (A3.15g)

Students are responsible for meeting the standards of academic performance established for each course in which they are enrolled. The establishment of the criteria for grades and the evaluation of student academic performance are the responsibilities of the instructor. This grade appeal procedure is available only for the review of allegedly capricious grading and not for reviewing the instructor's evaluation of the student's academic performance. Capricious grading, as that term is used here, comprises any of the following:

1. The assignment of a grade to a particular student on some basis other than the performance in the course.
2. The assignment of a grade to a particular student according to more exacting or demanding standards than were applied to other students in the course, or
3. The assignment of a grade by a substantial departure from the instructor's previously announced standards as stated in the course syllabus.

Grade appeal policy and procedure are available on [UMKC Office of the Provost Website](#). Appeal procedures must be done within six weeks after the beginning of the succeeding regular academic semester.

### Advising (A2.05e, A3.10)

To ensure continuity and advocacy for the student, each student will be assigned an academic advisor who will be maintained throughout the program. The student's best interest and welfare are the advisor's first responsibility and thus, students will meet with their advisor as needed, but no less than once each semester. It is the advisor's responsibility to document at least one advising meeting per semester.

Students must consult their advisor at the first indication of any academic difficulty or problem, such as a low or failing grade, difficulty mastering class material, or any concerns regarding a class or course. Personal, social, or emotional issues can impede academic success and thus may be inquired about by

the student's advisor. Students are free to discuss these issues with any academic advisor or faculty with whom the student feels most comfortable. Students who need psychological services may be referred to professional counseling or the Student Affairs Education Coordinator. They may then receive further referrals or recommendations regarding other necessary services and resources which the University provides confidentially. Advising and mentoring meetings will be documented and maintained in the student's portfolios but will not be part of their academic record.

## C1. Assessment of Student Learning

### Identification of Academic Difficulties (B4.01b)

The program faculty continuously monitors students' performance so interventions can be made early and academic success is more likely. Remediation assessments and plans are created when students do not meet threshold standards on an exam in any course. These assessments and plans are securely housed in Project Concert.

### Remediation and Retesting (A3.15c, B4.01)

#### Didactic Phase

*MEDPA 5501 Anatomy for the PA and MEDPA 5502 Foundations of Medicine:* Students earning a final course grade of C- or below (< 70%) will be provided remediation assessment and plan with an opportunity to take a remediation exam to demonstrate their competence and knowledge of course material. The remediation exam will be a pass/fail cumulative exam covering material presented in the course. Students who pass this exam with a score of at least 70% will be awarded a C for the final course grade. Students who do not pass the remediation exam with at least 70% will retain their earned grade.

*Science and Practice of Medicine I-IV:* Students will be provided a remediation assessment and plan when an MMSPA student fails to successfully pass a module exam or clinical assessment/skill check-off in the following courses: MEDPA 5531, MEDPA 5532, MEDPA 5533, and MEDPA 5534.

The course director will notify the student if a student fails a module exam (<70%). The student will then meet with their advisor to participate in a remediation assessment, and a remediation plan will be developed. The remediation plan will be tailored to the failed learning outcomes and may consist of appropriate reading, other applicable learning activities, working with relevant instructional faculty, and accessing SOM academic resources for assistance.

The student will have the opportunity to take a remediation exam and must earn a score of at least 70% to pass. A student is allowed only one attempt at the remediation exam. The maximum recorded score for any remediation exam will be 70%. Students who do not pass the remediation exam (<70%) will receive a course grade of F.

A student may not remediate more than 50% of the module exams in any semester. Achieving less than 70% on more than 50% of the module exams in a semester will result in failure of the course.

If a student fails a module clinical assessment or skills exam by scoring below the program-set passing score, they will meet with their advisor to formulate a remediation plan. The student will have the opportunity to take a remediation clinical assessment and/or skills exam and must score the program's set expectation to pass. The student is allowed only one attempt at the remediation exam. Regardless of the remediation clinical assessment or skill exam score, the minimum passing score for the exam will be awarded.

Students must complete all remediation exams before the end of the course. Students who fail to successfully complete a remediation plan and/or exam will be referred to the Committee on Progression for further determination.

### Clinical Phase

Remediation in the clinical phase occurs when a student fails to pass the End of Rotation Exam (EORE) on the first attempt in the following courses: MEDPA 5611 Family Medicine II, MEDPA 5620/21 Internal Medicine II, MEDPA 5630 Emergency Medicine, MEDPA 5640 Women's Health, MEDPA 5650 Pediatrics, MEDPA 5660 Surgery, and MEDPA 5670 Behavioral Health.

Students must pass the EORE to pass the course. Failure to achieve the program defined pass rate of 70% (without rounding) on an EOR exam on the first attempt will require the student to participate in remediation and retake the failed EOR exam. The second attempt must be completed after remediation and within two rotation blocks of the failed attempt. The clinical faculty has final approval of exam scheduling; this determination will be included in the student's remediation plan.

Students who fail a first attempt EOR exam are ineligible to earn higher than a 70% for the repeated EOR exam. Failure to obtain the program defined pass rate on the second attempt will result in failure of the course. **Students must pass the EOR exam to pass the course.**

Any student with two outstanding EOREs will be required to enroll in a 4-week directed studies course in lieu of their scheduled clinical rotation. The program will attempt to schedule the directed studies course within one rotation of the second failed EOR exam. Successful completion of both outstanding exams must be completed by the end of the directed studies course to avoid failure of the respective courses.

Students failing an EORE in the last two rotations of the clinical phase must complete the second attempt exam(s) before the program completion date or elect to take a directed studies course. Enrollment in a directed studies course will result in the extension of the student's program of study and delay of program completion. Financial costs associated with an extended program of study are the student's responsibility.

### Summative Evaluations

Two summative exams, one written and another practical, are given near the completion of the program. Students must pass these summative exams to complete the program.

Students who fail to meet the program-set passing score for passage of the summative exam will be given one opportunity to remediate each exam. Students who fail to achieve a passing score will be notified by the Program Director. Students will then meet with the Program Director, Medical Director, and the student's academic advisor to complete a remediation assessment and formulate a remediation plan. The remediation plan may consist of appropriate reading and activities relative to subject areas of need, scheduled meetings with identified faculty, and identification of SOM resources for assistance.

The time required to remediate either exam may result in a delay in program completion and graduation. Students who fail to successfully remediate the promotion and/or summative exam will appear before the Committee on Progression for further determination.

## C2. Evaluations and Feedback

The program utilizes many forms of evaluations and feedback, completed by multiple stakeholders to measure student, curriculum, and program progress.

### Completed by the Student (*B3.03, C1.01, C2.01*)

Completing the course, instructor, clinical site, program, and self-evaluations is the professional responsibility of students. Graduates are also requested to complete a program evaluation post-graduation. Evaluations and survey instruments may be administered by the program, School of Medicine, UMKC, or entities such as the Physician Assistant Education Association (PAEA).

### Completed by the Faculty

Faculty complete evaluations of students within courses, at the completion of the PACKRAT exam, and at the completion of the end of curriculum assessment. Additionally, they complete annual self-evaluations, evaluations of the program and curriculum.

## C3. Student Promotion and Progression (*B4.03a-e*)

### Program of Study (*A3.15b*)

To earn the Master of Medical Science Physician Assistant degree, students must progress through the program of study as designed and under the requirements of the Committee on Progression. Students must demonstrate certain competencies and academic achievement at designated intervals to progress and qualify for graduation. For information, policies, and procedures about progression, please refer to the Committee on Progression policies and procedures.

### Committee on Progression (COP)

The COP's decision for promotion, probation, separation, retention, and graduation for the MMSPA Program are governed by the criteria below. All decisions of the COP are reviewed by the Graduate Council.

### Promotion (*A3.15b*)

Progression from the didactic phase (semester 1 through semester 4 didactic courses) to the clinical phase (Supervised Clinical Practice Experiences). Didactic courses include MEDPA 5501, 5502, 5504, 5505, 5511, 5512, 5513, 5514, 5521, 5522, 5523, 5524, 5531, 5532, 5533, and 5534.

MMSPA students meet criteria for promotion if the following are achieved:

- a. Cumulative program GPA of 2.700 or higher in the didactic phase
- b. No individual course grade of C- or below

### Probation

Considered a period of "academic warning," students who meet criteria for probation are immediately subject to the customary probation stipulations listed below, regardless of "official" notification from an Education or Program Coordinator, or other School of Medicine program official(s). The Committee on Progression has the authority to impose a probationary status beyond the customary reasons listed below at its discretion.

MMSPA students meet criteria for placement on probation for any one of the following reasons:

- a. Cumulative program GPA below a 3.000
  - i. While on probation the student must achieve a 3.000 **term** GPA, and
  - ii. Student must raise **cumulative program** GPA to a 3.000 or higher by the end of the second successive semester following the term in which the student qualified for probation.
  - iii. The graduate student on probation will be restored to good standing when the **cumulative program** GPA of at least 3.000 is achieved.
- b. Individual course grade of C+ or C
  - i. While on probation the student must achieve a 3.000 **term** GPA
  - ii. Student will return to good standing if a 3.000 **term** GPA is achieved in the semester following the term in which the student qualified for probation.

- c. Any student retained (avoiding separation) in the program regardless of current GPA.
  - i. While on probation the student must achieve a 3.000 **term** GPA
  - ii. Duration of probation and return to good standing will be outlined by COP

#### Separation

Dismissal from program. A student may meet criteria for separation without having previously demonstrated academic deficiencies. A student who meets criteria for separation will be invited to appear before the COP to present reasons why they should be retained within the program.

MMSPA students meet criteria for separation if any of the following occur:

- a. Receipt of a 'W' or 'WF' in any MMSPA course
- b. Failure to meet requirements for promotion
- c. Achieving a grade of C- or less in any course
- d. Achieving two or more grades of C+ or C in clinical rotations
- e. Failure to meet probationary stipulations or violation of probationary stipulations
- f. Non-adherence to MMSPA program, School of Medicine, and/or university policies
- g. Failure to pass the Summative Exam
- h. Failure to return to the program from an extended program leave or leave of absence
- i. Unable to fulfill the mandatory program requirements for graduation due to an incident that prevents a student from doing so in a hospital or other clinical affiliate institutions
- j. Attitudinal problems or nonprofessional behavior
- k. Submission and acceptance of a leave of absence request

#### Retention

A student who has met criteria for separation but has been retained in the program may be placed in the category of "retained,"

- a. Students not promoted may be recommended for the following actions by the COP:
  - i. Repetition of the academic program
  - ii. Deceleration of the academic program
  - iii. Other actions as deemed appropriate by the COP
- b. Coursework deemed necessary by the COP may not exceed 20% of the total hours for the program of study, unless approved by the UMKC Dean of Graduate Studies, and
- c. Coursework deemed necessary by the COP must be completed at the student's expense
- d. Any student placed in "retained" will automatically be placed on probation

#### Graduation (A3.15b)

A student who has completed the recommended course of study and is compliant with program, School of Medicine, and university policies.

MMSPA students meet the criteria for graduation if the following are achieved:

- a. Cumulative program GPA of 3.000 or higher, and
- b. 80% of program of study hours completed with a 3.0 (B) or higher, and
- c. No individual course grade of C- or lower, and
- d. Completion of the required program of study, and
- e. Satisfactorily pass the summative examination

Completing MMSPA degree recommendations does not automatically result in conferral of the degree. Please refer to UMKC Catalog for further graduation requirements.

## Section D: Accreditation Statement & Overview

### D1. Accreditation Statement (A3.12a)

The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) has granted **Accreditation-Continued** status to the **University of Missouri Kansas City Physician Assistant Program** sponsored by the **University of Missouri Kansas City**. Accreditation-Continued is an accreditation status granted when a currently accredited program is in compliance with the ARC-PA *Standards*. Accreditation remains in effect until the program closes or withdraws from the accreditation process or until accreditation is withdrawn for failure to comply with the *Standards*. The approximate date for the next validation review of the program by the ARC-PA will be **September 2027**. The review date is contingent upon continued compliance with the Accreditation *Standards* and ARC-PA policy.

### Standards of Accreditation

The Accreditation Standards for Physician Assistant Education (PAEA) indicate that commonality in the core professional curriculum of programs remains desirable and necessary to offer curricula of sufficient depth and breadth to prepare all PA graduates for practice.

These Standards are the requirements to which an accredited program is held accountable and provide the basis for the ARC-PA to confer or deny program accreditation. The ARC-PA expects all accredited programs to always follow the Standards.

The Accreditation Standards, 5th edition, went into effect on September 1, 2020. These Standards resulted from an extensive multiyear process of review and revision. This revision process is integral to the ARC-PA's ongoing business practice.

### Program Self-Assessment

Programs must provide documentation of an ongoing self-study process, following ARC-PA guidelines. Self-study is a formal, structured, critical, self-evaluation process that longitudinally examines the program's structure and substance; evaluates the program's overall effectiveness relative to its stated goals and objectives; identifies program strengths and weaknesses; and delineates a specific plan for necessary and desired modifications and improvements. Student input through evaluations is a necessary part of the process for program assessment and improvement.

### Program Closure/Teach Out Policy (A1.02h)

In the event of the closure or loss of accreditation by the Master of Medical Science Physician Assistant Program, the UMKC School of Medicine will allow all enrolled students to complete their course of study.



## Section E: Student Resources, Information, and Policies

### E1. Academic Support Resources

#### [Health Sciences Library \(A1.09\)](#)

M2-101

[healthinfo@umkc.edu](mailto:healthinfo@umkc.edu)

The Health Sciences Library has spaces for individual and group study. More than 30 computers are available and provide access to research materials and databases. Many of our current medical journals are available online, and there is remote access off-campus to most resources.

From the library's website, students can

- Learn to use Medline and CINAHL
- Borrow items from other libraries
- Renew books and reserve materials
- Get assistance in finding medical articles, class links, evidence-based medicine links, and more.

#### [Experiential Learning Center \(A1.08, A1.09\)](#)

M2-C04A

816-235-1864

The Experiential Learning Center's mission is to provide an instructional resource lab offering anatomical models, an audiovisual and computer-based learning collection, and an online test bank for various levels, including faculty, staff, and students. The collection of more than 3,000 items is in continual development based on the curriculum and support for continuing medical education. The facility supports this activity with computers, open tables for model use, and a small group study room containing various audiovisual and computer equipment.

#### [Clinical Training Facility \(A1.08\)](#)

2429 Charlotte St. (Hospital Hill Parking Structure next to Health Sciences Bookstore)

816-235-1845

The Clinical Training Facility (CTF) provides skills and simulation experience for the UMKC School of Medicine and its affiliated programs. The CTF provides the facility and equipment for task training and simulation and facilitates the educational process where needed. The CTF is the home of the School of Medicine's Standardized Patient program, BLS and ACLS training programs, and the Emergency Medical Services Education program. Available services include access to task trainers, high-fidelity simulation, and assistance with curriculum/scenario design, integration, implementation, and presentation. Course schedules and syllabi will outline dates and times when the skills lab and classrooms are utilized for program requirements.

### E2. SOM Office of Student Affairs

Student Affairs Location: School of Medicine, 4th floor - Gold Unit

816-235-1900 (central number)

[The Office of Student Affairs](#) provides comprehensive student support and assistance from admission through graduation. Many services are available at the School of Medicine or through referral to other UMKC offices or external resources. All enrolled students may access these resources. Students participating in clinical rotations outside the Kansas City area should contact the program if they have issues accessing university resources.

### Education Coordinator

Students are encouraged to contact the program's designated Education Coordinator through the Office of Student Affairs. The education coordinator is available to discuss personal and/or professional matters that students may have.

Krisana West, MA, Education Coordinator

M4-225 (Gold Unit)

816-235-1921

[westkri@umkc.edu](mailto:westkri@umkc.edu)

### Academic Support

Learning resource specialist, study and organizational skills, supplemental needs

Stan Viebrock, MPA, Learning Resource Specialist, School of Medicine

M4-229

816-235-6763

[viebrockst@umkc.edu](mailto:viebrockst@umkc.edu)

### Wellness

Programs available that promote skills to achieve a healthy and balanced life, such as wellness planning and coaching, and monthly workshops and events.

Niloofer Shahmohammadi, MA, Wellness Program Coordinator

M4-205E

816-235-1862

[shahmohammadin@umkc.edu](mailto:shahmohammadin@umkc.edu)

### Financial Wellness

The financial wellness counselor is available for one-on-one counseling to review your individual finances, help you learn how to successfully create and work a budget, and discuss how to keep your loan debt as low as possible. Students will receive information about scholarships, financial resources in the community, and most importantly, students will gain a solid understanding of how the financial aid process works and what life in repayment may look like.

Kristian Brennon, AFC, Financial Wellness Coordinator

M4-205B

816-235-1807

[brennonk@umkc.edu](mailto:brennonk@umkc.edu)

### Office of Financial Aid and Scholarship

Hospital Hill Office: 1418 Health Sciences Building

The role of UMKC's Financial Aid and Scholarships Office is to help secure funding to assist students in paying for college. This funding can be in the form of scholarships, grants, student loans, and parent loans.

### Student Organizations

The School of Medicine has a wide range of student organizations under the [Medical Student Advisory Council \(MSAC\)](#) umbrella. Information about [UMKC Office of Student Involvement](#), organizations, and events can be found online. Student groups are encouraged to take advantage of the many resources available to student organizations and understand the policies and procedures involved in accessing them. Start well ahead of the anticipated need and consult with the Office of Student Affairs and Office

of Student Involvement staff to navigate the process. In addition to the access to student activity fees, recognized student organizations have access to the use of space at the School of Medicine, may include their events in the Student Affairs Announcements, public relations support, bulletin board space, and leadership training.

### [Physician Assistant Student Association \(PASA\)](#)

Affiliated with the Student Academy of the American Academy of Physician Assistants, PASA is an organization representing current PA students enrolled at UMKC and is focused on education and outreach about the PA profession and service to the greater Kansas City community. Students enrolled in the MMSPA program are encouraged to join and participate as general members and/or elected officers.

## [E3. Diversity, Equity, and Inclusion \(DEI\) Resources \(A1.11d\)](#)

### [School of Medicine Office of DEI](#)

The ODEI serves as the School of Medicine's primary division for diversity initiatives, including:

- Support recruitment, persistence, and success of the historically marginalized and underrepresented populations in the School of Medicine
- Support and advocacy in academic, financial, and personal development matters for students
- Drawing attention to minority health issues
- Equal access and inclusion: emerging issues
- Shannon Lectureship addressing health disparities
- Community engagement/partnerships
- SOM contact for harassment/discrimination complaints and/or issues of the learning environment

Tyler Smith, MD, MPH, Associate Dean, Office of Diversity, Equity, and Inclusion  
School of Medicine, 1st floor, Office of the Dean  
816-235-1780  
[smithtk@umkc.edu](mailto:smithtk@umkc.edu)

Doris Agwu, MPH, Assistant Dean, Office of Diversity, Equity, and Inclusion  
[doris.c.agwu@umkc.edu](mailto:doris.c.agwu@umkc.edu)

Kennedy Mitchell, BSW, Senior Program Coordinator  
[kennedy.mitchell@umkc.edu](mailto:kennedy.mitchell@umkc.edu)

### [SOM Statement on Diversity, Equity, and Inclusion](#)

The School of Medicine believes that a vibrant and diverse institutional climate is essential to the medical education and work environment, both promoting a culture of inclusion and the ability to effectively deliver healthcare in diverse communities. We want all faculty, staff, trainees, and students to feel safe, valued, and represented in the School of Medicine. As part of Diversity, Equity, and Inclusion (DEI) we value and address the importance of Diversity, Equity, and Inclusion in supporting the retention, persistence, and success of the historically marginalized (race and gender binary identities) and underrepresented populations (first generation college student, first generation medical student, sexual orientation, gender identity, religion, differently abled, military, ethnicity, non-traditional students, age, socio-economic status and other identity intersections) in the UMKC School of Medicine.

### [Office of Equity and Title IX](#)

[The Office of Equity & Title IX](#)<sup>[OBJ]</sup> UMKC's Equity & Title IX program, monitors the University's compliance with federal and state laws, regulations, and investigation of discrimination and harassment complaints by students, faculty, and staff against University employees. The University will promptly and

appropriately respond to any complaint of a violation of the University's Anti-Discrimination Policies, as outlined in the Collected Rules and Regulations 600.030. The Affirmative Action Office is located at 226 Administrative Center, 5115 Oak Street: 816-235-6910.

Title IX of the Education Amendments of 1972 protects people from discrimination based on sex and/or gender in education programs or activities that receive federal financial assistance. Title IX states that: "No person in the United States shall, based on sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal Financial Assistance."

Sex discrimination includes sexual harassment, assault, and/or violence. Title IX is often thought of as the law that applies to athletic programs, yet Title IX is much broader than athletics and applies to many programs at UMKC. The [UMKC Office of Equity & Title IX has the following areas of focus](#): Equity, Free Expression, Disability Access, and Title IX.

While compliance with the law is everyone's responsibility at UMKC, the Title IX Coordinator and Deputy Coordinators have official responsibility for investigating complaints. For additional information regarding emergency situations, filing a discrimination report, and/or everyone's rights and responsibilities, please contact the UMKC Title IX Office.

**All UMKC faculty, staff, student workers, Teaching Assistants, and Graduate Assistants are considered Title IX-mandated reporters and must report sex discrimination to the Title IX Coordinator.**

**Anyone present during an incident of sex discrimination, harassment, and/or assault is considered a bystander. If something is telling you a situation could be dangerous, listen to that voice and intervene.**

Mandated reporters must also report mistreatment conduct that is based on any protected identity, which includes race, color, national origin, ancestry, religion, sex, pregnancy, sexual orientation, gender identity, gender expression, age, disability, protected veteran status, or any other status protected by applicable state or federal law.

### [Student Accessibility Services](#)

Location: 5100 Oak St., Suite 225

816-235-5612

[disability@umkc.edu](mailto:disability@umkc.edu)

Students with a documented need for accessibility services can contact Student Accessibility Services to request and establish an Accommodation Plan. Because each person is unique, students are asked to contact this office for an appointment to discuss how they can best be of assistance. Students in need of an Accommodation Plan should contact Student Accessibility Services before the start of each semester to ensure there is adequate time for accommodations to be made. It is possible that a student may not have a need for an Accommodation Plan upon enrolling in a program at the SOM but discover a need while progressing through the program. Students in this situation are encouraged to contact Student Accessibility Services to inquire about assessment.

## [Equal Educational Opportunity and Equity Resolution Process for Resolving Complaints \(A1.02j, A3.15f-g\)](#)

Equal Opportunity is and shall be provided for all students and applicants for admission without unlawful discrimination based on their race, color, national origin, ancestry, religion, sex, pregnancy, sexual orientation, gender identity, gender expression, age, disability, protected veteran status, or any other status protected by applicable state or federal law. The equity resolution process for complaints of discrimination, harassment, and sexual misconduct against a student or student organization can be found in the [Collected Rules and Regulations 600.030](#).

## [Statement on Discrimination, Intimidation, and Sexual Harassment](#)

The faculty, administration, staff, and students at the University of Missouri-Kansas City are dedicated to pursuing knowledge and acquiring skills that will enable us to lead rich and full lives. We can pursue these ends only in a culture of mutual respect and civility. It is thus incumbent upon all of us to always create a culture of respect everywhere on campus and through our actions and speech. As a community of learners, we are committed to creating and maintaining an environment on campus free of harassment, intimidation, and discrimination.

## [Reporting Mistreatment at the School of Medicine \(A3.15f-g\)](#)

Any form of discrimination or coercion based on race, ethnicity, gender, class, religion, sexual orientation, age, rank, or any other characteristic will not be tolerated. Should you, a friend, or a colleague ever experience any action or speech that feels coercive or discriminatory, you should report this immediately via the [School of Medicine's online Mistreatment Reporting website](#) and if you are comfortable doing so, to the course department chair or coordinator; to the Associate Dean, Office of Diversity, Equity, and Inclusion (816-235-1780; Dean's Office Suite); and/or the Title IX/Affirmative Action Office.

## [SOM Student Ombudsperson](#)

Dr. Stacey Algren  
Graduation Health Professions Student Ombudsperson  
[algrens@umkc.edu](mailto:algrens@umkc.edu)

Many times, students don't know whom to approach for help. The objective of the Student Ombudsperson is to address student concerns about how and when to approach existing resources (OAA, ODEI, Office of Student Affairs, course directors, rotation faculty) if, or when, the student feels mistreated or has a conflict with another member of the School of Medicine community. The ombudsman's role is to facilitate the resolution of allegations by UMKC School of Medicine students of perceived unfair, inappropriate, discriminating, unprofessional, or harassing treatment or behavior by faculty, staff, administrators, patients, or fellow students.

## [Multicultural Student Affairs](#)

The mission of UMKC Multicultural Student Affairs is to aid in retention and the overall student experience by creating opportunities for inclusive engagement, cultivating academic success, and encouraging the value of diversity. Explore all the opportunities and programs available via the Multicultural Student Affairs website.

## [SOM Meditation/Prayer Room](#)

M3-205

The Meditation/Prayer Room is available 24/7 for students, staff, and faculty.

### LGBTQIA+ Programs and Services

5100 Cherry  
Student Union, Suite 320  
816-235-6556

The Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Ally (LGBTQIA+) Programs & Services provide the campus community with resources, support, education, and advocacy such that the University of Missouri-Kansas City and the community at large is a welcoming and inclusive environment for all people, regardless of sexual orientation, gender identity/expression, or sex. In support of this, they offer:

- Safe space and diversity training for individuals, departments, and organizations
- A variety of educational and social events throughout the year, most of which are free of charge
- Campus and community resources- including references for counseling services
- The Rainbow Lounge (Student Union, Suite 325) for relaxation, meetings, and studying
- Computers with free printing, television, and a large selection of LGBTQIA literature in our library

### RISE: Resources, Intervention, Support, & Education

108 Haag Hall, Volker Campus

RISE offers confidential support services to UMKC students and employees who are victims and survivors of sexual assault and sexual violence, gender-based violence, stalking, and relationship abuse. RISE also provides information and assistance to family members, friends, colleagues, and allies of all victims and survivors.

### Office of Student Veteran Support Services

5100 Cherry  
Student Union, Suite 310 (At East Zone)  
816-235-5599

Provides resources for student service members and veterans including information about campus resources and GI Bill Benefits. Student veterans can visit the At Ease Zone for resources, referrals, and a place to connect with other student veterans and service members.

### SOM Lactation Room

M1-203 (Inside Women's Restroom)

The lactation room for nursing mothers is available on the first floor of the School of Medicine to serve faculty, staff, residents, and students. The area has a small chair and door that closes for privacy.

## **E4. Student Health, Wellness, and Safety**

### Faculty as Student Health Providers (A3.09)

The program director, medical director, and program principal PA faculty are not allowed to provide medical care to students unless in an emergency. For cases of emergency care, once the student is stabilized care must be transferred to another health care provider.

### [Roo Wellness: Health and Wellness](#)

5110 Oak St, Brookside 51 Building, Suite 237  
816-235-6133

UMKC Health and Wellness provides visits and assessments at no charge to UMKC students enrolled in the current semester. However, students will be charged for laboratory tests or other specialty services. Information regarding cost and hours is available online.

### [UMKC Counseling Services](#)

5100 Oak St, Brookside 51 Building, Suite 201  
816-235-1635

Health Sciences District Appointments-Tuesdays (7:30am-7:00pm): HSB Suite 1219  
Contact Dr. Arnie Abels for HSD appointment: 816-235-1218, [abelsa@umkc.edu](mailto:abelsa@umkc.edu)

Services include assessment, counseling crisis intervention, alcohol, and substance abuse prevention, and much more. Counseling Services are available to all students. Students are provided an introductory assessment and eight sessions as a part of student fees, and sessions beyond the initial eight are provided at a rate of \$15 per session (max of 12 sessions per academic year). Session allotment renews on August 1 of each year. Group counseling workshop, as well as brief crisis consultation, is free.

### [University Health Behavioral Health Psychiatric Services for Students](#)

Appointments available by request.

University Health Behavioral Health has updated its process for providing psychiatric services to UMKC School of Medicine students. They will be holding specific appointment times for students to ensure timely access to treatment. Some common psychiatric needs that they are able to treat include anxiety, panic attacks, Post-Traumatic Stress Disorder (PTSD), ADHD, Bipolar Disorder, and substance abuse. Click the link above to access appointment and services details.

### [Timely Care Virtual Health App](#)

Virtual health app providing 24/7 access to well-being resources including counseling, guided self-care content, and more. Students must download the app and register with their school email to gain access to care wherever they need it.

### [Sanvello App](#)

UMKC students, faculty, and staff have full access to Sanvello. Sanvello is a mobile and web-based application offering clinically validated techniques and support to relieve mental health symptoms and promote healthy habits and behaviors. Features include but are not limited to, daily mood tracking, coping tools, guided journeys, and community support. For free full access, download the app from the App Store, Google Play, or the Sanvello webpage and register with your UMKC email address.

### [Infectious, Communicable Disease, and Environmental Hazards Policy \(A3.07, A3.08a-b\)](#)

Infectious/communicable diseases are common and may be a threat to students. During the performance of required clinical activities, students act as healthcare workers (HCWs) and are at risk for contracting and transmitting infectious diseases because of patient contact. The outlined health and immunization requirements protect both the well-being of the students and that of their patients and

peers. The program's immunization and health screening requirements are minimally based on current recommendations for HCWs by the Centers for Disease Control and Prevention (CDC), state-specific mandates, and UMKC-affiliated hospitals and clinics.

During the performance of required clinical activities, students may have contact with patients with various infections such as blood-borne transmitted diseases (e.g., Hepatitis B [HBV], Hepatitis C [HCV], Human immunodeficiency virus [HIV]), airborne transmitted disease (e.g., tuberculosis [TB], measles, varicella), droplet transmitted disease (e.g., influenza, pertussis, mumps) and contact transmitted disease (e.g., methicillin-resistant *Staphylococcus aureus*). This contact may expose the student to infectious agents and may result in the student transmitting an infectious disease to other students, faculty, patients, and/or family members.

To help protect the health and safety of its students, as well as that of patients, the School of Medicine requires students to adhere to, and provide documentation of:

- Initial and ongoing infectious disease screening and pre-exposure prophylactic immunization against specified infectious/communicable diseases,
- Training and education regarding environmental hazards and infectious exposures, and
- Post-exposure prophylactic follow-up/treatment following exposure to specified infectious diseases such as HBV, HIV, and tuberculosis, as necessary.

#### Exposure Prevention and Post-Exposure Information (A3.08a-c)

Training and education regarding environmental hazards and infectious exposures are provided during the didactic phase of the program. Reliable resources for such training may include the Occupational Safety and Health Administration (OSHA), Centers for Disease Control and Prevention (CDC), Society for Healthcare Epidemiology of America (SHEA), UMKC School of Medicine affiliate Occupational Health Departments, and the local health department. Students must demonstrate competency in the corresponding learning outcomes before participating in educational activities that would put them at risk. Students are expected to implement Universal Precautions consistently and appropriately\* and other appropriate safety measures thereafter. The student is responsible for becoming familiar with the policies and procedures for employing these precautions at each clinical site to which the student is assigned. All students will participate in the clinical affiliation requirements for safety and quality assurance compliance at the direction of the clinical affiliation personnel. However, injuries and infectious or hazardous exposures may occur on campus or during patient care activities, and it is important that students understand the actions they need to take to protect themselves.

\*Standard Universal Precautions generally include:

- Hand hygiene.
- Use of personal protective equipment (e.g., gloves, masks, eyewear).
- Respiratory hygiene/cough etiquette.
- Sharps safety (engineering and work practice controls).
- Safe injection practices (i.e., an aseptic technique for parenteral medications).
- Sterile instruments and devices.
- Clean and disinfected environmental surfaces.

#### Guidelines for Student Exposure to Infectious and Environmental Hazards (A3.08a-b)

##### Blood and body fluid exposure

An "exposure incident" refers to a specific eye, mouth, other mucous membranes, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance



of a student's clinical duties. Should a patient's blood or body fluid come into contact with a student or if a patient comes in contact with the blood or body fluid of a student, the student should seek medical treatment IMMEDIATELY and follow the procedure outlined below:

1. Decontamination of the exposed site: vigorous flushing of mucous membranes, eyes, and/or thorough hand washing.
2. Immediately report the incident to appropriate clinical site personnel, including your preceptor, and follow established protocol provided by the clinical site (e.g., Site orientation materials and/or occupational health resources).
3. If no established protocol, seek treatment at the nearest Emergency Department.
4. Seek medical attention to ensure appropriate medical care for the exposure is provided.
  - a. This should occur within 2 hours for a known HIV-infected source and 4-6 hours for all other exposures.
  - b. The appropriate initial site to seek medical attention varies based on the clinical site where the incident occurred. It could be an Occupational Health or Emergency Department at the institution, or you may need to find the nearest Emergency Department.
  - c. Management may include confidential testing of the patient and the student for Hepatitis B, Hepatitis C, HIV, and other infectious agents.
  - d. If additional medical care is necessary, students should arrange follow-up with their health care provider.
5. Report the event to the program within 24 hours via the [UMKC School of Medicine Student Occupational and Environmental Exposure Report Form](#) (students must log in to Microsoft Forms with UM System email).
6. If expert advice for urgent decision-making for occupational exposures to HIV and Hepatitis B and C is needed, refer to the PEpline, 1-888-448-4911, or [PEP Quick Guide for Occupational Exposures](#).

#### Exposures, Illness, or Injury

For student and patient safety, students who have been exposed to a contagious disease or are ill with symptoms of potentially contagious diseases may need to avoid contact with patients and/or coming to campus. These may include, but are not limited to:

<i>Exposure to:</i>	<i>Ill with symptoms:</i>
SARS-CoV-2 the virus that causes COVID-19 Influenza Tuberculosis Varicella zoster (chicken pox) Herpes zoster (shingles) Measles Certain bacterial meningitis (N meningitidis, H influenza)	Fever Cough Conjunctivitis Diarrheal disease Skin infection, rash

In such cases, or in the event of an injury or other hazardous exposure, the student should follow the procedure outlined below:

1. Notify and work with the site preceptor to determine whether the situation requires the student to be evaluated and managed by the site occupational health provider and/or their own health care provider.
2. If necessary, the student should be evaluated by a healthcare provider to determine need for therapy and clearance for patient care.

3. Students must report such instances to the program within 24 hours via the [UMKC School of Medicine Student Occupational and Environmental Exposure Report Form](#) (students must log in to Microsoft Forms with UM System email).

#### Medical Management and Return to Clinical Activities (A3.08b)

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 health care provider (in collaboration with the student) and other appropriate health care professionals. Students must use the [UMKC School of Medicine Student Occupational and Environmental Exposure Report Form](#) to report proof of clearance to return to campus and/or the patient care setting. The recommendation for clearance to return to campus and/or patient care activities must be provided with evidence (i.e., copy of a note or direct email) from the appropriate qualified medical professional (physician, physician assistant, nurse practitioner, or when applicable, UMKC Student Health or Occupational Health professional), who is not related to the student. This documentation must be submitted via the [UMKC School of Medicine Student Occupational and Environmental Exposure Report Form](#) before clinical and/or on-campus activities may resume.

#### Student Financial Responsibility for Health-Related Expenses (A3.08c)

Students are not employees of the hospital, clinic, or practice where they are rotating thus; they are not covered under workman's compensation if they suffer an accident, exposure, or injury. All students are required to carry medical insurance to cover the expense of such events and provide coverage for the laboratory testing and treatments that may be required. Costs not covered by insurance are the responsibility of the student.

#### Effects of Exposure/Illness/Injury on Student Learning Activities

Effects of infectious and environmental diseases or disabilities from a clinical exposure may affect a student's learning activities. Once the student submits the [UMKC School of Medicine Student Occupational and Environmental Exposure Report Form](#), they will need to contact the appropriate faculty course director(s) to make arrangements regarding options for continued curriculum engagement, absences, the make-up of work and/or future action plan, as necessary. Students may not be able to return to campus, a specific clinical affiliate, and/or meet the required technical standards due to the effects of infectious and environmental diseases or disabilities. A student's inability to complete a clinical rotation and/or program of study may delay a student's graduation or qualify the student for separation from the program. Students should refer to the Committee on Progression policies regarding leaves of absence and criteria for separation.

#### Graduate Student Lounge and Lockers (A1.08)

M3-C29

The Graduate Student Lounge is outfitted with tables, chairs, a microwave, and a refrigerator and may be used as a study/group meeting area for all SOM graduate students. The passcode to the door will be provided to SOM graduate students only and should not be distributed to non-UMKC SOM graduate students. Students must maintain the general tidiness of the lounge, including cleaning spills in the microwave and refrigerator, should they occur.

Student lockers are located near the north and east stairwells on the third floor of the medical school and are available on a first-come-first-serve basis. Students utilizing lockers are encouraged to bring a

combination lock to maintain the safety of personal items. All lockers must be cleared and unlocked each semester. Any locks remaining at the end of a semester will be cut off.

### [Kangaroo Pantry-Health Sciences District Satellite Site](#)

M1-402

The Kangaroo Pantry strives to provide food assistance for students, staff, and faculty in need.

### [UMKC Police Department and Safety Information \(A1.02g\)](#)

5005 Oak Street- Police Department

24 hours a day, 7 days a week

UMKC Police Dispatch: 816-235-1515 (Save to your contacts!)

Dial 911 from a campus phone

Please report any suspicious activity by calling UMKC Police Dispatch. Anonymous reporting is achieved by using the [Silent Witness reporting tool](#).

Police officers and security guards patrol and are positioned across campus to provide safety services 24 hours a day, 7 days a week. Emergency phones are located beneath blue lights in parking and walking areas across campus. You can use these to report a crime or other emergency.

Other police services include motorist assistance, including jumper cables; vehicle lockout assistance if you lock your keys in your car while on campus; personal escort service to your vehicle or residence hall; property registration; emergency notification; fingerprinting (by appointment only); and lost and found-first check with the information desk at 816-235-5555.

Certain buildings, including the School of Medicine, use card readers, which limit public access. Students must have their UMKC Roo Card to enter the School of Medicine.

Students should sign up for UMKC Alert!, which provides emergency voicemail, text, and email notices, including inclement weather information. The information is also posted on the website and gives notices to radio and television news media. Students can update UMKC Alert! information via Pathway or via the [UMKC Alert! website](#).

While at clinical rotation sites, students are provided the same safety services which are provided to the employees. Students should ask the preceptor for details regarding safety services.