



**Stanford School of Medicine**

**Master of Science in Physician Assistant Studies**

---

MSPA Studies Program Handbook and Policy Manual

Academic Year 2023-2024

## TABLE OF CONTENTS

<b>1.0. INTRODUCTION.....</b>	<b>4</b>
<b>2.0. GENERAL STANDARDS.....</b>	<b>5</b>
2.1. PHYSICIAN ASSISTANT PROGRAM COMPETENCIES .....	5
2.2. SPECIFICATION OF REQUIREMENTS FOR GRADUATION.....	7
2.3. SCHOOL OF MEDICINE TECHNICAL, NON-ACADEMIC STANDARDS .....	8
2.4. SCHOOL OF MEDICINE PROFESSIONALISM PRINCIPLES FOR PA STUDENTS .....	11
2.5 TEACHER-LEARNER AGREEMENT.....	15
<b>3.0. MSPA STUDIES PROGRAM REQUIREMENTS AND PROCEDURES .....</b>	<b>17</b>
3.1. ACADEMIC RECORDS AND PRIVACY OF STUDENT RECORD INFORMATION .....	17
3.2 REGISTRATION AND STUDY LISTS .....	21
3.3. DATA SECURITY AND PRIVACY (HIPAA) .....	22
3.4. PA STUDENT PRACTICE ROLE.....	23
3.5. STUDENT RESOURCES: ACCOMMODATIONS AND SUPPORT .....	25
3.6. ETHICAL CONDUCT OF BIOMEDICAL RESEARCH .....	26
3.7. EVALUATION COMPLETION REQUIREMENTS .....	27
3.8. INDUSTRY INTERACTIONS POLICY .....	29
3.9. LEAVES OF ABSENCE AND DISCONTINUATION AND REINSTATEMENT.....	30
3.10. MALPRACTICE LIABILITY FOR MSPA PROGRAM STUDENTS.....	34
3.11. MEDICAL HEALTH REQUIREMENTS AND IMMUNIZATIONS.....	35
3.12. POLICIES AND RESOURCES FOR DEVICE ENCRYPTION, SECURITY AND USE.....	37
3.13. RESPECTFUL ENVIRONMENT AND MISTREATMENT POLICY .....	40
3.14. SAFETY TRAINING .....	45
3.15. STANFORD MEDICINE POLICY FOR THE REMOVAL AND TRANSPORT OF PHI .....	46
3.16. STANFORD SCHOOL OF MEDICINE EDUCATION RESEARCH POLICY .....	50
3.17. STUDENT PARTICIPATION IN CLINICAL ACTIVITIES INVOLVING PERSONAL RISK .....	50
3.18. SURGICAL PROCEDURES FOR MSPA STUDENTS.....	51
3.19. UNIVERSAL PRECAUTIONS AND NEEDLESTICK PROTOCOL .....	52
3.20. STANFORD HEALTH CARE/LUCILE PACKARD CHILDREN’S HOSPITAL STANFORD COMPUTER ACCESS FOR PA STUDENTS (EPIC).....	54
3.21. SCHOOL OF MEDICINE LEARNING SPACES.....	56
3.22. ABSENCE POLICY AND EXPECTATIONS .....	57
3.23. N95 RESPIRATOR MASK FIT REQUIREMENTS FOR PA STUDENTS .....	59
3.24. SCHOOL OF MEDICINE DRESS CODE GUIDELINES FOR THE CLINICAL SETTING.....	61
3.24. SCHOOL OF MEDICINE CRIMINAL BACKGROUND CHECK POLICY.....	62
3.25. MSPA PROGRAM POLICY ON VOLUNTEERING AND WORKING FOR THE PROGRAM .....	62
<b>4.0. CURRICULUM.....</b>	<b>63</b>
4.1 CURRICULUM OVERVIEW.....	63
4.2. ACADEMIC CALENDAR .....	64
4.3. ACADEMIC REQUIREMENTS FOR GRADUATION .....	68
4.4. LEADERSHIP TRACK AND THESIS PROJECT REQUIREMENT .....	69
4.5. REQUIRED PRE-CLERKSHIP COURSES .....	70
4.6. CALENDAR OF CLERKSHIP PERIODS .....	76
4.7. CLERKSHIP REQUIREMENTS .....	77
4.8. ELECTIVE CLERKSHIPS .....	77
4.9. ABSENCES DURING CLERKSHIPS .....	78

4.10. CLINICAL PERFORMANCE EXAMS .....	79
<b>5.0. ASSESSMENT OF STUDENT ACADEMIC PERFORMANCE .....</b>	<b>80</b>
5.1. HEALTH PROVIDER INVOLVEMENT IN STUDENT ASSESSMENT.....	80
5.2. EVALUATION OF PERFORMANCE IN COURSES .....	80
5.3. EXAM POLICY FOR REQUIRED PRE-CLERKSHIP COURSES .....	86
5.4. EVALUATION OF PERFORMANCE IN CLINICAL CLERKSHIPS .....	87
5.5. STANDARDIZED PATIENT TEACHING AND ASSESSMENT .....	88
<b>6.0. STUDENT PROGRESS COMMITTEE (SPC).....</b>	<b>89</b>
6.1. INTRODUCTION .....	89
6.2. STANDARDS FOR PERFORMANCE AND SATISFACTORY PROGRESS.....	94
6.3. PROMOTION .....	96
6.4. PROCEDURES FOR ADDRESSING PERFORMANCE, PROFESSIONAL AND TECHNICAL STANDARDS CONCERNS.....	97
6.5. APPENDIX: CHART OF STUDENT PROGRESS COMMITTEE RESPONSES TO STUDENT ISSUES.....	102
<b>7.0. TUITION AND FINANCIAL AID .....</b>	<b>106</b>
7.1. TUITION STRUCTURE AND BUDGET .....	106
7.2. ADDITIONAL FEES .....	107
7.3. UNIVERSITY BILLING .....	109
<b>8.0. STANFORD UNIVERSITY POLICIES .....</b>	<b>110</b>
8.1. NONDISCRIMINATION POLICY.....	110
8.2. COMMUNITY STANDARDS .....	110
8.3. SEXUAL MISCONDUCT AND SEXUAL ASSAULT.....	110
8.4. SEXUAL HARASSMENT AND CONSENSUAL SEXUAL OR ROMANTIC RELATIONSHIPS .....	110
8.5. STUDENT ACADEMIC AND NON-ACADEMIC GRIEVANCE PROCEDURE.....	110
8.6. CHILDBIRTH ACCOMMODATION POLICY.....	110
8.7. PREGNANCY, CHILDBIRTH, ADOPTION, AND LACTATION: POLICY .....	110
8.8. STANFORD NAME AND TRADEMARKS .....	110
8.9. COMPUTER AND NETWORK USAGE POLICY .....	110
8.10. COPYRIGHT.....	110
8.11. SMOKE-FREE ENVIRONMENT .....	110
8.12. CAMPUS SAFETY AND CRIMINAL STATISTICS .....	110
8.13. TITLE IX OF THE EDUCATION AMENDMENTS OF 1972.....	110
8.14. TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 .....	110
8.15. STUDENT ALCOHOL AND OTHER DRUGS POLICY .....	110
8.16. PROHIBITION OF THE POSSESSION OF DANGEROUS WEAPONS ON CAMPUS .....	110
8.17. GENERATIVE AI POLICY GUIDANCE .....	110

## 1.0. INTRODUCTION

The following is the Master of Science in Physician Assistant Studies Program Handbook and Policy Manual for 2023-2024 academic year. Students participating in the Stanford University School of Medicine Master of Science in Physician Assistant (MSPA) Studies program are subject to, and are responsible for being aware of, the policies and standards established by the MSPA program, the School of Medicine, and by Stanford University; many of the Stanford University policies are found in the [Stanford Bulletin](https://bulletin.stanford.edu) (<https://bulletin.stanford.edu>).

The MSPA program, Stanford University, and the School of Medicine reserve the right to make changes in the applicable regulations, procedures, policies, requirements, and other information contained in this handbook. Changes and revisions may occur throughout the academic year.

## 2.0. GENERAL STANDARDS

### 2.1. PHYSICIAN ASSISTANT PROGRAM COMPETENCIES

The following are the Stanford School of Medicine, Master of Science in PA Studies program's competencies. These competencies were developed based on the framework of the program's mission and goals along with awareness of the Physician Assistant Education Association (PAEA)'s [Core Competencies for New PA Graduates](#) and the [Physician Assistant Competencies](#) which were written collaboratively by the American Academy of Physician Assistants (AAPA), the Physician Assistant Education Association (PAEA), and The National Commission on Certification of the Physician Assistant (NCCPA), and the Accreditation Review Commission on Education of the Physician Assistant (ARC-PA.)

The Stanford School of Medicine Master of Science in PA Studies program uses achievement of the following competencies as a guide for curriculum development and evaluation of the success of the program and its graduates. Upon completion of the Stanford School of Medicine Master of Science in PA Studies program, graduates are expected to achieve the following competencies:

#### 1. Medical Knowledge and Clinical Skills

- a. Recognize the difference between normal and abnormal health states across all organ systems.
- b. Discern among acute, chronic, and emergent disease states.
- c. Demonstrate knowledge of the anatomy, disease etiology, pathophysiology, clinical manifestations, differential diagnoses, management, and appropriate interventions for general medical and surgical conditions.
- d. Demonstrate ability to obtain a medical history and perform a physical examination.
- e. Demonstrate ability to conduct a virtual encounter.
- f. Perform basic primary care diagnostic and therapeutic procedures.
- g. Order appropriate diagnostic laboratory and radiographic tests and provide or obtain accurate interpretations.
- h. Develop differential diagnosis and treatment plans that include pharmacologic and non-pharmacologic interventions.
- i. Implement appropriate strategies for disease prevention and health care maintenance.
- j. Utilize evidence-based medicine to guide clinical decision-making.
- k. Demonstrate ability to provide appropriate patient education.

#### 2. Interpersonal and Communication Skills

- a. Recognize the cultural norms, needs, influences, and socioeconomic, environmental, and other population-level determinants affecting the health of the individual and community being served.

- b. Provide medical care that is respectful, ethical, considerate, empathetic, and equitable.
- c. Demonstrate the ability to provide effective verbal and nonverbal communication with patients.
- d. Review medical records, complete written documentation, and communicate diagnostic findings and management strategies in a timely manner.

**3. Health Care Finance**

- a. Demonstrate understanding of the basics of coding and billing.
- b. Understand different types of health systems and insurance types.
- c. Recognize the financial implications of clinical decision making and treatment plans.

**4. Professionalism and Leadership**

- a. Demonstrate understanding of professional responsibilities around licensure, credentialing, reimbursement, advocacy, and laws, policies, and regulations regarding medical practice.
- b. Demonstrate understanding of emotional intelligence and communication skills that establish a personal leadership style.
- c. Demonstrate understanding of the ability to shift leadership style to meet specific professional challenges.
- d. Demonstrate strong reading, writing and analytic skills.
- e. Demonstrate professionalism, integrity, honesty, and respect for patient privacy and confidentiality.
- f. Understand the risk factors for burnout and the importance of one's own health and well-being.

## 2.2. SPECIFICATION OF REQUIREMENTS FOR GRADUATION

### Graduation

The requirements for the MS degree in PA Studies are established by the Stanford University Committee on Graduate Studies and allow no exceptions. Those requirements are as follows:

1. Satisfaction of Academic Requirements: To graduate, students must satisfy all academic requirements.
2. Satisfaction of Professionalism Requirements: To graduate, students must meet the standards of professionalism set forth in the *School of Medicine Professionalism Principles for PA Students* in the *MSPA Studies Program Handbook and Policy Manual, Section 2.4.*
3. Satisfaction of Technical Standards: To graduate, students must meet the requirements set forth in the *School of Medicine Technical, Non-Academic Standards (MSPA Studies Program Handbook and Policy Manual, Section 2.3.)*.
4. Satisfaction of Application to Graduate Submission: To graduate, students must register for 9 quarters at full MSPA Studies program tuition. Candidates must be registered for the quarter during which the degree is conferred. Students must apply for conferral of a degree by filling out an "Application to Graduate" form on Axess. Students may graduate in any quarter by completing their degree requirements and filing the "Application to Graduate" form by the deadline date for that quarter.
5. Medical Health Requirements and Immunizations: MSPA students must be in compliance with Stanford School of Medicine medical health requirements at all times. Entering PA students must complete certain health-related forms, immunizations, and tests before beginning studies at Stanford and, for some of these, annually thereafter.
6. Data Security and Privacy (HIPAA) Training: MSPA students must be in compliance with Stanford's HIPAA training and information security requirements (*MSPA Studies Program Handbook and Policy Manual, Section 3.3.*).
7. Safety Training: MSPA students must be in compliance with Bloodborne Pathogens, Hospital-Acquired Infections, and Safety and Emergency Preparedness training requirements as well as N95 Respirator training and fitting requirements (*MSPA Studies Program Handbook and Policy Manual, Section 3.14.*).
8. Ethical Conduct of Biomedical Research: MSPA students must be in compliance with the CITI training requirement (*MSPA Studies Program Handbook and Policy Manual, Section 3.6.*)

Note on licensure: Meeting the graduation requirements for the MSPA Studies degree at the Stanford School of Medicine does not guarantee eligibility for state licensure. Some states have specialized curricular requirements for licensure, and students are advised to check with the Medical or PA Board in states of possible practice.

## **2.3. SCHOOL OF MEDICINE TECHNICAL, NON-ACADEMIC STANDARDS**

### **Observation**

Candidates must be able to observe demonstrations and participate in experiments of science, including but not limited to such things as dissection of cadavers; examination of specimens in anatomy, pathology, and neuroanatomy laboratories; and microscopic study of microorganisms and tissues in normal and pathologic states. Candidates must be able to accurately observe patients and assess findings. They must be able to obtain a medical history and perform a complete physical examination in order to integrate findings based on these observations and to develop an appropriate diagnostic and treatment plan.

### **Communication**

Candidates must be able to communicate effectively and efficiently with patients, their families, and members of the health care team. They must be able to obtain a medical history in a timely fashion, interpret non-verbal aspects of communication, and establish therapeutic relationships with patients. Candidates must be able to record information accurately and clearly, and communicate effectively in English with other health care professionals in a variety of patient settings.

### **Motor Function**

Candidates must possess the capacity to perform physical examinations and diagnostic maneuvers. They must be able to respond to emergency situations in a timely manner and provide general and emergency care. They must adhere to universal precaution measures and meet safety standards applicable to inpatient and outpatient settings and other clinical activities.

### **Intellectual-Conceptual, Integrative, and Quantitative Abilities**

Candidates must have sufficient cognitive (mental) abilities and effective learning techniques to assimilate the detailed and complex information presented in the curriculum. They must be able to learn through a variety of modalities, including, but not limited to, classroom instruction; small group, team and collaborative activities; individual study; preparation and presentation of reports; and use of computer technology. Candidates must be able to memorize, measure, calculate, reason, analyze, synthesize, and transmit information across modalities. They must recognize and draw conclusions about three-dimensional spatial relationships and logical sequential relationships among events. They must be able to formulate and test hypotheses that enable effective and timely



problem solving in the diagnosis and treatment of patients in a variety of clinical modalities.

### **Behavioral and Social Attributes**

Candidates must demonstrate the maturity and emotional stability required for full use of their intellectual abilities. They must accept responsibility for learning, exercising good judgment, and promptly completing all responsibilities attendant to the diagnosis and care of patients. They must understand the legal and ethical aspects of the practice of medicine and function within both the law and ethical standards of the medical profession.

Candidates must be able to work effectively, respectfully and professionally as part of the healthcare team, and to interact with patients, their families, and health care personnel in a courteous, professional, and respectful manner. They must be able to tolerate physically taxing workloads and long work hours, to function effectively under stress, and to display flexibility and adaptability to changing environments. They must be capable of regular, reliable and punctual attendance at classes and in regard to their clinical responsibilities.

Candidates must be able to contribute to collaborative, constructive learning environments; accept constructive feedback from others; and take personal responsibility for making appropriate positive changes. It is expected that minimum accommodation will be requested with regards to this set of standards.

### **Ethical and Legal Standards**

Candidates must meet the legal standards to be licensed to practice as a PA in the State of California. As such, candidates for admission must acknowledge and provide written explanation of any felony offense or disciplinary action taken against them prior to matriculation in the School of Medicine. In addition, should the student be convicted of any felony offense while in PA school, they agree to immediately notify the Associate Dean for PA Education as to the nature of the conviction. Failure to disclose prior or new offenses can lead to disciplinary action by the School of Medicine that may include dismissal.

### **Equal Access to the School of Medicine's Educational Program**

The Stanford School of Medicine intends for its students and graduates to become competent and compassionate clinicians who are capable of meeting all requirements for PA licensure.

The School of Medicine has an institutional commitment to provide equal educational opportunities for qualified students with disabilities who apply for admission to the MSPA Studies program or who are enrolled as PA students. The School of Medicine is a leader in student diversity and individual rights, with a strong commitment to full compliance with state and federal laws and regulations (including the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 [as amended], and California law [Civil Code 51 and 54]). A "qualified person with a disability" is an individual with a disability who meets the academic and technical standards requisite to admission or participation in the School of Medicine's educational programs, with or without accommodations. As previously noted, admitted candidates with

disabilities are reviewed individually, on a case-by-case basis, with a complete and careful consideration of all the skills, attitudes and attributes of each candidate to determine whether there are any reasonable accommodations or available options that would permit the candidate to satisfy the standards. An accommodation is not reasonable if it poses a direct threat to the health or safety of self and/or others; if making it requires a substantial modification in an essential element of the curriculum; if it lowers academic standards; or if it poses an undue administrative or financial burden. Except in rare circumstances, the use by the candidate of a third party (e.g. an intermediary) to perform any of the functions described in the Technical Standards set forth above would constitute an unacceptable substantial modification.

### **Process**

As stated above, admission and promotion at the School of Medicine is conditional on the candidate's having the willingness and ability to satisfy the technical standards, with or without reasonable accommodation.

Admitted candidates who have a disability and need accommodations should initiate discussions with the PA program's Student Life Officer as the offer of admission is received and accepted. The Student Life Officer is the liaison with the University's Office of Accessible Education (OAE). It is the responsibility of a candidate with a disability to provide sufficiently current information documenting the general nature and extent of their disability, and the functional limitations proposed to be accommodated. Evaluating and facilitating accommodation requests is a collaborative effort between the candidate, the School of Medicine, and the OAE. The School of Medicine reserves the right to request new or additional information.

Should a candidate have or develop a condition that would place patients, the candidate or others at risk or that may affect their need for accommodation, an evaluation with the School of Medicine and the OAE may be necessary. As in initial assessments, a complete and careful reconsideration of all the skills, attitudes and attributes of each candidate will be performed. This includes an assessment of their willingness, desire and ability to complete the MSPA Studies program curriculum and fulfill all requirements for PA licensure, and will be informed by the knowledge that students with varied types of disabilities have the ability to become successful medical professionals.

## 2.4. SCHOOL OF MEDICINE PROFESSIONALISM PRINCIPLES FOR PA STUDENTS

*The following professionalism principles must be met in order for a student to qualify for conferral of the MS in PA Studies degree from the Stanford School of Medicine.*

Professionalism comprises those attributes and behaviors that serve to maintain patient interests above clinician self-interest. Professionalism extends beyond interactions with patients and their families, however. Professionalism also involves relationships and interactions between all those involved in medical education and the delivery of patient care including PAs, physicians, nurses, other allied health professionals, students, and administrators. It has implications for research activities and interactions with for-profit companies, governmental agencies, and other outside entities. Professionalism should pervade all of our activities in medicine and should include:

1. A commitment to the highest standards of excellence in the practice of medicine and in the generation and dissemination of knowledge.
2. A commitment to sustain the interests and welfare of patients.
3. A commitment to be responsive to the health needs of society.

The elements of professionalism include altruism, accountability, responsibility, excellence, duty, honesty, integrity, and respect for others. Physicians, physician assistants, students, and all staff participating in medical education and patient care at the Stanford School of Medicine are expected to aspire to these ideals, further defined as:

### **Altruism**

Altruism is the unselfish regard for and devotion to the welfare of others and is a key element of professionalism. Self-interest or the interests of other parties should not interfere with the care of one's patients and their families.

### **Accountability and Responsibility**

Accountability and responsibility are required at many levels – individual patients, society and the profession. First, there must be accountability to one's patients and to their families. There must also be accountability to society for addressing the health needs of the public and to ensure that the public's needs are addressed. One must also be accountable to the profession to ensure that the ethical precepts of practice are upheld. Inherent in responsibility is reliability in completing assigned duties or fulfilling commitments. There must also be a willingness to accept responsibility for errors.

### Objectives and Expectations

1. Adheres to Stanford School of Medicine and Stanford Hospital policies.
2. Arrives on time and prepared for educational and patient expectations.
3. Fulfills obligations and commitments in a timely fashion.
4. Respectfully and tactfully questions policies, procedures and practices perceived as unfair.

5. Takes responsibility for shortcomings and areas for improvement.
6. Recognizes errors and impairments in peers and reports these to appropriate entities.
7. Maintains personal control amidst adverse or trying circumstances.
8. Takes initiative, perseveres, and is able to prioritize and to manage time.
9. Takes on appropriate share of teamwork.
10. Reports accurately and fully on patient care activities.
11. Always ensures transfer of responsibility for patient care.
12. Informs supervisor/team when mistakes occur or when faced with a conflict of interest.

### **Excellence**

Excellence entails a conscientious effort to exceed ordinary expectations and to make a commitment to lifelong learning. Commitment to excellence is an acknowledged goal for all physicians, physician assistants and students of medicine. A key to excellence is the pursuit of and commitment to providing the highest quality of health care through lifelong learning, education, and reflection. One must seek to learn from errors and aspire to excellence through self-evaluation and acceptance of the critiques of others.

### Objectives and Expectations

1. Demonstrates ability to practice awareness and self-reflection for lifelong personal and professional development.
2. Balances availability to others with care for oneself.
3. Recognizes the impact of personal biases on professional conduct.
4. Actively solicits and incorporates feedback in a timely fashion.
5. Demonstrates caring, compassion and commitment to the physical and emotional wellness of self.
6. Addresses own gaps in knowledge and/or skills.
7. Pursues and commits to providing the highest quality of health care through lifelong learning, education and reflection.

### **Duty**

Duty is the free acceptance of a commitment to service. This commitment entails being available and responsive when “on call,” accepting inconvenience to meet the needs of one’s patients, enduring unavoidable risks to oneself when a patient’s welfare is at stake, advocating the best possible care regardless of ability to pay, seeking active roles in professional organizations, and volunteering one’s skills and expertise for the welfare of the community.

### Objectives and Expectations

1. Demonstrates caring, compassion and commitment to the physical and emotional wellness of others.
2. Constructively approaches conflict resolution.
3. Provides constructive feedback to improve instruction.
4. Actively participates in peer and faculty oral feedback sessions and written assessments.
5. Shares responsibility for group learning, feedback, and discussions.
6. Recognizes difficulties in peers and assists them in obtaining help or remediation.

7. Intervenes on behalf of colleagues when others behave unprofessionally; addresses unprofessional behavior.
8. Advocates on behalf of patients.
9. Collaborates with communities to address the social determinants of health.
10. Advocates for traditionally underserved populations.
11. Identifies barriers to care and advocates to reduce those barriers.

### **Honesty and Integrity**

Honesty and integrity are the consistent regard for the highest standards of behavior and the refusal to violate one's personal and professional codes. Honesty and integrity imply being fair, being truthful, keeping one's word, meeting commitments, and being forthright in interactions with patients, peers, and in all professional work, whether through documentation, personal communication, presentations, research, or other aspects of interaction. They require awareness of situations that may result in conflict of interest or that result in personal gain at the expense of the best interest of the patient.

### Objectives and Expectations

1. Forthright in interactions with patients, peers and in all professional work.
2. Summarizes material in one's own voice.
3. Reports accurate data.
4. Admits errors and omissions.
5. Identifies situations where confidentiality is expected and important.
6. Demonstrates ability to negotiate informed consent.
7. Identifies components of patient competence as it relates to informed consent.
8. Understands the role of proxies when patients are unable to provide consent.
9. Demonstrates awareness of situations that may result in conflict of interest or that result in personal gain at the expense of the best interest of the patient or others.

### **Respect for Others**

Respect for others is the essence of humanism, and humanism is central to professionalism. This respect extends to all spheres of contact, including but not limited to patients, families and professional colleagues, including physicians, nurses, residents, fellows, and School of Medicine students. One must treat all persons with respect and regard for their individual worth and dignity. One must listen attentively and respond humanely to the concerns of patients and family members. Appropriate empathy for and relief of pain, discomfort, and anxiety should be part of the daily practice of medicine. One must be fair and nondiscriminatory and be aware of emotional, personal, family, and cultural influences on patient well-being and patients' rights and choices of medical care. It is also a professional obligation to respect appropriate patient confidentiality.

## Objectives and Expectations

### General Professionalism

1. Demonstrates respect for patients and colleagues.
2. Demonstrates empathy and compassion for others.
3. Is fair and nondiscriminatory.
4. Exhibits sensitivity to cultural differences among patients and colleagues.
5. Is actively inclusive of others to achieve common educational and patient goals.
6. Maintains appropriate boundaries in work relationships.
7. Uses humor appropriately.
8. Ensures that their appearance is appropriate.

### Teamwork

9. Takes initiative and works collaboratively on a team.
10. Clarifies expectations and clinical responsibilities, including the student's role on the team.
11. Communicates with their team regarding conflicting responsibilities.
12. Recognizes that relationships between clinicians and other healthcare workers are sometimes characterized by unequal levels of authority, yet does not abuse their authority.

### Patient Care

13. Demonstrates caring and rapport with patients.
14. Demonstrates sensitivity to and actively addresses patients' needs.
15. Exhibits sensitivity to cultural differences among patients.
16. Listens attentively and responds humanely to the concerns of patients and family members.
17. Includes patients and families in decision making.
18. Respects patients' dignity.
19. Maintains appropriate boundaries in dealing with patients and their families.
20. Demonstrates appropriate empathy for and relief of pain, discomfort, and anxiety.
21. Extends themselves to meet patient and family needs.
22. Takes time and effort to explain information to patients.
23. Shows sensitivity when discussing clinical information with patients.
24. Maintains decorum even when patients or others behave inappropriately.
25. Maintains composure and seeks consultation as necessary when working with challenging patients.

## 2.5 TEACHER-LEARNER AGREEMENT

Stanford School of Medicine holds in high regard professional behaviors and attitudes, including altruism, integrity, respect for others and a commitment to excellence. Effective learning is best fostered in an environment of mutual respect between teachers and learners. In the context of medical education, the term “teacher” is used broadly to include peers, resident physicians, full-time and volunteer faculty members, clinical preceptors, nurses, and ancillary support staff, as well as others from whom students learn.

### **Guiding Principles:**

**Duty:** Medical educators have a duty to convey the knowledge and skills required for delivering the profession’s standard of care and also to instill the values and attitudes required for preserving the medical profession’s social contract with its patients.

**Integrity:** Learning environments that are conducive to conveying professional values must be based on integrity. Students learn professionalism by observing and emulating role models who epitomize authentic professional values and attitudes.

**Respect:** Respect for every individual is fundamental to the ethic of medicine. Mutual respect is essential for nurturing that ethic. Teachers have a special obligation to ensure that students are always treated respectfully.

### Responsibilities of Teachers and Learners:

#### Teachers should:

- Treat students fairly and respectfully
- Maintain high professional standards in all interactions
- Be prepared and on time
- Provide relevant and timely information
- Provide explicit learning and behavioral expectations early in a course or clerkship
- Provide timely, focused, accurate, and constructive feedback on a regular basis and thoughtful and timely evaluations at the end of a course or clerkship
- Display honesty, integrity and compassion
- Practice insightful (Socratic) questioning, which stimulates learning and self-discovery, and avoid overly aggressive questioning which may be perceived as hurtful, humiliating, degrading or punitive
- Solicit feedback from students regarding their perception of their educational experiences
- Encourage students who experience mistreatment or who witness unprofessional behavior to report the facts immediately

Students should:

- Be courteous of teachers and fellow students
- Be prepared and on time
- Be active, enthusiastic, curious learners
- Demonstrate professional behavior in all settings
- Recognize that not all learning stems from formal and structured activities
- Recognize their responsibility to establish learning objectives and to participate as an active learner
- Demonstrate a commitment to lifelong learning, a practice that is essential to the profession of medicine
- Recognize personal limitations and seek help as needed
- Display honesty, integrity and compassion
- Recognize the privileges and responsibilities coming from the opportunity to work with patients in clinical settings
- Recognize the duty to place patient welfare above their own
- Recognize and respect patients' rights to privacy
- Solicit feedback on their performance

### **Relationships Between Teachers and Students**

Students and teachers should recognize the special nature of the teacher-learner relationship, which is in part defined by professional role modeling, mentorship, and supervision.

Because of the special nature of this relationship, students and teachers should strive to develop their relationship into one characterized by mutual trust, acceptance and confidence. They should both recognize the potential for conflict of interest and respect appropriate boundaries.



### 3.0. MSPA STUDIES PROGRAM REQUIREMENTS AND PROCEDURES

#### 3.1. ACADEMIC RECORDS AND PRIVACY OF STUDENT RECORD INFORMATION

##### Transcripts

The notations used for PA program courses on official University transcripts are *pass* (+), *incomplete* (I), *continuing* (N), *exempt* (EX) and *grade not reported* (GNR). Students may order transcripts through Axess. Non-program courses will follow grading guidelines applicable to those courses.

##### Education Records

The University Registrar's Office establishes a file for each student. The file contains confidential information, which is available to the following parties with legitimate educational interests without prior permission from the student:

1. Dean of the School of Medicine, Senior Associate Dean for Medical Education, and/or Associate Dean for PA Education;
2. The Office of PA Education and committees within;
3. Executive Committee of the Faculty Senate, when asked by the Dean of the School of Medicine to review a case;
4. A duly appointed grievance or grievance appeal officer, or a duly appointed *ad hoc* committee on the Suitability for the Practice of Medicine;
5. Other University officials on a need-to-know basis; and
6. Others as permitted or required by law or by University policy.

##### Notification of Rights Under FERPA

The following is from the [the Stanford Student Services website](https://studentservices.stanford.edu/my-information/student-records-ferpa/notification-rights-under-ferpa) (<https://studentservices.stanford.edu/my-information/student-records-ferpa/notification-rights-under-ferpa>).

The Family Educational Rights and Privacy Act of 1974 (FERPA) affords students certain rights with respect to their education records. They are:

##### **The right to inspect and review the student's education records within 45 days of the date the University receives a request for access.**

- Current and former students who wish to make a FERPA-related request to view records should submit to the Student Services Center via e-mail at [stanfordferpa@stanford.edu](mailto:stanfordferpa@stanford.edu) a request that identifies the record(s) the student wishes to inspect.
- Students are advised to provide complete information in order to assist the University in following up on the request. Federal law requires that the University provide access to requested extant records within 45 days. A Registrar's Office official will make arrangements for access and notify the student of the time and place where the records may be inspected. If the records requested are not under the control of the Registrar's

Office, the Registrar's Office will make arrangements for the relevant office to provide the records within the time frame established under the law.

**The right to request the amendment of the student's education records that the student believes are inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA.**

- A student may ask the University to amend the record that he or she believes is inaccurate or misleading. The student should write the University official responsible for the record (with a copy to the University Registrar), clearly identify the part of the records he or she wants changed, and specify why it should be changed.
- If the University decides not to amend the record as requested by the student, the University will notify the student of the decision and advise the student of his or her right to a hearing regarding the request for amendment.
- Additional information regarding the hearing procedures is provided to the student when notified of the right to a hearing.

**The right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent.**

- FERPA contains various exceptions to the general rule that the University should not disclose education records without seeking the prior written consent of the student. The following circumstances are representative of those in which education records (and information drawn from education records) may be disclosed without the student's prior written consent:
  - a) Upon request, the University may release Directory Information (see the "Directory Information" below).
  - b) School officials who have a legitimate educational interest in a student's education record may be permitted to review it. A school official is: a person employed by the University in an administrative, supervisory, academic or research, or support staff position (including law enforcement unit personnel and health staff); a person or company with whom the University has contracted (such as an attorney, auditor, or collection agent); a person serving on the Board of Trustees; or a student or volunteer serving on an official committee (or representing a recognized student group), such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her responsibility to Stanford or to the student.

- c) The University discloses education records without consent to officials of another school, in which a student seeks or intends to enroll, upon request of officials at that other school.
- d) The University may choose to disclose education records (and information drawn from education records) to either supporting parent(s) or guardian(s) where the student is claimed as a dependent under the Internal Revenue Code.
- e) The University may inform persons including either parent(s) or guardian(s) when disclosure of the information is necessary to protect the health or safety of the student or other persons.
- f) For students under the age of 21, the University may notify either parent(s) or guardian(s) of a violation of any law or policy relating to the use of alcohol or controlled substances.
- g) The University must provide records in response to lawfully issued subpoenas, or as otherwise compelled by legal process.

**The right to file a complaint with the U.S. Department of Education concerning alleged failures by the University to comply with the requirements of FERPA.**

The name and address of the office that administers FERPA is: Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Avenue, SW, Washington, DC 20202-4605.

**Directory Information**

The University regards the following items of information as "directory information," that is, information that the University may make available to any person upon specific request (and without student consent):

- Name\*
- Date of birth
- Place of birth
- Directory addresses and telephone numbers
- E-mail addresses
- SUNet ID (as opposed to Stanford Student ID Number) \*
- Mailing addresses
- Campus office address (for graduate students)
- Secondary or permanent mailing addresses
- Residence assignment and room or apartment number
- Specific quarters or semesters of registration at Stanford
- Stanford degree(s) awarded and date(s)
- Major(s), minor(s), and field(s)
- University degree honors

- Student theses and dissertations\*
- Participation in officially recognized sports or activities\*
- Weight and height of members of athletic teams\*
- Institution attended immediately prior to Stanford
- ID card photographs

For more information, see Stanford's FERPA website at

<https://studentservices.stanford.edu/my-information/student-records-ferpa/notification-rights-under-ferpa>

Students may prohibit the release of many of the items listed above (except those with an “\*”) by designating which items should not be released using the Privacy function of Axxess. Students may prohibit the release all directory information listed above after an appointment with the Office of the University Registrar to discuss the ramifications of this action. Student theses and dissertations can be restricted through the publishing options and embargo settings students select during submission.

Students, faculty, and others with questions regarding student records should contact the Office of the University Registrar.

### **Consent to Use of Photographic Images**

Registration as a student and attendance at or participation in classes and other campus and University activities constitutes an agreement by the student to the University's use and distribution (both now and in the future) of the student's image or voice in photographs, video or audio capture, or electronic reproductions of such classes and other campus and University activities.

If any student in a class where such photographing or recording is to take place does not wish to have their image or voice so used, the student should raise the matter in advance with the instructor.

### **3.2 REGISTRATION AND STUDY LISTS**

The Preliminary Study List Deadline is the first day of classes of each quarter during the academic year. As early as possible when enrollment opens, but no later than the preliminary study list deadline, students must submit to the Office of the University Registrar via Axxess a study list to enroll officially in classes for the quarter. Students are expected to be enrolled “at status” by the Preliminary Study List Deadline, meaning that students must be enrolled in sufficient units to meet requirements for their status. Students will be charged a \$200 late fee for submitting their study lists after the quarterly deadline.

#### **Study List Changes**

Students may add courses or units to their study lists through the end of the third week of classes, also known as the Final Study List Deadline. Individual faculty may choose to close their classes to new enrollments at an earlier date.

Courses or units may be added only if the revised program remains within the normal load limits. Courses or units may be dropped by students through the end of the third week of classes, without any record of the course remaining on the student’s transcript.

After the Final Study List Deadline, appropriate course instructor approval must be obtained to change course enrollment. Study List changes approved after the deadline must be submitted to the School of Medicine Registrar’s Office.

If the instructor allows a student to take an ‘I’ (incomplete) in the course, the student must make the appropriate arrangements for that with the instructor by the last day of classes.

### **3.3. DATA SECURITY AND PRIVACY (HIPAA)**

In compliance with the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, the Stanford School of Medicine requires all new students to complete Patient Privacy Regulation HIPAA Training before starting classes and ANNUALLY thereafter. Stanford's HIPAA Training is a web-based module that takes approximately 120 minutes to complete. The Office of PA Education sends e-mail instructions to all PA students annually.

Pre-clerkship students will not receive credit for the Practice of Medicine course until they have completed this training (both years). Clerkship students will be unable to enter their clerkships until they have completed this training.

The training module is self-paced and is accessible through the Stanford Training and Registration System (STARS). Log into Axxess and click on the STARS tab. In the Search Catalog box, enter the course title "HIPAA/Protecting Patient Privacy" or the course code PRIV-0010.

Students must adhere to Stanford University's HIPAA Privacy Policies outlined at <https://uit.stanford.edu/security/hipaa>.

The Data Security Program at the School of Medicine oversees compliance with Stanford policy and federal law. To find out more about the Data Security Program, and for information on computer encryption: <https://med.stanford.edu/datasecurity/>.

See sections 3.12 and 3.14 for additional information on data security and encryption.

### 3.4. PA STUDENT PRACTICE ROLE

The PA Board of California (*Laws and Regulations Relating to the Practice of Physician Assistants*, Section 1399.536, Requirements for Preceptors) states that clerkships (“preceptorships”) are supervised by a licensed physician preceptor. Other licensed health care providers approved by a program may serve as preceptors to supplement physician-supervised clinical practice experiences. Each preceptor participating in the preceptorship of an approved program shall:

- (1) Be a licensed health care provider who is engaged in the practice of the profession for which he or she is validly licensed and whose practice is sufficient to adequately expose preceptees to a full range of experience. The practice need not be restricted to an office setting but may take place in licensed facilities, such as hospitals, clinics, etc.
- (2) Not have had his or her professional license terminated, suspended, or otherwise restricted as a result of a final disciplinary action (excluding judicial review of that action) by any state healing arts licensing board or any agency of the federal government, including the military, within 5 years immediately preceding his or her participation in a preceptorship.
- (3) By reason of his or her professional education, specialty and nature of practice be sufficiently qualified to teach and supervise preceptees within the scope of his or her license.
- (4) Teach and supervise the preceptee in accordance with the provisions and limitations of Sections 1399.540 and 1399.541.
- (5) Obtain the necessary patient consent as required in Section 1399.538.
  - (a) It shall be the responsibility of the approved program to ensure that preceptors comply with the foregoing requirements.
  - (b) For the purposes of this section, “licensed health care provider” includes, but is not limited to, a physician, a surgeon, a physician assistant, a registered nurse certified in advanced practice, a certified nurse midwife, a licensed clinical social worker, a marriage and family therapist, a licensed educational psychologist, and a licensed psychologist.

During clerkships, PA students may write orders for medications, treatments, etc., provided that all of the following are met:

- Any medically related activity performed by students be under the direction of a licensed health care provider who has met criteria as a preceptor as defined above.
- The students are assigned to or are consultants to the service on which the order pertains; and
- A licensed health care provider countersigns all orders before the orders are executed.

The PA Board of California (*Laws and Regulations Relating to the Practice of Physician Assistants*, Section 3510) also requires that a trainee enrolled in an approved program for physician assistants shall at all times wear an identification badge on an outer garment and in plain view, which states the student's name and the title:

**Physician Assistant Student or Physician Assistant Trainee**

Upon matriculating to the MSPA program, each student is provided an orange-colored badge hanger that reads “Physician Assistant Student.” This must always be worn with the Stanford Medicine identification/name badge along with a white coat and/or scrubs when appropriate, when students are in a clinical setting.

When signing notes, PA students will identify their signatures with PA-S (PA Student), just as licensed PAs identify their signatures with PA-C.

**PA students are not to be involved in any portion of the medical care of other PA students.**



### 3.5. STUDENT RESOURCES: ACCOMMODATIONS AND SUPPORT

#### Office of Accessible Education

Students with disabilities (including, but not limited to, temporary and permanent physical, psychological, or learning disabilities) who may need academic accommodations (including services and auxiliary aids), should register with the [Office of Accessible Education](https://oae.stanford.edu) (<https://oae.stanford.edu>) for assessment and approval of such accommodations. Students with documented disabilities are responsible for sharing their OAE accommodation letters with faculty for each course, for each term in which accommodations are desired. OAE accommodation letters are valid for one academic year; students who wish to continue receiving accommodations should arrange for reevaluation with OAE at the beginning of each new academic year.

Students should request accommodations well in advance of when needed. Prior to registration with the Office of Accessible Education, students should not request accommodations directly from faculty members. Accommodations cannot be provided retroactively.

#### Schwab Learning Center (SLC@CHC)

Students may contact the Schwab Learning Center (SLC) for short-term clinical therapy, screenings for learning differences, and diagnostic evaluations for ADHD and learning disabilities, such as dyslexia. Schwab will be available beginning in September 2021.

The SLC will still be staffed with learning specialists with backgrounds in higher education to provide 1-1 work (unlimited hours per quarter) to help students with dyslexia, ADHD and other suspected learning differences. This will include technology recommendations, strategies to support learning differences in college and the workplace, and promoting understanding and self-awareness of how students learn. SLC services are free to Stanford graduate students. Students do not need to have a diagnosed learning difference to be eligible for SLC services; eligibility is determined based on a number of criteria.

To get started, students should reach out to:

- Nancy Lambert for general questions: [nlambert@chconline.org](mailto:nlambert@chconline.org)
- Rosinel Ermio, Learning Specialist, for questions about working with a learning specialist: [rermio@chconline.org](mailto:rermio@chconline.org)
- Nicole Ofiesh for assessment and screening questions: [nofiesh@chconline.org](mailto:nofiesh@chconline.org)

#### Mental Health Resources: CAPS @Vaden + SoM Mental Health Team (MHT)

Mental health support is offered through [Counseling & Psychological Services \(CAPS\)](#) at Vaden Health Services, as well as the School of Medicine Mental Health Team (MHT).

CAPS offers [urgent](#) and [non-urgent care](#), 24/7. Services include crisis support, initial and follow-up consultations, medication consultation, medication management, care management consultation and help with treatment planning, [referral assistance](#), [workshops](#) and outreach

events, and a [video library](#). Also available are [coaching support services](#) and a [Virtual Well-Being page](#). [The Confidential Support Team \(CST\)](#) provides telehealth and phone support to students affected by sexual assault and relationship violence.

The School of Medicine Mental Health Team (MHT) is a unit totally dedicated to Stanford Medicine students. MHT providers are uniquely familiar with the MSPA and MD programs and concerns common to SoM students. The MHT offers appointments during business hours, and also has some evening-hour appointment availability for clinical MD and MSPA students. As of autumn 2021, MHT will offer one evening slot on Tuesdays and three evening slots on Thursdays. To make an appointment with an MHT clinician, please call the CAPS Front Desk at (650) 723-3785, Monday through Friday, 9 a.m. – 5 p.m.

### **MSPA Resources**

Alumni tutors for MSPA curriculum are available for students who desire additional support for their courses. Students interested in tutoring should contact the Director of Pre-Clerkship Education or the Directors of Clerkship Education, depending on their program phase.

The Learning Strategies Specialist is dedicated to MSPA students and will help students who wish to improve study skills, time management, organization, and/or test-taking skills. Students may work with the Learning Strategies Specialist to create a study plan for an exam, discuss their learning style and test-taking strategies, or figure out how to prioritize tasks to reduce stress. Students interested in connecting with the Learning Strategies Specialist should contact their Faculty Advisor.

## **3.6. ETHICAL CONDUCT OF BIOMEDICAL RESEARCH**

As part of student training in the ethical conduct of biomedical research, all MSPA Studies Program students are required to complete the CITI Group 9 (Medical Students) module.

The deadline for completion of this requirement for incoming first-year students is **December 1, 2023**.

To complete this training, students must access the CITI program website (<https://www.citiprogram.org/members/index.cfm?pageID=50>) once logged in to the Stanford intranet. The Group 9 modules should already be loaded and ready.

### **3.7. EVALUATION COMPLETION REQUIREMENTS**

Receiving substantive, representative feedback from students about our required MSPA Studies program curriculum and instructors is crucial in helping the School of Medicine to understand program strengths and weaknesses and identify opportunities to improve the educational experience for future generations of students. In addition, learning to give and receive feedback is an integral part of developing professional skills students will need as future clinicians.

#### **Professionalism Requirements for Completing Evaluations**

1. Students are expected to complete all evaluations assigned to them.
2. All evaluations must be completed within the assignment timeframe (due dates will be included in the initial evaluation notice).
3. Required evaluations include:
  - Entry survey as required for grant funding.
  - Evaluations of all required pre-clerkship courses.
  - Individual evaluations of pre-clerkship faculty lectures.
  - Preceptor evaluations for the Practice of Medicine course (POM).
  - Small group evaluations for POM (peer and small group leader).
  - Evaluations of all required clerkships and clerkship instructors (complete all assigned evaluations).
  - Student scholarship evaluations.
  - Graduation Questionnaire.
  - Annual Student and Alumni Survey
4. For the pre-clerkship curriculum, completion rates on evaluations will be reviewed at the midpoint of each quarter as part of the mid-quarter check-in process, and again after each quarter has finished and the evaluation due dates have passed. If a student has not completed at least 75% of the evaluations assigned during the quarter, their advisor will be alerted. The student will receive feedback about professionalism expectations from their faculty advisor.
5. Evaluation completion rates will continue to be checked each quarter. If a student completes less than 75% of the evaluations assigned during a subsequent quarter, their advisor will be alerted that there has been a second lapse in professionalism with regard to evaluations. The student will receive additional feedback regarding professionalism expectations and a warning that any further lapse may result in a referral to the Student Progress Committee.
6. If a student completes less than 75% of evaluations in another quarter (third violation), the student may be referred to Student Progress Committee for a professionalism concern.
7. Failure to complete other required evaluations (clerkship, student scholarship work, etc.) may also lead to the student's advisor being notified. Repeated failure to complete these assigned evaluations may also result in a referral to Student Progress Committee.

### **Use of Professional Language in Evaluations**

1. Comments provided in evaluations should be constructive, respectful and framed using language that the evaluator would want to hear used if they were being evaluated.
2. Written comments provided in student evaluations are anonymous (i.e., faculty cannot access information about the identity of an individual student who provides comments in an evaluation form). However, if a student submits a written comment in an evaluation form that violates either a) the Stanford Affirmation (<http://med.stanford.edu/pa/handbook-policies.html>) or b) the Stanford School of Medicine Technical, Non-Academic Standards (see Section 2.3), or c) if there are concerns about student safety or wellbeing, that evaluation form may be subject to review.
3. Any instructor, staff, or student may request that a comment be reviewed to determine whether it violates the Stanford Affirmation or the Stanford School of Medicine Technical, Non-Academic Standards, or if there are concerns about student safety or wellbeing.
4. Comments in question will be brought before the Student Progress Committee for review.
5. If the SPC review determines that the comment violates the Stanford Affirmation or the Stanford School of Medicine Technical, Non-Academic Standards, or if there are concerns about student safety or wellbeing, SPC will recommend escalation to the Associate Dean for PA Education, who will review the recommendation and may contact the vendor where the evaluation data is housed to request the identity of the student who submitted the evaluation at issue.
6. The student who wrote the comment that is determined to have violated the Stanford Affirmation and/or the Stanford School of Medicine Technical, Non-Academic Standards will be notified of the situation by their Faculty Advisor or, in the case of a conflict of interest, an SPC-assigned designee. The student may be asked to revise the evaluation and/or submit an apology to the faculty member and/or the course or curriculum leader the comment targeted.
7. In the case of a violation of the Stanford Affirmation or the School of Medicine Technical, Non-Academic Standards, the student's advisor will be notified of the violation. The student will receive feedback about professionalism expectations and a warning that a second lapse will lead to a referral to the Student Progress Committee.
8. If the student submits a second evaluation containing a comment that is determined to have violated the Stanford Affirmation or the Stanford School of Medicine Technical, Non-Academic Standards, the student will be referred to the Student Progress Committee for a professionalism concern.

### **3.8. INDUSTRY INTERACTIONS POLICY**

MSPA students, as members of the Stanford Medicine community, are expected to adhere to the Stanford Medicine Industry Interactions Policy (SMIIP).

#### **Purpose of Policy**

The purpose of this policy is to establish guidelines for interactions with Industry representatives throughout Stanford Medicine, which is composed of the Stanford School of Medicine, Stanford Health Care and the Lucile Packard Children's Hospital Stanford. Interactions with Industry occur in a variety of contexts, including marketing of new pharmaceutical products, medical devices, and hospital and research equipment and supplies on-site, on-site training of newly purchased devices, the development of new devices, educational support of medical students and trainees, and continuing medical education. Faculty and trainees also participate in interactions with Industry off campus and in scholarly publications in a variety of circumstances including consulting activities of various sorts. Many aspects of these interactions are very positive and important for promoting the educational, clinical and research missions of Stanford Medicine and for translating knowledge and expertise from the faculty to society. However, these interactions must be ethical and cannot create conflicts of interest (COI) that could endanger patient safety, data integrity, the integrity of our education and training programs, or the reputation of either the faculty member or the institution. Individuals must consciously and actively divorce clinical care decisions from any perceived or actual benefits expected from any company. It is unacceptable for patient care decisions to be influenced by the possibility of personal financial gain. See policy for Conflicts of Interest in Clinical Care.

#### **Statement of Policy**

It is the policy of the Stanford School of Medicine, Stanford Health Care and the Lucile Packard Children's Hospital Stanford that interactions with Industry should be conducted so as to avoid or minimize conflicts of interest. When conflicts of interest do arise, they must be addressed appropriately, as described herein.

The full policy is available online at <http://med.stanford.edu/smiip/home.html>.

### 3.9. LEAVES OF ABSENCE AND DISCONTINUATION AND REINSTATEMENT

MSPA students can request a leave of absence or withdrawal from the program for medical or personal reasons. Students must make this request in writing to the Program Director and follow all University procedures as noted below. If a student withdraws from the program, a student must reapply to the program for consideration of future matriculation.

Given the advancing curriculum of the MSPA program, a leave of absence from the program will likely result in the need for the student to decelerate. The student might need to audit the courses they have successfully completed and begin their coursework where they left off the prior year. The modification of the curriculum due to a deceleration or leave of absence is at the discretion of the Program Director and is not automatically granted.

#### University Policies

##### Leave of Absence

A leave of absence is required by graduate students who wish to withdraw from the University for the current quarter, or who do not wish to attend a future quarter (excluding Summer Quarter).

*The following is quoted from the [Stanford University Registrar's Office website](https://studentservices.stanford.edu/more-resources/student-policies/leaves-reinstatements/graduate-degrees-leaves-reinstatements) (8/15/2022, <https://studentservices.stanford.edu/more-resources/student-policies/leaves-reinstatements/graduate-degrees-leaves-reinstatements>):*

*"Leaves of absence are granted for a maximum of one calendar year, or four quarters. Leaves requested for a longer period are approved only in exceptional circumstances (for example, mandatory military service). An extension of leave, for a maximum of one year or four quarters, is approved only in unusual circumstances. Extension requests must be made before the expiration of the original leave of absence. Leaves of absence for graduate students may not exceed a cumulative total of two years (eight quarters including summer quarters)."*

Students should review all possible ramifications of taking a leave of absence. Students are encouraged to check with all other appropriate University offices (e.g., Housing Assignments, Financial Aid, Student Financial Services, Bechtel International Center, Vaden Health Center) to determine how taking a leave of absence impacts their status with these offices. Students on leave of absence are not registered and therefore do not have the rights and privileges of registered students. They cannot fulfill any of-ficial department or University requirements during the leave period.

Graduate students are subject to special registration requirements; see the "[Leave of Absence](https://studentservices.stanford.edu/my-academics/time-away-stanford-leave-withdraw-return/leaves-absence)" section of the Stanford Bulletin. (<https://studentservices.stanford.edu/my-academics/time-away-stanford-leave-withdraw-return/leaves-absence>)

## **Leave of Absence Procedures for Graduate Students**

1. Review the Leave of Absence Form via Axess (directions at <https://studentservices.stanford.edu/my-academics/time-away-stanford-leave-withdraw-return/leaves-absence-submit>)
2. Discuss plans with MSPA Faculty Advisor and all pertinent MSPA team members.
3. Submit the completed Leave of Absence form. It will be routed for MSPA approvals, and also for approval from the Bechtel International Center if applicable.

## ***Leave of Absence Policies***

Graduate students may not take a leave of absence during their first quarter of enrollment.

### **Deadlines**

Before a given quarter:

The deadline to submit a Leave of Absence for a full refund is the **Preliminary Study List deadline**. To ensure a full refund, submit a fully completed and properly endorsed Leave of Absence form by the Preliminary Study List deadline.

During a given quarter:

The deadline to submit a Leave of Absence form for a partial refund is the **Term Withdrawal deadline**. Graduate students must submit a Leave of Absence form to the Student Services Center. All courses for that term are dropped if the last day of attendance is prior to the Final Study List deadline. Axess does not allow students to drop all courses themselves. Submitting a Leave of Absence form after the Final Study List deadline results in 'W' notations on the transcript for all registered courses.

After the term withdrawal refund deadline (60% of the quarter), a Leave of Absence is granted only for approved health or emergency reasons with supporting documentation.

### **Refund Policy**

Policies and procedures for refunds for tuition can be found on the Stanford Bulletin (<https://studentservices.stanford.edu/my-academics/time-away-stanford-leave-withdraw-return/leaves-absence-deadlines-refund>)

### **Tuition**

Leaves of Absence Before the First Day of Classes:

Students who take a leave from the University voluntarily on or before the first day of classes will receive a full tuition refund. Such students are not included in University records as registered for the term.

### Leaves of Absence After the First Day of Classes:

An active student in good standing who voluntarily takes a leave from the University after the first day of instruction, but before the term withdrawal deadline, receives a pro rata refund. There is no refund after the Term Withdrawal deadline. Courses in which the student was enrolled after the Final Study List deadline appear on the student's record and show the grade of 'W' (withdrew).

### **Extending a Leave or Returning from a Leave at a Different Time**

A Leave of Absence form must be completed (with the extension portion of the form filled out) by a student who wishes to extend an initial leave of absence.

For graduate students, an **Application for Reinstatement in Graduate Study** (accessible in the eForms section in Axess) must be submitted by a student who did not submit a Leave of Absence form and was discontinued for no enrollment. Both an application fee and reinstatement fee apply.

### *Student Status While on Leave*

#### **Academic Status**

Students on an approved Leave of Absence retain their admitted student status; however, they are not registered and therefore do not have the rights and privileges of registered students. Students on leave may complete coursework for which an 'Incomplete' grade was reported in a prior term and are expected to comply with the one-year maximum time limit for resolving incompletes.

#### **Graduate Students**

Degree programs and candidacy must be valid in the term of reenrollment. Leaves do not delay candidacy or master's program expiration dates. Failure to return as scheduled or to secure an extension of a prior leave will result in cancelation of registration privileges and a substantial reinstatement fee. Official department or University requirements (e.g., qualification examinations) cannot be fulfilled during the leave period.

#### **International Students**

Nonimmigrant students and their dependents must maintain an appropriate visa status at all times. An absence from the U.S. of five or more months will result in termination of F-1 or J-1 status. If a student remains outside the U.S. for five or more months, a new I-20 or DS-2019 is necessary for re-entry. For further information, contact [Bechtel International Center](#).

#### **Financial Aid**

Students should notify the Financial Aid Office of their intent to leave the University if they are receiving any type of aid, particularly to protect eligibility for certain programs and funds such as Cal Grants while on leave. A portion of any refund is returned to the sources of aid. Students should clear all outstanding bills with the Student Services Center before returning to campus. Graduate students may apply for loans four weeks before the first day of classes in the quarter



in which they plan to return. See the [Financial Aid](https://financialaid.stanford.edu) (<https://financialaid.stanford.edu>) website for detailed application requirements.

### **Loans**

Students must notify all lenders of their intent to leave the University and request exit information before leaving campus (Stafford and private loans through the Financial Aid Office; Perkins and Institutional loans through Student Financial Services). Students are cautioned to consider carefully the effect of leaves on their loan status; lenders may count the leave period as part of the total grace period. Stanford will provide enrollment status to the National Student Loan Clearinghouse. Students who receive loan disbursements directly may be required to repay portions of their loans.

### **University Housing**

University housing is generally not available to students on leave. Students with questions about room-and-board refunds should contact the Stanford Housing Assignment Services or the central office of the University Dining Services (for board refunds). Students with medical disabilities that require University medical services and students approved for the Childbirth Accommodation may petition to remain in campus housing for one term while on leave. Approval requires good academic standing, department recommendation, and no outstanding financial obligations to the University. Address questions to the appropriate unit at <https://rde.stanford.edu/studenthousing>.

### **Health Insurance**

Contact Vaden Health Center at (650) 723-2135 or visit the Vaden website (<https://vaden.stanford.edu/insurance-referral-office>) for information regarding Cardinal Care coverage and/or Dependent Plan Insurance during a student leave of absence. If you have a question or problem, you can submit a Help Ticket ([https://stanford.service-now.com/student\\_services](https://stanford.service-now.com/student_services)).

### **Library**

Contact the Privileges Division at Green Library to determine whether you may retain access and/or borrowing privileges while you are on leave.

Our [Lane Medical Library](https://lane.stanford.edu) (<https://lane.stanford.edu>) continues to be available to you while you are on leave, as your SUNetID will continue to allow you access.

### **3.10. MALPRACTICE LIABILITY FOR MSPA PROGRAM STUDENTS**

Stanford assumes the financial responsibility for medical malpractice liability incurred by registered MSPA students when they are participating in any clinical activities as part of their formal educational program at the Stanford University Medical Center, or at other Stanford-approved medical facilities. However, it is very important that Stanford MSPA students be certain they are protected when participating in clinical work in special situations. Therefore, students should consult the Clerkship leadership team if they will be:

1. Undertaking a clinical clerkship at another hospital or PA school in the United States while not paying tuition and not registered as a PA student at Stanford.
2. Undertaking a clinical experience in a foreign country while not paying tuition and not registered at Stanford.
3. Participating in any volunteer clinical work away from Stanford.
4. Working in a private physician's office.
5. Participating in any clinical activities not at Stanford that are not covered in (1) through (4) above.

Stanford reserves the right, without prior notice, to modify its practices with regard to financial responsibility for medical malpractice liability.

### 3.11. MEDICAL HEALTH REQUIREMENTS AND IMMUNIZATIONS

#### Medical Requirements

All matriculated Stanford students must complete the [Entrance Medical Requirements \(https://vaden.stanford.edu/about/entrance-health-requirements\)](https://vaden.stanford.edu/about/entrance-health-requirements) at their own expense. These requirements are based on the [Centers for Disease Control and Prevention recommendations for health professionals](#) and monitored by Vaden Student Health Center (<https://vaden.stanford.edu>).

#### Vaccines

Measles, Mumps, Rubella (MMR)

- 2 doses of live vaccines MMR/MMRV or
- Laboratory evidence of immunity

Varicella

- 2 doses of Varicella vaccine or
- Laboratory evidence of immunity<sup>1</sup>

Hepatitis B

- Three doses of Hepatitis B vaccine or
- Laboratory evidence of immunity from vaccination (Hepatitis Surface Antibody) or
- Laboratory evidence of natural immunity (have had past hepatitis B infection)<sup>1</sup>. This must include results for Hepatitis Surface Antibody, Hepatitis B Core Antibody and Hepatitis B Surface Antigen.

<sup>1</sup>Equivocal antibody titers are not considered sufficient to protect from infection and a complete vaccine series will be administered as recommended by the CDC-ACIP.

Tetanus, diphtheria, pertussis (Tdap)

- Tdap: Booster must be within past 10 years, regardless of last Td vaccine

Students are expected to comply with evolving University vaccination requirements.

#### Strongly Recommended Vaccines

- COVID-19 vaccine. Students should be advised that while the COVID-19 vaccine is strongly recommended but not required by the University, it is required by most clerkship sites.

#### Recommended Vaccines

In addition to the required immunizations above, Stanford also recommends that students consider the following immunizations if applicable:

- Hepatitis A vaccine.
- Human Papillomavirus vaccine.

- Meningococcal vaccine.
- Pneumococcal vaccine (for those with a history of asthma or other lung diseases, an immunocompromising condition, or cigarette smoking).
- A completed polio vaccine series.

### **Required Testing**

- Tuberculosis (TB): Quantiferon (required prior to matriculation and annually)

### **Annual Tests and Immunizations**

After matriculation, the following tests/immunizations are required of each MSPA student ANNUALLY:

- Tuberculosis (TB): Quantiferon.
- Influenza: All MSPA Studies program students must be immunized against influenza.

Immunizations and tests can be performed at the following location:

[Vaden Student Health Center \(https://vaden.stanford.edu\)](https://vaden.stanford.edu)

866 Campus Drive

Stanford, CA 94305-8580

(650) 498-2336

Additional tests or immunizations required by specific clerkships will have documentation on file with the clerkship team of these requirements.

Annual immunizations required by the School of Medicine and its clerkships are performed at the School of Medicine's expense.

If a student is not in compliance with required immunizations and annual testing, an enrollment hold will be placed on the student's account preventing enrollment. The hold will be released once the student is in compliance with the required immunizations and annual testing. Clerkship students who are out of compliance may have their rotations paused until they become compliant. Student compliance with required screenings, testing and immunizations are considered a component of professionalism. If a student fails to meet required deadlines, their Faculty Advisor will be notified. The student will receive feedback regarding professionalism expectations and a warning that any further lapse may result in a referral to the Student Progress Committee.

### 3.12. POLICIES AND RESOURCES FOR DEVICE ENCRYPTION, SECURITY AND USE

As all MSPA students will at some point in their training access Protected Health Information (PHI), they should always attest Yes to “may access or receive High Risk data,” and all devices used for Stanford work (even just email) must be appropriately encrypted and fully compliant with School of Medicine data security standards. This applies to all Stanford Medicine students at all times, whether or not they are currently accessing or storing PHI, even if stepping out of the curriculum to obtain another degree.

Attestation and data security compliance by stated deadlines are a professional expectation. If attestation and encryption is not completed following a notification reminder, the student will be referred to the Student Progress Committee.

#### **Personal Responsibility**

Legally, students are personally and fiscally responsible for any information disclosure from their computer or mobile devices, whether accidental or not. [TDS Information Security Services](#) is here to help students protect themselves: encryption is a one-time, necessary step students can take now to prevent problems in the future.

#### **Data Classification: What Data Must Be Encrypted?**

Stanford University has classified information assets into categories to determine which security precautions must be taken to protect it against unauthorized access. Data may be classified as [High, Moderate or Low Risk](#). Common types of High-Risk data include:

- Health Information, including Protected Health Information (PHI)
- Health Insurance policy ID numbers
- Social Security Numbers
- Credit card numbers
- Financial account numbers
- Export controlled information under U.S. laws
- Driver's license numbers
- Passport and visa numbers
- Donor contact information and non-public gift information

The School of Medicine Data Security Policy requires the encryption of all computers and mobile devices used for Stanford work by an individual who might access Protected Health Information (PHI) or other High Risk data. This applies to both Stanford-owned and personally-owned equipment.

For more information, see the University [risk classification standards](#) and [encryption requirements](#).

Because personal computing devices are becoming more and more portable—laptops, smart phones, USB thumb drives, etc.—securing the sensitive information stored on those devices is

more important than ever. Based on government regulations, individuals may be held personally and fiscally liable in the event of information disclosure. Students are expected to review and follow the policies outlined below:

- Mobile Device Management (<https://uit.stanford.edu/service/mobiledevice/management>)  
If students have an iOS or Android device that is used for Stanford work, there's an easy way to set up and maintain proper security practices on the device [with Stanford's Mobile Device Management \(MDM\) apps](#). The applications are free to install, and automatically configure your device to be optimized for the Stanford environment—from email settings to security settings. Visit the link provided above for more information about MDM at Stanford.
- Stanford School of Medicine Course Content Access and Appropriate Use Policy (<http://med.stanford.edu/edtech/services/ClassroomTechnologies/course-content-access.html>)  
Students may only use Stanford School of Medicine course materials as intended for curriculum and course-related purposes. These materials are copyrighted by the University or others. Access to this content is for personal academic study and review purposes only. Unless otherwise stated in writing, students may not share, distribute, modify, transmit, reuse, sell, or disseminate any of this content.
- High Risk Data and HIPAA Compliance (<https://uit.stanford.edu/guide/riskclassifications>)  
Students must ensure all devices used for Stanford work fully comply with Stanford's data security requirements and HIPAA guidelines. As medical students are expected to interact with High Risk data (such as PHI), all devices must be verifiably encrypted. The University's BigFix application is used to report the encryption status of laptops and desktops regularly. MDM (AirWatch) is used to report the encryption status of mobile devices. Additional requirements include ensuring a password is set and that all backups are encrypted.
- Stanford University Computer and Network Usage Policy  
<https://bulletin.stanford.edu/pages/BFR6SWHFxkWJ2ZOBKGxq>  
Students must respect copyrights and licenses, respect the integrity of computer-based information resources and refrain from seeking to gain unauthorized access, and respect the rights of other information resource users.
- Stanford Medicine Bring Your Own Device (BYOD) Policy (<http://med.stanford.edu/edtech/services/ClassroomTechnologies/byod.html>)  
Stanford Medicine is a "Bring Your Own Device (BYOD)" campus. What does this mean?
  - **In pre-clerkship courses**, students will use their own device for online quizzes and exams, and potentially other classroom activities. Students will be asked to install secure browsers on their devices at the beginning of the year for examinations.
  - **In clerkship courses**, students will use their own devices for exams. Instructions will be provided to install the required secure browser prior to the exam.

The School of Medicine EdTech and AV Tech teams provide support for required courses and clerkships during examinations to ensure a smooth experience. Please visit [BYOD at Stanford Medicine](#) for the latest details on system recommendations. If you have any questions, please contact EdTech at [medcanvas@stanford.edu](mailto:medcanvas@stanford.edu).

- **Loaned iPads**

Policies and guidelines around appropriate use of iPads may vary among clerkships and hospital sites. Therefore, students must review and follow the policies and guidelines set by the clerkship leadership team and by each hospital site. The privilege of using an iPad may be rescinded at any time. Students who do not follow policies and guidelines for appropriate iPad use may be asked to return the device prior to completing the clerkship rotation.

*See sections 3.3 Data Security and Privacy (HIPAA) Training and 3.15 Stanford Medicine Policy for the Removal and Transport of PHI for additional information.*

### 3.13. RESPECTFUL ENVIRONMENT AND MISTREATMENT POLICY

#### I. Standards

A. Stanford School of Medicine is committed to providing a work and educational environment that is conducive to teaching and learning, research, the practice of medicine and patient care. This includes a shared commitment among all members of the School of Medicine community to respect each person's worth and dignity, and to contribute to a positive learning environment where medical students are enabled and encouraged to excel. Given their roles in the educational process and their inherently unequal positions vis a vis students, all instructional personnel (including faculty, residents, and other members of the healthcare team) are to treat students with courtesy, civility and respect and with an awareness of the potential impact of their behavior on such students' professional futures.

B. Conduct inconsistent with this policy can occur in a variety of forms and may seriously impair learning. In particular, instructional personnel are expected to create an environment in which feedback regarding their performance can be given openly by students without concern for reprisal, and which is free of exploitation, harassment, impermissible discriminatory treatment, humiliation, or other mistreatment or abuse of medical students. Examples of conduct inconsistent with these standards might include:

- Sexual harassment
- Physical or verbal abuse
- Assigning duties as punishment rather than education
- Requiring a student to perform personal services (such as shopping or babysitting)
- Unwarranted exclusion from reasonable learning or professional opportunities
- Evaluation or grading on inappropriate criteria (or threatening to do so)
- Harassment or discrimination on the basis of sex, race, age, color, disability, religion, sexual orientation, gender identity, national or ethnic origin, or any other characteristic protected by applicable law

C. Note: The expectations stated in this policy primarily relate to the standards of conduct for instructional personnel. For their part, MD and MSPA students are expected to adhere to similar standards of respectful and professional behavior, including (but not limited to) the standards of conduct for students set forth in the MD Program Handbook and Policy Manual and website.

#### II. Guidelines for Application

A. These standards of conduct are applicable to all School of Medicine instructional personnel (including faculty, residents, teaching assistants and other members of the healthcare team) in their interactions with Stanford medical students—whether on or off campus and whether in formal educational (such as clinical or classroom) or in social settings.



B. In general, a determination of whether specific conduct is inconsistent with this policy will depend on a case-by-case analysis of the particular facts and circumstances, and the use of a “reasonable medical student” standard.

C. Students subjected to abuse, discrimination, mistreatment or harassment have a right to seek timely and effective remediation with the full support of the School of Medicine and Stanford University. In addition, retaliation and/or reprisals against an individual who in good faith reports or provides information in an investigation about conduct that may violate this policy is prohibited.

D. Conduct inconsistent with this policy may consist in repeated actions or may even arise from a single incident if sufficiently egregious.

E. In the review of conduct under this policy, other Stanford University and School of Medicine policies and procedures (such as Stanford’s Prohibited Sexual Conduct Policy) may become relevant.

### III. [The Respectful Environment and Mistreatment Committee](#)

The Respectful Environment and Mistreatment Committee is a standing committee to carry out the purposes and procedures set forth in this policy.

A. The committee meets monthly, and on an ad hoc basis if it is deemed necessary by the Chair.

B. The committee is chaired by the Associate Dean for Medical Student Life Advising, who is hereafter referred to as the Chair.

C. The composition of the committee includes the following as members:

- The Chair
- One or more students (clinical and preclinical) from both the MD and MSPA program
- A student selected by SUMMA (Stanford University Minority Medical Alliance)
- A student selected by SNMA (Student National Medical Association)
- An Academic Advising Dean
- The Director of Graduate Medical Education (or designee)
- The Assistant Dean for Clerkship Education
- The Assistant Dean for Preclerkship Education
- The Director of Educators for CARE
- A Residency Training Program Director
- A faculty or staff member with specific knowledge and sensitivity to racial issues and instances of bias
- A faculty or staff member with specific knowledge and sensitivity to LGBTQ+ issues and instances of bias

- A faculty or staff member with specific knowledge and sensitivity to ability issues and instances of bias
- A Resident
- The Chair of the Physician Wellbeing Committee
- A faculty member from the MSPA program

D. The REMC will keep such confidential records of its proceedings as are appropriate to support its purposes of education and concern resolution.

#### IV. Procedures

The following procedures for handling incidents of potential violations of the Standards of Conduct for the Teacher-Learner Relationship place a strong emphasis on resolving complaints informally. The procedures include advising and mediation. It is important to note that the procedures do not preempt other formal or informal channels available within the University. It is recommended that students should -- as a first step-- contact the Chair of the Respectful Environment and Mistreatment Committee to review the various options that are available (on a confidential basis as that status is granted to the Associate Dean for [Medical Student Life Advising](#)). The Chair is empowered to explore with the student a plan of action that may include some or all of the steps described below. Alternatively, there are three anonymous avenues to report a concern: 1) MedHub; 2) SAFE report, and 3) on an end of Course or end of Clerkship evaluation.

A. Informal: Concern about potential violations may be handled by communication with various individuals, including but not limited to the following:

1. Direct discussions (by the student or others) with the alleged offender.
2. Conversation (by the student or others) with individuals such as the chief resident, attending physician, clerkship director, and/or Educator-4- Care (E4C) faculty.
3. The Chair may present the concern to all or a portion of the committee, and to such third parties that the Chair deems appropriate for seeking an informal resolution.
4. The Chair may enlist one of the trained Mistreatment Coaches to educate the person who is the source of the concern.
5. The Chair also may in his/her discretion refer the matter to an alternate available University process or office, such as an existing grievance process or the Sexual Harassment Policy Office or the Director of the Diversity and Access Office.
6. Direct conversation by the student with confidential resources including but not limited to the Ombuds, Counseling and Psychological Services, and the Deans of Religious Life.

Informal solutions to address the problem may be recommended and/or pursued such as (but not limited to) systems changes or educational interventions. The Chair will be available throughout the process to discuss with the student the status of the matter, including any potential resolution.

B. Formal: If no resolution is reached and the student wishes to proceed with a more formal grievance or complaint process, the Chair may refer the student to other existing processes or may (in an appropriate case) accept from the student a written grievance or complaint to use the procedure described below.

- 1) The student should set forth in writing the substance of the grievance or complaint, the grounds for it and the evidence on which it is based, and the efforts taken to date to resolve the matter. It is at this stage that the matter becomes a formal grievance or complaint.
- 2) The grievance or complaint document should be submitted to the Chair. A grievance should be filed in a timely fashion, i.e., normally within thirty days of the end of the academic quarter in which the action that is the subject of the grievance or complaint occurred. A delay in filing may be grounds for rejection of that grievance or complaint.
- 3) The Chair will review the grievance or complaint and (if it reflects an appropriate use of the process) will then promptly (within 7 days) transmit the grievance or complaint to the Senior Associate Dean for Medical Education (SADME) for handling.
- 4) The SADME shall promptly initiate a review, which should normally be completed within sixty days. The SADME may attempt to resolve the matter informally and may refer the matter (or any part of it) to a grievance officer or other designee, who will evaluate and/or address the matter as the SADME directs. The SADME may also, in appropriate cases, remand the matter to the appropriate administrator (including to the administrative level at which the grievance or complaint arose) for further consideration.
- 5) In undertaking this review, the SADME (or their designee) may request a response to the issues raised in the grievance or complaint from any individuals believed to have information the reviewer considers relevant, including faculty, staff and students.
- 6) The SADME (or their designee) shall issue their decision in writing and take steps to initiate such corrective action as is called for (if any). Conduct meriting discipline shall be brought to the attention of the appropriate disciplinary process.
- 7) Appeal
  - a) If the student is dissatisfied with the disposition by the SADME (or their designee), they may appeal to the Dean of the School of Medicine. The appeal should be filed in writing with the Dean within ten days of the issuance of the decision by the SADME (or their designee); a delay in filing the appeal may be ground for rejection of that appeal.
  - b) The Dean may attempt to resolve the matter informally and may refer the matter (or any part of it) to a grievance appeal officer or other designee, who will review the matter at the Dean's direction. The Dean also may remand the matter to the appropriate administrator (including to the administrative level at which the grievance arose) for further consideration.
  - c) The Dean should normally complete his or her review of the appeal and issue his or her decision in writing within forty-five days. That decision is final. It is not subject to further review by any other University process.

## V. General Provisions

- A. **Time Guidelines:** The time frames set forth herein are guidelines. They may be extended by the Chair, the SADME or the Dean, as applicable, in his or her discretion for good cause (including for reasons relating to breaks in the academic calendar).
- B. **Advisers:** A student initiating or participating in a grievance or complaint under this procedure may be accompanied by an adviser in any discussion with the Chair, the SADME, the Dean, or their designees (such as a grievance or grievance appeal officer); such adviser must be a current Stanford faculty, staff member or student.
- C. **Ombuds:** Students should be aware that the University Ombuds and the School of Medicine Ombuds are available to discuss and advise on any matters of University concern and frequently help to expedite resolution of such matters. Although it has no decision-making authority, the Ombuds' Office has wide powers of inquiry.
- D. **Sexual Harassment and Disability related issues:** For further information and resources concerning sexual harassment and sexual violence, students should refer to the web page of the Sexual Harassment/Assault Response & Education-Title IX Office. For further information and resources concerning disabilities and accessible education, students should refer to the web page of the Office of Accessible Education and/or the Diversity and Access Office.
- E. **No retaliation:** Stanford University prohibits retaliation or reprisals against individuals based on their pursuit in good faith of a grievance or complaint under this procedure, or their participation in good faith in the grievance or complaint process.
- F. **Standards for Review:** If the grievance or complaint involves a decision that is being challenged, the review by the SADME, as well as the review by the Dean on appeal, usually will be limited to the following considerations:
  - 1. Were the proper facts and criteria brought to bear on the decision? Were improper or extraneous facts or criteria brought to bear that substantially affected the decision to the detriment of the grievant?
  - 2. Were there any procedural irregularities that substantially affected the outcome of the matter to the detriment of the grievant?
  - 3. Given the proper facts, criteria, and procedures, was the decision one which a person in the position of the decision maker might reasonably have made?

## VI. Education

The Stanford School of Medicine will provide ongoing education to promote a positive learning environment and discourage violations of the standards of conduct for the teacher-learner relationship. Such education serves several purposes. First, it promotes an environment of

respect for each person's worth and dignity. Second, it informs students that there are procedures available for them to register concerns of educator conduct violations, which can be investigated and addressed without fear of retaliation. Third, it informs instructional personnel of the School of Medicine's standards of conduct and procedures for responding to allegations of violations of these standards. Educational sessions on this topic will be introduced during the pre-clerkship curriculum and readdressed early in the clinical curriculum. Educational sessions on this topic will also be presented to educational personnel including but not limited to at forums such as resident orientation, department meetings, and staff meetings. The materials and methods for providing this education will be the responsibility of the Respectful Environment and Mistreatment Committee.

### **3.14. SAFETY TRAINING**

#### Bloodborne Pathogens Training

The California OSHA (Occupational Safety and Health Administration) Bloodborne Pathogens Standard requires that all individuals with occupational exposure to blood, blood products, or other potentially infectious materials complete a Bloodborne Pathogens training course ANNUALLY. This requirement applies to all MSPA students. Stanford University Bloodborne Pathogens Training is a web-based training that takes approximately 30 minutes to complete. The Office PA Education sends e-mail instructions to all MSPA students annually.

Pre-clerkship students will not receive credit for Practice of Medicine (POM) course until they have completed this training (both years). Clinical students are not able to enter the Clerkship until they have completed this training.

The training module is self-paced and is accessible through STARS. Log into Axess and click on the STARS tab. In the *Search Catalog* box, enter the course title "Bloodborne Pathogens" or the course code EHS-PROG-1600.

#### Safety and Emergency Preparedness Training

All MSPA students are required to complete the following three online courses:

- General Safety, Injury Prevention (IIPP) and Emergency Preparedness (EHS-4200)
- Biosafety (EHS-1500)
- Chemical Safety for Labs (EHS-1900) is required for all MSPA students in laboratories.  
*Compliance is monitored by the lab administrators*

These courses are accessed through STARS in Axess.

### 3.15. STANFORD MEDICINE POLICY FOR THE REMOVAL AND TRANSPORT OF PHI

#### **Purpose**

The purpose of this policy is to set forth controls related to removal of Protected Health Information (PHI) or Personal Information (PI) from the medical center and transport of medical information within the medical center. This policy does not replace IT Security policies for protection of electronic patient information including requirements related to emailing patient information.

#### **Policy Statement**

Stanford Health Care (including all SHC-affiliated locations), Lucile Packard Children's Hospital (including all LPCH-affiliated locations), and the Stanford School of Medicine (collectively, "Stanford Medicine") are committed to complying with state and federal requirements related to the privacy and security of patient information. Workforce Members at Stanford Medicine, as well as those with whom Stanford Medicine conducts its business, have a legal and ethical responsibility to maintain the confidentiality, privacy and security of all PHI/PI, to protect PHI/PI at all times and to guard against the loss of, or unauthorized access to, use or disclosure of, PHI/PI when removing it from the medical center up through its return, and when transporting it within the medical center. Such removal and transport of PHI/PI shall not occur in a manner inconsistent with this policy. Principles and procedures in this policy apply to PHI/PI in all media, including paper and electronic format. Consistent with other policies, PHI/PI that is removed from the premises should never be verbally discussed with any unauthorized person.

#### **Definitions**

*Protected Health Information ("PHI")* is defined as information that (i) is created or received by a health care provider, health plan, employer, or health care clearinghouse; (ii) relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (iii) that identifies the individual, or provides a reasonable basis to identify the individual. PHI does not include employment records held by Stanford Medicine in its capacity as an employer, or information that has been de-identified in accordance with the HIPAA Privacy Standards.

*Personal Information ("PI")* is a person's first name and last name, or first initial and last name, in combination with any one of the following data elements that relate to such person:

- Social Security Number (SSN);
- Driver's license or state-issued identification card number; or
- Financial account number, credit or debit card number (e.g., health insurance policy number).

Personal information shall not include information that is lawfully obtained from publicly available information, or from federal, state or local government records lawfully made available to the general public.

*De-identification* is defined as the process by which PHI is stripped of specific data elements, as defined by HIPAA, in order to assure that personal identities cannot readily be identified from data sets.

*Workforce Members* are defined as faculty, employees (including temporary employees), researchers, volunteers, trainees, and other persons whose conduct, in the performance of work, is under the direct control of Stanford Medicine, whether or not they are paid by Stanford Medicine.

*Supervisor*: For the purposes of this policy, Supervisor is used in the context of approval for a Workforce Member to remove PHI/PI from the medical center or transport PHI/PI within the medical center. It is understood that from time to time the duties of senior operational leadership (Directors and above) and faculty will require them to conduct Stanford Medicine business for which this policy requires Supervisor approval. Such approval for senior operational leadership and faculty is self-granted, provided that they have ensured that all safeguards and other privacy and security controls are in place. For research activities, Supervisor means the Principal Investigator or Protocol Director.

*Medical Center* is any location owned, leased or operated by Stanford Medicine, wherever located.

## **Principles**

1. PHI/PI shall be treated as confidential and shall be safeguarded according to Stanford Medicine policies at all times.
2. Treatment, payment, healthcare operations, education, IRB-approved research and other Stanford Medicine business involving the permissible use or disclosure of PHI/PI should be conducted within the medical center whenever feasible. Removal of PHI/PI from the medical center by Workforce Members shall occur solely for job-related purposes and with the approval of the Workforce Member's Supervisor. Removal of PHI/PI from the medical center should not be approved for reasons related to the convenience of the Workforce Member, but rather for instances where the work requiring the PHI cannot practically be conducted on-site in a timely manner, and only after due consideration of alternative ways to remotely perform the work, such as VPN access to PHI/PI or secure scanning of PHI/PI for access from the remote site.
3. The Workforce Member taking the PHI/PI off-site and the approving Supervisor are responsible for ensuring that only the minimum amount of PHI/PI necessary to perform the off-site work is approved and removed from the medical center. De-identified patient information or limited data sets shall be used whenever possible. The approving Supervisor and the Workforce Member removing the PHI/PI, or the Workforce Member transporting the information within the medical center, should be able to account for every element of PHI/PI removed from or transported within the medical center,

whether electronic or paper, and should be able to reconstruct the exact PHI/PI that was removed from or transported within the medical center.

4. Appropriate safeguards shall be diligently followed regarding secure transport of PHI/PI off-site and within the medical center. PHI/PI must be in the immediate personal possession of the workforce member at all times during transport, for example, from the time the PHI/PI is taken from the medical center to the time of arrival at the off-site location, or from location-to-location within the medical center.
5. Appropriate safeguards shall be diligently followed regarding securing PHI/PI at the off-site location. PHI must be secured in a manner so that it cannot be accessed by unauthorized individuals.

In the case of PHI that is lost, stolen, accessed, viewed or reviewed by unauthorized individuals, or the confidentiality of which has been otherwise compromised, it is essential that the Stanford University Privacy Office be notified immediately. There are a number of federal and state privacy laws which may require Stanford to take very specific actions within very defined timelines. The Privacy Office will work with you to gather all of the relevant facts to ensure Stanford complies with all of our privacy obligations. A loss or theft counts as a Privacy Incident; report it to the [Stanford University Privacy Office](#), by email at [privacy@stanford.edu](mailto:privacy@stanford.edu), or by phone: (650) 725-1828. For more information about a lost or stolen device, see <https://med.stanford.edu/irt/security/help.html>

## **Procedures**

1. PHI should be saved or stored on secure medical center network servers whenever feasible. Saving or storing PHI/PI on computer or laptop hard drives, personal laptops or other personal devices, flash drives or USB drives, external drives, and other removable media is prohibited unless the device is encrypted to Stanford Medicine standards, password protected and meets other applicable Stanford Medicine security requirements.
2. Before the decision is made by the Workforce Member and the Workforce Member's supervisor to remove electronic PHI from the premises, IT Security must be contacted to determine whether a viable alternative is available to remotely access the PHI/PI needed to perform the job-related work.
3. PHI/PI should not be printed at off-site locations, for example, home or public printers, unless a Stanford Medicine business need exists to do so.
4. Safeguards must be in place to prevent unauthorized individuals, such as family members, conference attendees or the general public, from viewing or accessing PHI/PI at off-site locations.



5. PHI/PI must be safeguarded during transport and in the personal possession of the Workforce Member at all times. PHI shall not be left unattended in publicly accessible locations.
6. PHI/PI transported for purposes such as off-site storage, office relocation and new location openings shall be safeguarded to prevent the loss of or unauthorized access to PHI/PI. Only medical center approved off-site storage locations may be used for storing records, documents and electronic media containing PHI/PI. Records and documents containing PHI must be inventoried before off-site storage. See Appendix B for securing documents and records containing PHI/PI for off-site storage or office/department relocation

### **Compliance**

1. All Workforce Members are responsible for ensuring that individuals comply with those policy provisions that are applicable to their respective duties and responsibilities.
2. Workforce Member failure to protect the privacy, confidentiality, and security of patient information is detrimental to the mission, goals, and operations of Stanford Medicine. Serious consequences can result from failing to protect patient information, up to and including termination.
3. Violations of this policy will be reported to the Privacy Office and any other department as appropriate or in accordance with applicable Stanford Medicine policy. Violations will be investigated to determine the nature, extent, and potential risk to Stanford Medicine.

### 3.16. STANFORD SCHOOL OF MEDICINE EDUCATION RESEARCH POLICY

All research involving MSPA students requires approval by the student's faculty advisor and their Leadership Track lead. Research examining the MSPA Studies program or MSPA students or alumni also requires the approval of the Associate Dean for PA Education.

The process and timing for submitting research ideas, objectives, and the Thesis project proposal are provided in Q1. An overview of the IRB approval by the Stanford University [Research Compliance Office](https://researchcompliance.stanford.edu) (<https://researchcompliance.stanford.edu>) is presented in Q2.

**Important: In general, any data gathering and analysis with the intent to disseminate findings to a broader scientific community would be considered research and should be reviewed and approved by the IRB (via the Stanford University [Research Compliance Office, https://researchcompliance.stanford.edu](https://researchcompliance.stanford.edu)). All other projects by MSPA students will require submission of a "Determination of Human Subject Research Application Form" to determine if formal IRB approval is indicated.**

### 3.17. STUDENT PARTICIPATION IN CLINICAL ACTIVITIES INVOLVING PERSONAL RISK

The Stanford University School of Medicine has long had the policy that students learn to be clinicians by participating in the care of patients under faculty supervision. Some of these patients may have an infectious or other disease that provides some risk to caretakers, including students. While every effort will be made to provide appropriate training and safeguards for students so that these risks are minimized, they cannot be totally eliminated.

Students are required to participate in patient care as one of their fundamental responsibilities during their medical education. Students are expected at all times to follow universal safety precautions in order to safeguard their own health. Under certain rare and extenuating circumstances where the risk to the student significantly outweighs either the educational benefit to the student or the health-care benefit to the patient, a supervising clinician may suggest that a student be exempted from, or a student may ask permission from the supervising clinician to be excused from, participation in certain aspects of patient care.

The course and/or clerkship director are responsible for providing guidance and clarification of this statement and resolving any disputes. In the event a dispute is unsatisfactorily resolved from the standpoint of either the student or the supervising clinician, the matter may be referred to the Director of Pre-Clerkship Education or Director of Clerkship Education for final review as necessary.

### 3.18. SURGICAL PROCEDURES FOR MSPA STUDENTS

An MSPA student must meet all of the following conditions and criteria in order to scrub and/or participate directly in a surgical procedure.

1. Each Stanford MSPA student must:
  - a. Complete the scrub training
    - i. Initial training: Full course with knowledge test and scrubbing/gowning checklist.
      1. Red sticker for pre-clerkship students. Initial training valid for one year from training date.
      2. Green sticker for clerkship students. Initial training valid for two years from training date.
    - ii. Clerkship students:
      1. Pre-clerkship trained (red sticker) students will be required to complete an online course with medical knowledge test and scrub/gowning verification to convert to clerkship (green) certification
    - iii. Students scrub training certification will require that this sticker be visible on their name badge.
2. The lists of names and documentation to attest meeting requirements to scrub received from each surgical division/department are kept with the Goodman Surgical Education Center or the education/administration office.
3. Student may scrub and participate in surgical cases only if they have an OR-approved sticker affixed on their name badge as a proof that the student underwent appropriate training in aseptic techniques.
4. If a student's name is not present on the list submitted by their respective surgical division/department, they will be denied presence in the OR and be dismissed until credentials are verified.

### 3.19. UNIVERSAL PRECAUTIONS AND NEEDLESTICK PROTOCOL

MSPA students are required to take the necessary precautions to avoid injury and exposure to infectious and hazardous materials. In addition to the required training noted in section 3.14, students must actively ensure that they take necessary precautions, including following universal precautions, utilizing personal protective gear (gloves, gowns, surgical and N95 masks etc.), and disposing of sharps and soiled materials appropriately. All MSPA students are required to have healthcare coverage. The financial responsibility for treatment will be borne by the student and their healthcare plan.

#### Needle Stick Policy and Procedures

**If you are stuck by a needle or splashed with bloody fluid, follow the steps below immediately.**

1. If sharps injury: Wash skin with soap/water x 15 minutes. If eyes: flush with 500cc lactated Ringers or normal saline; if mouth/ nose: flush with water x 15 minutes

2. Activate 1-STIX Pager for OHS BBP Advice RN (24/7/365)

- Page Operator (650) 723-6661: Ask for 1-STIX pager (17849)

3. Obtain Source Patient's Blood by cooperating with site hospital personnel:

- Name/MRN/Unit Location/ HIV, HBV, HCV status

Follow-up services may be advised by OHS BBP RN for testing at University Services at 484 Oak Rd (650) 735-5308 or in the basement of 300P.

QUICK & CONVENIENT - A trained professional will contact you and order medication from pharmacy near you. Follow-up may be advised by the OHS BBP Advice RN at University services at 484 Oak Rd (650-725-5308) or Stanford Employee Health in the basement of 300P.

CONFIDENTIAL - Does not become part of your health care record.

FREE - No charge for services obtained via hotline.

Keep a copy of the 1-STIX orange card with your Hospital ID Badge at all times. Hotline problems? Email the wellness team at [somwellness@stanford.edu](mailto:somwellness@stanford.edu).

If you are at Pioneers, please contact the Pioneers Clinical Site Director via phone call, text, or secure e-mail to help coordinate treatment at Occupational Health. If sending a text message, confirm your name and share that you have a "Code Zebra" and request a call back. Please bear in mind that text messages are not PHI-safe, hence the use of a code phrase is necessary.

If you are at a Central Valley site, please contact the Central Valley Clinical Site Director as outlined above. If you are at TriValley, please also contact the TriValley Clinical Site Director.

If you are at any other site type, or are unable to connect with a site director, please contact the clerkship leadership team as outlined above.

Follow up appointments may be needed but this will be recommended by the 1-STIX professional staff person. This has been set up **specifically for Stanford MD AND MSPA students** and employees so that it is **QUICK, CONFIDENTIAL and with NO CHARGE**. Records are kept confidential in accordance with applicable laws so that it does **not** become a part of your health care record. This is a protection for you.

If you have any problems with the hotline, please contact Dr. Rebecca Smith-Coggins immediately. Dr. Smith-Coggins can be reached through the hospital page system at (650) 723-6661, at pager 13481, or via email at [smithcog@stanford.edu](mailto:smithcog@stanford.edu).

If you choose to go to the Emergency Department, the hospital **will** charge you and it **will** go on your health care record. Please call the Needlestick Hotline first.

Regardless of where the exposure occurred, you must notify the MSPA clerkship leadership team via secure e-mail within 1 business day.

### **Universal Precautions**

Universal Precautions apply to the handling of all blood, body fluids, and human tissue. Body fluids, also known as other potentially infectious materials (OPIM), include: semen; vaginal secretions; cerebrospinal, synovial, pleural, peritoneal, pericardial, and amniotic fluids; feces, urine; sputum; nasal secretions; saliva; tears; vomitus; or any other body fluid or tissue that is visibly contaminated with blood. Appropriate protection, including gloves, mask, and gown, should be worn to protect oneself from exposure.

### 3.20. STANFORD HEALTH CARE/LUCILE PACKARD CHILDREN'S HOSPITAL STANFORD COMPUTER ACCESS FOR PA STUDENTS (EPIC)

As a Stanford MSPA student registered in a clerkship for credit and/or doing an approved research project, you will/may need access to the Epic systems (EMR, or Electronic Medical Records) in order to access patient information at Stanford Health Care (SHC) and/or Stanford Children's Health (SCH or LPCH).

#### Obtaining Access to Epic

Am I Compliant?

1. You must be compliant with your Stanford University HIPAA/PHI training(s) in Axess
2. You must be compliant with the [Data Security Policy](https://med.stanford.edu/irt/security.html) (<https://med.stanford.edu/irt/security.html>)

Hospital Computer Access

1. Contact the MSPA program if you need hospital computer access:
  - a. You need access because you will be working in clinics for your Practice of Medicine course (POM).
  - b. You need access because you're doing an approved research project and you require access to Epic.
2. The MSPA program will submit your information to the Medical Staff Office (MSO) to start the credentialing process.
3. Once the MSO notifies the MSPA program that your dictation number/MSO number has been enabled, it will take approximately 24 hours for your credentials to become active.
  - a. For SHC Epic access: You will receive an email from HealthStream (module accessible in Axess) with instructions to complete the Epic training courses "SHC Epic New Hire Provider - Medical / PA Students" and "SHC Epic New Hire Provider Inpatient - Medical / PA Students". Please complete the training at your earliest convenience.
    - i. The MSPA program will submit a request to the IT department (Access Control and Epic Security) to assign you an SID and grant you SHC Epic access. It may take up to 72 hours for your SID to be assigned and up to an additional 72 hours for your Epic access to be granted.
    - ii. Once you receive your access confirmation email, call the Stanford Digital Solutions Service Desk at (650) 723-3333 to receive a temporary password. This password will only be valid for 24 hours; if it expires, you will need to call again.
    - iii. You should log in for the first time from an SHC-networked computer at one of the hospitals, Lane Library, or LKSC. Once you have successfully logged in, you may submit a request for remote access if you need it.

- iv. For SCH (LPCH) Epic Access: You may call the Stanford Children’s IR Service Desk at (650) 498-7500 after your dictation number is assigned to request your username and password. SCH Epic utilizes different login credentials than SHC Epic. If you already have SHC Epic access, you can call the SCH Service Desk and request your username and password at any time. You should use the following specific language: “I am a Stanford MSPA student who currently has Epic access and I need my username and password.” They will ask for an identifier, such as your SID or social security number.

### **If Your Account is Inactive**

There are a few reasons that your Epic account may be inactive:

- You have not completed the HealthStream Epic training modules. Please contact [EpicEducation@stanfordhealthcare.org](mailto:EpicEducation@stanfordhealthcare.org) for assistance.
- You completed the module within the past 48 hours. It will take up to 48 hours for your access to be activated following completion of the training module. Contact the Service Desk at (650) 723-3333 if you have an urgent need to access Epic.
- Your Epic credentials have expired. If you do not log in for 90 days, your Epic access will be deactivated. Please contact the MSPA program to reactivate your access.
- Your SID may have expired. For security reasons, an SID is valid for one year, but it can be renewed easily. Digital Solutions will send weekly email reminders beginning one month before your SID is scheduled to expire. These emails contain a link to request access extension. If you do not submit an extension request in time, your account will expire and you will need to contact the MSPA program to be onboarded again.

### **Whom to Call?**

Stanford Health Care Help Desk

Phone: (650) 723-3333 for access issues; 650-724-EPIC(3742) for functional issues

Email: [Access-Control@stanfordmed.org](mailto:Access-Control@stanfordmed.org)

Stanford Children’s Health Service Desk

Phone: (650) 498-7500

Epic Training

Email: [EpicEducation@stanfordhealthcare.org](mailto:EpicEducation@stanfordhealthcare.org)

### **3.21. SCHOOL OF MEDICINE LEARNING SPACES**

#### **General Learning Spaces**

All Learning Spaces (exceptions are the Goodman Immersive Learning Center [see below] and the Berg Conference Center) may be booked by students for study, seminar discussions, etc. These spaces include EdTech classrooms in: LKSC (floors 1-3), MSOB, Alway, CCSR and HRP. Students are advised that after-hours activities that may require housekeeping will need to be planned in advance. Rooms must be returned to their original condition. More information can be found at <https://med.stanford.edu/medscheduler/features.html>.

#### **Goodman Immersive Learning Center (ILC)**

The Goodman Immersive Learning Center in LKSC may be scheduled only by course coordinators and/or faculty for guided learning exercises and activities. The hours of operation of the ILC are 8:00 am – 6:00 pm Monday – Friday. More information can be found at <https://med.stanford.edu/medscheduler/features.html>.

#### **Safety and Emergencies**

In the case of an emergency (fire, security, medical, chemical spill, etc.) call X-C286. If evacuation is necessary, please move to designated evacuation-meeting locations outside of buildings and look for the Building Response Team in the bright vests.

Cell phone reception may be limited in basement facilities.

TA Training: All TAs must adhere to TA lab training and safety policies that are referenced in the TA Handbook.



### 3.22. ABSENCE POLICY AND EXPECTATIONS

It is the student's professional responsibility to review the absence policy and specific attendance requirements for all courses, clerkships and curricular activities in which they are involved. Students should avoid scheduling or participating in activities that directly conflict with required sessions, courses or clerkships.

#### Required Courses

1. Students are expected to be present at ALL required-attendance sessions and final exams. It is the student's responsibility to be aware of the attendance expectations for each course. Generally, attendance is required for MSPA students at all regularly scheduled class sessions.
2. If a student anticipates missing a required-attendance session, they must communicate and receive approval from the course director at a minimum of two weeks in advance. In cases involving illness and unexpected emergencies, students should notify their course director as soon as possible and submit an absence request form (see below) thereafter.
  - a. All students are required to complete the [Absence Request Form](https://stanforduniversity.qualtrics.com/jfe/form/SV_bqDVfMBaZWWkhyI) ([https://stanforduniversity.qualtrics.com/jfe/form/SV\\_bqDVfMBaZWWkhyI](https://stanforduniversity.qualtrics.com/jfe/form/SV_bqDVfMBaZWWkhyI)) regardless of whether the absence has been approved. If the student and course director are unable to agree on the appropriateness of an absence for a required session, they are encouraged to schedule a meeting with the course director and the student's faculty advisor to discuss the absence further.
  - b. Approval of all absences is at the discretion of the course director.
  - c. If an absence is not approved, it is expected that the student will make the necessary arrangements to change their schedule to be present.
3. Students are responsible for the content and work associated with all missed sessions. Students are also expected to meet the participation requirement and contribute to their group's learning, even for sessions missed, and must work out an equitable solution that balances the individual student's needs with the needs of the group. Under no circumstances will an absence relieve a student of meeting all of the academic requirements of the course. If the absence request conflicts with a session or sessions that cannot be otherwise made up or completed, the student is advised that the absence may affect their performance evaluation in the course.
4. Students are expected to meet all deadlines and requirements for timely completion of coursework.
5. The following are considered professionalism issues and a student's Faculty Advisor will be notified. The student will receive feedback regarding professionalism expectations

and a warning that any further lapse may result in a referral to the Student Progress Committee.

- i. Absence from a required session without obtaining advance approval from the course director.
- ii. Failure to communicate with the course director.
- iii. Failure to complete the online Absence Request Form.
- iv. Trend in number of absences across courses.
- v. Tardiness for required sessions without obtaining advance approval from the course director.

Please note that each student is responsible for requesting approval for their own absence; no group approvals will be granted.

### **Required Clerkships**

- Students are expected to attend 100% of all scheduled clerkship activities.
- Students who miss more than 10% of scheduled time—for any reason—will be required to make up missed time.
- Students who miss more than 20% of the total duration of a clerkship—for any reason—will be required to make up the missed time or reschedule the clerkship.
- Students must contact the clerkship team at [mspa-clerkship@stanford.edu](mailto:mspa-clerkship@stanford.edu) to obtain advance approval for any unavoidable absence from a clerkship. Unanticipated absences for illness or emergency must be communicated to the Clerkship leadership team and to preceptors/site staff as promptly as possible.
- If a student is absent without obtaining advance approval from the clerkship leadership team, the absence will be recorded and reported to the Student Progress Committee.
- Approval of all absences is at the discretion of the clerkship leadership team.
- If an absence is not approved, it is expected that the student will make the necessary arrangements to change their schedule to be present.
- Failure to communicate with the clerkship leadership team about unavoidable absences is a potential reason for failing the clerkship.
- Students are expected to seek necessary health care to maintain their physical and mental well-being. Examples of necessary health care include preventive health services, visits for acute illness, ongoing care for chronic illnesses, physical therapy, and counseling and psychological services. Consistent with their rights under University policies and the law, students have a right to privacy when seeking care.
- For planned absences related to healthcare, students must contact the clerkship leadership team, site director, and preceptor or patient care team in advance to coordinate time away from the clerkship. Students need not disclose the specific type of healthcare that is being sought. A student's decision to seek healthcare during a clerkship should have no impact on their performance evaluation.
- Students who experience mistreatment or who witness unprofessional behavior should report the facts immediately to the clerkship leadership team.

### 3.23. N95 RESPIRATOR MASK FIT REQUIREMENTS FOR PA STUDENTS

All MSPA students participating in clinical activities are required to be fit for a N95 Respirator on an annual basis. N95 filtering face-piece respirators are air-purifying respirators certified by the National Institute of Occupational Safety and Health (NIOSH) that protect against airborne contaminants (i.e., dusts, fumes, microbial agents such as tuberculosis bacteria & flu virus). Fit testing is the process used to determine the appropriate N95 respirator mask (type and size) to ensure consistent and proper mask use. As a medical student participating in clinical activities, you may be required to wear a N95 respirator mask for tasks such as entering isolation rooms and other activities involving close contact with potentially infected persons.

All students are responsible for maintaining compliance with the annual fit testing requirement and must self-report the results of their fit test by completing the [N95 Respirator Fit Testing Self Attestation Form](#) (SUNet ID required).

Stanford Occupational Health Services (OHS), located in Stanford Hospital, 300 Pasteur Palo Alto, CA, Ground Floor, Room H0124, oversees the mask fit testing process. Per OHS policy and Cal/OSHA guidelines, users must first be medically cleared to determine if they are physically fit to wear a respirator.

In response to the COVID crisis, Stanford Hospital has approved the use of industrial grade N95s in conjunction with an approved face shield. Medical students who are fit tested for an industrial grade mask must adhere to this policy.

Students are responsible for maintaining compliance with the annual fit testing requirement. To maintain compliance, students must:

- Print and complete both the [N95 Respirator Medical Evaluation Questionnaire](#) and the [OHS Annual Fit Testing Form](#).
- Bring both completed forms to Stanford Occupational Health Services (OHS) at Stanford Hospital, 300 Pasteur, Palo Alto, CA, Ground Floor, Room H0124) during regular business hours: (Monday: 7am-2pm; Tuesday: 7am-3:30pm; Wednesday: 7am-2pm; Thursday: 7am-3:30pm; Friday: 7am-1pm; closed on weekends and holidays). Fit testing is provided **as a courtesy to students** on a first-come, first-served basis. Hospital employees do take priority, therefore, you may be asked to return at a later date depending on OHS' workload.
  - Students must be clean shaven (no mustaches, beards, or stubble), since this will interfere with the respirator seal. Students who are not clean shaven will not be fit tested (see below for more information).
- At the end of the fit session, students should take a picture of the completed OHS Annual Fit Testing Form before leaving. OHS will place a sticker on the student's Stanford Medicine ID badge indicating fit test date and mask type.
- Lastly, students must self-report the results of their fit test by completing the [N95 Respirator Fit Testing Self Attestation Form](#).

During fit testing and when wearing a N95 respirator mask, students must be clean shaven (no mustaches, beards, or stubble), since this will interfere with the respirator seal. Students who are not clean shaven will not be fit tested. Students requesting an exemption to the clean-shaven guidelines will need to sign the [N95 Respirator Fit Facial Hair Notification and Waiver](#) and complete a separate HealthStream Training Module for a Controlled Air Purifying Respirator (CAPR), which consists of a battery powered HEPA filter which blows purified air into a loose-fitting hood worn over the head. CAPR users require annual training. CAPR hooded supplied air-systems may not be readily available when N95 mask protection is required.

Compliance with the annual N95 fitting process is considered a component of professionalism. In the event that a student is not compliant, a hold may be placed on their registration and their Faculty Advisor will be notified. The student will receive feedback regarding professionalism expectations and a warning that any further lapse may result in a referral to the Student Progress Committee.

Clerkship students should be advised that different clinical sites may have their own policies regarding fit testing, and students may need to complete additional fit testing prior to starting rotations at these sites.

### 3.24. SCHOOL OF MEDICINE DRESS CODE GUIDELINES FOR THE CLINICAL SETTING

Any time students see patients, they should adhere to the dress code described below. **Dress code guidelines must be followed at all encounters with patients, standardized or real.**

Students are expected to dress professionally and conservatively. Attire typically worn to class or lecture will in many cases not be appropriate. **Hospital scrubs are not considered professional attire for ambulatory/outpatient clinical encounters.**

- **Always bring your white coat.** Your coat must be clean, pressed and worn at all times.
- Wear your name tag in an easily viewable location (collar of coat, top, or dress).
- Do not wear cologne or perfumes.
- Tattoos should be covered.
- Jewelry should be minimal and understated.
- Clothing should not have rips, tears or frayed edges.
- Do not expose your midriff.
- Clothing should allow for an appropriate range of movement and should not be flashy or draw attention.
- Button-down shirts (with or without ties), professional tops, or blouses should be worn. and should avoid low-cut necklines.
- Tank tops, halter tops, racerback tops, sleeveless tops, t-shirts, and thin or “spaghetti-style” straps on tops are not appropriate.
- Athletic clothing, including hooded sweatshirts, is not appropriate.
- Do not wear political campaign buttons or symbols representing a cause, excluding those defined as “protected activity” by the National Labor Relations Board or a health initiative.
- Denim clothing, including pants, skirts, and jackets, is not appropriate.
- Pants, slacks, khakis, skirts, or dresses are appropriate. Legs should be covered to the knee.
- Do not wear jeans, capri pants, yoga pants, leggings, or shorts.
- Dress shoes, low heels, or flats should be worn. Open-toed shoes, sandals, flip-flops, or porous shoes are not appropriate.
- Sneakers should not be worn in the ambulatory/outpatient setting.
- Long hair must be tied back or up.
- Nails must be natural and short. Long nails, acrylic/artificial nails, overlays, tips, nail wraps, etc. are not appropriate.

### **3.24. SCHOOL OF MEDICINE CRIMINAL BACKGROUND CHECK POLICY**

The School of Medicine requires Criminal Background Checks for all MSPA students. The following outlines the rationale for performing Criminal Background Checks:

- To facilitate the placement of students into clinical training programs.
- To bolster the public's continuing trust in the medical profession.
- To enhance the safety and well-being of patients.
- To ascertain the ability of accepted applicants and enrolled PA students to eventually become licensed as PAs.
- To minimize the potential liability of medical schools and their affiliated clinical facilities.

### **3.25. MSPA PROGRAM POLICY ON VOLUNTEERING AND WORKING FOR THE PROGRAM**

The MSPA program discourages students from working during their PA education and reminds students to prioritize their education when considering engaging in other activities. The MSPA program cannot require students to work for the program.

Students with specific knowledge, experience, or skills may assist faculty in didactic and workshop sessions to share their knowledge and skills. However, students are not permitted to be the primary instructor or instructor of record for any component of the curriculum.

While on clerkship, students are not permitted to function in any medical/clinical role outside of a PA student. As an example, a student is not allowed to function as a medical assistant or scribe.

## 4.0. CURRICULUM

### 4.1 CURRICULUM OVERVIEW

#### Courses and Units

Total for Graduation: 182

<p>Quarter 1:</p> <p>Foundations of Clinical Medicine 4 units</p> <p>Histology 1 unit</p> <p>Embryology 1 unit</p> <p>Clinical Anatomy I 11 units</p> <p>Practice of Medicine I 8 units</p> <p>PAs in Health Care I 1 unit</p>	<p>Quarter 6:</p> <p>Clerkships 18 units</p> <p>PAs in Health Care IV 1 unit</p>
<p>Quarter 2:</p> <p>Clinical Therapeutics I 2 units</p> <p>Practice of Medicine II 5 units</p> <p>Principles of Clinical Medicine I 8 units</p> <p>Foundations of Clinical Neurosciences 2 units</p>	<p>Quarter 7:</p> <p>Clerkships 18 units</p> <p>PAs in Health Care IV 1 unit</p>
<p>Quarter 3:</p> <p>Clinical Therapeutics II 2 units</p> <p>Practice of Medicine III 6 units</p> <p>Principles of Clinical Medicine II 10 units</p>	<p>Quarter 8:</p> <p>Clerkships 18 units</p> <p>PAs in Health Care IV 1 unit</p>
<p>Quarter 4:</p> <p>Clinical Therapeutics III 3 units</p> <p>Practice of Medicine IV 8 units</p> <p>Principles of Clinical Medicine III 12 units</p> <p>PAs in Health Care II 2 units</p>	<p>Quarter 9:</p> <p>Clerkships 18 units</p> <p>PAs in Health Care IV 1 unit</p>
<p>Quarter 5:</p> <p>Clinical Therapeutics IV 2 units</p> <p>Practice of Medicine V 6 units</p> <p>Principles of Clinical Medicine IV 10 units</p> <p>PAs in Health Care III 2 units</p>	

## 4.2. ACADEMIC CALENDAR

The School of Medicine's Academic Calendar combines dates relevant to all our matriculating programs: MD, MSPA, MS, and PhD. As an MSPA student, it is your responsibility to review the academic calendar and to be present and available for required MSPA program activities. Please visit the [School of Medicine's Academic Calendar](#) for the up-to-date changes and note key administrative dates on your calendar.

The following is a sample schedule of the pre-clerkship phase of the program. It should be noted that this is a sample, and the actual schedule may vary; please refer to course syllabi and Canvas for the most accurate schedule information.

During the clerkship phase, student schedules will vary according to rotation. Students should generally plan to have a full schedule during weeks 1-3 of the rotation and be in clinic Monday – Wednesday of week 4, with a callback to campus at the end of the week. The End of Rotation exam will be administered on Thursday morning, and PAs in Healthcare IV will meet on Friday morning.

### YEAR 1 Sample Schedule

#### Autumn Quarter 1A (Mini Quarter)

	Monday	Tuesday	Wednesday	Thursday	Friday	
8:00						
8:30	PAS 201 Foundations of Clinical Medicine 8:30 - 10:20			PAS 201 Foundations of Clinical Medicine 8:30 - 10:20		
9:00						
9:30						PAS 291 PAs in Healthcare I 9:30 - 11:00
10:00						
10:30						
11:00						
11:30		SURG 203 Clinical Anatomy 11:30 - 12:30		SURG 201 Embryology 11:30 - 12:30	INDE 218 Histology 11:30 - 12:30	
12:00						
12:30						
1:00						
1:30	SURG 203 Clinical Anatomy 1:30 - 2:30	SURG 203 Clinical Anatomy 1:30 - 5:30		SURG 203 Clinical Anatomy 1:30 - 5:30		
2:00						
2:30						
3:00						
3:30						
4:00						
4:30						
5:00						
5:30						

*\*Sample schedule; subject to change. Please refer to your syllabi for the most up-to-date information.*



**Autumn  
Quarter 1**

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00					
8:30					
9:00	PAS 201			PAS 201	
9:30	Foundations of Clinical Medicine			Foundations of Clinical Medicine	PAS 291
10:00	8:30 - 10:20			8:30 - 10:20	PAs in Healthcare I
10:30					9:30 - 11:00
11:00					
11:30		SURG 203		SURG 201	INDE 218
12:00		Clinical Anatomy		Embryology	Histology
12:30		11:30 - 12:30		11:30 - 12:30	11:30 - 12:30
1:00					
1:30					
2:00					
2:30					
3:00	INDE 201	SURG 203		SURG 203	INDE 201
3:30	Practice of Medicine I	Clinical Anatomy		Clinical Anatomy	Practice of Medicine I
4:00	1:30 - 5:20	1:30 - 5:30		1:30 - 5:30	1:30 - 5:20
4:30					
5:00					
5:30					

*\*Sample schedule; subject to change. Please refer to your syllabi for the most up-to-date information.*

**Winter  
Quarter 2**

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00					
8:30					
9:00	PAS 202	PAS 212		PAS 212	PAS 212
9:30	Foundations of Clinical	Principles of Clinical Medicine I		Principles of Clinical Medicine I	Principles of Clinical Medicine I
10:00	Neurosciences	8:30 - 11:20		8:30 - 11:20	8:30 - 11:20
10:30	8:30 - 11:30				
11:00					
11:30					
12:00					
12:30					
1:00					
1:30				PAS 222	
2:00				Clinical Therapeutics I	
2:30				1:30 - 3:20	
3:00	INDE 202				INDE 202
3:30	Practice of Medicine II				Practice of Medicine II
4:00	1:30 - 5:20				1:30 - 5:20
4:30					
5:00					
5:30					

*\*Sample schedule; subject to change. Please refer to your syllabi for the most up-to-date information.*

**Spring  
Quarter 3**

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00					
8:30	PAS 213 Principles of Clinical Medicine II 8:30 - 11:20	PAS 213 Principles of Clinical Medicine II 8:30 - 11:20		PAS 213 Principles of Clinical Medicine II 8:30 - 11:20	PAS 213 Principles of Clinical Medicine II 8:30 - 11:20
9:00					
9:30					
10:00					
10:30					
11:00					
11:30					
12:00					
12:30					
1:00					
1:30	INDE 203 Practice of Medicine III 1:30 - 5:20			PAS 223 Clinical Therapeutics II 1:30 - 3:20	INDE 203 Practice of Medicine III 1:30 - 5:20
2:00					
2:30					
3:00					
3:30					
4:00					
4:30					
5:00					
5:30					

*\*Sample schedule; subject to change. Please refer to your syllabi for the most up-to-date information.*

## YEAR 2 Sample Schedule

### Autumn Quarter 4

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00					
8:30	PAS 214 Principles of Clinical Medicine III 8:30 - 11:20	PAS 214 Principles of Clinical Medicine III 8:30 - 11:20		PAS 214 Principles of Clinical Medicine III 8:30 - 11:20	PAS 214 Principles of Clinical Medicine III 8:30 - 11:20
9:00					
9:30					
10:00					
10:30					
11:00					
11:30					
12:00					
12:30					
1:00					
1:30	PAS 224 Clinical Therapeutics III 1:30 - 3:20	INDE 204 Practice of Medicine IV 1:30 - 5:20		INDE 204 Practice of Medicine IV 1:30 - 5:20	PAS 292 PAs in Healthcare II 1:30 - 5:20
2:00					
2:30					
3:00					
3:30					
4:00					
4:30					
5:00					
5:30					

*\*Sample schedule; subject to change. Please refer to your syllabi for the most up-to-date information.*

### Winter Quarter 5

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00					
8:30	PAS 215 Principles of Clinical Medicine IV 8:30 - 11:20	PAS 215 Principles of Clinical Medicine IV 8:30 - 11:20		PAS 215 Principles of Clinical Medicine IV 8:30 - 11:20	PAS 215 Principles of Clinical Medicine IV 8:30 - 11:20
9:00					
9:30					
10:00					
10:30					
11:00					
11:30					
12:00					
12:30					
1:00					
1:30	PAS 225 Clinical Therapeutics IV 1:30 - 3:20	INDE 205 Practice of Medicine V 1:30 - 5:20		INDE 205 Practice of Medicine V 1:30 - 5:20	PAS 293 PAs in Healthcare III 1:30 - 5:20
2:00					
2:30					
3:00					
3:30					
4:00					
4:30					
5:00					
5:30					

*\*Sample schedule; subject to change. Please refer to your syllabi for the most up-to-date information.*

### **4.3. ACADEMIC REQUIREMENTS FOR GRADUATION**

#### *Academic Units*

A minimum total of 182 academic units is required for all students. Please see section 4.1 for a list of the courses that constitute the 182 academic units. Details of the courses are provided in section 4.5.

Students cannot graduate with any uncorrected failing or incomplete grade in a pre-clerkship course or any uncorrected failing or incomplete grade in clinical clerkships.

#### *Additional Requirements*

Thesis/Capstone: Completion of Thesis/Capstone project and presentation, as outlined in section 4.4.

Elective courses are only permitted during the didactic phase of the curriculum. The maximum number of course units per quarter during the didactic phase are:

- Quarter 1/1A: 34 units
- Quarter 2: 24 units
- Quarter 3: 24 units
- Quarter 4: 34 units
- Quarter 5: 24 units

#### **4.4. LEADERSHIP TRACK AND THESIS PROJECT REQUIREMENT**

Each MSPA student is required to select a leadership track and complete a Thesis project prior to graduation. The areas of focus are limited to and include:

- Clinical Research
- Community Health
- Health Services and Policy Research
- Medical Education
- Healthcare Administration

Students should take at least 6 units of elective coursework in their Leadership Track area that helps support the development and successful completion of their Thesis project.

During the first quarter, students are encouraged to explore and compare the different Leadership Track areas and their course and research opportunities. Each student must declare a Leadership Track by submitting their course plan, learning objectives, and general project description to the Director of Student Scholarship and their respective Leadership Track lead by the end of the first quarter.

Students are also required to submit a written report of their scholarly work and present their project at the Thesis Symposium held in the last Winter Quarter. A final complete Thesis paper is due at the end of Q8 (December).

Compliance with Thesis deadlines is considered a component of professionalism. In the event that a student is not compliant with a Thesis deadline, their Faculty Advisor will be notified. The student will receive feedback regarding professionalism expectations and a warning that any further lapse may result in a referral to the Student Progress Committee. In addition, failure to meet established deadlines may result in a delay in graduation and the need for continued enrollment and tuition payment beyond 9 quarters.

## 4.5. REQUIRED PRE-CLERKSHIP COURSES

### Year 1, Q1: Autumn

Foundations of Clinical Medicine

Histology

Embryology

Clinical Anatomy

Practice of Medicine I

PAs in Health Care I: Introduction to the Profession

#### *PAS 201: Foundations of Clinical Medicine*

This course explores fundamental concepts of biochemistry, genetics, microbiology, and immunology as applied to clinical medicine, in a mostly “flipped classroom” format. This course will help to establish a foundation for understanding the pathophysiology of disease and the targets for therapeutic interventions.

Discipline-specific topics include:

- Biochemistry: thermodynamics, enzyme kinetics, vitamins and cofactors, metabolism of carbohydrates, lipids, amino acids and nucleotides, and the integration of metabolic pathways.
- Genetics: basic principles of inheritance and risk assessment, illustrated with the use of clinical examples from many areas of medicine including prenatal, pediatric, adult, and cancer genetics.
- Microbiology: basic bacteriology, virology, mycology, and parasitology, including pathogenesis and clinical scenarios associated with infectious diseases.
- Immunology: concepts and applications of adaptive and innate immunity and the role of the immune system in human disease.

#### *INDE 218: Histology*

This course focuses on the microscopic structure of the major organ systems, including the cardiovascular, respiratory, gastrointestinal, renal, and reproductive systems. Sessions examine the unique features of the cells and tissues that comprise the major organs, describe how they contribute to the organs' functions, and explore how they form the foundation for many pathologic processes.

#### *SURG 201: Embryology*

The course focuses on the structural development of the human body, from embryo to fetus to early postnatal life. Topics include formation of the cardiovascular, respiratory, musculoskeletal, gastrointestinal, reproductive, and renal systems, as well as common clinical conditions which arise from abnormalities of development.

#### *SURG 203: Clinical Anatomy*

Introduction to human structure and function presented from a clinical perspective. Includes clinical scenarios, frequently used medical imaging techniques, and interventional procedures

to illustrate the underlying anatomy. Students are required to attend lectures and engage in dissection of the human body in the anatomy laboratory.

### *INDE 201: Practice of Medicine I*

Practice of Medicine is a five-quarter series extending throughout the first two years of the MSPA and MD programs, interweaving core skills training in medical interviewing and the physical examination with other major threads addressing the context of medical practice: information literacy, nutrition principles, clinical epidemiology and biostatistics, evidence-based practice, psychiatry, biomedical ethics, health policy, population health. Core clinical skills are acquired through hands-on practice and are evaluated through an extensive program of simulated medical encounters, in which students interview, examine, and manage patients in a mock clinic. The information literacy thread introduces students to informatics and knowledge management, biomedical informatics, and evidence-based medicine searching. Nutrition principles are acquired through interactive, web-based instruction and reinforced through problem-based learning cases, which run in parallel to the basic science components over the first year. In epidemiology, students learn the taxonomy of epidemiological studies, how to critically read a journal article, and how to recognize and understand the concepts behind different clinical study designs. Topics include bias, confounding, diagnostic testing and screening, and “how statistics can lie.” Psychiatry introduces students to the unique role of MSPA students in talking with patients, the difference between process and content in patient communication, how to respond to breaks in the patient-provider relationship, and the relationship between the quality of the patient-provider interaction and health outcomes. Health care policy covers such topics as health insurance, provider payment, health care costs, access, measurement and improvement of quality, regulation and health care reform. Biomedical ethics includes important ethical issues in medical practice, such as confidentiality, privacy, and ethical issues relating to medical students. The population health curriculum exposes students to concepts of public health, community action, and advocacy, and includes a year-long, community-based project. At the end of this quarter, students participate in a performance-based assessment of the medical interview skills.

### *PAS 291: PAs in Health Care I*

This course provides an overview of the PA profession. The first portion of the course covers the history of the PA profession, the role of the PA within the health care team, and an overview of the laws, regulations and committees that provide oversight to the profession. The second portion of the course focuses on health disparities, social determinants of health and underserved communities, and the role of the PA in the care of these populations. It includes development of the awareness, knowledge, and skills needed in order to practice culturally competent and sensitive health care.

**Year 1, Q2: Winter**

Clinical Therapeutics I  
Practice of Medicine II  
Principles of Clinical Medicine I  
Foundations of Clinical Neurosciences

*PAS 222: Clinical Therapeutics I*

This course will provide a foundation for learning pharmacology and clinical therapeutics/disease state management related to subjects covered in the Principles of Clinical Medicine I course. The first segment will cover general pharmacokinetic/pharmacodynamic principles and review drug-drug interaction principles. Disease state topics will include skin and soft tissue infections, dermatological disorders, bone/joint disorders, and ENT conditions.

*INDE 202: Practice of Medicine II*

Medical interview and physical examination skills, information literacy, nutrition principles, evidence-based practice, health policy, and population health are covered. At the end of this quarter, students participate in a performance-based assessment of their medical interview and physical examination skills. See INDE 201 for a complete description of the Practice of Medicine course series.

*PAS 212: Principles of Clinical Medicine I*

This is the first course in a four-course sequence presenting organ-system-based physiology, pathology, and pathophysiology. Each organ-specific block includes a review of the anatomy and related histology, normal function of that organ system, how the organ system is affected by and responds to disease, and how diseases of that organ system are treated. In PAS 212, the focus is on the structure, function, disease, and corresponding therapeutics of several “primary care” topics, particularly the musculoskeletal and dermatologic systems. In addition, basic neurology, otorhinolaryngology, and ophthalmology will be covered.

*PAS 202: Foundations of Clinical Neurosciences*

Foundations of Clinical Neurosciences introduces students to the structure and function of the nervous system, including neuroanatomy and neurophysiology. Applications to clinical medicine and neurology are emphasized. Enrollment limited to Master of Science in Physician Assistant Studies students.

**Year 1, Q3: Spring**

Clinical Therapeutics II  
Practice of Medicine III  
Principles of Clinical Medicine II

*PAS 223: Clinical Therapeutics II*

This course will provide a foundation for learning pharmacology and clinical therapeutics/disease state management for cardiovascular and pulmonary diseases as covered



in the Principles of Clinical Medicine II course. Disease state topics will include asthma, COPD, hypertension, hyperlipidemia, coronary artery disease, acute coronary syndrome, heart failure, arrhythmias, fungal infections, and pneumonia.

*INDE 203: Practice of Medicine III*

Medical interview and physical examination skills, biomedical literature retrieval and appraisal, nutrition principles, evidence-based practice, biomedical ethics, and population health are covered. Students begin clinical problem-solving sessions to learn the approach to common and important clinical problems. Cases integrate other course themes of population health, evidence-based practice, clinical ethics, nutrition, health policy, and behavioral medicine. Students begin to transition from comprehensive to problem-focused patient encounters. Students also gain exposure to geriatrics, pediatrics, and interprofessional healthcare teams, and practice mental health interview skills. At the end of this quarter, students participate in a performance-based assessment of their medical interview and physical examination skills. See INDE 201 for a complete description of the Practice of Medicine course series.

*PAS 213: Principles of Clinical Medicine II*

This is the second course in a four-course sequence presenting organ-system-based physiology, pathology, and pathophysiology. Each organ-specific block includes a review of the anatomy and related histology, normal function of that organ system, how the organ system is affected by and responds to disease, and how diseases of that organ system are treated. In PAS 213, the focus is on the structure, function, disease, and corresponding therapeutics of the pulmonary and cardiovascular systems.

**Year 2, Q4: Autumn**

Clinical Therapeutics III

Practice of Medicine IV (A & B)

Principles of Clinical Medicine III

PAs in Healthcare II

*PAS 224: Clinical Therapeutics III*

This course will provide a foundation for learning pharmacology and clinical therapeutics/disease state management for renal, endocrine, GI, and reproductive systems as covered in the Principles of Clinical Medicine III course. Disease state topics will include renal function and fluid/electrolytes, diabetes mellitus, osteoporosis, chronic kidney disease, end-stage liver disease, thyroid disorders, contraception, viral hepatitis, GERD/PUD, nausea/vomiting, constipation/diarrhea, clostridium difficile colitis, sexually transmitted infections, HIV, men's health, and menopause.

*INDE 204: Practice of Medicine IV*

The second year of the Practice of Medicine series (INDE 204 and 205) emphasizes clinical reasoning, clinical practicum, and clinical procedures. Students continue clinical problem-solving sessions to learn the approach to common and important clinical problems. Cases

integrate other course themes of population health, evidence-based practice, clinical ethics, nutrition, health policy, and behavioral medicine. Students spend one half-day per week in a clinical setting, practicing medical interview and physical examination skills, oral presentations, and clinical note-writing under the mentorship of a clinical tutor. In the practicum, students also gain experience with other practical aspects of patient care. The Clinical Procedures segment introduces common and important procedures in clinical practice, including phlebotomy, intravenous line insertion, and electrocardiography.

*PAS 214: Principles of Clinical Medicine III*

This is the third course in a four-course sequence presenting organ-system-based physiology, pathology, and pathophysiology. Each organ-specific block includes a review of the anatomy and related histology, normal function of that organ system, how the organ system is affected by and responds to disease, and how diseases of that organ system are treated. In PAS 214, the focus is on the structure, function, disease, and corresponding therapeutics of the renal/genitourinary, gastrointestinal, endocrine, and both male and female reproductive systems, with additional attention paid to women's health.

*PAS 292: PAs in Healthcare II*

The PAs in Health Care II course provides an opportunity to learn advanced clinical skills such as casting and splinting, advanced cardiac life support, and point of care ultrasound. In addition, students will learn Telehealth skills and participate in reflections sessions.

**Year 2, Q5: Winter**

Clinical Therapeutics IV

Practice of Medicine V

Principles of Clinical Medicine IV

PAs in Health Care III: Clinical Transitions

*PAS 225: Clinical Therapeutics IV*

This course will provide a foundation for learning pharmacology and clinical therapeutics/disease state management for neurologic, psychiatric, and hematologic conditions as covered in the Principles of Clinical Medicine IV course. Disease state topics will include headache, stroke, sleep disorders, delirium, Parkinson's, venous thromboembolism, epilepsy, schizophrenia, depression, bipolar disorder, ADHD, anxiety disorders, and chronic pain management. A general overview of cancer drugs such as chemotherapies, antimetabolites, antitumor antibiotics, and other anticancer drugs is also provided.

*INDE 205: Practice of Medicine V*

Continued emphasis on clinical reasoning, clinical practicum, and clinical procedures. Students continue clinical problem-solving sessions to learn the approach to common and important clinical problems. Cases integrate other course themes of population health, evidence-based practice, clinical ethics, nutrition, health policy, and behavioral medicine. Students spend one half-day per week in a clinical setting, practicing medical interview and physical examination

skills, oral presentations, and clinical note -writing under the mentorship of a clinical tutor. In the practicum, students also gain experience with other practical aspects of patient care. For the Clinical Procedures segment, students will have an opportunity to work in the Emergency Department to practice performing procedures learned in the previous quarter. At the end of this quarter, students participate in a comprehensive four-station, objective-structured clinical examination (OSCE), which is a performance-based assessment of their medical interview, physical examination, and clinical problem-solving skills.

*PAS 215: Principles of Clinical Medicine IV*

This is the fourth course in a four-course sequence presenting organ-system-based physiology, pathology, and pathophysiology. Each organ-specific block includes a review of the anatomy and related histology, normal function of that organ system, how the organ system is affected by and responds to disease, and how diseases of that organ system are treated. In PAS 215, the focus is on the structure, function, disease, and corresponding therapeutics of the neurologic and hematologic systems, as well as autoimmune/rheumatologic and other multi-organ system processes. We will discuss the diagnosis and management of psychiatric illness and review important behavioral health topics.

*PAS 293: PAs in Health Care III*

The PAs in Health Care III course provides an opportunity to learn advanced clinical skills including chest tube insertion, central line placement, intubation, and lumbar puncture. Reflection sessions will also be included

**Year 2, Q6: Spring through Year 3, Q9: Winter:**

PAs in Health Care IV: Leadership and Advocacy  
Clerkships PAS 301-366 (see below, section 4.6)

*PAS 294: PAs in Health Care IV: Leadership and Advocacy*

The final course in the PAs in Health Care series will provide students with the skills necessary for transition from PA student to practicing PA and will continue to expand on leadership skills. One portion of the course will focus on preparation from the transition to clinical practice, which will include requirements for licensure and certification, medical liability, billing and coding, and ethics. Other threads will consist of lectures on advanced and novel topics in medicine; lectures and reflections with CARE (student/patient wellness); and development of leadership skills and advocacy. The culmination of the Thesis/Capstone project will also occur during this course, as will summative exams (Q9).

#### 4.6. CALENDAR OF CLERKSHIP PERIODS

\*These period timeframes and numbers are subject to change and will be confirmed as we get closer to clerkships.

##### AY 2023-2024 Clerkship Periods

###### Summer

Period 1	July 3 - July 27, 2023
Period 2	July 31 - August 24, 2023
Period 3	August 28 - September 21, 2023

###### Autumn

Period 4	September 25 - October 19, 2023
Period 5	October 23 - November 16, 2023
Period 6	November 20 – December 14, 2023

**Holiday Break: December 14, 2022 - January 7, 2024**

###### Winter

Period 7	January 8 - February 1, 2024
Period 8	February 5 – February 29, 2024
Period 9	March 4 – March 21, 2024

**Spring Break March 25 - March 29, 2024**

###### Spring

Period 10	April 1 - April 26, 2024
Period 11	April 29 – May 24, 2024
Period 12	May 27 – June 21, 2024

**Summer Break June 24 – June 28, 2024  
for MSPA Program**

#### 4.7. CLERKSHIP REQUIREMENTS

Students must have successfully completed all pre-clerkship courses prior to beginning clerkships. Each student is expected to complete clinical rotations in medically underserved areas/health professional shortage areas, but there is no maximum number of such rotations. Students are expected to provide their own transportation to clinical sites. Lodging and travel expense support is grant-dependent and only provided for sites outside the Bay Area. Certain rotations in the East Bay are eligible for housing, assuming continued availability. All core clerkship rotations will occur at MSPA core sites, without exception.

Clerkship #	Title	Units
PAS 303	Family Medicine/Primary Care	6 (4 weeks)
PAS 304	Family Medicine/Primary Care	6 (4 weeks)
PAS 301	Internal Medicine	6 (4 weeks)
PAS 302	Internal Medicine	6 (4 weeks)
PAS 336	Behavioral Medicine/Mental Health	6 (4 weeks)
PAS 311	Pediatrics	6 (4 weeks)
PAS 331	Women's Health (prenatal and gynecologic care)	6 (4 weeks)
PAS 321	Emergency Medicine	6 (4 weeks)
PAS 320	Surgery	6 (4 weeks)
PAS 351	Elective I	6 (4 weeks)
PAS 352	Elective II	6 (4 weeks)
PAS 353	Elective III	6 (3 weeks)

Clinical sites and preceptors for core clerkships will be provided by the clerkship leadership team. Students are not required to solicit clinical sites or preceptors. Students may not suggest sites or preceptors for core clerkships.

#### 4.8. ELECTIVE CLERKSHIPS

Students will have the opportunity to complete 3 electives, which will be selected from a designated list. Qualifying clerkships are approved by the clerkship leadership team and may be removed from the list of approved clerkships at any time. Additions to the approved list of clerkships take effect immediately for all students; deletions from the list take effect for the students who begin clerkships in the subsequent clerkship year.

Clinical sites and preceptors for elective clerkships will be provided by the clerkship leadership team. Students are not required to solicit clinical sites or preceptors. Students may suggest sites or preceptors for elective rotations, but are not required to do so. Student-suggested elective sites and preceptors will be reviewed and evaluated by the Program for educational suitability, but placement is not guaranteed. Housing and transportation stipends are typically not provided for elective rotations.

#### **4.9. ABSENCES DURING CLERKSHIPS**

Students must contact the Clerkship leadership team to obtain explicit advance approval for any planned absence from the clerkship. Unanticipated absences for illness or emergency must be communicated to the Clerkship leadership team as promptly as possible.

Students are expected to seek necessary health care to maintain their physical and mental well-being. Examples of necessary health care include preventive health services and screening (e.g., annual check-ups, routine dental cleaning, and vaccinations), new and follow-up visits for acute illness, ongoing care for chronic illnesses, physical therapy, and counseling and psychological services. Consistent with University policies and the law, students have a right to privacy when seeking care.

Students may attend recurring medical or dental appointments during core clerkships. Clerkship leadership team/s, site director/s, and preceptor/s or patient care teams (depending on the service) must be notified in advance of these planned absences to coordinate time away from the clerkship. Clerkship students have a right to privacy when seeking care and need not disclose the specific type of healthcare that is being sought. A student's decision to seek healthcare during a clerkship will be managed so as to have no impact on his or her performance evaluation. Any questions or concerns may be addressed to the Clerkship leadership team by email, phone, or in person.

Students who are absent more than two days (10%) during a four-week rotation for any reason will be required to make up missed time.

Students who will miss more than 20% of the total duration of a clerkship – for any reason – will be required to make up the missed time or reschedule the clerkship per the discretion of the Director of Clerkship Education.

Failure to communicate with the clerkship leadership team about unavoidable absences is a professionalism issue. As a result, a student's Faculty Advisor will be notified. The student will receive feedback regarding professionalism expectations and a warning that any further issues with communication may result in a referral to the Student Progress Committee. In addition, failure to communicate with the clerkship team regarding absences can be a potential reason for failing the clerkship.

#### 4.10. CLINICAL PERFORMANCE EXAMS

Demonstration of at least minimum competency on the clinical performance exams, CPX-P and APSA, within 4 months of program completion is a requirement for graduation. These exams take place during students' final winter quarter.

**The Clinical Performance Examination for MSPA students (CPX-P)** is a comprehensive examination consisting of both standardized patient encounters and computer-based exercises. The goals of this assessment are to evaluate students' history and physical examination skills, patient interaction skills, clinical reasoning, and overall medical knowledge.

During the CPX-P, students see a series of patients with a broad range of clinical problems. Students are expected to perform a focused history and physical examination, and are also expected to communicate their thinking and preliminary plans to the patients. Students also complete computer-based exercises designed to assess medical knowledge and clinical reasoning.

Students must demonstrate at least minimum competency in each of three primary skill areas:

- History and physical examination
- Communication skills
- Clinical reasoning

Students must also attain an overall passing score on the **Applied Procedural Skills Assessment (APSA)**. Students must demonstrate at least minimum competency in each of the following skill areas:

- Sterile technique
- Local anesthesia administration (subcutaneous route)
- Suturing
- Intramuscular injection
- Billing and coding the patient encounter

For either exam, students who do not attain an overall passing score, or who fail individual skill domains, will be required to successfully complete a remediation program, including individualized feedback, self-reflection, and working with a faculty mentor in the School of Medicine to develop the skills necessary for improvement. Students will have one opportunity to retake the exam for a passing score.

## 5.0. ASSESSMENT OF STUDENT ACADEMIC PERFORMANCE

### 5.1. HEALTH PROVIDER INVOLVEMENT IN STUDENT ASSESSMENT

A student may not be formally evaluated by a health professional who has provided medical or mental health services to that student. This applies to one-time/episodic care as well as continuing care. A student may also not be evaluated by a family member. The MSPA program Principal or Instructional Faculty, the Program Director, Associate Program Director, Associate Medical Director or the Medical Director are not allowed to provide medical care to students unless it is an emergency.

### 5.2. EVALUATION OF PERFORMANCE IN COURSES

All pre-clerkship PA program courses are graded on a pass/fail basis. It is the prerogative of each course director to determine the best method for assessing student performance for their course. Learning activities such as quizzes, short papers, laboratory exercises, problem sets, presentations, and group discussions may be offered on a graded or ungraded basis at the discretion of the course director. Attendance and participation are essential to mastery of material and is expected of all students. Course directors are expected to announce criteria for passing a course by the end of the second week of the quarter.

#### Grading System

The following grading system is used to report on the official transcript the performance of students in all courses and clerkships taken while an MSPA Studies degree candidate:

**Pass (+)** indicates that a student has demonstrated to the satisfaction of the course director that they have mastered the material taught in the course.

**Incomplete (I)** indicates that extenuating medical or personal circumstances beyond the student's control have prevented completion of course requirements. An Incomplete can be corrected in a manner specified by the course director and must be corrected within one year (unless the Student Progress Committee specifies an earlier date). When a student takes a final or makeup examination following an Incomplete, it becomes a Pass or Fail. If the student does not attempt to correct the Incomplete within the agreed-upon time, it becomes a Fail.

**Continuing (N)** indicates that the course has not concluded and that the student is continuing the course, or that a minor component of the course (as defined by the course director) is pending.



**Grade Not Reported (GNR)** indicates that a grade has not been reported by the instructor.

**Fail (-)** indicates that a student has not met the minimum performance standards for the course. The student must achieve a passing grade within one year of the failure or prior to beginning clerkships, whichever is sooner.

A student may not receive credit for repeating a course unless the content has changed significantly, as determined by the course director.

In addition to these transcript-related grades, an additional designation is used for the Practice of Medicine course series to report on academic progress:

**Marginal Pass (MP)** indicates that a student has fallen short of meeting minimal performance standards for a Pass but has done better than a Fail at the end of the academic quarter, and that additional work or remediation is necessary to achieve a Pass.

### **End-Quarter Policy Statement**

The End-Quarter Period, also known as “Dead Week”, is a time of reduced social and extracurricular activity preceding final examinations. Its purpose is to permit students to concentrate on academic work and to prepare for final examinations.

During the End-Quarter Period, classes are regularly scheduled and assignments made; this regular class time is used by instructors in whatever way seems best suited to the completion and summation of course material. Instructors should neither make extraordinary assignments nor announce additional course meetings in order to “catch up” in course presentations that have fallen behind. They are free, however, and even encouraged to conduct optional review sessions and to suggest other activities that might seem appropriate for students preparing for final examinations.

Students are expected to remain on campus during the End-Quarter Period and should avoid planning activities that might conflict with course commitments and final exam preparation during this week.

No graded homework assignments, mandatory quizzes, or examinations should be given during the End-Quarter Period except:

1. In classes for which graded homework assignments or quizzes are routine parts of the instruction process.
2. In classes with laboratories where the final examination will not test the laboratory component. In such a case, the laboratory session(s) during the End-Quarter Period may be used to examine students on that aspect of the course.

3. In Practice of Medicine, in which previously scheduled standardized patient (SP) assessments are permitted during the End-Quarter Period.

Major papers or projects about which the student has had reasonable notice may be called due in the End-Quarter Period. Take-home final examinations, given in place of the officially scheduled in-class examination, may be distributed in the End-Quarter Period. Although the instructor may ask students to return take-home examinations early in the final examination period, the instructor may not call them due until the end of the regularly scheduled examination time for that course. Such a policy respects the principle that students' final examinations are to be scheduled over a period of several days.

### **Final Examinations**

Final examinations are scheduled by the Office of PA Education in collaboration with the Office of Medical Education when appropriate. Tentative dates and times are posted by the end of the previous quarter and final schedules are posted by the end of the second week of the quarter. Students anticipating conflicts in examination schedules should seek to resolve them with course instructors.

Students are expected to remain on campus during the final exam period and should not book travel or other plans until they have confirmed the dates that they must sit for their final exams. Final exams should take priority over other commitments and students are advised to plan accordingly.

Final examinations are governed by the regulations below:

1. Students are expected to take the final examination unless, at least 24 hours prior to the examination, they have received formal written approval for obtaining an Incomplete from their faculty advisor. Incompletes are given for significant personal or medical reasons beyond the student's control. If a student does not appear for the examination and has not been granted an Incomplete, the student will receive a Fail.
2. Students are expected to report for their examinations at the time and place designated by the Office of PA Education, the Office of Medical Education, or the course director, unless the course director has made alternative arrangements. While examinations are not "proctored" as such, students must take the examination in the designated location within the prescribed examination time. Students are expected to adhere to the Stanford Honor Code at all times during examinations.
3. When the final examination or its appropriate substitute is not an in-class examination (e.g., when an instructor assigns a take-home examination, paper, or project in lieu of an in-class examination), the schedule and format of the final examination or its substitute will be determined no later than the end of the second week of the quarter and, if changed subsequently, a modification must be approved by a majority of the students in the class.

4. Students with documented disabilities who have registered with and been recommended by the [Office of Accessible Education \(OAE, https://oae.stanford.edu\)](https://oae.stanford.edu) to receive special examination accommodations are responsible for notifying both the Office of PA Education and their course directors at the beginning of each quarter, or as soon as they receive their accommodation letter, that they will need these accommodations. Unless students receive accommodations mid-quarter, they must let the Office of PA Education and their course directors know of their accommodations needs no later than the end of the second week of the quarter for which they are receiving accommodations. Reminder: students needing exam accommodations are to contact the OAE first, prior to notifying their course director(s).
5. Feedback on written examinations is to be as complete as practicable. Students have the right to see their final examination and discuss it with a faculty member.

### **Correction of Deficiencies in Pre-Clerkship Courses**

Students who fail a pre-clerkship course must achieve a passing grade within one year of the failure or prior to beginning clerkships, whichever is sooner. If this cannot be achieved through remediation (as determined by the course director) then the student must retake and pass the course when it is next offered. Only the Student Progress Committee has the power to change this requirement. The requirements for achieving a passing grade are determined by the responsible faculty. Students with a failing grade will be counseled by their faculty advisor and reviewed by the Student Progress Committee.

Academic deficiencies in pre-clerkship courses must be rectified prior to the beginning of clerkships or by a date specified by the Student Progress Committee (which has the power, in an appropriate case, to modify any of the requirements in this subsection).

Course directors are encouraged to provide educational assistance to students failing required courses on the first-year grid, preferably during the first summer quarter following receipt of a failing grade, and to reexamine such students prior to autumn quarter registration. Students failing courses on the autumn and winter quarter grids for the second year should, as a general proposition, be required to correct these deficiencies prior to beginning clerkships. Students who receive an Incomplete grade because of extenuating medical or personal circumstances should, once again as a general rule, be given the opportunity to correct the incomplete grade within one (1) year or prior to entering clerkships, whichever comes first, in a manner specified by the course director. Courses such as those in the Practice of Medicine sequence, where hands-on activities and small group interactions constitute a significant portion of the course, may require retaking of the course the following year.

Due to the structure of the MSPA didactic curriculum, failure to meet the passing criteria for a course in a timely fashion may result in deceleration.

## Evaluation of Performance in Practice of Medicine

### Grading

Students receive a Pass (+), Continuing (N), Marginal Pass (MP), Fail (-), or Incomplete (I) grade after each quarter. The grade is based on completion of quarter course requirements, satisfactory performance on end-of-quarter assessments, and professional behavior. The following are the guidelines for each grade option in the course:

**Pass (+):** Students have completed all course requirements, performed satisfactorily on the final Standardized Patient assessment and each section of the written final examination, and exhibited professional behavior in the course.

**Continuing (N):** Students have not completed all course requirements and/or did not perform satisfactorily on any individual section of the written final examination.

**Marginal Pass (MP):** Students have not performed satisfactorily on the final Standardized Patient assessment and/or the overall written final examination; there may be some concern about the student's professional behavior in the course; and/or the student's performance in in-class activities has raised some concerns about knowledge and competence.

**Fail (-):** Students have performed poorly on the final Standardized Patient assessment and/or the overall written final examination (using the criteria above for N Grade or Marginal Pass); there may be serious concerns about the student's professional behavior in the course; and/or the student's performance in in-class activities has raised serious concerns about knowledge and competence.

**Incomplete (I):** Student has satisfactorily completed a substantial part (but not all) of the coursework. Students must request an Incomplete grade by the last class meeting. Incomplete grades must be made up within one (1) year, or prior to entering clerkships, whichever comes first.

The Student Progress Committee will be notified of all grades of Continuing (N), Marginal Pass (MP), or Fail (-).

Students who do not perform satisfactorily on either the final Standardized Patient assessment and/or the written final examination must complete a plan of remediation tailored to student needs and course resources. Students who do not satisfactorily complete this plan of remediation will earn a Fail for the course.

### Policy for Missed Assessments

Every student is expected to be present for each final Standardized Patient assessment and each end-quarter integrated examination in the Practice of Medicine course.

A formal course director's excuse is required to make up any missed course examination. It is recommended that students meet with their faculty advisors prior to submitting a formal request for any missed course examination.

A Course Director's excuse may be issued before a regularly scheduled assessment or examination to accommodate some essential extracurricular event or after an examination in the case of illness.

A score of zero will be credited towards a student's final score if an assessment or examination is missed without a course director's excuse.

If a course director's excuse is issued before a regularly scheduled assessment or examination to accommodate some essential extracurricular event, the student will be expected to take the scheduled make-up examination or assessment at Stanford. If the course director's excuse extends beyond the make-up date because of some essential activity away from Stanford, then appropriate arrangements will be made within the resources of the course. Failure to make such an arrangement will result in a score of zero on that exam. A student who misses an assessment or examination with a course director's excuse for illness should contact the POM course coordinator and appropriate arrangements will be made.

#### **Policy for Remediation of a Continuing, Marginal Pass, or Fail Grade in POM**

A student who receives a Continuing (N) in any quarter of the POM series (INDE 201-205) must complete outstanding course requirements to correct the grade to a Pass (+). The student will be allowed to continue through the POM sequence. The Student Progress Committee will be notified. Students who do not satisfactorily complete this plan of remediation will earn a Marginal Pass (MP) grade for the course.

A student who receives a Marginal Pass (MP) in any quarter of the POM series (INDE 201-205) must successfully complete a course of remediation tailored to student needs and course resources to correct the grade to a Pass (+). The student will not be allowed to continue through the POM sequence unless provided special permission from the course director. The Student Progress Committee will be notified. Students who do not satisfactorily complete this plan of remediation will not be allowed to continue to clerkships.

A student who receives a Fail in any quarter of the POM series (INDE 201-205) will be required to re-take that quarter the following year, including all required exercises and examinations. The student will not be allowed to continue through the POM sequence, unless provided special permission from the course director. The Student Progress Committee will be notified.

### 5.3. EXAM POLICY FOR REQUIRED PRE-CLERKSHIP COURSES

Per the [Stanford University Honor Code](https://communitystandards.stanford.edu/policies-guidance/honor-code) (https://communitystandards.stanford.edu/policies-guidance/honor-code), individual faculty members are not present to proctor exams; however, they can determine the best exam environment for their tests and make any requirements they see fit with regard to how students take the exam. The Honor Code states in part: “The faculty on its part manifests its confidence in the honor of its students by refraining from proctoring examinations and from taking unusual and unreasonable precautions to prevent the forms of dishonesty mentioned above. The faculty will also avoid, as far as practicable, academic procedures that create temptations to violate the Honor Code.”

To uphold the spirit of the University’s Honor Code and to create consistency across courses in the pre-clerkship curriculum, the Office of PA Education and the Office of Medical Education provide the following guidelines for closed-book examination environments in our required courses:

- Students will complete exams in the rooms assigned by the course.
- Exams are non-collaborative and, unless otherwise noted by course faculty, closed book.
- Unless otherwise stipulated by the course director, use of any electronic device to access other resources, including (but not limited to) the internet, notes, and colleagues, is expressly forbidden and constitutes a violation of the Stanford Honor Code.
- The use of personal listening devices is expressly forbidden in the exam setting.
- Students with disabilities or other special needs for which they may require accommodations should notify the MSPA Student Life Officer well in advance to receive appropriate accommodation for exams. Once students receive an official accommodations letter, they must let the MSPA Student Life Officer and their course directors know of their accommodations request no later than the end of the second week of the quarter, in every quarter in which they are requesting accommodations.
- Please see Section 3.12, Policies and Resources for Mobile Devices, for more information about BYOD policies governing final exams.

#### **5.4. EVALUATION OF PERFORMANCE IN CLINICAL CLERKSHIPS**

Students in clerkships may earn a final grade of Pass or Fail. Final grades are comprised of performance on the preceptor evaluation, completion of the student evaluation of the preceptor, completion of patient logging, completion of Aquifer modules as applicable, and other items outlined in the syllabus, along with performance on the End of Rotation Exams.

##### **Clerkship Performance Evaluation Appeals**

Students who have questions or concerns about a performance evaluation in a clinical clerkship should contact the Clerkship leadership team or their faculty advisor to request a review. If a student's disagreement remains unresolved, the student or his or her faculty advisor may request a review by the Student Progress Committee by contacting one of the Chairs of the Student Progress Committee. A written request for a review must be received within *eight weeks* of the date that the final student performance evaluation was submitted.

Upon receiving a request for review, the Student Progress Committee will notify the clerkship team responsible for the performance evaluation and will gather data from the student and the clerkship team. The Student Progress Committee will review the final evaluation and all submitted data, gather additional information as needed, and will generally, though it is not required, reach a decision by consensus. The student and the clerkship team will be notified in writing of the final decision. The Student Progress Committee will attempt to complete each appeal within 45 days of the request. The Student Progress Committee's decision is considered final. Students with further concerns may choose to pursue the Stanford University student academic grievance procedure, though they should recognize the limited scope of review inherent in that procedure.

##### **Correction of Deficiencies in Clerkships**

During the course of a clerkship, when the Clerkship leadership team becomes aware that a student's performance may warrant a grade of Fail, they must notify the student promptly that, in the absence of improvement, a non-passing grade is being considered. Once the Clerkship leadership team confirms the decision to assign a non-passing grade, they will immediately notify the student about the final grade to be assigned. The Clerkship leadership team will also notify the student's faculty advisor, who will arrange a meeting with the student.

Requirements for correcting a Fail will be determined by the Clerkship leadership team. Students who receive a Fail grade are required to meet with the Clerkship leadership team to set timely requirements for achieving an unqualified passing grade. Non-passing grades in clerkships, including N or "continuing" grades, must be corrected within one year of completing the clerkship. Students failing to correct a non-passing grade within one year will be reviewed and discussed by the Student Progress Committee.

Students cannot receive a Stanford MS in PA Studies degree with an uncorrected incomplete or Fail in a clerkship.

## **5.5. STANDARDIZED PATIENT TEACHING AND ASSESSMENT**

The Standardized Patient (SP) Program offers clinical skills training for PA students throughout the three-year curriculum. Its activities are designed to provide a simulated setting for the instruction and assessment of the clinical, cross-cultural and interpersonal skills of PA students. Real patients or SPs are trained to consistently recreate the same clinical situation, findings, or problem with each student encounter. For more information about the Standardized Patient Program, go to: <http://cisl.stanford.edu/standardized-patient-program.html>



## 6.0. STUDENT PROGRESS COMMITTEE (SPC)

### 6.1. INTRODUCTION

The Student Progress Committee (SPC) is a standing committee of the Stanford School of Medicine's Office of PA Education. The purpose of the Student Progress Committee is to provide all PA students with periodic and systematic reviews of their overall progress towards completion of the MS in PA Studies degree, as well as reviews on an as-needed basis, and to monitor student development and provide guidance and recommendations as appropriate.

The Stanford School of Medicine has an obligation to evaluate the performance of each student on an ongoing basis from matriculation until graduation and to endorse each student as being suitable to meet the academic, professional, and technical standards for the practice of medicine. It is therefore the responsibility of the faculty—through this Committee—to review any concerns regarding the ongoing satisfactory fulfillment of these standards.

#### A. Membership:

The Student Progress Committee is composed of MSPA program faculty and may include Stanford community Advanced Practice Providers. All Student Progress Committee members are voting members, except in cases where a faculty member is the faculty advisor or mentor for the student under review. A total of three voting members is required for a quorum. A quorum of voting members of the Student Progress Committee is required to be in attendance (either physically or virtually) for decision-making activities. *Ex officio* non-voting committee members may include (but are not limited to) the Associate Dean for PA Education, MSPA program Medical Directors, and School of Medicine leadership.

#### B. General Responsibilities and Definitions:

1. Responsibilities: The primary responsibility of the Committee is to review the development and performance of each student on an ongoing basis in the areas of the fulfillment of academic, technical, and professional standards. This includes:
  - a. Evaluation of achievement of all requirements for promotion.
  - b. Identification of students not meeting requirements and/or expectations for academic, professionalism, or technical performance, and recommendation of individualized learning plans that support academic and professional development;
  - c. Evaluation of achievement of required remediation;
  - d. Recommending taking such action (including deceleration and/or dismissal from the Stanford School of Medicine MSPA program) as the Student Progress Committee deems appropriate given the facts and circumstances.
2. The Student Progress Committee typically meets once monthly. The Chair(s) may call additional meetings if necessary.

3. Except for the Student Progress Committee Chair(s), the faculty advisors, the Associate Dean for Medical Education, the MSPA Medical Directors, and other members of the Committee will not discuss decisions or pending actions with students and may not be approached by students with inquiries.
4. The Student Progress Committee may also consider student petitions on various matters, including, for example: an extension of PA education beyond three years; leaves of absence that either individually or cumulatively exceed a total of one year; reinstatement.
5. Satisfactory Academic Performance: Satisfactory academic performance and progress are defined as:
  - a. Obtaining a “pass” on all required assignments and projects in a timely fashion. It is the responsibility of any student who is underperforming to seek the assistance of the course director and their advisor.
  - b. Demonstrating clinical competence commensurate with the level of training required in the Program. Clinical competence includes, but is not limited to: clinical judgment, technical and psychomotor skills, interpersonal skills and attitudes, and professional comporment.

### C. Student Progress Committee (SPC) Procedures and Actions

- 1. Referral to SPC:** The didactic and clinical phases of the program have distinct policies and procedures related to remediation. Referral to SPC may also be required for matters outside of a course or clinical rotation, e.g., professionalism.
  - a. Didactic Phase: A student who fails a didactic course will be referred to SPC and will receive a formal written plan for remediation, including deliverables and timelines. Failure to meet the expectations of the remediation plan can result in consequences up to and including deceleration or dismissal.
  - b. Clinical Phase: A student who fails a clerkship or fails to pass 2 or more EoR exams will be referred to SPC for review and will receive a formal written plan for remediation, including deliverables and timelines. Failure to meet the expectations of the remediation plan can result in consequences up to and including deceleration or dismissal.
  - c. Professionalism: A student can be referred to SPC by faculty or staff for unprofessional behavior. After review of the behavior, SPC may recommend a formal plan for remediation, including deliverables and timelines. Failure to meet the expectations of the remediation plan can result in consequences up to and including deceleration or dismissal.
- 2. Academic Performance and Progression:** Student grades, academic integrity, professionalism, and ability to meet the technical standards are factors considered in student progression. Each student must meet all these program requirements. Each

student is assigned a member of the faculty as their Faculty Advisor. The role of the Faculty Advisor is to monitor student progress in the Program and to serve as the student's academic mentor, guide and advocate. Each student is encouraged to meet with their Faculty Advisor at a minimum of once every quarter. However, when an academic or professionalism issue arises, students are encouraged to consult with their Faculty Advisor.

- a. Satisfactory Academic Performance: Satisfactory academic performance and progress are defined as:
  - i. Obtaining a “pass” on all required assignments and projects in a timely fashion. It is the responsibility of any student who is underperforming to seek the assistance of the course director and their advisor.
  - ii. Demonstrating clinical competence commensurate with the level of training required in the Program. Clinical competence includes, but is not limited to: clinical judgment, technical and psychomotor skills, interpersonal skills and attitudes, and professional comportment.
- b. Academic Progression: At the end of each quarter, and as needed, the SPC will review the academic and professionalism records of each PA student and take action as necessary.

Due to the structure of the MSPA didactic curriculum, failure to meet the passing criteria for a course may result in deceleration.

3. **Reassessment:** Reassessment may be required to facilitate academic progression. The academic and clinical phases of the program have distinct policies and procedures related to reassessment:
  - a. Didactic Phase: Over the course of the first five (5) quarters, or the didactic phase of the program, a student who does not meet the passing criteria on a block or final exam will have an opportunity to retake the exam for a passing grade. The course director will inform the student of their options related to retaking the failed assessment(s). The exam must be retaken within 14 days of the initial exam. A student can have a maximum of two (2) failed assessments during the didactic phase before being referred to the SPC for review.
  - b. Clinical Phase: Students have the opportunity to retake a failed EoR exam once in any given specialty during the clinical year. Failure of any two exams (back-to-back or not) will result in referral to the SPC.
  - c. Summative Exam: A student who does not meet the passing criteria for the summative exam will have an opportunity to retake the exam for a passing grade. The second exam should be taken 2 months after the initial exam.
4. **Remediation Process:** Remediation may be required to facilitate progression in the MSPA program.
  - a. When a student requiring academic or professionalism remediation has been identified, the student is referred to the SPC. It is the responsibility of the SPC to identify the area(s) of greatest need and determine how the student will demonstrate that they have successfully remediated the deficiency.

- b. When the SPC needs to meet with a student, the student will be notified via email by the SPC Chair(s) or designee to meet with the SPC to discuss their academic standing and/or professional behavior.
  - c. The student must confirm, via email, receipt of the invitation to meet within two (2) calendar days. Failure to respond in a timely manner may impact the student's professionalism evaluation.
  - d. After meeting with the student, the SPC will determine if further action is necessary. If so, the SPC will develop a formal remediation plan with timelines and deliverables.
  - e. The SPC will present their recommendations in writing to the Program Director within two (2) business days. The Program Director will review the SPC recommended action(s), make the final determination of recommended action(s), and the Program Director or SPC designee will communicate the final decision/outcome to the student.
  - f. Possible recommended actions may include, but are not limited to: no further action; remediation; deceleration; or dismissal. With the exception of "no further action" and "remediation", the Program Director will review the SPC recommended action(s), make the final determination of recommended action(s), and the Program Director or SPC designee will communicate the final decision/outcome to the student.
  - g. The SPC monitors student progress to completion. Upon successful remediation of the academic or professionalism deficiency, the SPC designee will inform the SPC that the deficiency is resolved.
5. **Deceleration:** The SPC may recommend deceleration for a student under several circumstances, including the inability to remediate a failed course or in the event that a leave of absence interferes with the ability to progress in the didactic curriculum. As an example, if a student missed their 3<sup>rd</sup> quarter due to a leave of absence, they would not be able to start the 4<sup>th</sup> quarter until they received a passing score for all Quarter 3 classes. In this event, the student would be required to decelerate and take the 3<sup>rd</sup> quarter courses the following year. Once a student decelerates, they will officially re-enroll where they left off, but it is recommended that they audit courses they have already successfully completed. A student may also request deceleration for personal reasons. The final decision regarding deceleration is made by the Program Director.
6. **Promotion:** The SPC will review each student prior to advancement to clerkship. A student will be promoted to the clinical phase when all of the following conditions have been met:
- a. All didactic coursework in the MSPA Program curriculum has been completed with a designation of "Pass";
  - b. Student Health Clearance, including documentation of immunizations and annual TB screening and influenza vaccination, is completed;

- c. Successful completion of Health Insurance Portability and Accountability Act (HIPAA) training;
- d. Successful completion of all competency skills (e.g., BLS, ACLS, etc.) with an expiration date that surpasses the date of program completion;
- e. Verification that they meet the Technical Standards;
- f. Successful completion of a background check.

Students who are determined by the SPC as not fulfilling the standards for promotion to the clinical phase, or who do not satisfy the remediation measures required by the SPC, may be recommended by SPC for dismissal from the MSPA Program. Students who do not achieve successful promotion to the clinical phase cannot continue as MSPA candidates.

7. **Dismissal:** After due consideration and process, Stanford University reserves the right to require the dismissal of any student at any time before graduation if circumstances of a legal, moral, behavioral, ethical, patient safety, health or academic nature justify such an action.

A student may be dismissed from the Program for any of the following:

- Not successfully correcting a failing grade in a pre-clerkship course.
- Not successfully correcting a failing grade in a clinical clerkship.
- Professionalism violations.
- Failing to complete Thesis project and presentation.
- Inability to fulfill the Technical Standards.

Decisions regarding dismissal are made on an individual basis after considering all pertinent circumstances and extenuating circumstances relating to the case. The SPC's recommendations are presented to the Program Director for review. The Program Director may agree, amend, or disagree with the SPC recommendation. The Program Director will issue a letter of decision to the student regarding their status in the program. If the Program Director agrees with the SPC recommendation, the dismissal is immediately effective upon receipt of the letter of notification from the Program Director, or as otherwise provided in the letter. Students may appeal a dismissal decision as stated in Section 6.4 of this handbook.

## 6.2. STANDARDS FOR PERFORMANCE AND SATISFACTORY PROGRESS

In order to make satisfactory progress towards the MS in PA Studies degree, each student must satisfy academic, professional, and technical standards on an ongoing basis.

A. Academic: Students are required to make Satisfactory Academic Progress (SAP) in terms of units taken and passed, courses and clerkships successfully completed, timely completion of other requirements, and correction of deficiencies.

### 1. Units

a. Students must take and successfully complete a minimum per-quarter number of units, which are as follows:

- (i) Quarter 1 (Autumn): 26 units
- (ii) Quarter 2 (Winter): 17 units
- (iii) Quarter 3 (Spring): 18 units
- (iv) Quarter 4 (Autumn): 25 units
- (v) Quarter 5 (Winter): 20 units
- (vi) Quarter 6 (Spring): 19 units
- (vii) Quarter 7 (Summer): 19 units
- (viii) Quarter 8 (Autumn): 19 units
- (ix) Quarter 9 (Winter): 19 units

Students must pass (+) all courses in each didactic quarter in order to move to the next quarter. In addition, students must complete all didactic courses with a passing (+) grade to transition to the clerkship year.

NOTE: *Unit requirements for financial aid eligibility are not necessarily the same as for satisfactory academic progress for graduation. Students should also refer to financial aid policy, and consult with the University Financial Aid Office.*

### 2. Number of Years

- a. If a student plans to take more than 9 consecutive quarters to complete his/her degree, exclusive of time spent during an approved Leave of Absence, the student must petition for and receive approval by the Student Progress Committee. The student's petition must provide reasons for the requested extension and submit specific plans for completing the degree, all of which is subject to review and approval by the student's faculty advisor.
- b. Stanford University requires all master's degrees to be completed within three years of matriculation. Any extension beyond three years requires approval by the Committee on Graduate Studies.

### 3. Leadership Track and Thesis Project

Students must make satisfactory progress in meeting Thesis/Capstone work requirements, as outlined in Section 4.4 of this handbook.

4. Examinations

Students must make satisfactory progress in meeting examination requirements, including the clinical clerkship End of Rotation exams and summative exams (End of Curriculum exam, APSA, and CPX-P).

5. Academic Deficiencies

- a. All academic deficiencies must be corrected within one year (or otherwise within a time limit specifically set by the Student Progress Committee in the individual case).
- b. Note that some deficiencies may be considered to be unable to be remediated and may result in immediate dismissal. Such circumstances may include (but are not limited to) when one or more of the following conditions apply:
  - (i) Failure of two clinical clerkships
  - (ii) Failure of 3 or more pre-clerkship courses in any given academic year or over the course of the pre-clerkship curriculum (remediated or not)
  - (iii) Failures in 3 or more courses during the program (pre-clerkship, clerkship or a combination of both, whether remediated or not)
- c. A student's failure to attend required meetings, comply with Student Progress Committee directives for remediation, or meet Student Progress Committee deadlines may preclude remediation and result in immediate dismissal from the Stanford MSPA program.

B. Professionalism: Students are required, on an ongoing basis, to satisfy professionalism standards as outlined in Section 2.4 of this handbook. A serious breach of professionalism may result in immediate dismissal from the MSPA program.

C. Technical Standards: Students are required, on an ongoing basis, to satisfy technical standards as outlined in Section 2.3 of this handbook. Continued fulfillment of such standards is a requirement for ongoing registration in the Stanford School of Medicine.

### 6.3. PROMOTION

The Student Progress Committee will conduct a systematic review of all students' progress towards completion of the MS in PA Studies degree. Those reviews will encompass all areas of academic performance, professionalism, and technical standards. Students whom the Student Progress Committee determines have met these standards will be eligible for formal promotion as follows:

- A. Promotion to MSPA Clinical Student: upon completion of pre-clerkship courses and other requirements, students will be reviewed for formal promotion. Criteria for promotion are:
  - 1. Satisfactory completion of all required pre-clerkship courses with a passing grade by April 1 of the academic year. MSPA Studies students may be required to take additional preparatory clinical courses prior to entering clerkships.
  - 2. Satisfactory fulfillment of the standards for professionalism of the Stanford School of Medicine MSPA program.
  - 3. Satisfactory fulfillment of the technical standards of the Stanford School of Medicine MSPA program.
  - 4. Satisfactory progress in scholarly work.

Students who are determined by the Student Progress Committee to not be fulfilling the standards for promotion to MSPA Clinical Student, or who do not satisfy the remediation measures required by the Student Progress Committee, may be considered by SPC for dismissal from the MSPA program or deceleration. Students who do not achieve successful promotion to MSPA Clinical Student cannot continue as MS in PA Studies candidates at the Stanford School of Medicine.

- B. Promotion to Eligible for MS in PA Studies Degree: In March of the anticipated year of graduation, the Student Progress Committee will review students' progress to determine their eligibility for promotion to "eligible for MS in PA Studies degree." If promoted, a student will be included on the list to be transmitted to the Dean and the Registrar of the University for conferral of the Master of Science in Physician Assistant Studies degree. Criteria for promotion are:
  - 1. Satisfactory completion of all degree requirements;
  - 2. Continued satisfactory fulfillment of the standards for professionalism of the Stanford School of Medicine MSPA program;
  - 3. Continued satisfactory fulfillment of the technical standards of the Stanford School of Medicine MSPA program;
  - 4. Completion of a Leadership Track;
  - 5. No unresolved concerns regarding academic performance, professionalism or fulfillment of the technical standards.



#### 6.4. PROCEDURES FOR ADDRESSING PERFORMANCE, PROFESSIONAL AND TECHNICAL STANDARDS CONCERNS

A. In general:

1. The Student Progress Committee will periodically review the records of all students; additionally, it can place any student on its agenda for discussion and action if there is a concern about his or her performance or progress in fulfilling academic, professionalism or technical standards.
2. The Student Progress Committee can take any action it deems appropriate in its discretion under the facts and circumstances presented to address any concerns about academic, professional or technical standards issues, including (but not limited to):
  - a. Requiring a student to correct a failing grade in a specified manner and/or by a specified date;
  - b. Placing a student on academic probation with a prescribed and restricted curriculum (including the discontinuation of activities such as extracurricular activities, or community service) for a time period specified by the Student Progress Committee;
  - c. Placing the student's enrollment on administrative hold for one or more quarters;
  - d. Requiring a remedial curriculum, or that the student be referred for an assessment;
  - e. Dismissing the student from Stanford School of Medicine MSPA program under circumstances deemed by the Student Progress Committee to warrant such action.
  - f. Deceleration to comply with academic, technical, and professional standards that have not been met in the MSPA program.

NOTE: *See 6.5 Appendix: Chart of Student Progress Committee Responses to Student Issues for examples of some actions that may be taken by the Student Progress Committee to address certain academic deficiencies.*

B. Procedures regarding academic deficiencies:

1. As a general proposition, students will be notified in advance if they are to appear on the agenda of the Student Progress Committee.
2. Students who are called before the Student Progress Committee regarding an academic deficiency will be accorded the following rights:
  - a. To ask for and receive from a faculty advisor a written explanation as to why they are receiving attention by the Student Progress Committee.
  - b. To have an opportunity to discuss their academic progress and/or deficiencies with their faculty advisor and to participate in formulating for presentation to

the Student Progress Committee a proposal for a remedial program (where appropriate).

- c. To have an opportunity to submit a written statement to the Student Progress Committee.
- d. In any case involving dismissal from the Stanford School of Medicine MSPA program, to be invited to appear in person at the scheduled Student Progress Committee meeting during the presentation of their case prior to the closed deliberation of the Committee. NOTE: *Students appearing before the Student Progress Committee may have a qualified advocate of their choice accompany them to the meeting; advocates may be either the student's faculty advisor, mentor, a Stanford PA, another faculty member of Stanford School of Medicine, or a Dean from the Stanford Graduate Life Office. An attorney is not a qualified advocate.*
- e. Under ordinary circumstances, to receive a written report within 10 working days after the Student Progress Committee meeting detailing the Committee action taken. The timeframe may be extended for good cause at the discretion of the Student Progress Committee Chair(s).
- f. To have an opportunity to discuss the Student Progress Committee action and report with their faculty advisor and to submit a written request to the Student Progress Committee Chair(s) that the action be reconsidered. The request must be based on compelling new information not available at the time that the action was taken, not on a complaint expressing dissatisfaction with the outcome or with an underlying University or Stanford School of Medicine policy of general application. Such a request should be submitted within 14 working days of receipt of the report, but the timeframe may be extended for good cause at the discretion of the Student Progress Committee Chair(s).
- g. To have the opportunity to file a formal grievance, as outlined in the Stanford University Bulletin (Student Academic Grievance Procedure). Grievances appealing a Student Progress Committee action are filed with the Dean of the School of Medicine.

C. Procedures regarding professionalism concerns:

1. In general:

- a. The faculty of the Stanford School of Medicine endorses students as suitable to practice medicine based on maintenance of continuous satisfactory performance in the areas of meeting academic, professional, and technical standards.
- b. The Student Progress Committee may address minor professionalism concerns at its discretion and as it sees fit, such as by referral to a student's faculty advisor or the completion of a program of remediation.
- c. As to serious professionalism concerns, such concerns will be addressed under a three-step process as presented below.

NOTE: *Alleged violations of Stanford's student conduct codes (including the Honor Code and the Fundamental Standard) are adjudicated by a different University process. That conduct, however, may also raise concerns regarding professionalism requiring review under this process.*

## 2. The Three-Step Process

### a. Step 1: Personal Communication

- (i) A faculty member or any other individual should communicate a possible substantive deficiency in the professionalism of a PA student to the Associate Dean for PA Education. The Associate Dean will then inform the Student Progress Committee. This should be done as soon as practicable after the professionalism deficiency is identified.
- (ii) The Associate Dean (or his or her delegate) should give the student a copy of these guidelines and arrange a meeting with the student and, as appropriate, the individual identifying the deficiency and the student's faculty advisor. If the alleged deficiency can be explained or corrected in a mutually satisfactory manner, the matter need go no further. The Associate Dean should then communicate their conclusions or actions to the Student Progress Committee.
- (iii) To facilitate identification of students who may have professionalism deficiencies, the MSPA program will maintain impermanent files separately from students' permanent files as a repository for such concerns. By having a central repository for such information, students whose performance repeatedly provokes professionalism concerns can be identified. The impermanent file should also contain records on formal or informal hearings, and/or Student Progress Committee considerations of students regarding professionalism. Except as disclosure is necessary under this process, access to impermanent files will in general be restricted to those Stanford personnel with a need to know (such as the program leadership, faculty, designated members of the program's administrative team, the Student Progress Committee, and the student. As a general proposition, the contents of any such impermanent file are to be destroyed within one year after the student graduates.

### b. Step 2: Informal Hearing

- (i) If the student, the identifier of the deficiency, the Student Progress Committee, or the Associate Dean is not satisfied with the result of the personal communication described above, the Student Progress Committee will hold an informal private hearing upon being notified of that dissatisfaction. The informal Student Progress Committee hearing will involve the student, a quorum of the Student Progress Committee, the student's faculty advisor, a student-chosen advocate (who must be a faculty member of Stanford School of Medicine or a clinically practicing Stanford PA), and any other individual (e.g., the faculty member

identifying the deficiency) who the Chair(s) of the Student Progress Committee approves as pertinent to the matter. The purpose of the informal private hearing will be to permit the student and any other involved individuals to present their versions of the alleged deficiency and work out, if possible, a mutually satisfactory remedy.

- (ii) The Chair(s) of the Student Progress Committee will communicate, in writing, the results of the hearing to the student and to the Associate Dean within ten working days of the meeting. At the discretion of the Associate Dean, the written communication or other summary of any mutually satisfactory remedy may also be placed in the student's permanent file. If there is no mutually satisfactory remedy, the written communication and any other records of the informal hearing will be placed in the student's impermanent file.

c. Step 3: Formal Hearing

- (i) If the matter cannot be satisfactorily resolved at the Student Progress Committee informal hearing, if the student or the Associate Dean for PA Education is not satisfied with the outcome of the hearing, or if there is a breakdown of (or failure to timely complete or adhere to) the mutually agreed-upon remedy, the Student Progress Committee Chair(s) will call a formal hearing.
- (ii) A formal hearing is intended to provide an opportunity for the parties to present their positions in a process with the authority to decide on a remedy and/or an outcome, including dismissal from the Stanford School of Medicine MSPA program. The Associate Dean will compose an ad hoc Committee on PA Suitability to hear the matter. The committee will be composed of five School of Medicine faculty and/or clinically practicing PAs within the Stanford community. The Committee will hear the matter and make findings and recommendations to the Associate Dean for PA Education. Decisions will be made by majority vote.
- (iii) The Chair of the Committee on PA Suitability will conduct the formal hearing using the general procedural guidelines outlined below:
  - (a) The student will be informed in writing of the alleged deficiency to be considered, of the situation upon which the concern is based, and of the scheduled date of formal hearing (which shall be at least 10 days after the date of this written statement). The written statement will also include a copy of this process and any special rules and procedures to be followed in the hearing. The student may request a reasonable extension of the hearing, if necessary, to prepare his or her position.
  - (b) The student will be allowed to inspect their School of Medicine education record to which they would be entitled under Stanford's policy on the Privacy of Student Records, including material in such files concerning the alleged deficiency.

- (c) No person who has firsthand information concerning this matter, who presents evidence at the hearing, or who otherwise is involved in this process may serve on the Committee on Suitability. A replacement, when necessary, will be appointed by the Associate Dean for PA Education.
- (d) The student will be permitted to have a qualified advocate accompany them at the hearing, but that advocate may not participate directly in the hearing. The advocate must be a member of the Stanford School of Medicine faculty, a Stanford clinical PA, or a Dean from the Stanford Graduate Life Office; an attorney is not a qualified advocate. The student shall notify the Chair(s) of the Committee on Suitability at least five days prior to the hearing of the identity of any advocate.
- (e) The student has a right to be present during the presentation of evidence supporting the alleged deficiency, to question any witness who presents evidence at the hearing, and to offer evidence or argument at the hearing to rebut that evidence. The student will be given a reasonable opportunity to present their version of the situation, and may present relevant evidence and witnesses on their behalf.
- (f) The presentation of evidence and arguments will be recorded.
- (g) Unless the student asks for an open hearing, the data and discussions of the hearing will be kept confidential, and no record will be placed in the student's permanent file unless the charge of deficiency is substantiated.
- (h) The findings and recommendations resulting from the formal hearing should be based upon the evidence presented at the hearing and on the contents of any pertinent Stanford School of Medicine student records and files.
- (iv) After the hearing, the Committee on PA Suitability will convey its findings and recommendations in writing to the Associate Dean for PA Education in a timely manner. The Associate Dean for PA Education will consider the findings and recommendations and issue a final decision in writing to the student in a timely manner. The Associate Dean for PA Education will also inform the Student Progress Committee Chair of the final decision.
- (v) The student may appeal the decision to the Dean of Stanford School of Medicine as a formal written grievance under (and within the time limits of) the Stanford University Student Academic Grievance Procedure.

D. Procedures regarding technical standards concerns: If concerns arise as to a PA student's continuing ability to fulfill the technical standards of the Stanford School of Medicine, the Student Progress Committee will appoint an ad hoc committee to review the matter and advise the Student Progress Committee.

## 6.5. APPENDIX: CHART OF STUDENT PROGRESS COMMITTEE RESPONSES TO STUDENT ISSUES

Based on Stanford School of Medicine academic policies, the following actions will or may be taken by the Student Progress Committee in the stated situations. The Committee may, however, prescribe another course of action in its discretion, and depending upon the individual student circumstances.

### Pre-Clerkship: Failure

Issue	Policy and/or Steps to Address Issue
One failure in a pre-clerkship course	<p>Students will appear before the Student Progress Committee for discussion and possible assignment of a remediation curriculum.</p> <p>An unqualified Pass is required to correct a failure in a pre-clerkship course. This unqualified Pass may be attained through remediation (as determined by the course director), or by retaking and passing the course when it is next offered. If no remediation occurs prior to the next offering of the course, the student will be required to retake the course.</p> <p>Due to the structure of the MSPA didactic curriculum, failure to meet the passing criteria for a course may result in deceleration.</p>
Failure of 2 pre-clerkship required courses in any given academic year or over the course of the pre-clerkship curriculum	<p>Students will be called before the Student Progress Committee for discussion and possible setting of a remediation curriculum.</p> <p>Due to the structure of the MSPA didactic curriculum, failure to meet the passing criteria for a course may result in deceleration.</p>
Failure of 3 or more pre-clerkship courses over the course of the pre-clerkship curriculum	<p>These students may be considered for dismissal from the Stanford School of Medicine MSPA program.</p>

### Pre-Clerkship: Uncorrected Deficiency

Issue	Policy and/or Steps to Address Issue
Uncorrected deficiency beyond the prescribed period of remediation time	<p>If a deficiency remains uncorrected for more than the prescribed period of time following its receipt, the student may be required to appear before the Student Progress Committee and could be considered for dismissal or deceleration.</p> <p>An administrative hold may be placed on the student until the deficiency has been corrected.</p>

### Clerkships: Clerkship Scheduling

Issue	Policy and/or Steps to Address Issue
Failure to obtain written approval from their faculty advisor to drop a clerkship during the four-week period prior to the commencement date of the clerkship	This student’s professionalism issue may be reviewed and discussed by the Student Progress Committee.

### Clerkships: N (Continuing) Grade

Issue	Policy and/or Steps to Address Issue
N (Continuing) grade in any clerkship	<p>Students with an N grade in any clerkship are required to contact the Clerkship leadership team to set a timeline for retaking the final exam and achieving an unqualified passing grade.</p> <p>Students may appear on the Student Progress Committee agenda for discussion and may be required to provide a written plan for correcting the N grade.</p> <p>Students with an N grade in any clerkship must correct the N grade within 9 months of completing the clerkship. Students who receive an N grade within 9 months of graduation must correct the N grade by April 1 of the graduation year.</p> <p>Students cannot receive a Stanford Master of Science in PA Studies degree with an uncorrected N (Continuing) grade in any clerkship.</p>
N grade in more than one clerkship	<p>A student who has an uncorrected N grade in more than one clerkship at any time will be placed on the Student Progress Committee agenda and will be required to provide a written plan for correcting the non-passing grades. A student with more than one uncorrected N grade may be restricted from enrolling in subsequent clerkships.</p>
Uncorrected N grade beyond 9 months	<p>A student who fails to correct a non-passing grade (i.e., continuing N or Fail) in a clerkship will be placed on the Student Progress Committee agenda and could be considered for dismissal. An administrative hold will be placed on the student until the deficiency has been corrected.</p>

### Clerkships: Fail

Issue	Policy and/or Steps to Address Issue
One Fail in any clerkship	<p>If a student fails a required clerkship, remediation requirements will be set by the Clerkship leadership team.</p> <p>The student will appear before the Student Progress Committee for discussion and possible setting of a remedial curriculum.</p> <p>Students cannot receive a Stanford School of Medicine Master of Science in PA Studies degree with an uncorrected Fail in a clerkship.</p>
Two Fails in any clerkships	<p>Two Fails in any clerkships—either failing one clerkship twice or failing two different clerkships—ordinarily will be considered grounds for dismissal from Stanford School of Medicine Master of Science in PA Studies program.</p>

### Clerkships: Uncorrected N or F

Issue	Policy and/or Steps to Address Issue
Failure to correct a non-passing grade within 9 months of completing the clerkship	<p>A student who fails to correct a non-passing grade (i.e. continuing N or Fail) in a clerkship will be placed on the Student Progress Committee agenda and may be considered for dismissal.</p> <p>An administrative hold will be placed on the student until the deficiency has been corrected.</p>

### Summative Examinations: CPX-P, APSA, End of Curriculum Exam

Issue	Policy and/or Steps to Address Issue
Failure to participate in or demonstrate minimum competency in the CPX-P, APSA, and/or the End of Curriculum Exam	<p>Students who do not demonstrate sufficient competency on the CPX-P, APSA, or End of Curriculum exam will be required to remediate their performance as determined by SPC. A remediation will include, but is not limited to, participation in directed study and one opportunity to retake the exam in question.</p> <p>Remediation must be successfully completed prior to being certified for graduation, and the student will appear on the SPC agenda for discussion and setting of a remedial curriculum.</p>



### Leadership Track and Thesis/Capstone

Issue	Policy and/or Steps to Address Issue
Failure to declare a Leadership Track by the stated deadline	Student may be reviewed and discussed by the Student Progress Committee.
Failure to make annual satisfactory progress as determined by the Director of Student Scholarship	Student may be reviewed and discussed by the Student Progress Committee.
Failure to satisfactorily complete the Thesis/Capstone commitment	<p>Students who do not receive preliminary approval of their Thesis/Capstone project at least 3 months prior to expected graduation may appear on the agenda of the Student Progress Committee. In such cases, the Director of Student Scholarship, in collaboration with the student's faculty advisor, will define a plan tailored to the student's deficiencies.</p> <p>An administrative hold may be placed on the student until the deficiency has been corrected.</p> <p>The Stanford School of Medicine Master of Science in PA Studies degree will not be conferred without satisfactory completion of the Thesis/Capstone as certified by the Concentration director. A delay in graduation may result in the need for continued enrollment and payment of tuition beyond 9 quarters.</p>

## 7.0. TUITION AND FINANCIAL AID

### 7.1. TUITION STRUCTURE AND BUDGET

#### [2023-2024 Cost of Attendance \(COA\) Estimate](#)

#### MSPA Tuition & Fees, 2023-2024

A) Tuition	Per Quarter
Standard tuition	<b>\$19,582</b>

*Please note that standard academic progress is based on nine (9) quarters of curriculum.*

B) Fees	Frequency	Amount
Campus Health Services Fee	Quarterly	\$251
Disability Insurance Fee*	Annually	\$40
ASSU (Student Activity) Fees**	Quarterly	\$38
Stanford University Document Fee	One-Time	\$250

Document Fee: A one-time document fee of \$250 is assessed upon first admission to Stanford as a graduate or undergraduate.

C) Optional Fees	Frequency	Amount
Cardinal Care Health Insurance***	Quarterly	\$2,376

Students must have personal health insurance while in the program. They may opt to have private insurance or Cardinal Care.

\*Disability Insurance: \$40 is a nonrefundable, nonwaivable fee assessed in winter quarter only.

\*\*ASSU fees may be waived; information on this is available at <https://bulletin.stanford.edu/academic-policies/tuition-fees-and-housing#fees1>

\*\*\*Health Insurance: No additional charge for summer if autumn, winter, and spring quarters paid.

\* Students may enroll in a maximum of 34 units in Quarters 1 and 4 at the MSPA tuition rate, and will be charged on a per-unit basis for each unit above 34. In all other quarters, students may enroll in a maximum of 24 units before being assessed the per-unit tuition rate. Please note that students may only take electives during the didactic component of the MSPA program. For complete tuition information, see the Office of the University Registrar's tuition website.

## 7.2. ADDITIONAL FEES

Additional fees on the University bill may include health insurance premiums, campus health service fees, student activity fees, document fees, housing expenses, and dining fees, as detailed below. Not all fees may be applicable to all students.

Fees are typically non-refundable. Information regarding fees and refund of fees is also provided in the Stanford Bulletin:

<https://bulletin.stanford.edu/pages/0gdWGGdcGW0eiuWP82qp-fees1>.

1. Health Insurance (<https://vaden.stanford.edu/insurance-referral-office>)

Cardinal Care is a full-year health plan that runs from September 1 to August 31. It includes coverage in summer quarter (whether students are registered that quarter or not). Students who enter in the fall and who do not opt out of Cardinal Care by September 15 are charged for the entire year and covered for the entire year. Students who enter in other quarters and who do not opt out of Cardinal Care by the applicable deadline are charged and covered for the remainder of the academic year.

A student who is enrolled in Cardinal Care and takes a leave of absence after the first day of class in any given quarter will remain enrolled in Cardinal Care through the remainder of the academic year. A student who takes a leave of absence prior to attending class in the fall term will not be eligible to enroll in Cardinal Care for fall or any continuous quarters in which they are on leave. Upon their return, the student will be automatically enrolled in Cardinal Care for the remainder of the academic year unless enrollment is waived by the applicable deadline.

2. Disability Insurance Other Fees

The disability fee is unique to MD and PA students. A \$40 fee is assessed in winter quarter. Waivers and refunds of the disability fee are not offered.

3. ASSU Fees

The Associated Students of Stanford University (ASSU-<https://assu.stanford.edu>) fees are established by student vote in Spring Quarter. Fees directly fund activities of student organizations and not operations of ASSU. The 2023-24 fees are \$38 per quarter for all graduate students. ASSU fees are assessed in Autumn, Winter, and Spring quarters and can be waived subject to certain conditions. Waivers can be requested during the first three weeks of each quarter. The window for requesting waivers begins on the first Monday of each quarter and remains open for three calendar weeks. Waivers granted result in a credit to the student's University bill.

4. Campus Health Service Fee

The Campus Health Service Fee (“Health Fee” (<https://vaden.stanford.edu/about/fees/campus-health-service-fee-health-fee>) is a quarterly fee that is mandatory for all students. This fee, which is charged on the student bill each quarter that tuition is charged, covers services provided at Vaden Health Center including primary care visits, CAPS evaluation and short-term therapy, and health and wellness programs. The fee for 2023-2024 academic year is \$251 per quarter. In some cases, the Health Fee can be waived (<https://vaden.stanford.edu/about/fees/campus-health-service-fee-health-fee#CampusHealthFeeFAQs>).

5. Document Fee

Stanford charges a one-time Document Fee to all students admitted to a new degree or non-degree program. It covers the cost of a variety of university administrative services such as enrollment and degree certification, diplomas, and official transcripts and their production. The document fee is \$250. The fee is non-refundable. (<https://studentservices.stanford.edu/more-resources/student-policies/tuition-fees/tuition-fees-housing-overview/fees>)

### **7.3. UNIVERSITY BILLING**

Student Financial Services manages the University's billing and receives payment of student tuition and fees. It also leads the Mind Over Money campus-wide financial literacy program: <https://mindovermoney.stanford.edu>.

The Stanford University student account is a record of student charges for tuition, fees, and other items associated with a student's education, as well as all corresponding payments and credits. Student Financial Services posts all financial transactions to student accounts as they are received.

By accepting Stanford's offer of admission and enrolling in classes, each student accepts responsibility for paying all debts to the University, including tuition and fees, for which they are liable. An individual's registration as a Stanford student constitutes their agreement to make timely payment of all amounts due.

Stanford University's policy is to furnish timely and accurate billing information as well as effective payment options to students and authorized payers. Billing and payment services are delivered electronically through Stanford's online billing and payment portal, Stanford ePay. Students may also authorize others to access their Stanford ePay account and make payments on their behalf.

Bill notifications are sent to each student's @stanford.edu email address as recorded in Axess. Students with account balances will receive a bill notification via Stanford ePay. For more information, visit <https://sfs.stanford.edu/student-accounts/pay-your-bill>.

### **7.4. FINANCIAL AID**

For detailed information regarding financial aid, please visit <http://financialaid.stanford.edu>.

## **8.0. STANFORD UNIVERSITY POLICIES**

As Stanford University students, MSPA students are governed by the applicable rules, regulations and policies of the University. Many of these are set forth in the Stanford Bulletin, available online at <https://bulletin.stanford.edu>, and in the Administrative Guide, available at <http://adminguide.stanford.edu>.

A number of important policies are discussed below.

### **8.1. NONDISCRIMINATION POLICY**

### **8.2. COMMUNITY STANDARDS**

### **8.3. SEXUAL MISCONDUCT AND SEXUAL ASSAULT**

### **8.4. SEXUAL HARASSMENT AND CONSENSUAL SEXUAL OR ROMANTIC RELATIONSHIPS**

### **8.5. STUDENT ACADEMIC AND NON-ACADEMIC GRIEVANCE PROCEDURE**

### **8.6. CHILDBIRTH ACCOMMODATION POLICY**

### **8.7. PREGNANCY, CHILDBIRTH, ADOPTION, AND LACTATION: POLICY**

### **8.8. STANFORD NAME AND TRADEMARKS**

### **8.9. COMPUTER AND NETWORK USAGE POLICY**

### **8.10. COPYRIGHT**

### **8.11. SMOKE-FREE ENVIRONMENT**

### **8.12. CAMPUS SAFETY AND CRIMINAL STATISTICS**

### **8.13. TITLE IX OF THE EDUCATION AMENDMENTS OF 1972**

### **8.14. TITLE VI OF THE CIVIL RIGHTS ACT OF 1964**

### **8.15. STUDENT ALCOHOL AND OTHER DRUGS POLICY**

### **8.16. PROHIBITION OF THE POSSESSION OF DANGEROUS WEAPONS ON CAMPUS**

### **8.17. GENERATIVE AI POLICY GUIDANCE**