UK PAS PROGRAM POLICY MANUAL

Revised and Approved 11/4/25

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INTRODUCTION

This UK PA Program Policy Manual is a compilation of policies developed by the Department of Physician Assistant Studies for the Master of Science Degree in Physician Assistant Studies (hereafter referenced as "the Program"). The Organizational Chart depicts the relationship between the Department and the Program therein. These policies are in accordance with University Administrative Regulations, and College Policies as noted in the College of Health Sciences Faculty Handbook. UK PAS Policies align and comply with policies/guidelines as set forth by the University of Kentucky, UK College of Health Sciences, Southern Association of Colleges and Schools, and the Accreditation Review Commission on Education for the Physician Assistant. Program policies apply to all students and personnel regardless of location (A3.01 / A3.01).

Standard Hearing Procedure and Appeal Process rules will be followed, as documented in the Health Care Colleges Code of Student Professional Conduct and The Code of Student Conduct (includes Rights of UK Students, section IV and information here). Additional information about

UK Student Rights and Responsibilities are found in Student Rights and University Policies and the University Appeal Process.

The manual is considered a dynamic document. Individual policies will be modified or added based on revision of University, College, or accrediting body policies, or on identified needs. Modifications or additions may be brought before the faculty at any time during a regularly scheduled faculty meeting. As the governing body of the Department, faculty must vote on any additions, deletions, or modifications. The term 'personnel' herein refers to faculty and staff with employment in the UK PAS Program and/or Department. Policies and Procedures are described within this document and include Standard Operating Procedures (SOPs).

UK PAS OVERVIEW & OPERATIONS

The UK PAS Department and Program Mission Statements are in alignment with the Mission Statement of the College of Health Sciences the Mission of the University of Kentucky.

Department Mission Statement: The University of Kentucky Physician Assistant program is steadfastly committed to excellence in academics, service to others, and fostering a collaborative environment where all thrive.

Department Vision: To be a nationally recognized leader in Physician Assistant education, known for academic excellence, transformative community service, and a thriving environment that inspires collaboration and innovation in which every student can participate.

Mission Statement of the Program of Physician Assistant Studies: The mission of the University of Kentucky Physician Assistant Program is to educate highly skilled, compassionate physician assistants trained to provide exceptional patient care and advance healthcare in underserved and rural communities across the Commonwealth of Kentucky.

Program Values: Leadership, Life-long Learning, Collaboration and Partnership, Ethical and Professional Behavior, Advancement of Medical Knowledge, Quality, Safe and Accessible Healthcare

Program Curriculum including courses and credit hours; additional curriculum information available within the UK PAS Student Manual (A3.12d,e / A3.11d,e).

UK PAS Website shall provide current information regarding ARC-PA accreditation status, Program goals with outcomes, PANCE Exam Performance Summary, Program curricular components including supervised clinical practice experiences and academic credit, estimated costs such as tuition and fees, Program competencies, campus-specific resources, and student attrition information. (A3.12a-i / A3.11a-i).

SECTION 1: PROGRAM ADMINISTRATION

1.1 Program Assessment and Policy Review: Program policies, procedures, data, mission, and goals shall be reviewed regularly by UK PAS faculty. Policy revision/proposal shall be reviewed by faculty and implemented upon majority vote of faculty quorum.

- **SOP 1.1 Program Assessment and Policy Review**:
    - The UK PAS Leadership Team shall conduct an annual review of the departmental and programmatic manuals/handbooks (to include programmatic policy, mission statement, goals, and competencies). (A2.05a,g,h; A2.09a,b,d,h; A2.10)
    - If significant modifications are suggested, this shall be referred to the appropriate Program Committee for recommendations. The Committee shall report at a subsequent Department meeting where revisions will be considered for approval. The PAS Assessment Committee works in conjunction with involved Committees to review programmatic data and outcome measures, discuss results, identify trends and/or concerns, and present recommendations and/or concerns at Department meetings. Policy proposals and/or revisions require approval by majority vote of a quorum of faculty.
    - Policy modifications shall be informed as per the Accreditor(s), University, and/or College. Modifications to policy may also be considered upon identification of a need by any constituent.
    - Data collection, analysis, discussion of results/findings, and action planning shall be an ongoing function of ongoing self-assessment to include but not limited to: administrative aspects of Program and University resources, effectiveness of curriculum, achievement of Program-defined competencies, PANCE performance, sufficiency and effectiveness of personnel, and success in meeting Program goals. (C1.01, C1.02)
    - Program Policies and Procedures shall be made readily available to students as per the Student Manual, Policy Manual, and Clinical Year Manual via canvas. Program Policies and Procedures shall be made readily available to faculty, staff, and personnel via secure shared drive and canvas. (A3.02 / A3.01)

1.2 Safety and Communication: The Program shall ensure appropriate security and personal safety measures for all personnel and students in instructional locations to the extent possible. Individuals are responsible to exercise due caution and sound judgement in addition to mechanisms such as use of ID badges, locked and limited access facilities/areas, lighting, timely review of official University/College/Program communications, and campus security personnel.

- **SOP 1.2 Safety and Communication:**
    - **Safety Communications**: Students and Personnel shall receive and read, and respond to communications from the University, College, and Program in a timely manner. These communications may attend to matters such as, but not limited to: safety, security, deadlines, inclement weather, delay/closure, and requirements. These communications may come in a variety of methods such as email, call, text, campus alert systems, canvas announcement, and/or written or verbal articulation.

As appropriate, individuals are expected to respond to such information in a timely fashion. Additionally, students and personnel are expected to use sound judgement and exercise agency to review, understand and comply with safety communications and expectations.

- **Student Resources**: Provision of safety resources across instructional locations shall occur through the student orientation, course management system, Student Manual, and/or via class/clinical setting specific communication(s) as appropriate. Necessary supplies to comply with safety standards shall be made available to personnel and students. The PAS Lab Safety Manual shall be made available to students via canvas. (A3.05)
- **Student Trainings**: Students shall remain compliant with required trainings prior to and through enrollment in the Program. Required training(s)/certificate(s) shall be communicated in a timely manner via course management system and completion confirmed by appropriate University personnel. (A1.02g / A1.02e)
- **Student Identification**: Students shall be clearly identified and dressed appropriately in the clinical setting to distinguish them from other health profession students and practitioners as per the following methods but not limited to: UK Student ID badge and/or PA-S white coat. (A3.06 / A3.04)
- Personnel shall investigate matters of safety and security in a timely manner. Personnel shall comply with College and University policy/procedures regarding notification, communication, and documentation of safety matters. (A1.02g / A1.02e)
- Personnel and students shall comply with University policies regarding safety and security, to include but not limited to: immediate attention to alarms sounded, building/facility safety protocol, HIPAA compliance, FERPA compliance, and Universal Precautions. (A1.02g / A1.02e)

1.3 Program Records and Data: Program records shall be retained by the appropriate Program designee (personnel and/or Committee) in compliance with the State University Model for Records Retention Schedule and Guidelines.

- **SOP 1.3 Program Records and Data:**
  - **Student records** to be retained electronically shall include but not be limited to: admissions criteria to warrant matriculation, health screening/immunization requirements, student performance, remediation, academic/behavioral disciplinary action, requirements for Program completion. (A3.17 / A3.16)
  - Academic and confidential records shall be retained electronically and only accessible by approved personnel. (A3.18 / A3.17)
  - In accordance with Federal Law and University process, personnel shall comply with FERPA as such that students have the "right to inspect and review their education records within 45 days of submitting a written request to the university". Requests shall be submitted to the University Registrar (StudentRecords@uky.edu).
  - Student health records such as **immunization and screening results** shall remain confidential and not accessible by personnel with the exception of process for degree-required supervised clinical practice experience credentialing and

placement. Student records may be released with written permission from the student. (A3.19 / A3.18) The Program will follow University guidance for matters of public health, such as COVID-19.
    - **Personnel records** shall include, but not be limited to, current job description and resume and/or curriculum vitae. (A3.20, A3.21 / A3.19, A3.20)

1.4 Information Technology: The Program shall comply with University policies regarding Information Technology appropriate use and guidelines to include but not limited to: Use of University I.T. Resources, UK I.T. Services, Student Hardware & Software Guidelines, and Social Media Policies and Guidelines.

- **SOP 1.4 Information Technology:**
    - Technology requirements shall be articulated to students upon matriculation as to assure access to educational and exam platform(s).
    - Students may access technology support via CHS and/or University Information Technology personnel.

1.5 Health Care Provision: Personnel and Students shall be responsible for their own decision-making and resource utilization regarding health care.

- **SOP 1.5 Health Care Provision:**
    - Personnel such as Principal Faculty, Program Director, Department Chair, and Medical Director shall not participate as health care providers for students in the Program, except in an emergency situation. (A3.09 / A3.06) In the event of exposure to potentially hazardous materials, students shall follow University-approved Occupational Injury or Exposure Protocol whereas employees follow UK *Occupational* Exposure Process.
    - **Students** must follow the UK Occupational Injury or Exposure Protocol outlines the appropriate response as indicated by injury, including Blood Borne Pathogens. (A3.08 / A3.05) Students may be financially responsible for any and all labs drawn or treatment provided outside of the instructions of UHS. Students shall notify the Course Director, Clinical Coordinator, and the CHS Office of Student Affairs Compliance Coordinator.
    - **University personnel** must follow Occupational Exposure Procedures. An educational exposure to blood-borne pathogens is defined as a percutaneous injury (e.g. a needlestick or cut with a sharp object), contact with mucous membranes or contact with skin (especially when the exposed skin is chapped, abraded, or afflicted with dermatitis, or the contact is prolonged or involving an extensive area) with blood, tissues, or other bodily fluids to which universal precautions apply, which occurs in the educational setting.
    - Recommendation for health professionals and state-specific mandates as specified by the Centers for Disease Control and Prevention shall inform student requirements and/or guidelines regarding immunization(s), health screening(s), and travel health policies for elective supervised clinical practice experiences that require international travel/location. (A3.07a, b / A3.09a, b)

- Full-time UK students shall have access to health services through the health fee to access University Health Service in Lexington or MSU Health Services in Morehead. Additional support may be pursued via the Student Health Plan

1.6 Student Governance: The Program shall provide mechanisms to encourage student participation in governance and advocacy related to their education at all levels (Program, College, and University).

- **SOP 1.6 Student Governance:**
  - Students shall have opportunity to participate in the Joseph Hamburg Student Society or JHSS (Program Student Organization with a designated UK PAS Faculty Advisor per cohort), UK College of Health Sciences CHS Student Leadership and Involvement Opportunities, UK Graduate Student Congress. Bylaws, guidelines, and/or other regulating processes of each body shall be followed therein.
  - Representatives from student organizations may be invited to UK PAS Department Meetings as appropriate.
  - A UK PAS Faculty Member shall serve as Faculty Advisor to JHSS. Additional information about JHSS mission, student roles, and activities are available through the Program and the UK Office of Student Organizations.

1.7 Allegations of Harassment and/or Mistreatment, Grievance, and Appeal: The Program shall comply with University and College regulations relative to Policy on Discrimination and Harassment, and related procedures to include but not limited to: Ombud Guidance for Discrimination and Harassment, Student Conduct Process, Complainant Rights, Incident Report Form, Complaints and Grievance Reports, and relevant Human Resource (HR) policies such as Equal Opportunity, Discrimination, and Harassment.

- **SOP 1.7 Allegations of Harassment and/or Mistreatment, Grievance, and Appeal**
  - Student grievances shall be addressed in a timely fashion and in accordance with the following process: students are to contact their Faculty Advisor or Course Director then may seek additional support from the Program Director thereafter or as appropriate. Further grievance support can be provided through university support measures such as the Academic Ombud and Dean of Students. (A3.15g / A3.14g,h)
  - Allegations of student mistreatment shall be addressed in a timely fashion according to the following process: any party shall bring allegations of student mistreatment to personnel (i.e., faculty, staff, and/or administrator). Personnel shall gather relevant information and enact appropriate processes in accordance with University, Department, Program, and/or other external processes.
    - Definition of mistreatment may include but not be limited to unprofessional behavior or relationships, abuse of authority, abusive and/or intimidating behavior, threatened with or experience physical harm, subjected to unwanted sexual advances, and/or discrimination. (A3.15f / A1.02g)
  - If a student is unable to resolve an issue or complaint with an individual or Department, or feels they have been treated unfairly, they may submit a UK

Student Complaints and Grievances Report Form and obtain additional information regarding Complaints and Grievance Process via the Dean of Students. (A1.02j, A3.15f / A1.02g)
    - Students shall comply with University Student Rights and Responsibilities including The Code of Student Conduct, Policy on Discrimination and Harassment, Ombud Guidance for Discrimination and Harassment, Policy for Addressing and Resolving Allegations of Sexual Harassment under Title IX and Other Forms of Sexual Misconduct, federally defined Student Rights, Responsibilities and Grievance Procedures, Health Care Colleges Code of Student Professional Conduct, and complaints procedures and information to include appeals (A3.15g / A3.14g,h)
    - Personnel shall comply with UK HR Grievances Policy and Procedures to include Equal Opportunity, Discrimination, and Harassment Policy; further, personnel may utilize the Employee Grievance Form as necessary grievances and allegations of harassment (A1.02i / A1.02f)
    - The Program shall retain documentation, as appropriate, regarding any academic and/or behavioral disciplinary action taken against a student. (A3.17 / A3.16)

1.8 Equivalent Education (A1.05, B1.04, B4.04 / A1.05, B1.04, B4.02): The Program shall ensure educational equivalency of course content, evaluation methods, experience, and comparable access to materials, resources, and services when instruction is provided at geographically separate locations (i.e. distant campus) and/or when provided by different pedagogical and instructional methods for some students (i.e. accommodation).

- **SOP 1.8 Equivalent Education:**
    - **Faculty Accessibility**: Faculty shall make themselves available to all students via office hours, email, and in-person presence at each campus on a regular basis. Travel to the distant campus is recommended at 25% of instructional time per course for PAS principal faculty.
      It is recommended that each principal faculty member shall meaningfully engage onsite at the distant campus for an average of 25% of DOE formal contact hours specific to the UKPAS Master program annually. Meaningful engagement includes, but is not limited to, on-site instructional activity, advising, student support, and event participation.
    - Each campus shall have **designated personnel** (A1.07, A2.18).
    - Course instructors (principal faculty) should respond to questions sent via e-mail from students in a timely manner and in accordance with course syllabus.
    - The Program shall ensure **comparable services and resources** to students and faculty on all campuses. (A3.12h / A3.11h)

1.9 Student Advising: The Program shall ensure that students are provided faculty advising for purposes of support, advocacy, and mentorship through the duration of the Program.

- **SOP 1.9 Student Advising:**
    - Upon matriculation, students will be assigned a faculty advisor. A goal of at least four meetings annually shall occur between faculty advisor and enrolled student

advisee. As appropriate, advising meetings shall include academic counsel and timely provision of support resources to include but not be limited to connecting students to University resources including library services, special interest group services, counseling services, academic support services, TRACS, as well as University and College level support services. (A3.10 / A3.07)

- S&P Committee may notify Faculty advisor of any student demonstrating academic and/or performance concerns. Faculty Advisors may be asked to support students, formally or informally, in identified areas in need of improvement and report back to S&P Committee as requested.
- Students shall avail themselves to College and University resources and support (I.e., Counseling, tutoring, etc.).
- **The UK PAS Advising Framework** shall be utilized to inform student advising:
  - **Purpose**: To support students through the rigorous PA educational curriculum, each student upon matriculation is assigned a PA faculty advisor. The PA faculty advisor mentors the PA student throughout the Program with a focus on academic, professional, and transition to the PA profession.
  - **Overarching Principles:**
    - Meeting Frequency Recommendation: Faculty Advisor shall meet with student advisee at least once per semester with a minimum of four meetings annually. The individualized approach to advising may warrant more frequent meetings as needed.
    - Student Advocate/Support (A2.05e): Faculty Advisor to be present when a student meeting is conducted (i.e., S&P Committee, Clinical Team, Program Director, etc.).
    - Performance Tracking (A2.05e/A2.05d): Ongoing assessment of student data shall be used for data-informed advising and support efforts. (i.e., academic performance metrics, progression matters, and attributes such as first generation, non-traditional, etc.).
    - Professionalism: The Program utilizes a **Professionalism Assessment Tool** to document student pattern(s) of behavior and/or concerns. Personnel (including Faculty Advisors) shall notify student of the documentation, submit completed Professionalism Tools to the S&P Committee, and be available for any follow-up question(s)/action(s) from S&P. Completed Professionalism Assessment Tools shall reviewed by the S&P Committee for further investigation and/or action as appropriate.

1.10 Program Calendar: The Program shall follow the published calendar, including start/end dates and deadlines.

- **SOP 1.10 Program Calendar:**
  - **Holiday observation**: The didactic curriculum will include observation of university and federal holidays, in accordance with the University Calendar; whereas, the clinical curriculum will observe federal holidays as to ensure sufficient time for supervised clinical practice experiences.

- The didactic curriculum follows University Academic Calendar as published and readily available via the Registrar website. (A3.15b / A3.14b)
- The clinical curriculum follows the University-approved non-standard calendar as published via the Program in canvas and within the Clinical Year Manual. (A3.15b / A3.14b)
- The Program follows University, Registrar, and Graduate School **deadlines** for degree audit and conferral. (A3.15b / A3.14b)

1.11 Student Tuition: The Program shall follow University guidelines and policy pertaining to graduate tuition and provide contemporary information regarding Program tuition/fees and federal loan options. (A3.12f / A3.11f, A1.02h) Support and detailed information is available through Student Account Services, the Office of Student Financial Aid and Scholarships, and the University Registrar.

1.12 Teach Out Policy: The Program shall comply with University Regulation and accreditation process for teaching out currently matriculated students in the event of Program closure and/or loss of accreditation, to include letter of notification to all relevant parties and teach-out plan for currently enrolled students. (A1.02h)

1.13 Admission Processes: The Program follows a holistic admission process to consider applicant academic and non-academic preparations. Program Director and Principal Faculty select applicants for admission to the Program and an effort is made to assemble a diverse and highly qualified cohort. (A2.05b) Student admission is campus-specific (Lexington or Morehead), and students are expected to complete all Program requirements through that campus. The Program maintains an internal Admissions Handbook to include relevant Standard Operating Procedures. (A3.13 / A3.12, A3.13)

1.14 Program Committees: The Program utilizes a committee structure for shared governance. Core committees include: Admission and Recruitment, Alumni, Assessment, Curriculum, Leadership Team, and Standards and Progression (S&P). Sub committees include Didactic Curriculum and Clinical Year Curriculum and Administration, Summative Ad Hoc Workgroup, and Student Scholarships/Awards. Additional and ad hoc committees/workgroups will be identified, constituted, and charged as need/function is identified. Each committee shall have a chairperson, membership to include at least 2 program personnel, function within the designated charge/task(s), and retain documentation relative to committee function. Committees shall provide reports at Department Meetings. Details relative to committee charge, membership, terms shall be retained and reviewed by the Leadership Team.

SECTION 2: ACADEMICS & PROGRESSION

2.1. Curriculum & Instruction: The Program curriculum shall include appropriate curriculum and sequencing as to ensure competencies in medical knowledge, clinical and technical skills clinical reasoning and problem-solving skills, interpersonal skills, and professional behaviors; further, it shall be of sufficient breadth and depth as to prepare students for the clinical practice of medicine. (B1.01d, B4.03)

- **SOP 2.1 Curriculum & Instruction:**
    - Program course syllabi and/or canvas shall include learning outcomes and instructional objectives in measurable terms as to define the medical knowledge, interpersonal, clinical and technical skills, professional behaviors, and/or clinical reasoning and problem-solving abilities to be attained upon completion of that course. (B1.03, B4.01)
    - The Student Manual and Clinical Year Manual are provided to students via canvas and include relevant Standard Operating Procedures.
    - The Program shall include a sufficient complement of qualified faculty to meet the academic needs of enrolled students and manage administrative responsibilities consistent with the complexity of the Program. (A2.03)
    - Students are not required to work for the Program (A3.04 / A3.02, A3.14i) and are not permitted to substitute for nor function as faculty nor staff. (A3.05ab / A3.03a,b).
    - Prospective and enrolled students are not permitted to solicit Clinical Instructional Faculty (preceptors) nor clinical sites, as the Program determines suitability to fulfill required learning outcomes. (A3.03 / A3.08).
    - **Course Directors**: Principal faculty shall be primary entities to serve in role of Course Director, or Faculty of Record, for provision of student instruction, evaluation of student learning/performance, as well as designing and ongoing assessment of the curriculum. (A2.05 c, d, g) Instructional faculty shall be utilized as appropriate and reviewed regularly. Course Director shall follow University, College, and Program policies as well as accreditation standards regarding course syllabi and general operation. (B1.03) Course Director shall be designated on the course syllabus. Course Director is the person(s) responsible to assess and supervise student progress in the achievement of learning outcomes for the course.
    - **Instructional Faculty** may serve as Course Directors as dictated by the needs of the Program. Courses taught by instructional faculty follow policies of the University, however the faculty work closely with the UK PAS faculty to optimize consistency. When instructional faculty members are involved in teaching all or part of a course, a designated principal faculty member retains overall responsibility for course coordination. (A2.17) Additional instructional roles may include but not be limited to Lab Assistants whereby individuals qualified via education, training, and/or experience will support the Course Director for hands-on laboratory instruction and/or activities. Lab Assistants are evaluated by students via established Program process (e.g. Qualtrics-based PAS Lab Assistant Evaluation).

- **Guest Lecturers** may be utilized for strategic instruction due to content expertise and/or relevant experience. Course Director is responsible to orient instructional faculty, including guest lecturers, to the specific learning objective(s) and/or instructional objective(s) for the course/unit. (A2.17b). Guest Lecturers are evaluated by students via established Program (I.e. Qualtrics- based PAS Guest Lecture Evaluation)
- **Course Syllabi and/or the electronic course management system** serve as the mechanism to convey essential course information including but not be limited to: course name, description, faculty instructor of record, course goal, learning outcomes and instructional objectives, outline of topics, methods of assessment, plan for grading, attendance, as well as relevant University, College and/or Programmatic policies. (B1.03)
- **Teacher Course Evaluations (TCEs)** shall follow university process for didactic courses [including Course Director(s) and Instructor(s)]; whereas, clinical courses shall be managed internally with a custom assessment tool as to also include evaluation of clinical preceptor and site.

2.2. Performance and Compliance Standards: Student academic and non-academic performance shall be assessed throughout the duration of the Program to include but not limited to course grades, professionalism, and compliance with UK PAS Student Manual and Clinical Manual, CHS Student Technical and Behavioral Standards (A3.13e / A3.12e), Health Care Colleges Code of Student Professional Conduct, UK Students Rights and Responsibilities, Academic Policies, and health requirements. Successful compliance with these Performance Standards is required for progression in the Program, irrespective of academic performance. Additional standards may be required in individual courses, including supervised clinical practice experiences; if so, they shall be noted in the syllabus.

- **SOP 2.2 Performance Standards:**
  - **Academic Grading Scale**: The Program shall comply with University policy regarding the grading scale for graduate coursework: A = 100-90, B = 89-80, C = 79 - 70, E <69.
  - **Examination Logistics**: The examination shall not leave the room and may not be copied, photographed, or otherwise duplicated in any manner (e.g. screen capture, copy/paste, video, audio-recording, recall/documentation/sharing, etc.). Examinations will be administered in accordance with Course Director instruction, course syllabus, and/or the designated examination platform. Personal belongings, including backpacks, must be closed and stored securely away unless expressly permitted for "open book" and/or "open note" examinations. Electronic devices (e.g. phones, smart watches, tablets, wireless accessories) must be turned off and stored away, except as authorized for use with examination platforms (e.g. ExamSoft, PAEA Online Exam Platform). Students must obtain permission from the proctor before leaving the examination room. Examinations may be audio and/or video-recorded by the Program for purposes of performance review and academic integrity assurance. Such recordings are used solely for internal program purposes and are not shared externally. See the Accommodations section below.

- **Examination Scheduling**: Students may be permitted to take an exam at an alternate time only under special circumstances, such as illness or emergency, and at the discretion of the Course Director in accordance with University guidelines. Requests for an alternative examination time must be submitted as early as possible. The Course Director will determine the method, proctor, and date of any alternate examination and must approved any deviations from the established schedule in advance.
- The Program shall comply with university policy regarding **course attendance and Excused and Unexcused Absences**.
- **Course Assessment:** Student performance in academic courses shall be evaluated by the respective instructor(s) of record. Deadlines and requirements for completion of course work is published within the respective course syllabi and/or canvas. Deficiencies in a student's knowledge and skills are addressed by the respective Course Directors.
- **Academic Performance** shall be reviewed at least once per semester by the S&P Committee, and/or on an urgent basis if needed. (A2.05d, A3.17c/A3.16c, B4.01, B4.02). Ongoing evaluation of academic performance metrics shall be conducted by Didactic and Clinical Subcommittees to include review of exam grades, course grades, professionalism concerns, etc. Course Directors are expected to meet with students scoring < 70% on examinations. Additional information may be located within the Progression SOP 2.6.
- **Accommodations**: The University, College, Department, and Program function under a non-discrimination policy. Reasonable accommodation is made when possible in consultation with and according to the processes of the University Disability Resource Center, to allow students an equal opportunity to succeed. Students must meet the CHS Student Technical and Behavioral Standards for the duration of the curriculum.
- The Program shall enforce expectations relative to **Academic Integrity** including but not limited to dishonesty, cheating, plagiarism. Allegations of misconduct shall be promptly investigated and documented in accordance with University policy and disciplinary action (A3.17e / A3.16e). Recording and/or sharing of examination materials in any form by the students is strictly prohibited.
- **Generative Artificial Intelligence (A.I.)**: The University's transdisciplinary ADVANCE Team provides recommendations for responsible use of generative AI relative to the university's mission for education, research, clinical care and service. This guidance is informed by University Administrative Regulations (Information Technology, Ethical Principles and Employee Code of Conduct, Academic Offenses), FERPA, Office of Research Integrity Policies & Guidance, and UK HealthCare Policies including but not limited to Confidentiality, Patient Safety, and Behavioral Standards. *Course Syllabi shall describe acceptable use of Generative AI in Instructional Contexts.*

2.3 Professional Conduct: Personnel and students adhere to Guidelines for Ethical Conduct for the Physician Assistant Profession Policy of the American Academy of Physician Assistants] and all University and College policies related to professional behavior. The Program is responsible to assure professional conduct at all times.

- **SOP 2.3 Professional Conduct:**
    - **Student Identification**: Students shall be readily identified via UK Student ID, PA-S short white coat, and/or adhere to applicable dress codes with consideration of setting, activities, and/or guests. (A3.06 / A3.04)
    - The Program utilizes a **Professionalism Assessment Tool** to document student pattern(s) of behavior and/or concerns. Personnel shall notify student of the documentation, submit completed Professionalism Tools to the S&P Committee, and be available for any follow-up question(s)/action(s) from S&P. Completed Professionalism Assessment Tools shall reviewed by the S&P Committee for further investigation and/or action as appropriate.
    - It is incumbent upon all personnel and students to **report violations** by others that reflect poorly on an individual, the Program/College/University, or the profession to the appropriate administrator/personnel.
    - Professional conduct matters involving staff personnel shall be managed by the staff supervisor, in consultation with the Program Director and the Department Chair, and when appropriate University Human Resources in accordance with established university policies and guidelines.
    - Professional conduct matters involving faculty personnel shall be managed by the Program Director in coordination with the Department Chair, and when appropriate the Dean and/or Faculty Affairs in accordance with established university policies and guidelines.
    - Professional conduct matters pertaining to students shall be managed by Program Director, Department Chair, and/or Standards and Progression Committee in accordance to university guidelines.
    - Personnel and students shall demonstrate respect regardless of similarity or divergence of viewpoint and irrespective of age or experience and comply with all required policies, statutes, and regulation including (but not limited to): Policy on Discrimination and Harassment, Policy for Addressing and Resolving Allegations of Sexual Harassment under Title IX and Other Forms of Sexual Misconduct, Section 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act, Drug-free Workplace Act of 1988 and the Drug-free Schools and Communities Amendment of 1989.
    - Personnel and students shall adhere to **confidentiality** standards (including patient and academic confidentiality).

2.4 Summative Exam (or, Final Programmatic Student Assessment**)**: The Program shall conduct and document a summative evaluation of each student within the final four months of the curriculum to verify that each student meets the Program competencies required to enter clinical practice and comply with policies for non-thesis/Plan B degrees as required by the UK Graduate School. (B4.03)

- **SOP 2.4 Summative Exam:**
    - The Program shall conduct and document a Summative Exam such that students are assessment in the areas of medical knowledge, interpersonal, clinical and technical skills, professional behaviors, and clinical reasoning and problem-solving abilities required for entry into the profession. The Summative Exam shall

occur within the final four months of the Program in order to assess each student relative to the competencies required to enter clinical practice. Each component shall be managed in accordance with applicable guidelines for examination administration. Failure of any component shall necessitate a repeat attempt; procedures for repeat shall be communicated to the student by Program personnel and must be satisfactorily completed within the specified time frame. (B4.03)

2.5 Student Extended Absence: The Program shall receive, review, and process student requests for extended absence in consideration of relevant University guidelines and lock-step nature of Program curriculum (i.e., military service, medical leave, family care-giving leave, etc.). Extended absences may be granted upon request and completion of an examination/assessment or other requirements may be required for re-entry.

- **SOP 2.5 Student Extended Absence:**
    - **Extended Absence Request Process**: Student shall submit a Request for Extended Absence to Program Director and meet with designated faculty representative of Standards and Progression Committee and/or Faculty Advisor.
        - The S&P Committee shall consider requests for leave of absence based on individual circumstances and work with students to develop an appropriate plan.
        - Due to the lock-step nature of the Program, students granted an extended absence may prolong length of Program and include implication for financial aid and/or degree conferral date. (A3.15b / A3.14b)
    - **The Graduate School Policy for Leave of Absence** Leave of Absence (LOA): Enrolled graduate students at the University of Kentucky that sit out for one or more semesters will need to complete a new application and pay the application fee in order to be considered for readmission. Procedurally, students should contact their Director of Graduate Studies (DGS) to seek approval for the leave prior to the beginning of the semester in question. If approved, the DGS will contact their Graduate School admissions officer who will modify the record accordingly. No more than two consecutive and four total semesters in leave of absence status may be requested.

2.6 Program Progression: In accordance with University and Graduate School Policies/Guidelines, the Program shall define, publish, consistently apply, and make readily available the criteria for student progression including related processes in the event those criteria are not met (A3.15, A3.17 / A3.14, A3.16).

- **SOP 2.6 Program Progression:** The PAS Standards and Progression Committee will meet upon student's failure to meet established criteria; actions may include but are not limited to: remediation, deceleration, dismissal, or termination.
    - **Student Requirements and Deadlines for Programmatic Progression and Completion (**A3.15b, A3.17 / A3.14b, A3.16):
        - To remain in good standing and progress through the curriculum to Program completion, students must successfully pass all Program course and maintain a minimum of 3.0 Cumulative Graduate GPA (CGGPA) or Program Cumulative

Graduate GPA (PCGPA*) upon completion of each semester of enrollment.
**Given that prior UK Graduate coursework is calculated into CGGPA, acknowledgement of "or PCGPA" is used herein Program progression policy and process to ensure satisfactory performance throughout UK PA program enrollment.*

- Adherence to all Performance and Compliance Standards throughout the duration of Program enrollment.
- Complete Program Requirements as outlined in canvas, including but not limited to: PACKRAT I, PACKRAT II, and Summative Examination.
- Complete mandatory training and ensure updated medical records pertaining to supervised clinical practice experiences (i.e., immunizations, health screenings, Basic Life Support, etc.). Failure to maintain current training and records may result in a delay to Program completion and/or review of student standing with Performance and Compliance Standards.
- Within the final four months of the Program, students shall be required to successfully pass all components of the Summative Exam, also referred to as the Final Programmatic Student Assessment and includes the Master's Examination as per Graduate School policy. (A3.17f, B4.03 / A3.16f, B4.03)

- **Progression Process**: The Standards and Progression (S& P) Committee shall review student performance data according to identified academic and behavioral standards upon semester conclusion, or on an urgent basis if indicated (A2.05d, A3.13, A3.17cf/A3.16cf, B4.01, B4.02), in order to make a timely recommendation to the Committee of the Whole regarding student progression status which may include but not be limited to:
    - **Continuation/Good Standing**: Students who pass academic courses, maintain a Cumulative Graduate Grade Point Average (CGGPA) or Program Cumulative Graduate Grade Point Average (PCGGPA) of $\geq$ 3.0, and adhere to Performance and Compliance Standards shall progress to the subsequent semester of Program coursework.
    - **Scholastic (or Academic) Probation**: Per Graduate School and Program policy: When students have completed 12 or more semester hours of graduate course work with a cumulative GGPA or PCGGPA of less than 3.00, they will be placed on scholastic (or academic) probation. Students will have one full-time semester or the equivalent (9 hours) to remove the scholastic probation by attaining a 3.00 cumulative GGPA or PCGGPA. If probation is not removed, students will be dismissed from the Graduate School. Students who have been dismissed from the Graduate School for this reason may apply for readmission after two semesters or one semester and the summer term. If they are accepted by the Program, admitted

students will have one full-time semester or the equivalent (9 hours) to remove the scholastic probation by attaining a 3.00 cumulative GGPA or PCGGPA. Exceptions to this policy can be made only by the Dean of the Graduate School. Students placed on scholastic probation are not eligible for fellowships or tuition scholarships and may not sit for doctoral qualifying or final examinations, or master's final examinations. *NOTE: Scholastic/Academic Probation may impact eligibility/status for financial aid and/or awards; students are expected to contact the UK Office of Student Financial Aid and Scholarships directly for more details.*

- **Clinical Year Progression**: Students with Cumulative GGPA or PCGGPA of less than 3.0 shall not progress to clinical curriculum.
- **Dismissal:** Students shall be dismissed from the Program and/or the Graduate School due to failure to meet academic and/or performance standards to include but not limited to: failure of two PA curriculum required courses (regardless of having successfully repeated a course), failing the same course twice, failure to achieve or mathematic impossibility to achieve a minimum of 3.0 Cumulative GGPA or PCGGPA by the time of the Summative/Final Master's Examination, and/or Performance and Compliance Standards violation. Students dismissed from the Program *may* have possibility to re-apply, and if accepted shall re-start the Program at the beginning of the curriculum. (A3.15a-d, A3.17c-f / A3.14a-f, A3.16c-f)
- **Termination**: Per the UK Graduate Bulletin, "The Dean of the Graduate School may terminate enrollment in a particular Program forthe following reasons: (1) Scholastic probation for three enrolled semesters, (and/or) (2) Having failed twice the final examination for the master's degree or the qualifying examination". Students terminated from the Program and may not apply for readmission.
- **Remediation**: The Program initiates remediation upon formal Deceleration during the didactic curriculum phase and following a retake failure of an End of Rotation exam during the clinical curriculum phase, provided the student has no prior course failures while enrolled in the program. (A3.17d / A3.16d) The S&P Committee, in collaboration with the student's Faculty Advisor and/or other appropriate personnel, shall establish a remediation and/or student support plan that must be successfully completed or the student may be terminated from the Program. (A2.05f, A3.15c, A3.17d / A2.05f, A3.14c,d, A3.16d). Upon satisfactory completion of the remediation and/or Support Plan, student shall continue progression in the Program.

- **Deceleration**: Due to lock-step nature of Program curriculum, students in the didactic curriculum may not continue to next semester with a failing grade ("E") in any preceding semester course. Students with a failing course grade may be granted permission to decelerate to the next cohort by the S&P Committee, use the one repeat option as per University policy, and must earn a grade of no less than "B" in order to progress to the subsequent semester. Students may be granted permission to decelerate from the Program one (1) time. A support plan shall be established between the student and Faculty Advisor or other Program designee, and approved by the Standards and Progression Committee. Instance of clinical course failure may be eligible for the repeat option at the end of the clinical curriculum and may extend length of Program, including financial and/or degree conferral date implications. (A3.15c / A3.14c,d)
- **Program Withdrawal**: Students may elect to withdraw from the Program in writing to the Program Director and Director of Graduate Studies (DGS). This shall be done in accordance with University policies for withdrawal (including but not limited to University Registrar guidance regarding Withdrawal (Code of Student Conduct, Registrar, and Financial Aid). Students may request to decelerate and will be reviewed the S&P Committee. If eligible, students considering withdrawal from the Program will work with the Program Director, Director of Graduate Studies (DGS), and their Faculty Advisor to review the conditions of withdrawal and considerations for re-entry may occur. (A3.14e)
- **Incomplete "I" Grade**: Instructor of Record/Course Director may elect to grant an Incomplete "I" Grade for a course if the student fails to complete all the required work by the conclusion of the course. An "I" grade shall be conferred only when there is a reasonable possibility that a passing grade will result when work is completed. An "I" grade shall require the approval of the Course Director and appropriate documentation submitted to the DGS. (S.R. 5.1.2.2) Students may progress into the subsequent semester with an "I" grade; however, successful completion of all courses is required to progress in the Program.
- **Course Failure & Repeat Option**: Due to lock-step nature of the Program, students in the didactic year may not continue to next semester with a failing grade in any preceding semester course. Per University Policy, a student may only exercise one repeat option during the graduate Program. The repeated course option requires a "B" grade or better.

- As per the Graduate School, “The Repeat Option Form is held in the Graduate School and the change of grade is recorded when the course has been completed for the second time. The original grade does not figure in to the GGPA. A request to exercise the repeat option must be submitted *prior to graduation* from the Program. The repeat option cannot be used to remove an “E” grade assigned as the result of an academic offense, such as cheating or plagiarism.”

- **Support Plan**: The Program shall develop and implement a Student Support Plan when concerns are identified related to academic performance, professionalism, conduct, and/or wellness. The Standards & Progression Committee reviews the concern, and when appropriate, establishes a Support Plan in collaboration with the student’s Faculty Advisor. Plan expectations will be communicated to the student and Faculty Advisor, with periodic follow-up until completion.

ADDENDUM: UK PA Program Policy and Procedures are mapped to ARC-PA Standards of Accreditation. Standards are documented within this manual as (5^{th} edition / 6^{th} edition) with relevant standard specified therein.