UNIVERSITY OF SOUTH CAROLINA-COLUMBIA
SCHOOL OF MEDICINE
PHYSICIAN ASSISTANT PROGRAM

DIDACTIC STUDENT HANDBOOK

CONTENTS

Page 2         Preface
Page 3         Quick References
Pages 4-8      Section 1:  History of USC and the School of Medicine
Pages 9-22     Section 2:  Mission Statements, Program Goals and Competencies, Accreditation, Technical Standards
Pages 23-33    Section 3:  Academic Standards
Pages 33-41    Section 4:  Dress Code, Social Media Policy, Conduct, Immunizations & Hazards
Pages 42-43    Section 5:  Attendance
Pages 43-44    Section 6:  Didactic Course of Study and Curricular Components
Page 45-48     Section 7:  Student Support Service
Page 48        Section 8:  Student Mistreatment Policy
Pages 50-53    Honor Code, Carolinian Creed, Handbook Receipt
Page 54        Participation of Students as Human Subjects
                Acknowledgment
Page 55        Student Absence Form
Page 56-60     Addendum:  About the Physician Assistant Profession
Preface

A warm welcome to our students from the faculty and staff of the USC Physician Assistant Program. We wish you the best in your endeavors as you embark on this journey to pursue your education and successful career as a Physician Assistant. You will be asked to dedicate the next twenty-seven months to an intensely structured learning program. This program is designed to build upon both the academic and clinical backgrounds you have previously developed prior to being accepted into our program. You will learn all the necessary attributes to succeed in a profession which provides high quality health care including primary, specialty, and preventive medical care in various disciplines of medicine. We are committed to your success and we will guide you in your studies as you take on the role of becoming an advocate and leader in the Physician Assistant profession.

The Physician Assistant Program at the University of South Carolina School of Medicine developed this handbook for students preparing to enter into this rigorous master’s degree program. The information herein is available to help augment the students’ journey as he or she matriculates at the University of South Carolina and to provide details that are unique to students in the PA program. Description of campus-wide policies and procedures are provided on line at:
http://www.sc.edu/policies/policiesbydivision.php

PA students are responsible for reviewing and adhering to the policies and procedures of the University as well as those described in this handbook.

All policies in this handbook apply to all PA students, principal faculty and the program director regardless of location (A3.01).

This handbook will be reviewed with the PA students during orientation week and students will sign an acknowledgement of understanding to be maintained in their student file. (A3.02)

If you have any questions, please feel free to contact myself or any of the faculty members in the department.

On behalf of the PA Program faculty and staff, I extend our best wishes for a successful and rewarding educational experience. We look forward to working with you as you begin your new career!

Very respectfully,

Gregory S. Mangione, MPAS, PA-C
Program Director
Associate Professor
Physician Assistant Program
QUICK REFERENCES

Alumni Center
900 Senate Street
Columbia, SC 29201
Phone: (803) 777-4111

USC Bookstore
The Russell House
1400 Greene Street
Phone: (803) 777-4160
http://sc.bncollege.com/webapp/wcs/stores/servlet/BNCBHomePage?storeId=10052&catalogId=10001&langId=-1

Bursar's office
1244 Blossom Street
Phone: 803-777-4233
Email: bursar@mailbox.sc.edu

USC Campus Police
Phone: (803) 777-4215 (dispatch)

Campus Recreation & Fitness Center
Phone: (803) 576-9375
https://campusrec.sc.edu/

Information Technology (IT) HELP Desk
(803) 545-5100

Diversity and Inclusion
Osborne Administration
Room 107B
Columbia, SC 29208
Phone: (803) 777-9943
https://www.sc.edu/about/offices_and_divisions/diversity_and_inclusion/index.php

Financial Aid and Scholarships
1244 Blossom Street Suite 200
Phone: (803) 777-8134
https://sc.edu/about/offices_and_divisions/financial_aid/

School of Medicine Financial Aid
Jerel Arceneaux
VA Campus Bldg. 3 Room 126
Phone: (803) 216-3629
jerel.arceneaux@uscmed.sc.edu

USC School of Medicine Library
6311 Garners Ferry Road
Phone: (803) 216-3200 (circulation)
Phone: (803) 216-3313 (reference)

Parking
School of Medicine Support Services
Kathleen Flanagan
Phone: (803) 216-3150
kathy.flanagan@uscmed.sc.edu

Counseling and Psychiatric Services
Thomson Student Health Center, 3rd Floor
1401 Devine Street
Columbia, SC 29208
Counseling
Phone: (803) 777-5223
Psychiatry
Phone: (803) 777-1833
sc.edu/myhealthspace
24-Hour Suicide Hotline: 800-273-8255

Registrar
1244 Blossom Street
Phone: (803) 777-5555

Services for Students with Disabilities
MAIN OFFICE
1523 Greene Street
LeConte Room 112A
Phone: 803-777-6142
sadrc@mailbox.sc.edu

ASSISTIVE TECHNOLOGY LAB
901 Sumter Street
Byrnes Building 307 / 308
Phone: 803-777-6142
https://www.sa.sc.edu/sds/

Department of Student Life
Russell House
1400 Greene Street Suite 115
Phone: (803) 777-5782

Thomson Student Health Center
1409 Devine Street
Columbia, SC 29208
Phone: (803) 777-3175
The Palmetto State established South Carolina College — the precursor to the University of South Carolina — on Dec. 19, 1801, as part of an effort to unite South Carolinians in the wake of the American Revolution. South Carolina's leaders saw the new college as a way to promote "the good order and harmony" of the state. The founding of South Carolina College was also a part of the Southern public college movement spurred by Thomas Jefferson. Within 20 years of one another, Georgia, North Carolina, South Carolina, and Virginia established state-supported colleges. In the antebellum era, the Palmetto State generously supported South Carolina College. The institution featured a cosmopolitan faculty, including such noted European scholars as Francis Lieber and Thomas Cooper, as well as renowned American scholars John and Joseph LeConte. Offering a traditional classical curriculum, South Carolina College became one of the most influential colleges in the South before 1861, earning a reputation as the training ground for South Carolina's antebellum elite.

The Horseshoe campus

The campus grew around the modified quadrangle of the Horseshoe. In 1805, four years after the college was chartered, its first building, Rutledge College, was completed. Classes began that year with two faculty members and nine students. As the only academic facility, Rutledge College served as classroom, lab, library, chapel, and student and faculty housing until DeSaussure College was completed on the north side of the Horseshoe in 1809. Throughout the next 38 years, the Horseshoe took shape with eight more buildings. (The Horseshoe's 11th building, and the only one not built in the 19th century, is McKissick Museum, completed in 1940.) Robert Mills, the nation's first federal architect and the designer of the Washington Monument, greatly influenced the architecture of South Carolina College. Mills was involved in the design of Rutledge College, South Caroliniana Library, and Maxcy Monument in the center of the Horseshoe, named for the first president of the college, Jonathan Maxcy. The South Caroliniana Library was the first freestanding college library building in the nation when it was completed in 1840.
Civil War, Reconstruction

Having survived an 1811 earthquake that damaged DeSaussure, then known as the North Building, and an 1855 fire that gutted Rutledge, the college finally succumbed to the upheaval of the Civil War and Reconstruction. South Carolina’s secession from the Union unleashed the devastation of war. The state and South Carolina College paid dearly. The institution closed in 1861 for want of students. And, in the ensuing decades, it struggled to regain the leading role in the region it had held during the antebellum era.

A diverse, if short-lived, university

State leaders revived the institution in 1866 as the University of South Carolina with ambitious plans for a diverse university that included the first African-Americans to serve on the board of trustees (1868) and the first African-American students (1873). While politically controversial, this development was an extraordinary opportunity for South Carolinians at a time when opportunities for higher education were rare. The University of South Carolina became the only southern state university to admit and grant degrees to African-American students during the Reconstruction era. But, with a nearly empty state treasury, the institution failed to reach its former status. Following the end of Reconstruction in 1877, South Carolina’s conservative leaders closed the university. They reopened it in 1880 as an all-white agricultural college and during the next 25 years the institution became enmeshed in the upheaval of late 19th century South Carolina politics.

Stability, postwar boom

Carolina went through several reorganizations in which the curriculum frequently changed and its status shifted from college to university and back again. In 1906, the institution was rechartered for the final time as the University of South Carolina. In the early decades of the 20th century, Carolina made strides toward becoming a comprehensive university, and in 1917 it became the first state-supported college or university in South Carolina to earn regional accreditation. The 1920s witnessed further progress and growth with the introduction of new colleges and degree programs, including the doctorate. The Great Depression temporarily stalled this progress, but the outbreak of World War II launched an era that transformed the university. Carolina hosted U.S. Navy training programs during the war and enrollment more than doubled in the post war era as veterans took advantage of the G.I. Bill.

Integration, enrollment explosion

In the 1950s, the university began recruiting national-caliber faculty and extended its presence beyond Columbia with the establishment of campuses in communities
across South Carolina. On Sept. 11, 1963, Henrie D. Monteith, Robert Anderson, and James Solomon became the first African-American students to enroll at the university in the 20th century; in 1965, Monteith became the first African-American graduate, earning a B.S. in biochemistry.

In the ensuing years, Carolina underwent explosive growth as the baby boom generation entered college. Enrollment stood at 5,660 in 1960, but by 1979 had reached nearly 26,000 students on the Columbia campus alone. To meet the needs of these students and South Carolina's changing economy, the university put new emphasis on research and introduced innovative degree programs as well as a number of new schools and colleges. Carolina had become a true research university.

**Horseshoe restoration, bicentennial**

Carolina also honored its past. A renovation program that began in 1972 restored the 19th-century Horseshoe buildings, a renaissance that served the South Carolina Honors College, which was established in 1977 and whose administrative offices and housing for juniors and seniors are largely on the Horseshoe.

In the 1980s and 1990s, the university continued to develop its resources to better serve the Palmetto State. A concerted drive to achieve national recognition brought Carolina into the 21st century. In 2001, the University of South Carolina celebrated a legacy of 200 years of educating leaders for the future of South Carolina, the nation and the world.

**University of South Carolina School of Medicine**

To improve health care for the citizens of South Carolina, planning for the establishment of the University of South Carolina School of Medicine began in the late 1960s. In 1973, the South Carolina Commission on Higher Education and the State Legislature authorized the University to apply for a grant from the Veterans Administration to assist in the development of the medical school. The grant was approved the following year.

Faculty recruitment and curriculum planning began in 1975 and in 1976 the School of Medicine received provisional accreditation from the Liaison Committee on Medical Education of the American Medical Association and the Association of American Medical Colleges. In February 1977, the school was granted approval for admission of its first class of 24 medical students that fall.

The charter class graduated in May 1981, at which time the School of Medicine was fully accredited by the Liaison Committee on Medical Education. Medical student class size has quadrupled since the entrance of the first class, and today approximately 400 medical students are enrolled in our four-year program.
The School of Medicine’s educational programs were further augmented by the establishment of the Ph.D. program in Biomedical Science in 1981, the Master of Science Program in Genetic Counseling in 1985, and the Doctorate Program in Nurse Anesthesia in 2019. The University’s Master’s Program in Rehabilitation Counseling was transferred to the School of Medicine in 1994. The Master’s Program in Biomedical Science was initiated in 1998. Residency programs in emergency medicine, family practice, general surgery, internal medicine, obstetrics and gynecology, ophthalmology, orthopaedic surgery, pediatrics, and general and child/adolescent psychiatry are co-sponsored with Palmetto Health, the Dorn Veterans Administration Medical Center, and the South Carolina Department of Mental Health. A residency program in preventive medicine and fellowships in several clinical specialties are offered by individual School of Medicine and/or affiliated hospital departments.

The School of Medicine’s basic science campus consists of fully renovated historic buildings and is located four miles from the Columbia campus of the University of South Carolina. This campus provides teaching and research facilities that are unparalleled nationally. Most clinical departments are located on the Richland Medical Park campus in central Columbia. Affiliated hospitals are Palmetto Health (including Palmetto Health Richland, Baptist, and Parkridge campuses), the Dorn Veterans Administration Medical Center, the Greenville Hospital System University Medical Center, and facilities of the South Carolina Department of Mental Health.

In 1991 the School of Medicine’s affiliation with the Greenville Hospital System University Medical Center was enhanced to provide the opportunity for completion of core third- and fourth-year clerkships and rotations in Greenville. Also in 1991, the University opened its first Rural Primary Care Center in Winnsboro, S.C. Since then, two additional Rural Primary Care Centers have opened in Kershaw and Bennettsville. These centers enable medical students to train alongside students and faculty from the University’s other health professional degree programs in real-life rural practice settings.

Continuing our tradition of innovation in medical education, the University of South Carolina School of Medicine has become a national leader in primary care medical education and is the only medical school in the country to integrate ultrasound technology in all four years of the medical curriculum. Additionally, medical students are given the opportunity to participate in a variety of community outreach activities that are focused on developing patient communication skills and basic exam proficiency, including a yearly student-hosted community health fair and a nationally recognized Senior Mentor Program, which pairs medical students with community elders.

We also fulfill our mission to provide quality health care to the people of South Carolina through our clinical practice plan, University Specialty Clinics, which is composed of a team of more than 200 faculty physicians and health care providers.
From the Department of Neurology’s clinically advanced stroke care and research to the recognized quality-focused health care model of the Department of Family and Preventive Medicine/Palmetto Health Family Medicine Center, we are addressing the future of health care today.

**History of the Physician Assistant Profession**

Experience for the prototype PA began with a large number of medical corpsmen returning from the Vietnam war in the late 1960’s. Medics in the field and military trained assistants in hospitals and clinics proved effective based on their experience in the medical arena. This soon translated to civilian life as medical visionaries recognized the talents of those individuals as a solution to current problems of medical under-staffing and inaccessibility.

Formal training of physician extenders began at Duke University Medical Center in North Carolina in 1965. Now, there are nearly 240 accredited programs across the nation educating PAs for the health care delivery system. The typical PA student tends to be professionally, scholastically, and often chronologically more mature at the entry level than the usual medical student. This results from the fact that most programs draw from a pool of postgraduate and professional applicants who choose the PA profession out of their desire for increased service and productivity in the health care field. Typical attributes of these individuals are an ardent desire to serve, outstanding interpersonal skills, and a strong grasp of the scientific process and biomedical studies. The keen competition for positions and the intensity of the curriculum in most programs generally produce high quality, highly motivated, and self-disciplined professionals.

In 1971, standards established the minimal expectations of quality in PA education. These standards, adopted by seven national medical organizations, determine the minimum requirements for a PA program to achieve accreditation. Only graduates from accredited PA programs may sit for the national certifying examination. All fifty states, the District of Columbia and all American territories require certification by the National Commission for Certification of Physician Assistants (NCCPA), which involves successful passage of a comprehensive objective examination at the national level in order to be licensed to provide health care as a PA.
MISSION STATEMENTS, PROGRAM GOALS AND COMPETENCIES, ACCREDITATION AND TECHNICAL STANDARDS

USC System Mission Statement
Approved by the Board of Trustees - July 2010

The primary mission of the University of South Carolina is the education of the state's diverse citizens through teaching, research, creative activity, and service. Founded in 1801, the University of South Carolina system is the largest university in the state, serving more than 41,000 students from its flagship Columbia campus, three senior campuses (Aiken, Beaufort, and Upstate), and four regional campuses (Lancaster, Salkehatchie, Sumter, and Union).

The University of South Carolina is a public institution offering degree programs at the associate's, bachelor's, master's, and doctoral levels. Through the primary method of classroom and laboratory instruction and through a secondary method of distance education delivered via the Internet, teleconference and electronic media, degree programs are offered in the following areas: arts and sciences; education; engineering and computing; hospitality, retail, and sport management; mass communications and information studies; music; public health; and social work, and in professional programs such as business, law, medicine, nursing, and pharmacy.

With a flagship campus recognized by the Carnegie Foundation as a top research and service institution and nationally ranked in start-up businesses, and an eight-campus system that confers nearly 40% of all bachelor's and graduate degrees awarded at public institutions in South Carolina, the University has a profound relevance, reach, and impact on the people of the state. The University of South Carolina provides all students with the highest-quality education, including the knowledge, skills, and values necessary for success and responsible citizenship in a complex and changing world through engagement in nationally and internationally ranked research, scholarship, service, and artistic creation.

USC - Columbia
Accreditations of Academic Programs
The University of South Carolina is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award associates, bachelors, masters, and doctoral degrees.

School of Medicine Vision Statement 2008:
The USC SOM will be an Academic Medical Center that is:
- Locally eminent
- Regionally prominent
- Nationally renowned
- Globally recognized

USC School of Medicine Mission Statement
The mission of the USC SOM is to transform healthcare in South Carolina and beyond through exemplary education, research and quality patient care.

**USC School of Medicine Guiding Principles**
1. We provide a student-responsive learning environment with a competency based curriculum that stimulates excellence in educational achievement and inspires lifelong learning.
2. We champion patient-centered, compassionate and evidence-based medical practice.
3. We advocate for the elimination of disparities in health care and the promotion of good public health policy.
4. We engage our affiliated institutions and community partners in our educational, research, and clinical service programs.
5. We foster collaboration with other academic institutions and medical centers.
6. We pursue our vision and mission in a results-oriented, transparent, inclusive, participatory, equitable, and accountable manner.
7. We allocate our resources in alignment with our Vision, Mission and Guiding Principles.
8. We adhere to the highest professional and ethical standards, exhibiting good judgment, respecting diversity and promoting collegiality.

**USC School of Medicine Accreditation**
The Liaison Committee on Medical Education (LCME), the accrediting authority for medical education programs leading to an M.D. degree in the U.S. and Canadian medical schools, has granted the University of South Carolina School of Medicine full accreditation.

**Physician Assistant Program Mission Statement**
The USC School of Medicine –Columbia Masters in Science in Physician Assistant Studies Program strives to produce highly competent, compassionate physician assistants who are committed to lifelong learning and advancing the PA profession. The program is dedicated to producing physician assistants who deliver high-quality, patient-centered care, excel as members of an interprofessional health care team, while making significant contributions to the health care needs of South Carolina and the nation.

**PA Program Vision:**
Our vision is to prepare Physician Assistant graduates to utilize cutting edge technology in order to improve access to primary medical care for patients of rural and medically-underserved populations of South Carolina and the nation.

**PA Program Goals:**
1. Enroll diverse and highly qualified students who reflect the dynamic population of South Carolina and the nation.
2. Encourage life-long professional involvement, scholarly activity, leadership and service.
3. Maintain a level of PANCE pass rates that meets or exceeds the national average.
4. Maintain an overall 95% or better graduation rate for entering University of South Carolina Physician Assistant students.
5. Maintain an accredited program with an innovative curriculum (including genetics, point-of-care ultrasound, orthopedics, and interprofessional courses) that prepares entry-level graduates for the contemporary practice of medicine.

Success of the Program in Achieving its Goals: (A3.14b)

Future handbook editions will include, but is not limited to, information regarding attrition, graduation rates, and employment rates to allow potential and matriculating students information on the success of the program in achieving its goals.

PANCE Pass rate (A3.14c)

Future handbook editions will include the link to the NCCPA website with the PANCE pass rates for our program displayed there. Our founding cohort will graduate in May 2019

PA Program Competencies:

Students of the USC Physician Assistant Program will build their knowledge and skills throughout their didactic and clinical training to achieve the following competencies:

Medical knowledge:
This competency includes a student’s basic understanding of patient presentation, pathophysiology, differential diagnosis, treatment plans, operative and non-operative treatment, overall fitness and health promotion, and disease prevention. Our students must demonstrate core knowledge of established and evolving biomedical and clinical sciences and the application of this knowledge in patient care. Our students are expected to demonstrate a critical thinking and analytic approach to clinical situations. Students are specifically expected to:

- Understand a vast array of etiologies, risk factors, underlying pathologic processes, and epidemiology for medical conditions
• Identify signs and symptoms of presenting medical conditions
• Select and interpret appropriate diagnostic, imaging or laboratory studies
• Manage general medical and surgical conditions to include understanding the indications, contraindications, side effects, interactions, and adverse reactions of pharmacologic agents and other relevant treatment options
• Identify the appropriate facility site required to care for presenting conditions, including identifying emergent surgical cases and those requiring referral or admission
• Identify appropriate interventions for prevention of diseases
• Identify the appropriate modalities to detect conditions in an asymptomatic person
• Differentiate between normal and abnormal in anatomic, physiological, laboratory, and other diagnostic information
• Appropriately use the history, physical findings, and diagnostic data to formulate a comprehensive differential diagnosis
• Provide appropriate care to patients with chronic medical conditions

**Interpersonal and communication skills:**
This competency includes a student’s ability to master the use of verbal, nonverbal, and written exchange of information. Our students must demonstrate interpersonal communication skills that result in an effective exchange of information with patients, patients’ families, physicians, other healthcare professional associates, and other employees of the health care system. Students of our training program are specifically expected to:

• Create and maintain compassionate as well as morally and ethically sound relationships with patients
• Consistently use effective listening, nonverbal, explanatory, questioning, and written skills to both obtain and deliver information
• Appropriately adapt style of communication and message to the individual patient interaction
• Effectively work with physicians and other health care professionals as a leader or member of a multidisciplinary health care team
• Understand the dynamics of unique human behavior
• Demonstrate emotional resilience, stability, adaptability, flexibility, and tolerance in the face of ambiguity and stressful situations
• Accurately document information regarding the entire care process for medical, legal, quality, and financial purposes

**Patient care:**
This competency includes age-appropriate assessment, evaluation, and management of a wide-array of patients. Our students must consistently provide care that is appropriate, effective, patient-centered, timely, and efficient, for treatment of
medical conditions and the promotion of health and wellness. Graduates of our training program are specifically expected to:

- Work effectively with physicians and other health care professionals to provide patient-centered care
- Demonstrate compassion, empathy, and respect when interacting with patients and their families
- Obtain essential and accurate information about patients
- Make appropriate, informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, current scientific evidence, and clinical judgment
- Develop and implement treatment plans
- Effectively counsel and educate patients and their families
- Competently perform medical and surgical procedures commensurate with training and experience
- Provide goal-oriented health care services and education to patients for preventing health problems and promoting wellness.

**Professionalism:**
This competency is the expression of positive values and ideals as patient care is delivered. First and foremost, it involves placing the interests of those being served above one's own. Our students must know their professional and personal limitations. Professionalism also requires that PAs practice without impairment from substance abuse, cognitive deficiency, or mental illness. Our students must demonstrate a high level of responsibility, accountability, ethical practice, sensitivity to a diverse patient population, and strict adherence to legal and regulatory requirements. Students of our training program are specifically expected to demonstrate:

- Thorough knowledge of legal and regulatory requirements, as well as the appropriate role of the PA
- Professional relationships with physician supervisors and other health care providers
- Respect, compassion, and integrity
- Responsiveness to the needs of patients
- Accountability to patients, the community, and the PA profession
- Commitment to excellence and on-going professional development
- Commitment to moral ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and sound business practices
- Sensitivity and responsiveness to patients' culture, age, gender, and disabilities
- Self-reflection, critical curiosity, and initiative.

**Practice-based learning and improvement:**
This competency includes the processes through which clinicians engage in on-going critical analysis of their own practice, current medical literature, and other information resources for the purpose of self-improvement. Our students must be able to assess, evaluate, and improve their patient care practices. Students of our training program are specifically expected to:

- Analyze clinical practice tasks and perform practice-based improvement activities using systematic methods and involving other members of the health care delivery team
- Locate, evaluate, and integrate evidence from current scientific studies related to their patients' health conditions
- Obtain and apply information about their own population of patients to the larger population from which their patients are drawn
- Apply knowledge of study designs and statistical methods to validate clinical studies and other information on diagnostic and therapeutic effectiveness
- Apply information technology to manage information, access online medical information, and support their own on-going education
- Foster the education and training of students and other health care professionals
- Recognize and appropriately address gender, cultural, cognitive, emotional, and other prejudices; gaps in medical knowledge; and physical limitations in themselves and others.

**Systems-based practice:**
This competency encompasses the communal, organizational, and economic environments in which health care is delivered. Our students must demonstrate awareness and responsiveness to the larger system of health care to provide patient care that is of optimal value. Our graduates should work to improve the larger health care system of which their practices are a part. Students of our training program are specifically expected to:

- Use information technology to support patient care decisions and patient education
- Effectively interact with different types of medical practice and delivery systems
- Understand the funding sources and payment systems that provide coverage for patient care
- Practice cost-effective health care and resource allocation that does not compromise quality of care
- Advocate for quality patient care and assist patients in navigating system complexities
- Partner with supervising physicians, health care managers, and other health care providers to assess, coordinate, and improve the delivery of health care and patient outcomes
• Accept responsibility for promoting a safe environment for patient care and recognizing and correcting systems-based factors that negatively impact patient care
• Apply medical information and clinical data systems to provide more effective, efficient patient care
• Use the systems responsible for the appropriate payment of services.

Leadership:
This competency is a process through which a person influences others around them to achieve a common goal. The PA profession has the ability to create lasting change in the way we engage, treat, and support our community’s patients and their families. Students of our training program will be able to facilitate and support positive change using transformational leadership and applying the following skills:

• Coordinate with others in forming a vision for improved care
• Communicate the values of the PA profession to others
• Foster and support a culture of teamwork and effective change
• Communicate openly and transparently with others
• Acknowledge the value and contributions of others
• Continually seek opportunities for leadership development
• Lead with courage, integrity, selflessness, empathy, collaboration, and reflection.

PHYSICIAN ASSISTANT STUDIES PROGRAM ACCREDITATION (A3.14a)

The University of South Carolina Physician Assistant Program has received approval from the South Carolina Commission on Higher Education. Furthermore, the program has received accreditation-provisional status from the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA). The University of South Carolina Physician Assistant Program matriculated its first class in January of 2017. Provisional accreditation is an accreditation status for a new PA program that at the time of its comprehensive accreditation review, has demonstrated its preparedness to initiate a program in accordance with the Accreditation Standards.

The ARC-PA grants provisional accreditation to new Physician Assistant programs which have demonstrated preparedness to initiate a program in accordance with the Standards. Follow-up provisional visits are conducted to programs that have successfully achieved provisional accreditation. Follow-up visits must occur no sooner than four months after students have entered the clinical phase of the program and no later than six months after graduation of the first class, and the ARC-PA retains the right to require an earlier follow-up provisional visit. Our provisional monitoring visit was completed on December 6-7, 2018. Students entering during the provisional accreditation period are permitted to sit for the Physician Assistant Certifying Examination (PANCE). Information regarding the process can be found on
Accreditation standards are available at
http://arc-pa.org/documents/Standards%204th%20Ed%20March%202016.pdf
12000 Findley Road, Suite 150, Johns Creek, GA 30097, (770) 476-1224

Academic Degree Offered: (A3.14e)
Master of Science - Physician Assistant, MS-PA Degree

The University of South Carolina School of Medicine Physician Assistant Studies Program will confer a Master of Science – Physician Assistant degree upon completion of the 27 month educational program. Our program consists of 15 months of didactic education (68 Semester Credit Hours) and 12 months of supervised clinical practice experience with summative and capstone courses (44 hours) for a total of 112 credit hours.

PA Program Specific Technical Standards for Admissions and Retention

The University of South Carolina School of Medicine Physician Assistant Program has adopted the following technical standards which were adapted from the School of Medicine: All candidates for admission should possess sufficient intellectual capacity, physical ability, emotional and psychological stability, interpersonal sensitivity, and communication skills to acquire the scientific knowledge, interpersonal and technical competencies, professional attitudes, and clinical abilities required to pursue any pathway of graduate medical education and to enter the practice of medicine. All candidates should be aware that the academic and clinical responsibilities of physician assistant students will, at times, require their presence during day, evening and overnight hours, seven days per week. Candidates must be able to tolerate physically taxing workloads and to function effectively under stress.

While the University Of South Carolina School Of Medicine Physician Assistant Program fully endorses the spirit and intent of Section 504 of the Rehabilitation Act of 1973 and of the Americans with Disabilities Act of 1992, it also acknowledges that certain minimum technical standards must be present in candidates for admission, retention and graduation. Those individuals who would constitute a direct threat to the health or safety of themselves or others are not considered suitable candidates for admission or retention in physician assistant school. Therefore, the Physician Assistant Program has established the following technical standards for admission and the candidates must fulfill the minimum academic requirements for admission.

1. All candidates for the PA degree must complete all required courses and supervised clinical practicum experiences as indicated in the Graduate School Bulletin.
2. All candidates for admission and all candidates for the PA degree must possess sufficient physical, intellectual, interpersonal, social, emotional, psychological, and communication abilities to:
   (a) establish appropriate relationships with a wide range of faculty members, professional colleagues, and patients. Candidates should possess the personal qualities of integrity, empathy, concern for the welfare of others, commitment to life-long learning, and motivation. They must possess the emotional and psychological health required for the full use of their intellectual abilities; the exercise of good judgment; the prompt completion of all responsibilities associated with the diagnosis and care of patients; and the development of mature, sensitive, and effective relationships with patients, patients' families, and professional colleagues. They must be able to adapt to changing environments, to be flexible, and to function in the face of ambiguities inherent in any clinical situation. Candidates must be able to speak, to hear, to read, to write, and to observe patients in order to elicit information, to describe changes in mood, activity, posture, and behavior, and to perceive nonverbal communications. Candidates must be able to communicate effectively and efficiently in the English language in oral and written form with all members of the health care team. Candidates must be mobile and able to function independently within the clinical environment.
   (b) obtain a medical history and perform physical and mental examinations with a wide variety of patients. Candidates must be able to observe patients accurately both close at hand and at a distance. Observation requires the functional use of the sense of vision and other sensory modalities and is enhanced by the functional use of the sense of smell. Candidates must have sufficient exteroceptive sense (touch, pain, and temperature), proprioceptive sense (position, pressure, movement, stereognosis, and vibratory), and motor function to carry out the requirements of the physical examination. Candidates must have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and other diagnostic operations. They must be able to use effectively and in a coordinated manner those standard instruments necessary for a physical examination (e.g., stethoscope, otoscope, sphygmomanometer, ophthalmoscope, and reflex hammer). Candidates must be able to execute motor movements required to provide general and emergency treatment to patients, including cardiopulmonary resuscitation, administration of intravenous medication, application of pressure to stop bleeding, intubation, suturing of simple wounds, and performance of obstetrical maneuvers; all such actions require coordination of both fine and gross muscular movements, equilibrium, and functional use of the senses of touch and vision.
   (c) conduct tests and perform laboratory work. Candidates must be able to observe demonstrations, collect data, and participate in experiments and dissections in the basic sciences, including, but not limited to, demonstrations in
animals, microbiologic cultures, and microscopic studies of microorganisms and tissues in normal and pathologic states. They must be able to understand basic laboratory studies and interpret their results, draw arterial and venous blood, and carry out diagnostic procedures (e.g., proctoscopy, and paracentesis).

(d) ultimately make logical diagnostic and therapeutic judgments. Candidates must be able to make measurements, calculate, and reason; to analyze, integrate, and synthesize data; and to problem-solve. Candidates must be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures. Candidates must be able to integrate rapidly, consistently, and accurately all data received by whatever sense(s) employed.

(e) operate a motor vehicle. Candidates will be responsible for their own transportation to and from classes and clinical rotation sites and must have reliable transportation and a valid driver’s license.

In evaluating candidates for admission and candidates for the PA degree, it is essential that the integrity of the curriculum be maintained, that those elements deemed necessary for the education of a physician assistant be preserved, and that the health and safety of patients be maintained. While compensation, modification, and accommodation can be made for some disabilities on the part of candidates, candidates must be able to perform the duties of a student and of a physician assistant in a reasonably independent manner. The use of a trained intermediary would compromise a candidate's judgment by another person's powers of selection and observation. Therefore, the use of trained intermediaries to assist students in meeting the technical standards for admission, retention, or graduation is not permitted.

The Physician Assistant Program will consider for admission any candidate who has the ability to perform or to learn to perform the skills and abilities specified in these technical standards. Candidates for the PA degree will be assessed at regular intervals not only on the basis of their academic abilities, but also on the basis of their non-academic (physical, interpersonal, communication, psychological, and emotional) abilities to meet the requirements of the curriculum and to graduate as skilled and effective medical practitioners.
<table>
<thead>
<tr>
<th>Name (Print)</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>CASPA ID or SSN</td>
<td>Graduation Year</td>
</tr>
</tbody>
</table>

**Current and Past Medical History – Please check all that apply; Describe below as needed.**

<table>
<thead>
<tr>
<th>Respiratory/hematology</th>
<th>Cardiovascular</th>
<th>Gastrointestinal/endocrine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>High blood pressure</td>
<td>Hepatitis</td>
</tr>
<tr>
<td>Emphysema</td>
<td>Heart Disease</td>
<td>Type 1 or 2 Diabetes</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>High cholesterol</td>
<td>Irritable bowel disorder</td>
</tr>
<tr>
<td>Chronic cough</td>
<td>Blood clots</td>
<td>Gall bladder disease</td>
</tr>
<tr>
<td>Anemia</td>
<td>Stroke</td>
<td>Thyroid disease</td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
<td>Inflammatory bowel disease</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Allergic/Infectious</th>
<th>Musculoskeletal</th>
<th>Neuropsychiatric</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seasonal allergies</td>
<td>Rheumatoid Arthritis</td>
<td>Migraine Headache</td>
</tr>
<tr>
<td>Food allergy</td>
<td>Low back pain</td>
<td>Multiple sclerosis</td>
</tr>
<tr>
<td>Insect allergy</td>
<td>Bulging disks in spine</td>
<td>Depressive disorder</td>
</tr>
<tr>
<td>Latex or Chemical sensitivity</td>
<td>Sciatica</td>
<td>Anxiety disorder</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>Joint pain or swelling</td>
<td>Bipolar disorder</td>
</tr>
<tr>
<td>Medication allergy</td>
<td>Osteoarthritis</td>
<td>ADD/ADHD</td>
</tr>
</tbody>
</table>

**Describe conditions checked above:**

**Other medical conditions not listed above:**

**Hospitalizations, except uncomplicated childbirth**

<table>
<thead>
<tr>
<th>Date</th>
<th>Indication</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Major surgical procedures**

<table>
<thead>
<tr>
<th>Date</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Medications, vitamins, supplements**

<table>
<thead>
<tr>
<th>Do you use tobacco products?</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigarettes Packs per day?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smokeless tobacco Cigar/Pipe # per day?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Have you ever smoked?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do you drink alcoholic beverages?</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many per week?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have a history of alcohol or substance</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Do you have any conditions that may warrant special academic arrangements?**

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Please describe:</td>
<td>abuse?</td>
</tr>
<tr>
<td>-----------------</td>
<td>-------</td>
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<td></td>
<td></td>
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</tbody>
</table>

I certify, to the best of my knowledge, the above medical history is accurate.

Student signature:  
Date:

I have verified the above history with the student.

Provider signature:  
Date:
### Vital Signs

<table>
<thead>
<tr>
<th>BP</th>
<th>Pulse</th>
<th>Resp</th>
<th>Temp</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ht</td>
<td>Wt</td>
<td>BMI</td>
<td></td>
</tr>
</tbody>
</table>

### Physical Examination

<table>
<thead>
<tr>
<th></th>
<th>Normal</th>
<th>Abnormal</th>
<th>Not Examined</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Appearance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eyes/Pupils</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fundi</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nose/Mouth</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cranial Nerves</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carotids</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thyroid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lymph Nodes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lungs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Back/spine</td>
<td></td>
<td></td>
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<tr>
<td>Extremities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulses</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Motor</td>
<td></td>
<td></td>
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<tr>
<td>Sensory</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Reflexes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision OS OD OU Corrected?</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

After reviewing a brief history and physical examination on this day, I believe this individual is:

- [ ] Fit to actively participate in the student curriculum
- [x] Not fit to participate in the student curriculum
- [ ] Fit to participate in the student curriculum with restrictions:
<table>
<thead>
<tr>
<th>Provider Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name</td>
<td>Phone</td>
</tr>
</tbody>
</table>

SECTION 3

ACADEMIC STANDARDS (A3.17a)

Academic & Progression Standards
The academic promotion and progression standards utilized by the PA program will be published annually in the USC Bulletin. During orientation week, students will be advised of these standards as well as the expectation that all students adhere to the student honor code and Carolinian Creed.

It is the responsibility of every student at the University of South Carolina Columbia to steadfastly adhere to truthfulness and to avoid dishonesty, fraud, or deceit of any type in connection with any academic program. Any student who violates this Honor Code or who knowingly assists another to violate this Honor Code shall be subject to disciplinary action which may include dismissal.

http://www.sc.edu/policies/ppm/staf625.pdf

Students will be required to sign the Honor Code Pledge as well as a receipt acknowledging the progression and promotion standards at that time.

The PA Faculty will be alerted to student policies in the Bulletin as well as faculty policies in the Faculty Handbook and on the Academic Affairs web site:

http://www.sc.edu/policies/facman/Faculty_Manual_Columbia.pdf

http://www.sc.edu/policies/policiesbydivision.php

**Didactic Progression Requirements: (To progress from one semester to the next in good standing) (A3.17c)**

To qualify for progression at the end of each semester the student must:

1. Follow the approved course of study for that semester, satisfactorily completing all courses with a grade of “C” or better.
2. Maintain an overall cumulative GPA of at least 3.00 (“B”).
   a. If a student’s GPA drops below 3.0, he/she will be placed on Academic Probation and given ONE semester to raise their cumulative GPA to ≥3.0 or risk dismissal from the program.
3. Demonstrate proficiency in all PA competencies.
4. Settle all financial accounts with the University.
5. Attend all events deemed as mandatory by the PA Program faculty which may include, but are not limited to: orientation, guest lectures, conferences, meetings, dinners, White Coat Ceremony, Grand Rounds and other activities.

**Graduation Requirements: (A3.17c)**

In order to be recommended for a degree in the Physician Assistant program a candidate must comply with the following conditions:
1. The candidate must complete all required courses of the professional curriculum with a minimum grade point average of ≥3.0 and successfully complete the summative experience with a passing grade.
2. The candidate must demonstrate professionalism expected of a student in the PA profession which is acceptable to the faculty according to the AAPA Code of Ethics.
3. The candidate must discharge all financial obligations to the University and affiliated organizations.

**Didactic Academic Standards:**

- To remain in good standing, all PA students must maintain a minimum overall cumulative GPA of 3.0 or “Pass” in all performance-based rated courses. Failure to meet this standard will result in the student being placed on Academic Probation and given ONE semester to raise their cumulative GPA to ≥3.0 or risk dismissal from the program.

**Testing Policies:**

Students are responsible for the course learning objectives whether or not they are covered in lectures. Exam questions may be from the text, lectures, and/or handouts. All questions will be based on both the general course and specific lecture objectives.

1. Students are expected to take course examinations at the designated time.

   **Note:** If a student is not seated in the classroom at the beginning of an exam, he/she will not be allowed to enter the testing location late and take the exam. The student will need to contact the Course Director after the exam to discuss their testing options.

2. In the event of illness or personal emergency on the day of an examination:

   - The student must contact the Director of Didactic Education and the Course Director before the exam and inform them that they are unable to take the test.
   - A student who has missed an examination because of illness or personal crisis will be expected to take the examination within 48 hours or during the first day back in class (whichever occurs first).
   - If the time period becomes longer than 48 hours or if the absence was not approved by the Course Director and Director of Didactic Education in advance, the student's grade for the exam will be no higher than the class average regardless of their score.
     - Please refer to the general PA program attendance policies and procedures regarding excused absences.
• Students who have a serious and/or prolonged illness will be reviewed individually and arrangements will be made accordingly.

3. All exams administered through the ExamSoft software should be downloaded to the student’s computer no later than one hour prior to the scheduled exam.

4. With all courses that are directly conducted by the Physician Assistant Program, the following guidelines during testing must be followed:

• Students are not permitted to talk once entering the classroom where testing is to occur. Do not communicate with other students in any way during exams or evaluation sessions.
• Students must turn off cell phones and place all personal belongings in their lockers. Smartwatches and similar devices are not permitted during testing.
• Once the exam has begun, the proctor will not answer any questions. Students should remain in their seats at all times until they have finished the examination. Students may be excused during the examination one at a time in order to use the restroom.
• The duration of each exam will be determined by the Course Director with a minimum time of one minute per question.
• Upon completing and submitting your exam, please leave the testing area.
• Students are not permitted to disseminate exam content after completion of the exam.
• Any questions or discrepancies regarding an exam during the academic year should be addressed in writing, citing the discrepancy and listing references, and submitted to the Course Director.
• Any concerns with test integrity should be raised within 72 hours of the examination.

Questions Pertaining to Examination Questions
In the event a student wishes to challenge an examination question, the student must address this issue in writing using the form provided prior to each exam by the faculty member administering the examination. These forms should be submitted to the proctor prior to exiting the exam.

The student’s question or concern must address a specific issue regarding the examination question or assignment, such as having multiple correct answers, having no correct answers, topic was not in objectives, etc. An explanation to support the student’s argument must be made using supporting documentation referencing assigned readings and objectives from the syllabus. Challenges based on the PowerPoints are acceptable, however assigned readings will take preference. The Course Director will consider the student’s challenge and will respond in writing.
(email is acceptable) within 3 days as to their decision regarding the question being challenged.

**Exam Review**
After an exam has been completed, if students have questions about the content that they missed they can schedule an appointment with the Course Director. The Course Director will provide the student with a printout that will address the specific content areas that were missed, but will not provide access to the actual exam questions/answers for review. The Course Director may also suggest additional reading material in the areas of deficiency. The student is welcome to ask any content specific questions that they have during this time. These reviews should be scheduled within 7 days from the original test date.

**Didactic Remediation Policy: (A3.17f)**

- **Remediation** will be applied to **all exam scores that are less than 70%**. Quizzes are not eligible for remediation. The specific remediation activity will be at the discretion of the Course Director or their designee. If remediation is required and successfully completed, the final recorded exam grade will be rounded up to a 70. Each remediation activity must be passed with at least a 70% to ensure there is an understanding of the material. If a student does not pass a remediation activity, the student must appear before the Student Progress and Promotion Committee. If an original exam score is less than 65%, that particular exam will automatically be the exam that is remediated for a grade change the first time that it occurs within a course. Only one exam per course can be remediated for a grade change. Any original exam grade that falls between 65 and 69 can be at the discretion of the student as to whether or not a successful remediation would constitute the use of the one remediation for a grade change for the course. Course Directors must be notified in writing prior to completing the remediation activity of the student’s decision for this optional use of remediation for a grade change. If remediation for a grade change is deferred by the student, and that student ends up doing well enough to not need additional remediation within the course, there will not be any retroactive adjustment of grades. All remediation activities should occur within 7 course calendar days from notification of the failing grade.

- Cumulative final exams will not be remediated. If a student fails a cumulative final exam, the student must appear before the Student Progress and Promotion Committee.

- **70% is the minimum passing grade for all courses.**

- **Grading Scale is as follows:**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Score Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>90-100</td>
</tr>
<tr>
<td>B+</td>
<td>87-89</td>
</tr>
</tbody>
</table>
Student Advising Policy:

Students will be assigned to an advisor during or prior to orientation week. Advisors are PA faculty and/or Medical Director of the PA Program. Students will meet at least one time per semester with their assigned advisor to discuss their progress in the program. Students may be required to meet more frequently or may request to meet more frequently with their advisor at any time.

Didactic Academic Probation/Dismissal Policy (A3.17e):

ACADEMIC PROBATION AND DECELERATION POLICY ("THE 3.00 RULE")

Students whose cumulative GPA drops below 3.0 (B) will be placed on academic probation and allowed ONE semester to raise the GPA to ≥3.0. In the case of conversion of grades of incomplete that cause a cumulative GPA to drop below 3.0, a student will be placed on academic probation at the end of the semester in which the grade is posted. Students whose cumulative GPA falls below the required minimum of 3.0 by receiving a grade for a course in which they received an incomplete will be granted ONE semester of probation dating from the semester in which the grade is received by the registrar to raise their cumulative GPA to ≥3.0. Any students who does not reach a cumulative 3.00 GPA during the academic probationary period will not be permitted to enroll for further graduate course and either deceleration (to repeat coursework with next seated cohort) or dismissal from the program will be recommended.

APPEALS FOR EXTENSION OF PROBATION, REINSTATEMENT AFTER DECELERATION, OR ACADEMIC FORGIVENESS

Appeals will be reviewed first by the Student Progress and Promotion Committee and then forwarded to the Program Director. Appeals may be referred to the Grievances, Appeals and Petitions Committee of Graduate Council. Guidelines for appeals are listed below or see this website:

http://gradschool.sc.edu/students/asa.asp?page=acad

FILING AN APPEAL FOR EXTENSION OF ACADEMIC PROBATION PERIOD

The current policy of The Graduate School on Academic Probation and Suspension stipulates that, when a degree-seeking graduate student's cumulative graduate grade point average (GPA) falls below 3.0, the student is placed on academic
probation. In the PA program, the student has ONE semester from the academic probation term to increase his/her cumulative graduate GPA to at least 3.0. Failing to meet this condition will result in academic deceleration or dismissal from the program.

When extenuating circumstances exist that prevent a student from raising the GPA to 3.0 in the given semester, the student may file an appeal to extend the probationary period. The appeal must be filed in The Graduate School at least forty-five days before the end of the last term of probation. (Note: once a student is suspended, this appeal option is not available)

Any appeal must include all of the following components before it will be considered by the Graduate Council's Grievances, Appeals and Petitions Committee:

1. A written statement from the student explaining why his/her performance led to the academic probation and describing the extenuating circumstances that merit an extended probation.
2. An explicit written plan by the student, endorsed by the student's academic advisor, showing how the student will overcome the extenuating circumstances (e.g., medical treatment, change of major, adjustment of work demands, etc.) and raise his/her GPA to 3.0 or better.
3. A feasible projection of what grades will be required in what courses and which terms to yield the requisite overall GPA of 3.0.
4. A statement of student progress from each instructor in every course during the term in which the appeal is being submitted.
5. A letter from a department chair or graduate director to confirm that all materials for this appeal are in order and that the appeal is supported by faculty in the unit.

In the case of conversion grades for incompletes that cause a GPA to drop below 3.0, a degree-seeking student will be placed on academic probation at the end of the semester in which the grade is posted. Only a one major semester probationary period will be granted when the student's GPA drops below 3.00, because of the conversion of an incomplete grade.

Deliver complete packet to:

The Graduate School
1705 College Street, Suite 552
Close-Hipp Building
Columbia, SC 29208
FILING AN APPEAL FOR REINSTATEMENT AFTER DECELERATION

The Graduate School's current policy on Academic Probation and Suspension stipulates that when a degree-seeking graduate student's cumulative graduate grade point average (GPA) falls below 3.0 the student is placed on academic probation. The student has ONE semester from the academic probation term to increase his/her cumulative graduate GPA to at least 3.0. Failing to meet this condition will result in academic deceleration or dismissal from the program.

To seek readmission, a student must formally reapply, and the respective department must recommend admission as part of a well-documented appeal packet.

Completed packets must be submitted to The Graduate School not less than forty-five days before the start of the term for which the student seeks readmission. Appeal packets must contain all of the following components or they will not be considered.

1. A letter from the student that explains the factors that resulted in his/her academic deceleration.
2. An explicit plan written by the student and endorsed by the graduate director showing how the student will overcome the extenuating circumstances noted in the student’s letter of appeal (e.g., medical treatment, change of major, adjustment of work demands, etc.) and raise his/her GPA.
3. A feasible projection of what grades will be required in what courses and which semesters to yield the requisite overall GPA of 3.0.
4. A letter from the appropriate department chair or graduate director to confirm that all materials for this appeal are in order and that the appeal is supported by faculty in the unit. The respective department must recommend readmission.

Deliver complete packet to:

The Graduate School
1705 College Street, Suite 552
Close-Hipp Building
Columbia, SC 29208

ACADEMIC FORGIVENESS POLICY

The Academic Forgiveness Policy applies to any former USC graduate student who has not been enrolled in the Graduate School at the University for at least 24 consecutive months. Academic Forgiveness refers to the opportunity for graduate students returning to the University to complete a degree program by setting aside all former grades earned as a USC graduate student so that they will not be
calculated into the student's graduate GPA. The request for Academic Forgiveness must include the term in which the student wishes the policy to take effect.

This policy is intended to assist former University of South Carolina graduate students whose cumulative USC graduate grade point average is below 3.0 and who have applied to be re-admitted along with the prospective academic unit's endorsement (Graduate Director or Chair).

A student who seeks Academic Forgiveness must submit a written request to the Dean of Graduate Studies. That request must include: a) What precipitated the academic deceleration; and b) Why the applicant should receive Academic Forgiveness and be readmitted. The written request must be accompanied by a letter of support from the prospective academic unit. Each appeal for Academic Forgiveness will be considered on a case-by-case basis.

With notification from the Dean of Graduate Studies, the Registrar's Office will segment the student's academic record showing all courses and grades to be included in Academic Forgiveness and re-calculate the USC graduate GPA accordingly. The courses and grades will remain a part of the student's academic record. A notation will appear on the transcript indicating the student was approved for Academic Forgiveness. Once Academic Forgiveness is granted, courses taken during and prior to the term elected cannot be revalidated or count toward the completion of a graduate degree.

Deliver complete packet to:

The Graduate School
1705 College Street, Suite 552
Close-Hipp Building
Columbia, SC 29208

DISMISSAL POLICY

Recommendation for dismissal may result from any of the following:

- Any student earning an grade of an “F” in any course or SCPE
- Any student earning two “C’s” in a single semester
- Any student earning a total of three “C’s” throughout the entire program
- Obtaining a cumulative GPA of <3.0 for more than a single semester
- Any student failing to meet the requirements of a course as stipulated in the syllabus
- Failure to comply with professional behavioral standards as deemed appropriate by the faculty of the PA program including the Medical
Director with guidance from the AAPA Guidelines for Ethical Conduct.

**Academic Grievance- PA Program (A3.11 and A3.17d)**
See:  
www.sc.edu/policies/staf630.pdf

**Student Grievance – Non Academic**
See:  
http://www.sc.edu/policies/ppm/staf627.pdf

**Tuition Refund Policy (A3.14g)** may be found at the following site:

https://sc.edu/bursar/refunds.shtml

**Access to Student Record (A3.20, A3.21)**
- Students will not be allowed to access another student’s record.
- To access their own PA student file, the student must make the request in writing to the Program Director and they will be allowed to review their student file in the office of the Program Director.
- The student may access their own academic records in the Banner system and Blackboard at any time.
- All student health records, except immunization records, are confidential and maintained at the USC SOM Student Health Nurse. A copy of the student’s immunization record will be kept on file by the PA Program for reporting to supervised clinical practice experience (SCPE) sites.

**Student Progress and Promotion Committee (SPPC)**

1. **Role of the Committee**
The Progress and Promotion Committee is a standing committee of the Physician Assistant Program. It has responsibility for the evaluation of student academic and professional progress and to make recommendations for action to the Program Director.

The Committee may recommend to the Program Director a formal acknowledgement of a student’s success and any of the following actions:
- Recommendations for academic progress
- Academic Warning
- Academic Probation/Deceleration
- Academic Dismissal
- Disciplinary Probation
- Disciplinary Dismissal
- Voluntary Withdrawal
Definitions of Terms:

**Academic Dismissal** The student has not met the minimum academic standards of the Program and will not be allowed to continue in the Program.

**Academic Probation** The student has not met the minimum academic or professional standards of the Program and will be required to meet certain standards established by the Program for a defined period of time. Academic Probation for one semester is automatic if a student does not meet the standards of academic progress which is maintaining a cumulative GPA $\geq 3.0$ throughout the duration of the program. Students have a total time of one semester from the time that they are placed on academic probation to bring their cumulative GPA $\geq 3.0$. Failure to achieve this standard by the end of one semester will result in academic dismissal.

**Academic Warning** A cautionary notice from the Program Director, on recommendation by the Progress and Promotion Committee, that the student is not meeting minimum academic standards of the Program in a course or clinical rotation in progress. If improvements are not made, further academic consequences may result.

**Clerkship** A supervised clinical practice experience (SCPE) in a defined area of medicine characterized by utilizing clinical knowledge and skills in working with patients, occurring in Phase II (Clinical Phase) of the PA Program.

**Course** A unit of instruction which may involve lectures, observation, performance, assignments and evaluation which usually takes place in the classroom or laboratory occurring primarily in Phase I (Didactic Phase 0) of the PA Program.

**Disciplinary Dismissal** The student has failed to comply with Program requirements or policy related to conduct or professional behavior and will result in termination of enrollment.

**Disciplinary Probation** The student has failed to comply with Program requirements or policy related to conduct or professional behavior and will be required to meet certain standards established by the Program for a defined period of time. Failure to meet the established standards will result in termination of enrollment via voluntary withdrawal or disciplinary dismissal.

**Good Standing** The student is currently meeting all requirements for satisfactory academic progress and all other requirements of the Program.

**Leave of Absence** A student is granted formal permission or required to delay
progression through the PA Program due to exceptional circumstances. The length of the leave of absence will not exceed one year from the time the leave is approved.

**Voluntary Withdrawal** The student has not met the minimum academic standards or other requirements of the Program and agrees to withdraw from the Program or simply wishes to withdraw for personal reasons.

2. **Composition of the Committee:**
   The Progress and Promotion Committee is comprised of the core faculty members within the Physician Assistant Program. The chair of the committee is the Medical Director. Subcommittees will be appointed by the chair to consider and make recommendations on individual student progression.

3. **Appearance before the Committee**
   Students in the PA Program are expected to make satisfactory academic and professional progress toward completion of the degree requirements. Any student not making satisfactory progress is referred to the Student Progress and Promotion Committee to determine appropriate actions to further support the student’s success. At times, circumstances may warrant a recommendation of dismissal. A student appearance before the Committee will be arranged by the chair and, when possible, confirmed in writing prior to the meeting. Students will be notified of the final decision of the Program Director in writing within 5 business days.

**Section 4**

**Dress Code, Social Media Policy, Conduct, Immunizations and Hazards**

**Dress Code**

In keeping with the professional nature of the USC SOM PA program, all PA students are expected to dress in an appropriate, professional manner both in the classroom and in the clinical setting. Being neatly dressed and well-groomed exemplifies a professional appearance. Final dress code interpretation is at the discretion of the faculty.

The dress code is described as Business Casual. For the PA program, business casual can also be described as the attire appropriate for caring for patients.

**Each student is required to follow the dress code as outlined below:**

- Clothing should allow for adequate movement during patient care, and should not be tight, short, low cut or expose the trunk with movement.

- Clothing will not be torn, ripped, or dirty/stained and should appear well-kempt.
Slacks/Pants - slacks made of cotton, wool, or synthetic material, dress capris, and dress pants are acceptable. Inappropriate slacks or pants include jeans (regardless of color), sweatpants, exercise pants, Bermuda shorts, shorts of any type, bib overalls, leggings, pajama/lounge pants, and any Spandex, Lycra, or other form-fitting pants.

Skirts/Dresses - casual skirts and dresses, and skirts split at or below the knee are acceptable. Dress and skirt length should be at a length at which you can sit comfortably in public. Short, tight skirts/dresses that are above the mid-thigh are inappropriate. Mini-skirts, skorts, sun dresses, beach dresses, and spaghetti-strap dresses are also inappropriate.

Shirts, Tops, Blouses, and Jackets - casual shirts, dress shirts, sweaters, polo shirts, and turtlenecks are acceptable attire for work. Most suit jackets or sport jackets are also acceptable attire. Inappropriate attire includes: tank tops, tops that expose the midriff, shirts with potentially offensive words, terms, logos, pictures, cartoons, or slogans, halter tops, tops with bare shoulders, sweatshirts, and t-shirts unless worn under a blouse, shirt, jacket, or dress.

Shoes and Footwear - conservative walking shoes, loafers, clogs, sneakers, boots, flats, dress heels, and leather deck-type shoes are acceptable. Flashy athletic shoes, flip-flops, and slippers are not acceptable. Open toed-shoes and sandals are not appropriate for clinical rotations.

Makeup, perfume, and cologne - should be in good taste. Remember, some employees/patients are allergic to the chemicals in perfumes and make-up, so wear these substances with restraint.

Hats and head covering - hats are not appropriate while inside. Traditional religious/cultural head covers are allowed.

Jewelry, watches, wedding bands and/or engagement rings - are permissible as appropriate. No excessive bracelets or necklaces. Earrings - no more than two earrings per ear, no dangling or oversized earrings. No other visible body piercings are permitted.

Nails - fingernails should be kept trimmed and without nail polish (on clinical sites).

Tattoos - students may not exhibit tattoos.

Hair - should be clean and well-groomed so as not to interfere with patient care.

Nametags – that identify students as USC SOM PA students is mandatory at all times and must be worn on either your lab coat or clothes while at clinical sites.
Professional attire – a short, white lab coat will be worn while in the clinical setting or scrubs when appropriate.

When scrubs are worn- they must be matching solid color shirt and pants with undershirt. Avoid scrubs with cartoons or other logos.

Social Media Policy

1. Social networking is a great way to meet new people, stay in touch with old friends, and connect with other students at the University of South Carolina. Visit the university’s social media directory to keep up with the latest news on programs and events and to share your thoughts with the Carolina community.

2. Remember that university policies including the student code of conduct, as well as state and federal laws, apply online. You are responsible for what you say and do through social media just as you are in any other circumstances.

3. Uphold the Carolinian Creed. Respect others and their opinions, engage in civil discourse, and discourage any behavior that threatens personal freedom or dignity.

4. Remember that regardless of your privacy settings, information you share online can become public. Avoid sharing your address, full birthdate, telephone number, class schedule and passwords. Do not post obscene or tasteless material; it could reflect negatively on you now or in the future.

5. Think about your future. An increasing number of admissions officials and employers consider candidates’ social media activities in making their selections. Online behavior has been used to terminate employees and submitted into evidence in legal cases. Be responsible and be careful.

6. If you are the victim of harassing or bullying online activities, contact the Student Conduct Office at (803) 777-4333 or:

https://www.sc.edu/about/offices_and_divisions/student_conduct_and_academic_integrity/index.php

7. No student shall engage with a faculty and/or staff member on a social media site while enrolled in the program unless on approved PA program sites (Facebook and Twitter).

Classroom conduct:
• All electronic communication devices must be turned off during class (includes: IPods, MP3 players, etc.) with the exception of a laptop or other notetaking device.
• Cell phone use during class is prohibited for personal use. The only time a student should use their cell phone device is if it is being used for polling or answering questions utilizing interactive software. Students are advised to turn their phones off or to silent during classes.
• No computer/phone use not directly related to class activities will be allowed. For example, instant messaging programs (like Google Chat, Facebook, etc.), internet surfing, and similar activities should not be performed during class time.
• Headsets or ear buds are will to be worn during class.
• Violations will be handled accordingly by Course Director with consultation with the Director of Didactic Education and Program Director- repeated failure to comply with this policy will result in disciplinary action.
• We realize emergencies may arise. We suggest that you give others our general office numbers, (803) 216-3312 or (803) 216-3950. In the event of an emergency, if one of these numbers is called, someone will find you to alert you of the situation.

Professional Standards of Conduct:

The PA program has adopted the AAPA Code of Ethics as the framework for our expected professional standards. The PA student’s behavior should emulate that of the medical professional as described in the Code of Ethics. The Code of Ethics is located in the following link:

In addition the PA program expects all students to:

1. Demonstrate behavior with faculty, staff and student colleagues, and patients that is respectful, mature, and empathetic.
2. Demonstrate tolerance for uncertainty and ability to give and receive constructive feedback from faculty, staff, and student colleagues.
3. Exhibit honesty and integrity by abiding by the Honor Code of USC in all exams, quizzes, and graded assignments.
4. Perform responsibly and with accountability by arriving promptly to classes and clinical sites ready to work efficiently and effectively as a team member when assigned.
Policy on Infection Control for USC Students Immunization Against Measles, Rubella, Mumps, Diphtheria, Polio, Tetanus, Varicella, Influenza, Meningococcus, and Hepatitis B (A3.07) can be found at the following site: https://sc.edu/about/offices_and_divisions/student_health_services/medical-service/s/immunizations/

In addition, all PA students must have a repeat TB skin test within two months of starting their clinical rotations.

Infectious and Environmental Hazards Policy (A3.08)

Policy Concerning Students Exposed to Personal Risk of Serious Infection

In the care of assigned patients with serious contagious diseases, such as human immunodeficiency virus infection, hepatitis B or C infection, or tuberculosis, students are expected to participate at their level of competence. A student should not be penalized for questioning whether his/her personal safety is being compromised unnecessarily. Education and training should include instruction intended to maximize the safety of all members of the health care team in situations in which there are increased risks of exposure to infectious agents, including skill in handling or being exposed to sharp objects in diseases transmitted through blood or secretions and in use of appropriate barriers in airborne and hand-to-mouth infections.

Policies for USC SOM Physician Assistant Program to Bloodborne Pathogens

Students caring for patients in University of South Carolina School of Medicine (USC SOM) affiliated teaching hospitals and clinics experience risk of exposure to several infectious diseases, including hepatitis B, hepatitis C, and human immunodeficiency virus. Consequently, these policies state the required actions expected of all USC SOM physician assistant students involved in patient care to prevent transmission of such infections to themselves and to prevent or minimize clinical disease in the event they undergo significant exposure.

The Centers for Disease Control and Prevention describe the universal precautions approach to preventing fluid borne infections in health care workers. A thorough discussion of this approach is available online: https://www.cdc.gov/niosh/stopsticks/bloodborne.html

but the approach can be summarized as follows:

USC SOM physician assistant students must practice "Universal Standard” (Universal Precautions) when dealing with patients. The actions described as "Universal Standard" (Universal Precautions) include, but are not limited to:

- Use of barrier protection methods when exposure to blood, body fluids, or mucous membranes if possible.
• Use of gloves for handling blood and body fluids.
• Wearing gloves by students acting as phlebotomists.
• Changing gloves between patients.
• Use of a facial shield when appropriate (during all surgery and any other procedures where eye exposure to airborne material is possible).
• Use of gown and apron for protection from splashing when appropriate.
• Washing hands between patients and if contaminated.
• Washing hands after removal of gloves.
• Avoidance of unnecessary handling of needles or other sharps.
• Careful processing of sharps.
• Appropriate disposal of sharps in sharps containers.
• Avoidance of direct mouth-to-mouth resuscitation contact.
• Minimization of spills and splatters.
• Decontamination of all surfaces and devices after use.

The following actions are specifically required by the USC SOM to minimize risk of transmission of infection:

• Gloves will be worn for all parts of the physical examination in which contact might be expected with the oral, genital, or rectal mucosa of a patient. Gloves are also necessary while examining any skin rash that might be infectious (e.g., syphilis, herpes simplex, etc.)
• Gloves will be worn in all procedures that involve risk of exposure to blood or body fluids, including venipuncture, arterial puncture, and lumbar puncture. Gloves will also be worn during any laboratory test on blood, serum, or other blood product, or body fluids.
• Prior to performing a venipuncture, obtain a needle (and syringe) disposal box and place it adjacent to the venipuncture site. After venipuncture, insert the needle (and syringe) immediately in the disposal box. DO NOT recap or remove needles by hand. Care must be taken to avoid bringing the needle near the body of other persons in the examining room while transferring it to the container.

OSHA requires the use of syringes and other “sharps” designed with safety features that permit safe recapping/closure using one handed techniques and reduce the overall risk needle sticks. These safety devices should be in use at the locations where students rotate. Students should use these safer devices while on clinical rotations and should obtain training from those experienced with using the particular type of device prior to using it themselves. If a safety device does not appear to be readily available, students are strongly encouraged to ask the nurse manager about the availability of a safety device.
- Protective eyewear (such as goggles or a face shield) should be worn when participating in surgical procedures or other activities in which exposure to airborne blood or body fluids (via aerosolization or splashes) may occur.

Post Exposure Evaluation and Follow-Up

Following a report of blood/body fluid exposure incident, the USC School of Medicine shall make immediately available to the exposed student a confidential medical evaluation and follow-up that includes the following elements:

- Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
- Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law;
- The source individual's blood shall be tested as soon as feasible in order to determine HBV and HIV infectivity. South Carolina law permits testing of source patients to be performed, even without consent, with proper legal authority.
- Results of the source individual's testing shall be made available to the exposed student, and the student shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

Procedures to Follow After a Potential BBP Exposure

Exposed students should wash the area thoroughly (soap and water if skin, water if eyes) and notify their supervisor of the incident immediately. If a supervisor is not immediately available, they should contact the Employee Health office without delay. Any student that experiences an exposure incident will be offered an immediate medical evaluation, post-exposure evaluation and follow-up in accordance with the OSHA standard. Post-exposure follow-up will be provided (or in some cases arranged) by the USC School of Medicine Employee Health Service. Management will include counseling regarding risks, evaluation of the medical risk and of reported illnesses, and treatment and follow-up as indicated.

The USC School of Medicine Employee/Student Health office shall be contacted immediately following an exposure to blood and/or body fluids. The contact numbers for the USC School of Medicine Employee/Student Health office, in order of preference, are:

- Kayla Spires, LPN: (803) 434-2479, pager (803) 303-0035
- Olabisi Badmus, MD, MPH: 803-434-2206, pager (803) 352-0576
- Department of Family and Preventive Medicine administrative office: (803) 434-6113
The exposed student may or may not need to present in person to the Employee/Student Health office, depending on the nature of the exposure and the availability of the ‘source patient’ for testing. The student will be instructed by Employee/Student Health staff regarding whether a face to face consultation is necessary. The Employee/Student Health office is located in the Department of Family and Preventive Medicine at 3209 Colonial Drive, Columbia, SC 29203.

Students with exposures occurring after 4:00 p.m., on weekends or holidays, or in a facility other than the USC School of Medicine or Palmetto Health, should immediately report the exposure to the supervisor/charge nurse and follow institutional policies for notifying the appropriate employee health, infection control, or clinical administrator of the facility in which the individual is working. The USC School of Medicine Employee Health office should be notified of the exposure as soon as possible.

For students rotating at the Dorn Department of Veterans Affairs Medical Center (DVAMC), specific instructions are:

Dorn Department of Veterans Affairs Medical Center (DVAMC):

During working hours, the student should immediately report to the Employee Health Clinic (call ext. 6530 or pager 084, Room 1B116 (Bldg. 22) for evaluation and treatment. After working hours, report to the DVAMC Urgent Care. If there is a problem receiving treatment at the Urgent Care, the student should call the Medical Officer of the Day (MOD) directly or by asking the operator to page him/her.

As soon as possible on the next business day, the student should notify Kayla Spires, LPN the employee health nurse at the USC School of Medicine Employee/Student Heath Office (803 434-2479; pager 303-0035).

Regardless of the location of care, physician assistant students should identify themselves specifically as USC SOM PA students seeking evaluation and treatment for education-related exposures.

**Collection and testing of blood from the Source Patients for HCV, HBV and HIV**

In order to properly evaluate a student following an exposure to potentially infectious blood or body fluid, testing for blood-borne pathogen infection should be conducted on the “source patient,” assuming the source of the exposure is known. Each clinical department should have a protocol to follow that includes testing of the “source patient” for infection with HIV, hepatitis B, and hepatitis C. The student’s supervisor and/or clinical staff in the department should be able to ensure that the proper tests are ordered without delay. The source patient tests to order are:

- Rapid HIV antibody
• Hepatitis B surface antigen
• Hepatitis C antibody

If there are any questions regarding what tests should be ordered or how to order them, or if the student is unable to find a supervisor or clinical employee who can order the needed tests, he/she should call the USC School of Medicine Employee/Student Health nurse right away at 803-434-2479 or page her at 803-303-0035. To expedite the process, the student should know the patient’s name and medical record number.

Post-Exposure Collection and testing of blood from Student for HCV, HBV and HIV

Testing the student is not necessary unless the source patient tests positive for a blood-borne infection. If the source patient tests positive for one of the above infections, the exposed student’s blood shall be collected as soon as feasible and tested.

Post-exposure prophylaxis, when medically indicated, will be provided as recommended by the U.S. Public Health Service.

Prevention of Other Infections in the Healthcare Setting

A number of other significant infections can be acquired in the healthcare setting. For this reason, frequent handwashing and/or hand cleansing with antimicrobial cleansers is recommended. In addition, all isolation requirements must be observed. Patients who are on isolation should be identified by the healthcare institution, and the types of precautions necessary should be described outside the patient’s room. Students are required to abide by all isolation/infection control policies of the institution where they are rotating.

When in contact with patients with certain respiratory infections, the use of OSHA-certified N-95 respirators is required. All physician assistant students must undergo respirator fit testing prior to beginning of their clinical rotations. Students should only use the specific model and size of respirator for which they were fitted. Those who have a beard or did not pass fit testing must use a powered air purifying respirator (PAPR) rather than the N-95 mask and should familiarize themselves ahead of time with the procedures for obtaining a PAPR if needed, in the institution where they are rotating.

SECTION 5
ATTENDANCE POLICY

Student Load
Physician assistant education is a full-time endeavor. Academic year schedule is Monday thru Friday, 8:00am to 5:00pm. Students enrolled in the PA Program are required to participate in all scheduled classes and should expect to be available during these hours.

Program of Study
Study is designed to deliver the essential academic and clinical education necessary to prepare students for their professional roles and to satisfy the eligibility requirements to sit for the Physician Assistant National Certifying Examination (PANCE). The Program is divided into four didactic semesters over a 15 month period and three clinical semesters over a 12 month period.

Student Work Policy
1. Students are discouraged from working in any form of employment while enrolled in the USCSOM PA program. (A3.14h)
2. Outside activities and working are not considered to be valid excuses for poor academic performance or lack of attendance at required PA program activities.
3. PA students may not work for the Program and will never substitute for or function as instructional faculty. (A3.04/A3.05)
4. Students enrolled in the PA program cannot substitute for practicing physician assistants or provide unsupervised services common to a certified PA while at any learning or employment site while enrolled in the program. (A3.06)
5. Students are not staff and/or employees of the program while in the role of a learning student and as a result may not earn a stipend/salary for their services as a physician assistant student.
6. Students credentialed as other non-PA professionals cannot substitute as staff in their credentialed discipline while in the role of a physician assistant student.
7. Students failing to follow the above Student Work Policy will be subject to disciplinary action ranging from but not limited to Professional Probation to dismissal from the PA program.

General PA Program Attendance Policies and Procedures
1. Classroom attendance is MANDATORY except for emergencies.
   a. Only in cases of family emergency, personal illness, or injury, will you be excused. Any other absences or potential absences will be at the discretion of the Director of Didactic Education, Program Director, or clinical preceptor.
   b. Business appointments, routine dental and medical appointments, weddings, graduations, and other social events are NOT valid reasons for absenteeism.
   c. Absences due to illness of two consecutive days or longer will require medical clearance to excuse the absence and return to the program.
d. Medical clearance must be completed by a licensed physician, PA or NP and submitted to the Program Administrative Assistant. This cannot be issued by a family or faculty member.

e. In the event of the passing of an immediate family member, an excused absence of three days will be allowed for bereavement.

f. The final determination of any absence or “true emergency” will be at the discretion of the Director of Didactic Education and/or Program Director.

g. Being absent on the day of a test is an unexcused absence and you will receive a grade of zero unless you can provide documentation that explains why the absence should be excused.

2. A student MUST notify the Director of Didactic Education the night before or by 8:00 AM the day of the absence by calling (803) 216-3961 and leaving a message. The student must do this for every day that they are absent. Sending a message through a classmate is NOT acceptable.

3. The penalty for excessive absences will be determined by the Director of Didactic Education and the Student Progress and Promotions Committee.
   - The responsibility for notifying the Director of Didactic Education of anticipated absences, reasons for emergency absences, and how all assignments will be completed, rests entirely on the student.
   - PA Program faculty are not expected to give make-up exams or quizzes for unexcused absences.
   - Unexcused absences will not be tolerated and may result in a disciplinary action, failing grades, and possible dismissal from the program.

**Tardy Policy**

Students should arrive 10 minutes before any scheduled event. Faculty has the discretion of not allowing a student to enter the classroom after class begins. Excessive tardiness will be considered a professionalism issue and the student will be referred to the Student Progress Committee for repeated violations. Documentation will be maintained in the student’s file and will be one component of the professional reference given to all perspective employees.

**Section 6**

**Didactic Course of Study and Curricular Components (A3.14d)**

Unless otherwise stated, all courses must be successfully completed in sequence and during the semester offered in order to progress to the next semester (A3.17b)

**Didactic Year**

PA Program Curriculum:
### Spring Year 1

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<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credit Hours</th>
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<tbody>
<tr>
<td>PHPH 701</td>
<td>Physiology for Health Sciences</td>
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<tr>
<td>BMSC 740</td>
<td>Human Anatomy for Health Sciences</td>
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<td>BMSC 745</td>
<td>Medical Interviewing</td>
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<tr>
<td>BMSC 746</td>
<td>Physical Diagnosis</td>
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<td>BMSC 755</td>
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<td>BMSC 768</td>
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<td>BMSC 751</td>
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<td>BMSC 756</td>
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<td>BMSC 770</td>
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<td>BMSC 748</td>
<td>Surgery and Emergency Medicine</td>
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<td>BMSC 743</td>
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### SECTION 7

**Student Support Service**  
**Office of Student Disability Services**

44
The Office of Student Disability Services (OSDS) empowers students to manage challenges and limitations imposed by disabilities. Our professionally trained staff provides students with exceptional services as they transition to college or continue their studies at the University. The office serves students with learning, physical, health, or psychiatric disabilities in managing the varying demands of the University experience. In addition to serving students, the staff assists the University community in making programs, services, and activities accessible for everyone.

For students registered with OSDS, visit the Students Registered with OSDS page for request forms and additional information.

To apply for accommodations, you should start the application process as soon as you are admitted to the University. Please visit the Apply for Accommodations page for more information.

Student Registration Checklist

The registration process can take 2 or more weeks to complete. Although parents and others may assist, students should complete the application themselves and must attend their OSDS Orientation. Generally, the steps in the registration process are:

1. Complete the Student Application Form for Registration with Student Disability Services. Don’t forget to print a copy for your records before you hit the Submit button!
2. In addition to the information you provide to us on the application, documentation related to your disability is also needed to assist in determining the appropriate accommodations to help you be successful. Please refer to the Documentation Guidance page for further information.
3. Send the documentation to our office:

ATTACHED to the online Application Form
FAX to (803) 777-6741
EMAIL to sasds@mailbox.sc.edu
IN PERSON at LeConte College, Room 112A

Please remember to include your full name and date of birth on all documentations. Your medical provider may also submit the documentation directly to our office. If documentation is not sufficient, we will request more from you. The faster this part of the process is completed, the better.
4. When we have received all documentation, **you will get a letter from our office**
telling you that your file is complete and in process. This part of the process can
take 2 or more weeks.

5. Once your file is reviewed, you will get an email from our office requesting that
you call the office at (803) 777-6142 to schedule your OSDS Orientation. **Please note that you will not be able to access services without completing this step.**

6. **Attend OSDS Orientation.**

   **Your registration will then be complete.** At that point, you will be able to access accommodations through our office to help you succeed.

If you have any questions or concerns about the process, please do not hesitate to
call our office at (803) 777-6142 or email us at sasds@mailbox.sc.edu.

Multiple services are offered for students through USC, a complete listing is provided at:
https://sc.edu/about/offices_and_divisions/provost/policiesandprocedures/universitypolicies/policies_and_procedures_manual/index.php

**USC Student Health Services**

Multiple services are offered through the USC Student Health Center, a complete
listing is available at their website.
https://www.sa.sc.edu/shs/
Phone: (803) 777-3175

Educational Testing
Michelle Peterson, PhD
Comprehensive Psychological Services
http://www.comppsychnsc.com/
(803) 422-0017

PA Program principal faculty, the program director, and the medical director are NOT allowed to participate as a PA student’s health care provider- please do not ask any faculty member to consult on a personal health issue or see them in a clinical setting **(A3.09).**

PA faculty may contact USC Counseling and Human Development at (803) 777-5223 to make same day referral for students to services that address personal issues which may impact their progress in the PA Program **(A3.10).**
Chemical Dependency

Definitions. Substance abuse is characterized as insidious, progressive, chronic, malignant, primary, family-centered, and treatable. The medical consequences resulting from impairment from substance abuse range from a mild hangover to death due to bleeding, infection, or trauma. For students, impairment is defined as recurring trouble associated with alcohol or drug abuse; the trouble may occur in any of several domains, including interpersonal (family or other relationships), educational, legal, financial, or medical. Examples include the range of behaviors from absences from class, clinical clerkships, and electives; repeated lateness in the initiation or completion of assigned responsibilities; binge drinking to violence while under the influence of chemicals; traffic accidents and arrests for driving under the influence; attempts to reduce chemical use; receipt of criticism about alcohol and/or drug use from fellow students, faculty members, medical residents, and other clinical supervisors; and, most especially, the student’s continued drinking and/or drug use in spite of adverse consequences.

Sources of assistance. Confidential assistance for students with suspected chemical dependency impairment may be obtained from any of the following sources:

Students concerned about their use/abuse of chemical substances and/or that of their peers may obtain confidential assistance by contacting the USC Counseling and Human Development Center (803) 777-5223. The Psychological Services Center (803) 777-7302 and the Thomson Student Health Center (803) 777-3175, all on the Columbia campus of the University of South Carolina, and the School of Medicine Department of Neuropsychiatry and Behavioral Science (803) 434-4300 provide confidential assessment, referral, and treatment.

Other resources: A comprehensive listing of statewide educational, counseling, and referral resources for problems related to chemical dependency is available from the Department of Neuropsychiatry and Behavioral Science; see above. An additional list of resources is published annually by the University of South Carolina in the Carolina Community: Student Handbook and Policy Guide. The Carolina Community also contains those University policies and procedures relating to the use of alcohol and other drugs to which all enrolled University students are subject as members of the University community.

Harassment Policies and Procedures (A3.17g)/(A3.11)

Medical offices, operating rooms, emergency rooms and hospitals are all institutions where the very serious business of taking care of people’s health and lives occur. Employees often use humor as a means of stress relief; however, their humor should never make another person feel as though they have been harassed or create a hostile work environment. If an incident occurs where you feel in imminent danger,
clearly communicate your distress by any means possible, remove yourself from the situation and call 911. If you feel that an incident has occurred that is not one of imminent danger, you should report the incident to the Clinical Coordinator and USC’s Office of Diversity and Inclusion.

https://sc.edu/about/offices_and_divisions/diversity_and_inclusion/report_an_incident/index.php

Sexual Harassment (A3.17g)/(A3.11)

The University of South Carolina School of Medicine Physician Assistant Program recognizes that harassment on the basis of sex is a violation of the law. The University of South Carolina School of Medicine is committed to an environment free from explicit and/or implicit coercive sexual behavior used to affect the well-being of members of this academic community. Sexual harassment is unacceptable and grounds for disciplinary action. Students who wish to file a complaint alleging Sexual Harassment should do so by contacting the Office of Diversity and Inclusion. Persons observing sexual harassment should report the matter to the Office of Diversity and Inclusion.

Moryah Jackson, Assistant Director of Diversity and Inclusion and Community Engagement. Phone (803) 777-9871

mjackson@mailbox.sc.edu or visit:
http://www.sc.edu/about/offices_and_divisions/diversity_and_inclusion/index.php

Medical Insurance

Students enrolled in the USC School of Medicine Physician Assistant Program are required to have a current medical insurance policy in effect at the time of matriculation and throughout the academic year and to provide the USC School of Medicine Physician Assistant Program with verification/proof of insurance or sign a formal declaration waiver form.

A comprehensive health insurance policy is made available by Pearce & Pearce, Inc. through the University of South Carolina for students and their spouses and/or children. Brochures and registration materials are available to all students. The policy is in effect from August 1st to July 31st, with fee payment due at the time of fall and spring registrations.

SECTION 8
STUDENT MISTREATMENT POLICY

The educational program in the School of Medicine has been developed to support and encourage the collegiality and professionalism essential to an effective learning environment. Students who believe that they have been punitively assessed or
mistreated because of religion, race, ethnicity, gender, sexual orientation, age or other factors have access to the School of Medicine ombudspersons.  

http://www.sc.edu/ombuds/  

The ombudspersons are empowered to receive and investigate reports of mistreatment in a completely confidential manner, to mediate between the parties involved, and, in the event mediation is not successful, to make recommendations directly to the dean of the School of Medicine regarding appropriate resolution of any complaints.

The use of the ombudspersons’ services to resolve a complaint represents a form of alternate dispute resolution. For this reason, the services of the ombudspersons will no longer be available to a student once that student engages an attorney to initiate legal action against the School of Medicine, the University of South Carolina, or the employees of those institutions.

**USC Honor Code:**

It is the responsibility of every student at the University of South Carolina Columbia to adhere steadfastly to truthfulness and to avoid dishonesty, fraud, or deceit of any type in connection with any academic program. Any student who violates this Honor Code or who knowingly assists another to violate this Honor Code shall be subject to discipline.

http://www.sc.edu/policies/ppm/staf625.pdf
Carolinian Creed

The community of scholars at the University of South Carolina is dedicated to personal and academic excellence. Choosing to join the community obligates each member to a code of civilized behavior.

As a Carolinian...

I will practice personal and academic integrity;

I will respect the dignity of all persons;

I will respect the rights and property of others;

I will discourage bigotry, while striving to learn from differences in people, ideas, and opinions;

I will demonstrate concern for others, their feelings, and their need for conditions which support their work and development.

Allegiance to these ideals requires each Carolinian to refrain from and discourage behaviors which threaten the freedom and respect every individual deserves.

University of South Carolina
USC Honor Code and Carolina Creed Acknowledgement Form

The USCSOM Physician Assistant Studies Program

My signature below serves two purposes: First, it acknowledges my receipt of the USC Honor Code and Carolina Creed.

Second, it confirms my willingness to conduct myself accordingly.

Student name (printed)

Student Signature Date
Student Handbook Acknowledgement Form

The USCSOM Physician Assistant Studies Program

My signature below serves two purposes: First, it acknowledges my receipt of the USC Physician Assistant Student Handbook and that I was given ample time to read as well as discuss any questions I have regarding the content therein with the program faculty and administration.

Second, it confirms my willingness to adhere to the policies and procedures outlined in the program’s physician assistant student handbook.

Student name (printed)

Student Signature       Date
**Participation of Students as Human Subjects**

I understand that as part of my experience at the USC SOM Physician Assistant Program I will be required to participate as a living subject and an examiner during the Didactic Phase of the Program. The program faculty expect that students will be willing, professional, and cooperative in participating in the physical examination courses and practicums.

I understand that I need to come to laboratories prepared and that I may be required to partially disrobe. I also understand that shorts will be required when examining the lower extremities. Upper body, including thorax, abdomen, and extremities will be examined. Males should remove their shirts and women should wear sports bras so they will be able to remove their shirts.

I understand that participation will not include breast or genitalia examinations. These examinations will be learned with the use of mannequins and/or professional patients.

I understand that faculty expect all students to dress as listed above for the designated activities and be willing to be inspected, palpated, percussed, and auscultated by their peers.

I have read, understand, and agree to abide by this policy.

_________________________________________________
Student Name (Printed Legibly)

_________________________________________________
Student Signature

_________________________________________________
Date
Absence Form

Student Only:

Name: _____________________________________________

Date: ______________________________________________

Requested Date of Absence: ______________________

Reason for Absence:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

*Please note if two or more days missed for illness, you must attach a note from a medical provider.

Student Signature: ______________________________________

Date: ____________________________________

Faculty only:

Approved or Denied: ______________________

Comments:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Faculty Signature: ________________________________

Date: ________________________________
ADDENDUM

About the Physician Assistant Profession

Definition of a Physician Assistant

Physician assistants are health care professionals licensed, or in the case of those employed by the federal government they are credentialed, to practice medicine with physician supervision. As part of their comprehensive responsibilities, PAs conduct physical exams, diagnose and treat illnesses, order and interpret tests, counsel on preventive health care, assist in surgery, and write prescriptions. Within the Physician-PA relationship, physician assistants exercise autonomy in medical decision making and provide a broad range of diagnostic and therapeutic services. A PA’s practice may also include education, research, and administrative services.

PAs are trained in intensive education programs accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA). Because of the close working relationship that PAs have with physicians, PAs are educated in the medical model designed to complement physician training. Upon graduation, physician assistants take a national certification examination developed by the National Commission on Certification of PAs in conjunction with the National Board of Medical Examiners. To maintain their national certification, PAs must log 100 hours of continuing medical education every two years and sit for a recertification every ten years. Graduation from an accredited physician assistant program and passage of the national certifying exam are required for state licensure.

www.aapa.org

History of the Physician Assistant Profession

1650 to 1960

Experiments in other countries and social and political events fostered the establishment of the PA profession in the United States. The use of non-physician personnel to provide services, especially in medically underserved communities has an extensive history. Many doctors in the United States have trained their own “assistants” to help with the workload in their office. Nurses are provided advanced clinical training at a major U.S. medical center in the 1950’s, but the program is not accredited by the National League for Nursing. The number of specialist physicians begins to outnumber the number of generalist physicians being educated in the United States in the 1950’s. Consequently, a growing shortage of physicians, nurses and allied health personnel to meet the demand for primary health care services is recognized.

1961-1970

The PA concept is introduced to organized medicine and the general public to combat a shortage of doctors and clinical support personnel. The first formal educational
programs for physician assistants and nurse practitioners are established in the United States. Former military corpsmen are the primary source of students for both PA and MEDEX programs. Physician assistant graduates and students form national professional organizations to address their collective concerns. Federal funding becomes available for PA educational programs. The first organization is established to register PAs and assure employers and the public of their competence. The American Medical Association begins to explore accreditation and certification standards for PA and MEDEX graduates. This and the next decade are a time of profound change and experiment in health care in the United States.

1971-1980

In this decade, the PA Profession emerges as a fully integrated profession into the practice of medicine at all levels in the United States. Building on the success of the late sixties, the leaders ensure that all important aspects of the new profession are addressed and that essential structures are put in place. The Association of Physician Assistant Programs (APAP) is formed. The first National Conference on New Health Practitioners is held in Wichita Falls, Texas. The National Board of Examiners produces and administers the first national certifying examination for physician assistants. Fourteen health organizations join to establish the National Commission on Certification of Physician Assistants (NCCPA). The American Academy of Physician Assistants (AAPA) becomes the “sole spokesman” for physician assistants. A joint National Office for both the AAPA and APAP is opened in Washington, DC. There is a rapid expansion of baccalaureate PA educational programs stimulated by Federal training contracts. The first workforce studies are conducted on PAs. By mid-decade, 37 states adopt amendments to their medical practice acts which allow delegation of tasks to specially trained assistants. Multiple published studies conclude that PAs function at a level comparable to a control group of medical house officers. The AAPA establishes a House of Delegates to address policy issues.

1981-1990

There is an increasing trend toward specialization, and a growing recognition of PA contributions to the workforce. Reimbursement of PA services in certain settings under Medicare Part B is approved and PAs are granted commissioned officer status throughout the uniformed services. Passage and revision of legislation allows prescriptive privileges for PAs in most states.

1991-2000

States continue to revise legislation, rules and regulations in order to enhance the effectiveness of physician assistants. VA Medical Centers, the Military and other federally sponsored health care institutions rely heavily on PAs to bolster medical staffs. HMOs recognize the vital roles of PAs and NPs in helping to reduce cost. Steps are taken to foster and maintain close working relationships with organized medicine. There is rapid expansion of physician assistant programs, and a trend towards master's level education.
2001-2010
The number of accredited PA educational programs in the United States surpasses 150. The profession celebrates its 40th anniversary. International interest in the PA model of health care delivery grows with the establishment of PA educational programs in seven countries. Record numbers of new PA graduates take the PANCE. Clinical doctorate degrees are awarded to Army PAs who complete postgraduate education. A reduction in MD resident hours spurs employment and postgraduate learning opportunities for PAs in hospital inpatient settings.

2011- Present
With the passage of the Affordable Care Act, the numbers of PAs are projected to double. PAs are seen as key components of new health care delivery structures such as medical homes and accountable care organizations. PAs move to strengthen their relationships with both organized medicine and nursing and emphasize their roles in interprofessional and team based practice, especially in primary care. Entry of military corpsmen/women into PA programs is once again emphasized by the federal government. The PA concept attracts more international attention as a cost effective model for providing health care services in both industrialized and developing countries.

This information was copied from the Physician Assistant History Center at http://www.pahx.org/.

Scholarship Opportunities
The Society of Army Physician Assistants (SAPA)
Captain Sean P. Grimes Physician Assistant Educational Scholarship Award
This scholarship’s intent is to award financial assistance to an individual who is seeking initial training as a physician assistant or to a PA seeking a baccalaureate, masters or doctoral degree. The amount of award is $6,000.00 annually for the first ten years provided funds are available; then the amount may be reevaluated at the discretion of SAPA BOD. Any army veteran, army active duty soldier, any army national guard solider, and any army reservist solider is eligible to apply for this scholarship.

Physician Assistant Foundation
The PA Foundation (PAF) is a charitable organization that operates exclusively for educational, scientific, literary, and research purposes. The PAF has developed several programs that can assist students as they strive to reach their goals in school and in their professional practice. In total, the Physician Assistant Foundation has awarded over $1.4 million to deserving PA students across the country. Scholarships are distributed in $2,000.00 denominations. Scholarships are awarded on the basis of financial need, academic achievement, extracurricular activities, and future goals as a PA.
**National Health Service Corp. (NHSC)**
The NHSC is dedicated to improving the health of the Nation’s underserved. NHSC clinicians practice in a broad range of community-based systems of care operating in rural and urban federally designated health professional shortage areas. The NHSC is a network of 7,500 primary health care professionals and 10,000 sites working in underserved communities across the country. Students can receive up to $170,000 in loan repayment for completing a five-year service commitment. The program starts with an initial award of $60,000 for two years of service. An award of $30,000 is available for two years of half-time service. The National Health Service Corps scholarship pays tuition, required fees, and some other education costs, tax free, for as many as four years. Education costs may include books, clinical supplies, laboratory expenses, instruments, two sets of uniforms and travel for one clinical rotation. Recipients also receive a monthly living stipend of $1,289.00. The stipend is taxable.

**PHYSICIAN ASSISTANT PROFESSIONAL ORGANIZATIONS**

**American Academy of Physician Assistants**
The American Academy of Physician Assistants (The Academy) was founded in 1968 by the first graduates of the Duke University PA program. The stated vision of the Academy is for Physician Assistants to be worldwide leaders vital to providing and improving the medical care of all people. “The mission of the American Academy of Physician Assistants is to promote quality, cost-effective, accessible health care, and to promote the professional and personal development of physician assistants.” It is the voice of the profession representing all specialties. Graduates of accredited physician assistant programs are eligible for fellow membership. Other categories of membership include but are not limited to those for students enrolled in PA education programs, physicians, and PA’s who are retired or no longer practicing. The Academy recognizes students that make up the Student Academy of the AAPA (SAAPA); as well as caucuses, special interest groups, and specialty organizations. The Academy maintains representation with the Department of Veterans Affairs, the various branches of the Armed Forces, the Public Health Service, and all states including the District of Columbia and Guam. Additional information related to the AAPA is available online at:

https://www.aapa.org

Information related to the SAAPA can be found at:

https://www.aapa.org/about/aapa-governance-leadership/student-academy/

**The Physician Assistant Foundation (PAF):**
The Physician Assistant Foundation’s mission is to develop and allocate resources that empower the physician assistant profession to impact the health and wellness of the communities he/she serves. The PA Foundation is the philanthropic arm of the American Academy of Physician Assistants.
Through philanthropic endeavors, the PA Foundation strives to:

- Award scholarships to deserving PA students across the country to help alleviate the cost of education
- Provide grants to PAs and PA students who are making a difference in communities across the U.S.
- Support PAs who bring high-quality health care to underserved populations internationally.

**Physician Assistant History Society**

The Society for the Preservation Of Physician Assistant History

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.

As the physician assistant profession surpassed its 35th year of existence, the importance of documenting and preserving its history and achievements became evident. In June 2001, an office for the study, preservation and presentation of PA History (PAHx) was established within the Department of Community and Family Medicine at the Duke University Medical Center (DUMC). Working with a Board of Advisors, Dr. Reginald Carter, PA-C, the office's Director, began developing appropriate strategies and procedures to collect and present, via the internet, materials related to the profession.

The office began as a collaborative effort between the DUMC Library and Archives, the American Academy of Physician Assistants (AAPA), the Association of Physician Assistant Programs (APAP), and the National Commission on Certification of Physician Assistants (NCCPA). Other PA organizations soon joined the effort as sponsors of ongoing projects. In October 2001, the office’s Board of Advisors discussed creating a Society for the Preservation of Physician Assistant History (SPPAHx) to eventually supersede the PA History Office as the preeminent leader in fostering the preservation, study and presentation of PA history. The Society was incorporated in January 2002 and became fully operational in July 2002 under the leadership of Dr. J. Jeffery Heinrich, the Society’s first elected president.

In January 2004, Duke University, approved the Society’s request to have the DUMC Archives process, maintain and provide archival support for the special collection being assembled by the PA History Society. Thanks to the generosity of professional leaders, policy-makers, writers, publishers and Society members, the collection has expanded in recent years.

[http://www.pahx.org](http://www.pahx.org)
Physician Assistant Education Association

The Physician Assistant Education Association (PAEA) became an independent association in May of 2006 with a mission to pursue excellence, foster faculty development, advance the body of knowledge that defines quality education and patient-centered care, and promote diversity in all aspects of physician assistant education. PAEA has established a means by which to accomplish its mission by encouraging and assisting programs to educate competent and compassionate physician assistants; enhancing programs’ capability to recruit, select, and retain well-qualified PA students; support programs in the recruitment, selection, development, and retention of well-qualified faculty; facilitate the pursuit and dissemination of research and scholarly work; and educate PA’s who will practice evidence-based, patient-centered medicine. It will serve as the definitive voice on matters related to entry-level PA education, nationally and internationally. PAEA will foster professionalism and innovation in health professions education, and promote inter-professional education and practice while forging linkages with other organizations to advance its mission. Additional information is available online at [http://paeaonline.org/](http://paeaonline.org/)

National Commission on Certification of the Physician Assistant (NCCPA)

The NCCPA was established in 1975 and is the only national certifying body for physician assistants. All states, the District of Columbia, and US Territories require NCCPA certification for initial licensure. The NCCPA assures that PA’s are meeting appropriate levels of knowledge and clinical skills for the profession. To be eligible for NCCPA certification individuals must graduate from an accredited PA program and pass the Physician Assistant National Certifying Examination (PANCE). The NCCPA also requires certified PA’s to obtain 100 hours of continuing education every two years as well as successfully complete the recertification examination (PANRE) every 10 years accompanied by the institution of more specific continuing medical education (CME) requirements: 20 of the 50 Category 1 CME credits certified PAs are already required to obtain every two years must be earned through self-assessment CME and/or performance improvement CME (PI-CME). By the end of the first four-year CME cycles, you must have earned a total of at least 40 CME 1 credits through PI activities and 40 Category 1 CME credits through SA activities. NCCPA is now offering additional recognition for successful completion of specialty examinations. All PA’s must log continuing education credits with the NCCPA. Additional information is available at [www.nccpa.net](http://www.nccpa.net)

South Carolina Academy of Physician Assistants (SCAPA)

The mission of the South Carolina Academy of Physician Assistants is to promote quality, cost effective and accessible health care through the professional and clinical development of physician assistants in the state of South Carolina.

[http://www.scapapartners.org](http://www.scapapartners.org)