



UW Medicine

MEDEX NORTHWEST

PHYSICIAN ASSISTANT PROGRAM

Student Handbook

Academic Year 2025-2026

Released 23 June 2025
Updated 08 October 2025

Supersedes all previous versions

June 23, 2025

Dear MEDEX Scholar,

Welcome to MEDEX Northwest PA Program. It is with deep pride and immense joy that I greet you as the Interim Program Director of our PA program that has spent over half a century transforming lives, families, and communities through the education and elevation of PAs committed to service.

At MEDEX, we are entering a new era, what I call MEDEX 2.0. This phase is shaped by clear vision, elevated accountability, shared responsibility, and a deep commitment to inclusive excellence and health equity. As part of this journey, you will become not only a clinically competent provider but also a culturally humble one, prepared to provide compassionate care to historically excluded and underserved communities across the WWAMI and Hawai'i region and beyond.

This Student Handbook outlines the policies and procedures that guide your academic journey. While it provides structure, it is also a living document, subject to change, that reflects the evolution of our learning community and the PA profession. I encourage you to read it thoroughly and revisit it often as a trusted resource.

As adult learners and emerging health professionals, you bring invaluable experiences into this space. I encourage you to engage fully and contribute to our learning environment with collaboration, compassion, communication, and respect. You will be challenged in your knowledge, your assumptions, and your growth. That is expected. That is where transformation happens.

As we move forward, I offer you a challenge and mantra: "I'm Invested." This is more than a phrase. It's a commitment. It's a mindset. It means showing up, staying accountable, supporting your peers, and centering your patients. It means investing in your journey, in our community, and in the PA profession you are entering.

Let's walk together as #OneMEDEX.

You belong here. You've earned this. And now the work begins. I am invested in you, and I invite you to be invested as well: in yourself, in each other, and in the future we are building.

In partnership and purpose,



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INTRODUCTION

Welcome to the University of Washington MEDEX Northwest PA program.

The MEDEX Northwest PA Program Student Handbook provides general information for PA students, faculty, and staff on a wide variety of topics and issues that are germane to the MEDEX Northwest PA education program. This information is intended to provide a framework on which to build throughout the students' tenure at the University of Washington PA Program.

The handbook is not a comprehensive statement of all policies and procedures, nor is it intended to preclude the implementation of changes in the PA program or policies for students.

The MEDEX Northwest PA Program reserves the right to revise or modify the curriculum, system of evaluation, or graduation requirements as deemed appropriate by the faculty. Changes to school policies, procedures, or requirements are provided in updates at meetings, in emails, on web pages, or in informational memos. Students are expected to read and/or attend meetings to familiarize themselves with requirements and modifications that may impact their programs.

As many people may be aware, the PA profession has begun a title change from “physician assistant” to “physician associate.” It comes as no surprise that this is an extremely complex undertaking which will take many years to fully implement across the profession. As such, MEDEX is transitioning to using the term “PA” only (not “physician associate”) for the time being, which applies to all staff, faculty, and students. We are working to adjust our documentation, logos, website, messaging, etc. to phase out “physician assistant” in favor of “PA.” This will take time. For more information, please refer to <https://www.aapa.org/title-change/> (the FAQs are particularly helpful) and <https://paeaonline.org/our-work/current-issues/pa-title-change-frequently-asked-questions>. DO NOT use “physician associate” as a title unless it has been confirmed to be prescribed by your state’s licensure laws.

Questions about policies, requirements, and procedures may be directed to the MEDEX Program Director who may delegate to the appropriate person for response.

The MEDEX Northwest PA Program Mission, Vision, Values and Goals

Mission

MEDEX Northwest is dedicated to expanding healthcare access by educating qualified individuals across the WWAMI region and Hawai‘i through a primary care-focused curriculum. We graduate competent and compassionate PAs who are committed to serving and advocating for medically underserved and rural communities.

Vision

MEDEX Northwest continues its core mission to educate highly capable PAs who serve the community with uncompromising commitment and compassion. MEDEX students, graduates, faculty, and staff are committed to providing access to care in local and regional communities.

MEDEX is a comprehensive program that provides students with the foundational knowledge required to support strong clinical skills. With outstanding education, clinical competency, and leadership skills, MEDEX graduates continue to be in demand in the Northwest.

Graduates maintain strong connections to MEDEX Northwest by participating in outreach, admissions, and teaching activities; alumni involvement supports the continued success of the program. Graduates significantly impact the PA profession as leaders engaged in the creation of local and national healthcare policy.

The MEDEX community will engage in high-level research and scholarly activity. Research and scholarly work produced by MEDEX contributes to improvements in PA education, public health, healthcare policy, and patient care.

Values

MEDEX Northwest is an organization that exemplifies professional excellence and embodies the values of respect, openness, collaboration, integrity, and trust. Together we work in service to our students, our community, and the program.

MEDEX Northwest JEDI Statement

The MEDEX Northwest PA program prioritizes and deploys actionable strategies to address the intersections of justice, equity, diversity, and inclusion (JEDI). We celebrate and welcome the beauty of diversity in all of its dimensions. It is our goal to develop and cultivate a destination PA program that invites diverse students, faculty, and staff to thrive, grow, and feel supported. In concert with our diversity efforts, MEDEX Northwest works to continuously dismantle systemic oppression and inequities through our ever-evolving inclusive programmatic practices and procedures. We welcome you to join us on our journey toward achieving health equity and becoming JEDI warriors in PA education, the PA profession, and within the communities we serve!

MEDEX Northwest Anti-racism Statement and Values

The MEDEX Northwest PA program is determined to expand its focus on justice, equity, diversity, and inclusion (JEDI) initiatives on our quest to become an anti-racist organization.

MEDEX Northwest assigns value to the unique person and is committed to building an anti-racist PA education community. We stand on the foundation that it is the program's responsibility to ensure an inviting, inclusive, equitable, safe, and brave learning environment for our students, faculty, staff, and patients. In order to meet the needs of the larger society, MEDEX Northwest must provide meaningful community engagement to offer equitable access to PA education despite race and other unique descriptive contributors and lived experiences. MEDEX Northwest does not tolerate racism in any of its forms and invites our learning community to share their experiences regarding racism as we will not ignore this pervasive societal ill.

MEDEX Northwest Organization

MEDEX is a section of the Department of Family Medicine within the University of Washington School of Medicine. PA students receive didactic education at five campuses—Anchorage, Kona, Seattle (main campus), Spokane, and Tacoma. The Master of Clinical Health Services is awarded by the University of Washington Graduate School to all graduates. All graduates receive a PA Certificate upon completion of the program.

MEDEX Program Goals

- Goal 1: Expand Access through a Regionally Responsive PA Workforce
- Goal 2: Prepare Compassionate, Clinically Competent PA Graduates for entry-level practice.
- Goal 3: Maintain clinical partnerships and experiential learning opportunities that prepare students to serve in primary care settings across underserved and rural locations.

Additional information related to program goals can be found on the MEDEX [website](#).

MEDEX Northwest History

- 1968 The MEDEX Demonstration Project, jointly sponsored by the University of Washington School of Medicine and the Washington State Medical Association, is funded by the National Center for Health Services Research.
- 1969 The first MEDEX class of 15 former military medical corpsmen is selected and begins their education.
- 1971 An amendment to the Washington State Medical Practice Act is passed, allowing PAs to practice medicine under the supervision of a licensed physician.
- 1972 The Department of Health Services at the University of Washington School of Public Health and Community Medicine provides a long-term home for the MEDEX program.
- 1973 MEDEX gains its first official accreditation from the new national agency overseeing PA education.
- 1974 MEDEX dropped its restriction on admitting only ex-military corpsmen. Nurses and allied health workers were admitted for the first time.
- 1977 The Washington State Board of Medical Examiners amends its Rules and Regulations to allow prescriptive practice for PAs.
- 1981 Due to cutbacks in federal support, the MEDEX program is given 'self-sustaining' status by the University of Washington, allowing the program to retain tuition and fees.
- 1983 The curriculum is expanded to 18 months to include a third quarter of didactic education and a quarter of clinical clerkships (in addition to the six-month primary care preceptorship). Class size expanded from 21 to 24 students.
- 1985 MEDEX students are required to complete an inpatient experience as a portion of their clinical rotations.
- 1986 The University awards the first degree specific to the MEDEX program, the Bachelor's Degree in Clinical Health Services. (Students had previously been eligible for a generic bachelor's degree through the University Extension.)
- 1987 The Washington State Legislature passes legislation to place a PA on the Board of Medical Examiners.
- 1988 WAPA sponsors successful legislation to no longer allow internationally trained doctors to register as PAs without formal PA education.
- 1990 Part-time slots are added to allow Seattle area healthcare providers to attend MEDEX while maintaining jobs. Enrollment is now 32 full-time and 6 part-time students entering each year.
□ Washington PA status is changed from 'registered' to 'licensed' by legislative action. The PA on the Board of Medical Examiners is given full voting privileges.
- 1991 A PA is added to the Medical Disciplinary Board by legislative action. Class size is expanded to 36 full-time in addition to 6 part-time students.
- 1992 Class size expanded to 40 full-time students. Clinical education is expanded by an additional three months, making the clinical phase 10 months in length.
- 1993 Washington Health Reform Bill includes funding (an initial \$150,000, declining annually) for MEDEX.
□ MEDEX begins providing education in Sitka AK for 12 additional entering students.
- 1994 The state of Alaska does not fund a second class at the Sitka campus; however, the experiences gained in Alaska and the \$150,000 from the Washington state legislature allow the program to begin educating students in Yakima, WA.
□ MEDEX moves back into the School of Medicine as part of the Department of Medical Education (later Medical Education and Biomedical Informatics).
- 1997 MEDEX begins providing education in Spokane WA and continues to provide education in Yakima. State Family Medicine funds are provided to the program to support interdisciplinary activities with the UW's Family Medicine Network.
- 1998 Washington's state legislature provides further support (an initial \$150,000, declining annually) for the maintenance of the Spokane campus.
- 1999 MEDEX Northwest celebrates its 30th anniversary year.
□ The first class from Spokane graduates. MEDEX expands the classes in Yakima and Spokane to 18 seats each. The Seattle part-time option is suspended.
- 2001 A basic science summer course is added to the curriculum.
□ MEDEX adds a faculty member based at the University of Alaska Anchorage to work with clinical placements and the MEDEX-UAA bachelor's degree link.
- 2002 A new required rotation in ambulatory care is added and the preceptorship is extended by one month, lengthening the clinical phase of education.
- 2004 Anatomy & Physiology becomes a partly online course and is required for all entering students. MEDEX now spans 24-months of in-person education.

- 2005 MEDEX begins development of a new midlevel dental health aide therapy program in Alaska, called DENTEX.
- 2008 MEDEX collaborates with the University of Alaska in Anchorage to develop an Anchorage didactic campus for the PA program.
 - MEDEX makes the decision to educate master’s-level students while maintaining bachelor’s- and certificate-level options.
- 2008 The first DENTEX class graduates, and the new dental health aide therapists begin to practice in local communities.
- 2009 MEDEX Northwest celebrates its 40th anniversary year.
 - The first class at the new Anchorage campus enrolls on the University of Alaska Anchorage campus. MEDEX now has four classroom campuses accepting over 100 students per year.
 - MEDEX enrolls the first master’s-level classes in Seattle and Spokane.
 - MEDEX enrolls the first students in the post-graduate Extended Master of Clinical Health Services degree program for practicing PAs.
- 2011 MEDEX moves within the School of Medicine from the Department of Medical Education and Biomedical Informatics to the Department of Family Medicine.
- 2012 In collaboration with the UW Tacoma campus, MEDEX plans and receives accreditation approval to add a new undergraduate campus in Tacoma WA. With a planned increase for all locations, there is now capacity for 140 entering students across all didactic campuses.
- 2013 MEDEX enrolls the first Tacoma class. The Yakima classroom campus is suspended.
- 2014 MEDEX breaks the 2,000 mark, having graduated 2,104 PAs since its inception.
- 2016 MEDEX transfers administrative oversight of the DENTEX program to the Alaska Native Tribal Health Consortium and Iḷisaġvik College.
- 2017 The founder of MEDEX Northwest, Dr. Richard Smith passes away.
- 2019 MEDEX enrolls its first all-master’s level class of PA students.
- 2019 MEDEX receives 10-year reaccreditation status from ARC-PA.
- 2020 MEDEX opens the Kona, Hawaii campus. ARC-PA approves MEDEX up to 180 entering students amongst all campuses.
- 2022 MEDEX sunsets the Extended Master’s degree option.
- 2022 MEDEX celebrates the first graduating class from the Kona, Hawaii campus.
- 2023 MEDEX is awarded the national Physician Assistant Education Association (PAEA) “Excellence Through Diversity Award”.

PA PROGRAM CURRICULUM

The MEDEX Northwest PA Program curriculum at the University of Washington School of Medicine (SOM) is dynamic and designed to provide students with a strong scientific foundation and a comprehensive approach to clinical medicine. Ongoing changes in the curriculum are actively managed by the Curriculum Committee. The curriculum is educationally equivalent at all of the MEDEX campuses, and the same examinations are given to ensure that all students are achieving the same level of competence.

Unanticipated and developing events may require changes in the curriculum and its delivery. Thus, the MEDEX program retains the right to adjust the curriculum for the cohort as necessary to ensure students meet MEDEX program learning objectives and defined outcomes. Students must adhere to the plans determined by the MEDEX program.

Overview of MEDEX Curriculum

Didactic Phase

Summer A- and B-Terms

MEDEX 551 – Anatomy & Physiology (6 credits)

Students learn the anatomy and physiology of the following organ systems: endocrine, immune, respiratory, cardiovascular, gastrointestinal, genitourinary, gynecological, integumentary, musculoskeletal, and neurologic, with a focus on clinical examples of anatomic and physiologic principles encountered in primary care practice.

MEDEX 550 – Basic Science in Clinical Medicine for PAs (6 credits)

This course is an intensive review of important basic science topics relevant to clinical medicine at the PA level. The material is necessary to the understanding and integration of information that will be presented throughout the remainder of the MEDEX curriculum. Topics include cell biology, genetics, immunology, and microbiology.

MEDEX 588 – Investigative Skills (5 credits)

The ongoing changes to healthcare delivery, continued advances in clinical research and publication, and evolution of the PA profession require that PAs be able to locate, critically appraise, and apply current health research outcomes. This course teaches basic concepts in measurement, biostatistics and epidemiology, and the skills needed to evaluate public health and biomedical research. Through a series of lectures focused on research concepts, small group exercises, and group discussions, students acquire skills allowing them to review and evaluate current research results and apply reliable outcomes to their practice.

Fall

MEDEX 552 – Pathophysiology for Primary Care (6 credits)

This course covers basic pathological and pathophysiological concepts of diseases commonly encountered in primary care practice. Pathophysiology is studied per organ system.

MEDEX 553 – Basic Clinical Skills (5 credits)

This course helps the student to develop mastery of a screening history and physical examination and thorough data-collection skills. In addition, students learn branching exams of the major organ systems, medical record-keeping and verbal presentation skills.

MEDEX 557 – Behavioral Medicine I (2 credits)

The primary goal of this course is to teach students how to manage the behavioral medicine issues that are commonly encountered in clinical practice. It is designed to facilitate the transition into the role of a PA and to promote personal growth that enhances students' ability to develop and maintain positive relationships with patients. Topics this quarter focus on an introduction to behavioral medicine in primary care.

MEDEX 570 – Professional Role Development I (1 credit)

This course covers relationships with other health professions and emerging issues in primary care in a wide range of settings. Students reflect on their professional transition into the PA role and explore professional ethics. Topics in this course are intended to provide students with background on the PA role and profession.

MEDEX 573 – Technical Skills I (1 credit)

Through hands-on experience, this course introduces clinical skills and procedures common in the primary care setting. Topics this quarter include cardiac rhythms, radiography, and fundoscopy.

Capstone Project

Among the requirements for the master's-level PA program is a capstone project. Students are expected to produce a finished product of sufficient depth and analytic rigor to demonstrate the independent thought appropriate to clinical master's-level work. Each student's capstone project will relate in some way to their focused study area. Students work on their project over five quarters, beginning in the fall quarter of the didactic year.

MEDEX 581 – Capstone I (3 credits)

Students begin a series of skill-building sessions with pre-class reading, in-class sessions, and small group work. The intent is to work on small sections of the eventual capstone product with faculty and peer input.

Winter**MEDEX 554 – Adult Medicine I (7 credits)**

This course provides a problem-oriented approach to the diagnosis and management of common primary care conditions occurring in the adult population. The organ systems covered in winter include eye-ear-nose-throat, endocrinology, rheumatology, dermatology, infectious disease, hematology, and office orthopedics.

MEDEX 556 – Maternal & Child Health I (3 credits)

This course is designed to acquaint students with principles of primary care pediatrics, pregnancy, and the birth process. Topics this quarter include newborn, well-child, adolescent, and sports exams as well as pediatric health maintenance in the primary care setting. A systems-oriented approach to the diagnosis and initial management of common primary care problems in pediatrics generally follows the topic sequence of MEDEX 454/554.

MEDEX 558 – Behavioral Medicine II (2 credits)

The course continues to teach students how to manage the behavioral medicine issues that are commonly encountered in clinical practice. Topics this quarter include alcoholism, addictions, personality disorders, anxiety, and chronic pain.

MEDEX 560 – Principles of Patient Management I (3 credits)

The course provides the PA student with the knowledge and skills necessary to initiate routine pharmacological therapy for commonly occurring patient problems in primary care, and to monitor patients receiving therapy for more complicated conditions. The topics generally follow the organ-system topic sequence of MEDEX 554.

MEDEX 568 – Emergency Medicine I (2 credits)

This course provides an approach to the diagnosis and management of common emergency conditions for primary care PAs. Topics include initial trauma assessment, multiple traumas to include head and abdominal trauma, eye-ear-nose-throat and dental emergencies, orthopedic emergencies, environmental emergencies, psychiatric emergencies, and toxicology.

MEDEX 571 – Professional Role Development II (1 credit)

The course continues to cover relationships with other health professions and emerging issues in primary care in a wide range of settings. Topics this quarter emphasize knowledge, skills and attitudes for dealing with diverse population groups, and provides an overview of the healthcare delivery system.

MEDEX 574 – Technical Skills II (1 credit)

This course continues to introduce clinical skills and procedures common in the primary care setting. In this quarter, students are introduced to ultrasound, magnetic resonance imaging and computerized tomography. Workshops this quarter include suturing as well as casting and splinting.

MEDEX 582 (1 credit) – Capstone II (1 credit)

In winter, students develop their research question further and develop an outline of their capstone project based on the area of focus. Students should follow JAAPA guidelines for required sections to be included in the outline. Students should continue to work closely with the capstone advisor or course chairs for assistance.

Spring**MEDEX 555 – Adult Medicine II (7 credits)**

This course continues to provide a system-oriented approach to the diagnosis and initial management of common primary care conditions occurring in the adult population. The organ systems covered this quarter include nephrology, urology, cardiology, pulmonology, neurology, and gastroenterology.

MEDEX 559 – Behavioral Medicine III (2 credits)

The course continues to teach students how to manage the behavioral medicine issues that are commonly encountered in clinical practice. Topics this quarter include children's issues, sexuality, and somatic symptom disorders.

MEDEX 561 – Principles of Patient Management II (3 credits)

The course continues to provide the PA student with the knowledge and skills necessary to initiate routine pharmacological therapy for commonly occurring patient problems in primary care. The topics generally follow the organ-system topic sequence of MEDEX 455/555.

MEDEX 562 – Maternal & Child Health II (3 credits)

This course continues to acquaint students with principles of primary care pediatrics, pregnancy, and the birth process. Topics include an overview of normal pregnancy and delivery and common pediatric problems in primary care.

MEDEX 569 – Emergency Medicine II (2 credits)

This course continues to provide an approach to the diagnosis and management of common emergency conditions for primary care PAs. Topics this quarter include cardiovascular, pulmonary, abdominal, gynecological, genitourinary, neurologic, and pediatric emergencies.

MEDEX 572 – Professional Role Development III (1 credit)

The course continues to cover relationships with other health professions and emerging issues in primary care in a wide range of settings. Topics this quarter include applied medical ethics and additional features of U.S. healthcare systems.

MEDEX 575 – Technical Skills III (1 credit)

This course continues to introduce clinical skills and procedures common in the primary care setting. In this quarter, students focus on 12-lead electrocardiogram interpretation. Workshops this quarter include the prostate and male rectal exam, women's health exams and neurological assessment tools.

MEDEX 583 – Capstone III (1 credit)

In spring, students continue with their research topic and prepare an annotated bibliography with quantitative and qualitative articles, examine and process the available medical literature about their topic, and work closely with the capstone advisor or course chairs for assistance.

Second Summer B-Term (Online)

Focused Study Course (5 credits; students select one of the following options)

The focused study course follows a small-group seminar design that allows students to select an area of special interest. The various sections will share a common theme of providing high quality care within healthcare systems but diverge in focus and application. Students select only one subject focus from the four options, and the different subject sections run concurrently. This course also equips students with the tools to identify an appropriate subject-related capstone project of reasonable scope. Students select one of the following options.

MEDEX 540 – Healthcare for Rural and Medically Underserved Populations: Students gain a broad knowledge and understanding of the challenges and rewards in providing primary care in rural and medically underserved settings, with a focus on features of rural and underserved healthcare in the Washington, Wyoming, Alaska, Montana, Idaho, and Hawaii. Material includes delivery systems that reach rural and medically underserved patients, governmental and other policy impacts on access to care, biomedical ethics unique to these settings, quality of care, and cultural competency.

MEDEX 541 – Public Health and Preventive Medicine: This course introduces students to current issues in public health and equips graduates with the tools to recognize, articulate and address existing and emerging challenges in the delivery of accessible, high-quality healthcare through the American healthcare system. Material includes health promotion and disease prevention, disease management, public health principles, and community health.

Capstone MEDEX 585 – Capstone Project V (5 credits)

In summer of the Capstone course, students focus on the final capstone project, which is the major graduate-level product for this course sequence. Students will submit their Poster or a JAAPA style article, actual submission for publication optional. Students will also submit their presentation product that will be utilized during the presentation of their project during fall transition week.

Completion of Capstone Course in Clinical Phase

MEDEX 584 – Capstone Project IV (1 credit) Fall II

The fifth and final quarter is in the fall as students begin the clinical phase of the program. Early in fall quarter, students will present the project in either oral presentation or poster session format.

Clinical Phase

MEDEX Supervised Clinical Practice Experiences (SCPE)

MEDEX 589 Family Medicine 1 (8 credits)
MEDEX 590 Family Medicine 2 (8 credits)
MEDEX 591 Family Medicine 3 (8 credits)
MEDEX 592 Underserved Family Medicine (8 credits)
MEDEX 593 Inpatient Medicine (8 credits)
MEDEX 594 Surgery (8 credits)
MEDEX 595 Behavioral Medicine (8 credits)
MEDEX 596 Emergency Medicine (8 credits)
MEDEX 587 Elective I (8 credits)
MEDEX 598 Elective II (8 credits)
MEDEX 602 Preparing for Practice (5 credits)

Course Descriptions

MEDEX 589 Family Medicine I
MEDEX 590 Family Medicine II
MEDEX 591 Family Medicine III
MEDEX 592 Underserved Family Medicine

Primary care and family medicine are central to the MEDEX mission, which is why a significant portion of the clinical year is dedicated to primary care experiences. These rotations emphasize ambulatory care and focus on common medical problems, biopsychosocial factors, preventive care, and the evolving role of the primary care provider.

Students are placed in a variety of settings, including community clinics, large healthcare systems, independent practices, and small group clinics. Across these sites, they gain hands-on experience in diagnosing and managing patients using office-based, hospital, home, and community resources.

The Family Medicine curriculum is structured into four one-month courses:

- **Family Medicine I** focuses on pediatrics and includes the PAEA Pediatrics End of Rotation Exam.
- **Family Medicine II** emphasizes women's health and includes the PAEA Women's Health End of Rotation Exam.
- **Family Medicine III** centers on general primary care and includes the PAEA Family Medicine End of Rotation Exam.
- **Underserved Family Medicine** takes place in a medically underserved setting and includes a reflective writing assignment. Students work with patients at higher risk for poor health outcomes due to limited access to healthcare resources, gaining valuable insights into social determinants of health and health equity.

MEDEX 593 Inpatient Medicine

During this rotation, clinical students will gain essential experience managing high-acuity medical and surgical patients in a hospital setting. They will refine key clinical skills, including history-taking, physical examination, diagnostic test interpretation, and understanding of treatment protocols—all within the context of caring for acutely ill patients.

Students will actively participate in daily rounds and structured training sessions. Additional experiences may include collaborating with consulting specialists and engaging with a multidisciplinary care team to deliver comprehensive patient care.

This Supervised Clinical Practice Experience (SCPE) includes the PAEA Internal Medicine End of Rotation Exam.

MEDEX 594 Surgery

During this rotation, students will expand their understanding of surgical conditions and procedures, while being introduced to the fundamental principles of surgical management. They will actively participate in the preoperative, intraoperative, and postoperative care of patients.

The rotation also exposes students to the management of surgical emergencies and the outpatient follow-up of recently discharged patients, providing a comprehensive view of the surgical care continuum.

This Supervised Clinical Practice Experience (SCPE) includes the PAEA Surgery End of Rotation Exam.

MEDEX 595 Behavioral Medicine

This rotation provides students with both active and observational experiences in a variety of behavioral health settings, including outpatient clinics and inpatient treatment facilities. Placement sites may include state and federal correctional institutions, substance abuse treatment centers, outpatient clinics, and large multidisciplinary medical centers.

Students will encounter a wide range of psychiatric conditions and will participate in patient evaluation and treatment. This may include counseling, medical management, mental health assessments, and collaboration with healthcare providers through consultation.

This Supervised Clinical Practice Experience (SCPE) includes the PAEA Behavioral Medicine End of Rotation Exam.

MEDEX 596 Emergency Medicine

During this rotation, clinical students will encounter a broad spectrum of patient presentations, ranging from common outpatient complaints to critical, life-threatening conditions that demand rapid assessment and immediate intervention.

Students will gain experience in the fast-paced environment of the emergency department, developing the skills needed to efficiently evaluate, diagnose, and manage acute and serious illnesses. This rotation emphasizes quick clinical decision-making, prioritization of care, and exposure to a wide array of emergent conditions.

This Supervised Clinical Practice Experience (SCPE) includes the PAEA Emergency Medicine End of Rotation Exam.

MEDEX 597 and 598 Elective

Clinical students participate in two elective one-month clinical experiences tailored to their individual interests and career goals. While each elective must be medically focused and relevant to PA practice, the scope of options is otherwise broad, limited primarily by the student's initiative and professional aspirations.

Students often choose electives that align with their intended specialty or desired employment setting, though it is also common to pursue additional experience in a previously completed core rotation.

There is no PAEA End of Rotation Exam associated with elective Supervised Clinical Practice Experiences (SCPE).

Preparing for Practice MEDEX 602

This course equips students with essential skills for the successful transition from PA school to clinical practice as a PA. It includes preparation for the Physician Assistant National Certification Examination (PANCE), an entry-to-practice exam required for all PA program graduates. Students will enhance their clinical, professional, and exam readiness by developing individualized study plans, analyzing their academic performance, and completing structured reviews of key clinical and foundational sciences. The course also addresses other critical components of professional readiness, including practical, clinical, and administrative aspects of PA practice. As part of this course, students complete a comprehensive Summative Evaluation, which includes:

- PAEA End of Curriculum Exam
- Summative Clinical Reasoning Assessment (CRA)
- Summative Essay
- Summative Technical Skills Assessment

Failure of this course will result in delayed program completion.

MEDEX PA PROGRAM CORE COMPETENCIES

At graduation, MEDEX Northwest PA program graduates are expected to have achieved competency in the following areas (details are listed in Exhibit I).

- Patient Care (PC)
- Knowledge for Practice (KP)
- Practice-Based Learning and Improvement (PBLI)
- Interpersonal and Communication Skills (CS)
- Interprofessional Collaboration (IPC)
- Systems-Based Practice (SBP)

GRADUATION REQUIREMENTS

Graduation from the MEDEX Northwest PA program is contingent upon the student meeting the Technical Standards and Essential Requirements (see [TECHNICAL STANDARDS AND ESSENTIAL REQUIREMENTS section](#)), successfully completing all of the program's academic requirements and demonstrating the attitudes and behavior appropriate to a career in medicine.

These requirements apply to all MEDEX students:

- All academic requirements, including examinations
- All compliance requirements
- Professionalism requirements
- Clinical skills
- Interview skills, including taking patient histories
- Diagnostic and physical exam skills
- Clinical reasoning and interpretation skills
- Communication skills (with patient and colleagues) including both written and oral case presentation skills
- Professionalism and ethics
- Scholarly project (Capstone)
- Successful completion of clinical rotations, including submission of rotation evaluations

No exceptions to these requirements are permitted, and a pattern of documented concerns about a student's performance and professionalism indicating an unsatisfactory performance when the record is viewed as a whole, even though passing grades have been assigned, may result in the student being dismissed from the MEDEX Northwest PA program.

Student Performance Progression

Students are formally evaluated at specific points throughout the MEDEX program. Because the curriculum builds upon previous instruction, students must pass each of these evaluations, or "progression points," and be officially approved to continue to the next phase of the program. Failure to pass one of these progression points

may result in academic probation or termination from the program (see the following chapter for information on grading and student assessment). The Student Progress Committee (SPC) may review student records at other times as appropriate. Formal decision points are as follows.

1. End of summer didactic quarter
2. End of fall didactic quarter
3. End of winter didactic quarter
4. End of spring didactic quarter/end of didactic year (students must pass formally from the didactic to the clinical phase)
5. End of each quarter of the capstone project
6. End of supervised clinical practice experiences (SCPEs)
7. After the summative exam
8. End of clinical year

All course work applied to the master’s degree must be completed within six years from the time of first enrollment. Periods spent on leave count toward this time (reference [UW Graduate School policy 1.1.2](#)). Students nearing or past the program’s limit should be placed on Academic Warning (potentially leading to Academic Probation and Dismissal; reference [UW Graduate School Policy 3.7](#)). Extensions of time to degree limits can be applied for through the MEDEX Student Progress Committee.

Grading System

MEDEX offers a competency-based program and requires students to complete each component of the program successfully prior to continuing to the next phase.

On written or computerized tests as well as performance exams (e.g., physical exam demonstrations, Clinical Reasoning Assessments), a score of 80% is the passing level. This requires that students do B- (2.7) or better work in order to graduate from the program. This reflects both the “core” nature of the curriculum and the high standards of knowledge necessary to deliver high-quality patient care.

When course grades are submitted to the University registrar at the end of each quarter, the following conversion table is used. A more detailed version of this table may be used when grading individual written assignments.

Grade Conversion Chart		
Numerical	Letter	Percent
4.0	A	100 – 98
3.9	A	96 – 97
3.8	A-	94 – 95
3.7	A-	92 – 93
3.6	A-	91
3.5	A-	89 – 90
3.4	B+	87 – 88
3.3	B+	86
3.2	B+	85
3.1	B+	84
3.0	B	83
2.9	B	82
2.8	B-	81
2.7	B-	80
2.6	B-	79
2.5	B-	78
2.4	C+	77

The UW Graduate School requires that all graduate students maintain a 3.0 grade point average (GPA) each quarter and throughout the program and earn a minimum of 2.7 in each individual course. (Courses graded on a Credit/No Credit basis are not included in the GPA calculation.)

Supervised Clinical Practice Experiences (SCPEs) are graded pass/fail and include several elements including the preceptor evaluation of the student, assignments, and the PAEA End of Rotation Exam.

MEDEX is committed to maintaining the highest standards of academic performance, which includes professional conduct. Behaviors such as cheating, plagiarism or falsified documentation of clinical findings reflect attitudes that guide professional conduct and, as such, indicate that a person may not be prepared to assume the responsibility of making professional clinical judgments. Thus, these non-professional behaviors are considered to be academic performance issues.

Papers and Other Assignments

Grading

Course syllabi describe specific grading policies used in each component of the curriculum. Students may refer to the course syllabi for specific details.

1. Written papers are graded either by the 4.0 scale or by percentages. On the 4.0 scale, students must earn at least a 2.7 or 3.0 (depending on the specific course requirements) or a resubmission is required.
2. Some assignments are graded on a 100% scale, in which case 80% is a passing mark.
3. Some assignments are graded as pass/fail and recorded as 100% or 0%. In order to receive the credit allowed for a passing grade, the completed assignment must be submitted by the required deadline, or a grade of fail (0%) is given. Even if the assignment is late and no credit is given, it still must be submitted to receive a grade for the course.
4. The Summative Essay examination is graded as pass/fail.

Written Work for MEDEX

General Requirements and Format

Students are required to write several papers during PA education at MEDEX. These writing assignments prepare students for a career involving continuous learning and for communication with peers and physician collaborators or consultants. The assignments also fulfill the research and writing requirements of both the Accreditation Review Commission on Education for the PA (ARC-PA) and the University of Washington master's degree expectations. Since students are required to have a computer with a word processing program, students must utilize these tools to create assigned papers, present their work with accepted spelling and grammatical structures, and to follow standard and appropriate formats. The Health Sciences Library has several style manuals in the reference section and has posted some of this information on its website. The HealthLinks page provides basic information on the required American Medical Association style: <http://guides.lib.uw.edu/hsl/ama>. Students may consult the Chicago, MLA, APA, or AMA manuals for general stylistic questions, but **must use the AMA format** for the citations and reference lists. Details on requirements for specific assignments are provided for each course. Questions on style and format or on writing in general may be directed to the writing specialist at the Seattle office.

Plagiarism

As described in the UW School of Medicine Student Handbook, in conducting any research project, students must follow guidelines for acknowledging the use of the work of others. There are a number of manuals on how to write research papers and it is highly recommended that students identify the appropriate manual for the kind of project being completed. One particular area, that of plagiarism, deserves special attention because the definition of plagiarism is broad. There are ramifications for the manner in which students summarize the work of others and how the ideas of others are documented with appropriate citations and references.

It is highly recommended that students understand the guidelines for writing papers and giving proper attribution before beginning a project. This will enable them to set up a system for documenting the source of information as notes are made in developing the framework from which the paper is written.

The plagiarism policy applies to any written assignments, including but not limited to personal statements, essays, and descriptions of work and educational activities and events. These written assignments must be your own work and must not have been written, in whole or part, by any other person or any generative artificial intelligence platform, technology, system, or process, including but not limited to ChatGPT (collectively, “Generative AI”). You are strictly prohibited from using Generative AI to create, write and/or modify any content, in whole or part, provided to the MEDEX PA program on behalf of or through any means of communication.

The following excerpt describes the range of additional situations that can be considered as plagiarism.

The academic counterpart of the bank embezzler and of the manufacturer who mislabels [a] product is the plagiarist, the student or scholar who leads [the] reader to believe that what they are reading is the original work of the writer when it is not.... The spectrum is a wide one. At one end, there is a word-for-word copying of another’s writing without enclosing the copied passage in quotation marks and identifying it in a footnote, both of which are necessary. It hardly seems possible that anyone of college age or more could do that without clear intent to deceive. At the other end, there is the almost casual slipping in of a particularly apt term which one has come across in reading and which so admirably expresses one’s opinion that one is tempted to make it personal property. Between these poles, there are degrees and degrees, but they may be roughly placed in two groups. Close to outright and blatant deceit—but more the result, perhaps, of laziness than of bad intent—is the patching together of random jottings made in the course of reading, generally without careful identification of their source, and then woven into the text, so that the result is a mosaic of other people’s ideas and words, the writer’s sole contribution being the cement to hold the pieces together. Indicative of more effort and, for that reason, somewhat closer to honesty, though still dishonest, is the paraphrase, an abbreviated (and often skillfully prepared) restatement of someone else’s analysis or conclusions without acknowledgment that another person’s text has been the basis for the recapitulation.

Martin HC, Ohmann RM, Wheatly JH. *The Logic and Rhetoric of Exposition*. 3rd ed. New York, NY: Holt, Rinehart and Winston; 1969.

Also note this shorter definition of plagiarism from the University of Washington Graduate School Policy (<https://grad.uw.edu/current-students/enrollment-through-graduation/thesis-dissertation/> rev. 2023).

Plagiarism is using words, ideas, diagrams, and other content from publicly available work without appropriately acknowledging the sources of these materials. This definition constitutes plagiarism whether it is intentional or unintentional and whether it is the work of another or your own, previously published work.

Plagiarism is a very serious offense that the University of Washington does not tolerate. Evidence of plagiarism may prevent granting of your degree.

The MEDEX program checks student written assignments for unintentional and intentional plagiarism. Referral may be made to the SPC if appropriate.

UW Academic Misconduct information for Capstone Courses

Students are required to review and abide by the expectations outlined in the [University of Washington Community Standards & Student Conduct](#). The use of ChatGPT or other generative artificial intelligence tools is strictly prohibited when composing assignments for the Capstone 581, 582, 583, 584, and 585 courses. The Capstone course chairs retain the right to solicit oral explanations of all assignments turned in for this course. Use of these prohibited tools may constitute academic dishonesty and result in referral to the MEDEX Northwest Student Progress Committee (SPC).

Deadlines and Resubmissions

1. Students must submit all assignments to MEDEX by established deadlines. MEDEX staff collect students’ work from the designated assignment submission site in Canvas, the MEDEX curriculum delivery platform. All assignments that are submitted electronically must be sent or posted by the

published deadline (this includes the published time of day for submission). Late electronic submissions are treated the same as late submissions of hard-copy assignments.

2. Penalties are assessed for late submissions as described in the individual course syllabi. Late assignments must still be turned in, but they may not receive a passing grade, which could affect students' overall course performance. Late papers may not receive the benefit of feedback from the course faculty. Course syllabi may have specific details for late assignments and papers, such as .5% or .25%, etc. deducted from the grade for each day an assignment is late. (Note: if an assignment arrives even two minutes after the published deadline, it is already "one day" late.) Be sure to refer to each course syllabus.
3. Clinical-phase assignments, such as evaluations, patient logging, written papers and other projects, must be submitted on the due dates published on the clinical course website or as otherwise specified by the program.
4. Requests for extensions on written papers must be made at least two full working days before the published deadline. Requests for extensions on other assignments, such as short worksheets, must be made at least one full working day before the deadline. In the case of an emergency, an extension may be granted within a shorter timeframe. The approval for an extension is determined on a case-by-case basis at the discretion of the course chair(s). Additional details on extensions may be found in individual course syllabi.
5. A student with consistently late submissions may be recommended for formal academic review.

Examination Schedules, Environment and Testing Protocols

Testing occurs in both the didactic and clinical phases of the program. In the didactic phase, multiple-choice question exams (MCQ) take place throughout the year. History-taking and physical exams also measure a student's medical knowledge and provide hands-on experience. In the clinical phase, students will be taking End of Rotation Exams throughout the clinical year and summative exams in spring.

Didactic Phase – General Guidelines

- During the didactic phase, exams are scheduled on fixed dates. With the exception of documented personal illness or personal or family emergencies, students are not permitted to take the exam at a different time. Any personal plans should be made around scheduled exam dates.
- Students are expected to be on their honor not to discuss course information or share answers before, during, or after an examination. This is applicable to online exams as well. If necessary, the student who needs to leave the exam room should indicate to the faculty or test proctor if there is a problem that requires an absence from the examination room of longer than five minutes. For examinations that are less than two hours, the faculty member may indicate that students may not leave the room except under exceptional circumstances approved by the proctor.
- Students are expected to arrive on time for examinations. If a student is late, no additional time is given to compensate for the late arrival. Students who arrive more than 30 minutes after the start time will not be seated for the exam. Exceptions may be given for emergency situations at the course directors' discretion.
- Dishonest behavior such as cheating is unacceptable. Inappropriate testing behavior reflects unsatisfactory professional conduct, is a violation of professional integrity, and therefore leads to academic review of the student's records and possible dismissal. Students may not provide or receive unauthorized assistance on exams. Students may not remove exams from designated review areas or obtain exam material prior to distribution by faculty. Receiving or reviewing exams or exam questions from prior students is unacceptable and is classified as cheating. Providing exams or exam questions to other students is cheating. Copying, memorizing, photographing, taking a screen shot or any other method of recording exam questions for the student or others is cheating.
- Cell phones, handheld computing devices and other communication technology are not permitted during examinations, including online self-proctored exams, except when this equipment is explicitly required. These devices must be muted and stowed prior to beginning an exam.
- MEDEX testing is conducted on an "honor system" and irregularities that students observe in exam-taking should be discussed with the involved parties. If the problem is not resolved, it must be referred to the proctor or course instructor. Failure to report unresolved irregularities is a professionalism concern.

Classroom Testing and Quizzes – Didactic and Clinical Phases

- All in-class exams and quizzes begin on time. Students arrive early to stow coats, books, electronic and other gear in the front, back or sides of the room as instructed prior to the exam. Stowage under student desks is not permitted.
- Most exams require electronic equipment that is charged and ready to use prior to the beginning of the test.
- No water bottles, self-provided scratch paper or other materials are allowed at the student's desk. No headphones or earbuds are permitted.
- The only materials permitted at the seat during an exam are the MEDEX-provided scratch paper, MEDEX-provided lab values if applicable, a pen or pencil, one eraser, earplugs, and a laptop. The

scratch paper must be submitted at the end of the exam.

- In the rare event of a MEDEX equipment or software failure, hard-copy exams may be administered. For hard-copy exams, students are to sharpen pencils before the test begins. For these exams, the only materials permitted at the seat are the Scantron form, hard-copy exam, MEDEX-provided scratch paper, MEDEX-provided lab values if applicable, a pen or pencil, one eraser, and earplugs.
- Classrooms are small, and people are in close proximity in all testing situations. Students must keep their eyes on their own exams. Faculty may arrange seating for the class or ask individual students to move in order to achieve optimum spacing among test-takers.
- Talking between students or other forms of “communication” are not allowed during testing. All electronic computing and communication devices must be muted. All electronic equipment not explicitly required for the exam must be stowed.
- Prior to the start of a test, any corrections to a test are posted by the test proctor. Students are to check for any changes before submitting the test.
- Students must ensure that all questions or pages (hard-copy or computer-based) of the examination have been completed prior to submitting the exam. Unanswered questions are considered incorrect, and these cannot be made up once the exam is submitted. At the end of the exam, students must show their screen verifying successful exam upload to the staff or faculty proctor.
- For exams using Scantron forms, students are responsible for ensuring that responses have been transferred correctly onto the bubble-style answer sheet. The Scantron form or the uploaded electronic file is the official exam submission.
- When students have finished testing, they must exit the classroom quietly and move away from the classroom before engaging in conversation.
- Examination by demonstration requires extra concentration on the part of the examiner and the examinee. Feedback is provided only after completion of the examination. “Hinting” by body language during physical exams may result in scoring penalties for the “patient.”
- All exam results and papers are returned to the individual student, to the secure student boxes, or posted to a secure online feedback page. It is inappropriate to remove another student’s paperwork from the box without their permission. MEDEX does not publicly post student names with scores.
- Copying questions or exam pages before, during or after any exam or review-related activities is unacceptable and is grounds for dismissal.

For open-book or take-home examinations, the course chair provides information on the testing environment, including explicit directions on whether students must complete work on their own or may work with other classmates.

If in any of the course examination environments a student is observed engaging in any of the following behaviors, the student is reported to the Associate Program Director (APD) of Academic Affairs, the APD of Student Affairs and the SPC.

- Disrupting testing conditions of other students
- Copying answers from another student
- Allowing answers to be copied by another student
- Receiving or providing unauthorized information about the examination content
- Using unauthorized notes during the examination
- Making notes on anything besides the provided scratch paper
- Continuing to work after time is called by the proctor

If a student is excused from an examination for reasons noted above, they are on their honor not to ask for information about the examination and should remove themselves from any situation in which the examination is being discussed or answers posted.

If a student cannot take an examination due to illness or personal/family event, the student must follow the absentee policies by contacting the appropriate Campus Coordinator, faculty advisor or clinical coordinator prior to the start of the exam. Permission to reschedule the exam may or may not be approved. The APD of Academic Affairs is notified of all students who need to reschedule more than one exam, regardless of the reason. The course chair cannot provide permission to reschedule an examination.

Computer-Based Testing

Online exams are closed book and individual effort, and all students are expected to adhere to the same honor system that applies to written exams. Recording of questions by any method for any reason is prohibited. It is the student's responsibility to log in to the assigned exams and complete them as instructed within the designated time frame and to take their online exams alone, without the help of others, and without the assistance of books or other resources. Students receive specific instructions on exam timing, websites and technical considerations during orientation activities or during class. When computer-based testing is scheduled in person, students are required to go to the campus where they were admitted to the program.

Clinical Phase – Clinical Rotation Assignments and Evaluations

MEDEX uses the EXXAT Prism platform—a clinical education management system—for clinical rotation assignments, student entry of patient encounters, required student evaluations of preceptors/sites, and required preceptor completion of evaluations of students. Preceptor evaluations of students' performance during rotations are available for students to view on their student page in EXXAT.

Exam Accommodations

Students who have a letter of accommodation from the University of Washington's Disability Resources for Students (DRS) may receive accommodations for examinations. After DRS has granted accommodations to a student, MEDEX will implement those accommodations as soon as is reasonable depending on the particular course, the exam format, and the accommodations required. Students must request or renew DRS accommodations each academic quarter.

Course Performance, Exam Results, Reviews and Retests, and Assignment Rewrites

Academic Performance in the Didactic Year

Didactic courses

Students are expected to maintain a high level of academic performance throughout the didactic phase of the MEDEX program. All courses in the didactic phase of the MEDEX curriculum are graded courses and students must maintain a minimum grade of 80% (2.7 GPA) to pass each individual didactic course. Course grades will be calculated to the first decimal place in 0.1 increments. Final course grades of 0.05 or higher will be rounded up. For example, a final course average of 3.65 will be reported as a 3.7 and a final course average of 3.64 will be reported as a 3.6. Students must pass every didactic course and maintain a GPA of 3.0 in each quarter to progress to the next academic quarter in the MEDEX curriculum.

Examination policy

Examinations are a significant method of assessing student competency throughout the MEDEX program. A passing score on each individual examination within the didactic curriculum is 80%. For individual examinations, the score in the course gradebook will be recorded to the second decimal point (e.g. 79.99%) and will be rounded up or down based on the next significant digit. For example, an individual examination score of 79.995% will be entered into the course grade book as an 80%, whereas a score of 79.994% will be entered as 79.99%.

In didactic courses that use examinations to assess student competency, a student must maintain an examination average of 80% throughout the academic quarter to pass the didactic course regardless of course average. If a student fails an examination or fails to maintain an examination average of 80%, the student will be subject to both academic support interventions and academic remediation.

Academic support interventions

A student will be enrolled in academic support if either of the following occurs:

- Scoring below 75% on any individual didactic examination.
- Scoring below 80% on two or more didactic examinations during the didactic phase of training.

If a student meets either of the criteria above, the student is required to engage with the following academic support interventions:

- Mandatory academic counseling, including a study skills assessment with the Associate Program Director of Student Affairs or the Academic Skills Counselor.
- Enrollment in and mandatory attendance in programmatic tutoring sessions.
- As appropriate, referral to the Disability Resources for Students (DRS) office and/or UW Health and Wellness services.

Academic remediation

A student will be required to participate in academic remediation in the event of either of the following outcomes:

- Scoring below 75% on any individual didactic examination
- Maintaining a test average in an individual didactic course below 80%

If a student meets either of the criteria above, the student is required to engage with the following academic remediation interventions:

- Students will coordinate and conduct an individual review for all failed examinations (<80%) within the academic course at their local campus.
- Students will complete a test analysis form in collaboration with the course chair or co-chair to identify strengths and opportunities for improvement in their examination performance.
- Students facing remediation and retesting of examinations will meet with their academic advisor prior to beginning the remediation activities and undergoing retests. At this meeting, the student is provided with the remediation and retest policies and informed of options. At the conclusion of the meeting, the student is required to sign the Academic Risk Advising Attestation Form to signify that they are aware of the policies and potential outcomes of the retest and remediation processes. This form is only required to be completed once per didactic year.
- Students will participate in mandatory remediation training scheduled and led by a principal faculty member prior to retesting. These remediation sessions may include remediation in a group setting in person or remotely using Zoom. Students are expected to attend, as well as be professional and discrete regarding other students in the group. Students are expected to maintain confidentiality about student participation in these groups. Non-compliance could result in referral to the Student Progress Committee (SPC).

Examination retesting

Students will be required to retest didactic examinations in the event of the following outcomes:

- Scoring below 75% on any individual didactic examination.
- Maintaining a test average in an individual didactic course below 80%.

Students who score below 75% on a didactic course examination are required to complete academic remediation and pass a mandatory retest of the examination. Students who score below 75% on two or more didactic course examinations during an academic quarter are required to pass a mandatory comprehensive course examination covering all topics within the course. Students that fail to maintain a test average of 80% or higher within an individual didactic course are required to pass a mandatory comprehensive course examination covering all topics within the course during the academic quarter.

A passing score on all retests—both individual and comprehensive course examinations—is 80%. The maximum recorded score for all passed retests is 80% and final course grade will be calculated using the maximum score. The final course average will be not recalculated until the retests are complete. Students that fail an individual or comprehensive course examination will be referred to the Student Progress Committee (SPC) for review and further action.

Clinical Reasoning and Skills Assessments

Didactic courses have alternative methods of assessing student competencies including Clinical Reasoning and Skills Assessments throughout the didactic year. These methods of assessment are proctored assessments of observed clinical and technical skills and graded using rubrics developed by program faculty. Proctors assessing students may be principal or instructional faculty. The passing score on all clinical and technical skills assessments is 80%. Individual assessment scores are entered into the course grade book consistent with the examination policy: to the second decimal point with the same application of rounding rules.

Students that fail an individual skills assessment will undergo remediation with course faculty including a review of their performance for strengths and opportunities for improvement. Students will be required to perform a mandatory retest of the assessment proctored by principal faculty as described in the course syllabus. The passing score on any retest of an assessment is 80%. The maximum recorded grade for a retest of a skills assessment is 80% and the final course average will be calculated using the maximum score. Students that fail a retest of an assessment will be referred to the Student Progress Committee (SPC) for review and further action.

Written assignments in didactic courses

Didactic courses have several written assignments which include clinical notes, reflection essays, prescriptions, and research papers. The passing score on an individual writing assignment is 80% according to assignment rubrics within individual course syllabi. If a student fails to achieve a passing score on a written assignment, the student will be required to rewrite and resubmit the assignment within a timeframe designated by the course faculty and/or published in the course syllabus. The passing score for a rewritten assignment is 80%. The maximum recorded grade for a rewritten assignment is 80% and the final course average will be calculated using the maximum score. Students that fail a rewrite of a written assignment will be referred to the Student Progress Committee (SPC) for review and further action.

When a student is referred to the SPC, the committee discusses warnings, academic probation, leaves of absence, withdrawal, or dismissal as appropriate. However, a failed retest may result in withdrawal or dismissal from the program. Students with a failed retest, failed reassessment, failed assignment rewrite, failed remediation, or course grade below 80% will be referred to the SPC and the SPC will determine appropriate next steps.

Policies regarding retest outcomes, withdrawal and dismissal for academic reasons

The usual consequence of failing a retest is withdrawal or dismissal from the program. The program recognizes that external life circumstances may have an impact on academic performance. The expectation is that students will contact their advisors to discuss situations that may impact their exam performance negatively prior to participating in major exams or retests. In the event of a personal or medical issue, a leave of absence may be requested. (Students may refer to the Separation from the MEDEX Program section of the Student Handbook for details on requesting a leave of absence).

Once exams or retests have been taken and the scoring is finalized by the faculty, extenuating circumstances can no longer be claimed as a mitigating factor. Students must determine whether they should either request a leave of absence or participate in retesting prior to beginning the retest process for each quarter. Once a student has begun the retest process, the expectation is that the student will complete all required retests and then review the overall results with faculty.

If a student requests a leave of absence in the didactic phase, they must upon their return retake all courses for credit that were not successfully completed. Students are strongly encouraged, and may be asked, to participate in previously completed coursework. Additionally, successful completion of the SPC return plan is required before returning. If a leave of absence extends beyond one academic year, the student will be required to restart the program from the beginning.

If the student is failing and decides to withdraw from the program, the actual failing grades earned are the grades that are recorded. Students may refer to the Separation from the MEDEX Program section of the Student Handbook for policy on length of and requirements for leaves of absence.

A pattern of documented evaluator concerns about student performance may indicate unsatisfactory progress when the record is viewed as a whole, even though passing grades have been assigned. In such instances, successful completion of a remediation plan is required to continue in the program.

Examination Results and Review

During major exam weeks, pass and retest information is released after (a) faculty have scored and reviewed all exams for all campuses (b) and faculty have approved the release of exam results. The slight delay of notification regarding exams administered early in the week ensures that students are not distracted from preparing for additional major exams later in the same week.

Any student may review their completed MCQ examination via appointment; appointments must be made with the local program assistant a minimum of 24 hours in advance.

1. The student is allowed the following items during an in-person examination review: the MEDEX-provided *Test Item Analysis Form*, a copy of the student's MEDEX-provided examination scratch paper, a writing utensil, a printout of the examination being reviewed, and the student's electronic answers or photocopy of any pertinent Scantron form. Original Scantron forms (if used) are held on file and may not be reviewed by students. Any item not explicitly specified above, including but not limited to computers, telephones, tablets, cameras, recording devices, or any printed materials are not permitted in the review area.
2. Reviews performed via Zoom will be done verbally and a copy of the exam will not be provided.
3. Students will only use the MEDEX provided *Test Item Analysis Form* to document the examination review process. Students may only record the general topic of the question being reviewed, the task area of the question, and the reason for missing the item on the exam. Students are not allowed to copy specific examination questions, answer choices, correct answers, or any other details of the examination. All notes are reviewed and photocopied by a faculty or staff member prior to removal from the review area. The student is given a photocopy, and the original is held in the student's active records file.
4. The total time allotted for an examination review by students shall be equal to the time allotted for the original examination, plus any additional time allotted for students with DRS approved accommodations. Should a student choose to review an examination on multiple occasions, the sum total of those reviews shall not exceed the total time allotted for the original examination. Program assistants track and document time used by students during the examination review process.
5. If a student is required to complete an individual or comprehensive retest for any course during retest week, review of the initial examination(s) must be completed prior to the initiation of formal remediation with a course faculty member. Once formal remediation with the course faculty is completed, no further review of the initial examination(s) is allowed.
6. All students scoring between 75.0% and 79.99% on any MCQ examination are required to review that examination prior to the end of the quarter in which the examination was administered. While students may choose to request to review their examination in the presence of the campus co-chair or course chair, the presence of said faculty member is not mandatory except in cases of comprehensive retesting. All above-stipulated requirements for examination review will apply in this circumstance. Any time spent actively reviewing an examination with a member of the didactic faculty will not count toward the time limitation for review.
7. All students scoring less than 75.0% on any single MCQ examination or who are taking a comprehensive retest to cover multiple failed exams are required to review those examinations prior to the end of the quarter in which the examinations were administered. Additionally, the student is required to review the examination with the campus co-chair or course chair (as applicable). All above stipulated requirements for examination review will apply in this circumstance. Any time spent actively reviewing an examination with a member of the didactic faculty will not count toward the time limitation for review.
8. Adherence to these examination review standards is mandatory. Any deviation from or failure to adhere to these standards is deemed a breach of professional conduct and results in referral to the SPC for potential disciplinary action.

Academic Warning and Probation – Didactic Phase

The overall passing grade for courses is 80%. Students who fail to achieve a minimum of 80% on a major examination(s) or major written assignment(s) are, initially, given a formal warning of inadequate academic performance and are placed in academic support interventions and remediation. Students who have received an official warning previously and who fail to achieve 80% on subsequent major exam(s) or major written assignment(s) may be placed on program probation, pursuant to SPC discussion. Students may address questions about their standing on academic warning or probation to their academic advisor or the chair of the SPC.

UW Policy on Incomplete Grades

Per [Scholastics Regulations Chapter 110 Grades, Honors, and Scholarships](#), instructors may choose to assign an Incomplete grade for courses.

- a. Instructors may grant an incomplete grade if the student has done satisfactory work to within three weeks of the last day of the quarter and if circumstances prevent the student from completing the remaining work for the course by the end of the quarter. Instructors are never obligated to grant a student's request for an Incomplete. Instructors will use the designated process for students to request and for instructors to approve the awarding of an Incomplete grade.
- b. A grade must be submitted by the instructor of the course by the grading deadline per the Academic Calendar for the next subsequent quarter. For spring quarter, the subsequent quarter is considered to be the fall quarter. The "I" will remain as a permanent part of the student's record.
- c. In no case shall an Incomplete on the record at the time a degree is granted be subsequently changed to any other grade.
- d. The grade I shall count neither for registered hours nor in computation of grade-point averages.
- e. Instructors, on behalf of the student, may request an extension for one additional quarter beyond the original grading quarter using the established extension request process.
- f. In order to obtain credit for the course, a student must convert an Incomplete into a passing grade by the last day of the next quarter in residence. This rule may be waived by the dean of the college in which the course is offered. The instructor must email the University Registrar, Dr. Helen B. Garrett. Provide the student's full name, net ID, and the reasons they need another quarter to complete their work from the quarter you originally graded them with an Incomplete. The Registrar will look at the reasons, the academic history, may reach out to the student for more information, and will email the dean of the college in which the course is offered to obtain their approval to waive the Graduate School requirement. The instructor and student will be notified by the University Registrar of the dean's decision.

To request an Incomplete grade, students must:

- Complete the [Incomplete Grade Request form](#) no later than the last day of the quarter. The course chair (instructor) needs to have enough time to review the request and discuss it with the student before grades are due. Grades are due on the Tuesday after the last day of the quarter (refer to the [Academic Calendar](#)).
- Make a separate request for each course in which an Incomplete grade is being requested.
- Include the following on the form:
 - course abbreviation and number (e.g., MEDEX 123)
 - course chair's name
 - course chair's email address

Once submitted, the form will be sent directly to the instructor whose email was provided. Students will receive a confirmation email. Per policy, instructors are not required to grant student requests for an Incomplete grade.

After submission, students are required to meet with the course chair and SPC to discuss the request for an Incomplete grade and what steps are needed to complete the work for the course by the time the Incomplete grade expires. It is the student's responsibility to discuss the request with the course chair and SPC to be clear on what needs to be made up. It is up to the course chair and SPC to make the decision on whether the student will earn an Incomplete grade or not. Students given an Incomplete grade are not registered for that course again in a future quarter as a way to make up the work and resolve the Incomplete grade. The Incomplete will remain as a permanent part of the student's record.

Impact of Incomplete Grades

Financial Aid Recipients

“I” Incomplete grades are not completed credits for financial aid purposes. Students receiving federal financial aid who have been assigned “I” for Incomplete grades will not have these courses counted as completed credits. This can be detrimental for meeting their Satisfactory Academic Progress. Students receiving state and institutional aid must complete 36 credits a year, with at least 6 completed credits for the quarter to continue to receive financial aid. Students having all grades of 0.0 for a quarter, an “X” annotation, or any “I” for Incompletes may owe funds under the Return of Title IV regulations and may have to pay back borrowed funds awarded.

Veterans Education Benefits Recipients

- Students receiving VA education benefits are required to consult with the Veterans Educational Benefits Office before requesting an Incomplete to verify its impact on VA benefits.
- For graduate students, VA education benefits do not cover “I” Incomplete grades. Students will have to pay back the funds provided for that course.

Students who receive an official warning or who are on probation will receive a grade of “I” (Incomplete) for the relevant course(s) until the remediation process is complete, which must be completed by the last day of the next quarter. Students who do not complete the course and related remediation or retests will receive the earned failing course grade. Details on the use of the “I” Incomplete grade may be found on the [UW Graduate School](#) website.

If the student does not complete the agreed upon remaining work by the deadline set by the instructor, the Incomplete grade will automatically convert to a Fail.

Clinical Phase Examination Policy and Course and Performance Requirements

Preceptor Evaluations

Preceptor evaluations of students’ performance during rotations are available for students to view on their student page in EXXAT. Students are to meet with preceptors near end of rotation to complete the preceptor feedback form. Evaluations for all required clinical rotations are reported at the end of the rotation. If a student has not completed the required work, the student will not receive a pass/fail grade until the rotation is completed.

Examinations during Clinical Phase

Clinical year students are assessed throughout the second year in the PA program on the following skills and competencies to ensure fitness for clinical practice upon graduation: medical knowledge, clinical skills, clinical reasoning and judgment, time management and organization, interpersonal skills, communication, professionalism, practice-based learning and improvement, systems-based practice, and mental well-being.

Students will complete seven End of Rotation (EOR) exams throughout their clinical year. EOR exams occur on the last Friday of a one-month clerkship or intermittently during a four-month Family Medicine Preceptorship. The passing score for each EOR exam is based on 1.5 standard deviations from the national mean. A passing score must be above this value.

Students who fail end-of rotation exams will need to retest within the next quarter. Students who fail the EOR retest will be referred to SPC which could result in dismissal, deceleration, or remediation with delayed program completion.

Within four months from completion of the MEDEX program, students will take the Summative Examination. The Summative Examination includes several components: a multiple-choice exam, a Clinical Reasoning Assessment, an essay component, and a technical skills component. For the multiple-choice component of the exam, students will take the PAEA End of Curriculum (EOC) exam. The passing score for the EOC exam is based on 1.5 standard deviations from the national mean. A passing score must be above this value.

Students must pass all components of the Summative Examination in order to graduate from the MEDEX program.

Failure of the End of Curriculum (EOC) Examination

Students who do not achieve a passing score on the End of Curriculum (EOC) examination after two attempts will be enrolled in the comprehensive PANCE Foundations course, delivered by the Student Affairs team. This remediation will take place following the originally scheduled graduation date. Successful completion of the remedial course work will be required for completion of the program and the awarding of the graduation certificate.

Failure of the Summative Clinical Reasoning Assessment (CRA)

Students are required to obtain a passing score of 80% for the Summative CRA. If students do not pass on the first attempt, they will need to retake the Summative CRA with a different case/scenario at a later date. If a student fails the Summative CRA for a second time, they will be referred to the Student Progress Committee (SPC).

Failure of the Summative Essay

There are two grades associated with the Summative Essay: one for content and one for style. Failure to pass the first attempt will result in required retesting (rewriting) at a later date. If a student fails the Summative Essay for a second time, they will be referred to the SPC.

Incomplete Grade Policy for Clinical Phase

Students are expected to complete all course work by the end date of the rotation. Absences of more than two days per month of clinical rotations will result in the failure of the rotation. If a student fails or is unable to complete the End of Rotation examination requirement of the rotation, the APD of Clinical Affairs will also initiate the assignment of an Incomplete grade for the course.

The EOR examination or retest must be completed and a passing grade submitted by the deadline determined by the APD of Clinical Affairs and no later than the end of the next quarter. Deadlines for completion will be set with consideration of the student's overall schedule and other academic responsibilities. If the student does not complete the agreed upon remaining work by the deadline set by the rotation director, the Incomplete will automatically convert to a Fail.

Students may petition to extend their Incomplete deadline past the next quarter but must obtain approval from the APD of Clinical Affairs and the APD of Student Affairs. Extensions cannot exceed one year from the end date of the rotation.

If a student is not granted an Incomplete in the course, the final rotation grade will be determined by the work completed by the last day of the rotation. Leaves of Absence and Registrar Drops are processed separately.

Eligibility

- An Incomplete designation may be awarded in rotations 4 weeks/8 credits or greater in length.
- An Incomplete designation is appropriate only when enough work has been completed at an acceptable level of performance such that the student can complete the remaining work without repeating the entire rotation.
- The request for a designation of Incomplete must be submitted to the APD of Clinical Affairs as soon as possible, but no later than the last day of the rotation.

Procedures

The student's request for an Incomplete grade must include the following:

- Reason for the request of an Incomplete grade
- Expected resolution date of the reason for the request of an Incomplete grade

The APD of Clinical Affairs approval of a request for an Incomplete grade must include the following:

- Reason for the request of an Incomplete grade
- Remaining work to be completed
- Plan for completion
- Expected date of rotation completion
- Any other conditions stipulated by the SPC, if the student has been referred there

Impact of Incomplete Grades

The “I” will remain as a permanent part of the student’s record.

Financial Aid Recipients

“I” Incomplete grades are not completed credits for financial aid purposes. Students receiving federal financial aid who have been assigned “I” for Incomplete grades will not have these courses counted as completed credits. This can be detrimental for meeting their Satisfactory Academic Progress. Students receiving state and institutional aid must complete 36 credits a year, with at least 6 completed credits for the quarter to continue to receive financial aid. Students having all grades of 0.0 for a quarter, an “X” annotation, or any “I” for Incompletes may owe funds under the Return of Title IV regulations and may have to pay back borrowed funds awarded.

Veterans Education Benefits Recipients

- Students receiving VA education benefits are required to consult with the Veterans Educational Benefits Office before requesting an Incomplete to verify its impact on VA benefits.
- For graduate students, VA education benefits do not cover “I” Incomplete grades. Students will have to pay back the funds provided for that course.

Narrative Evaluations

Narrative comments provide another method to assess student performance throughout the program. This assessment involves verbal or written review and evaluation of student performance by professional educators and clinicians. While this commentary form of evaluation may appear to be more subjective than formal examination, it, too, is based on observation and analysis within the context of what is reasonable to expect from PA students as they progress in the MEDEX program. This type of evaluation is much more frequent during the clinical year and contributes important information toward student assessment. Narrative comments by experienced faculty and clinical preceptors are available for student review and become part of the student’s academic record.

Professionalism

In addition to content knowledge, professional behaviors and attitudes are considered to be a part of students’ academic performance. Attendance, tardiness, participation in class discussions, as well as courtesy to and consideration for speakers, faculty, preceptors, staff, and fellow students are markers of professional behavior and attitudes. Plagiarism is also not tolerated (see Plagiarism subsection in GRADUATION REQUIREMENTS section). MEDEX expects students to maintain the highest standards of professional conduct.

Failure to achieve minimum competency in coursework, including clinical assignments and satisfactory progress in professional development, behaviors and attitudes may result in an official warning, program probation or dismissal. A pattern of documented evaluator concerns about student performance may indicate unsatisfactory progress when the record is viewed as a whole, even when passing grades have been earned. In such instances, successful completion of a remediation plan is required to continue in the program.

Failure by the student to complete appropriate remediation within the timeframe established will result in dismissal from the program. No student with a record of an un-remediated failure to achieve professional standards will receive the certificate of completion nor graduate from the MEDEX program. Students are expected to abide by University, local, state, and federal regulations and laws. If an incident occurs, the student should report this in a timely manner to the program and not wait until the next scheduled background check. Violations of University standards for professional behavior and conduct will place the student in jeopardy of dismissal.

Students may refer to the UW School of Medicine policy on professional conduct for more information:
<https://www.uwmedicine.org/about/policy-on-professional-conduct>.

Didactic or Clinical Grade Correction Request

If a student believes that a grade was entered incorrectly, the student may email the course chair or either the Director of Didactic Operations or the Director of Clinical Operations to request a correction. Correction requests must be made within two weeks following the conclusion of the quarter.

EXPECTED STANDARDS OF PERFORMANCE & MANAGEMENT OF STUDENT PROGRESS TOWARD GRADUATION

The following provides an overview of the expectations for completion of and performance in the graduation requirements. The SPC reviews the records of PA students and makes decisions about a student's progress and any required remediation for meeting the PA program's graduation requirements.

Professional Standards

PA students are expected to maintain the highest standards of personal and professional conduct, both in the academic setting and within the community. They are expected to abide by University, local, state, and federal regulations and laws. Infractions of these standards may result in disciplinary action by the University of Washington, the School of Medicine, the UW Graduate School, or the MEDEX SPC, apart from whether there is any action that may occur in civil or criminal court.

Policy on Professional Conduct

Students are expected to adhere to [UW Medicine's policy on professional conduct](#), which states:

UW Medicine is committed to high standards of professionalism in patient care, research and education among our faculty, staff, residents, fellows, and students. Professionalism is integral to our mission of improving health, and includes demonstrating excellence, respect, integrity, compassion, altruism, and accountability in all endeavors and creating an environment supportive of diversity in ideas, perspectives and experiences. All individuals in our UW Medicine community are responsible for creating an inclusive environment where every person is valued and honored.

All members of the UW Medicine community are expected to conduct themselves in a professional and ethical manner with colleagues, patients, and the public. Leaders in our community are expected to model, promote, and advocate for a strong and visible culture of professionalism.

MEDEX also adheres to the [American Academy of PA's \(AAPA\) established guidelines for PA practice](#). The PA program promotes excellence, integrity and altruism in all activities to assure that all persons are treated with respect, dignity and courtesy, and to promote constructive communication and collaborative teamwork.

Standards of Conduct and Professional Behavior

Students are expected to be on their honor to maintain high standards of professional behavior in all aspects of their PA education both in the academic setting and also in the community. Being accountable for one's own conduct and upholding the highest standards of academic performance, professional and personal behavior, personal integrity, and respect for each other as individuals includes acquiring behavioral patterns and attitudes consistent with the [policy on professional conduct](#) and [AAPA's Guidelines Ethical Conduct for the PA Profession](#).

For a student in whom unprofessional behavior has been identified and documented through an appropriate review process, the SPC may interview the student to determine whether the student has insight into the behavior, whether there are any extenuating circumstances that need to be taken into account, and whether there is an appropriate remediation that should be considered.

Breaches of integrity are considered grounds for dismissal. However, in reviewing the circumstances surrounding the student's behavior, the SPC may elect to mandate a leave of absence from the PA program as a disciplinary action for the unprofessional behavior and allow for a period of time during which the student may undergo appropriate remediation. The SPC may also interview the student at the conclusion of the imposed leave to determine whether the student should be permitted to reenter the PA program or should be dismissed and not recommended for graduation.

If the student's professional behavior is deemed to be unacceptable and the student has not sufficiently learned how to modify their behavior or if the behavior is so egregious and deemed to make the student unfit for being a PA student, the student is dismissed and not recommended for graduation.

Below are broad categories of personal and professional behavior and conduct that fall under the purview of the SPC as part of the overall academic standards expected of students who are recommended for promotion and graduation. They are also reflective of the University's [Student Conduct Code](#). This is not intended to be an exhaustive list, but rather general guidelines for which inappropriate behavior would be of concern in professional development.

Cheating/Plagiarism

- Cheating
 - Involving examinations
 - Copying the work of others
 - Sharing questions on current or past exams with others
- Plagiarism
 - Careless attribution of sources
 - Intentional misrepresentation
 - Submission of commercially prepared personal statement or otherwise not one's own creation (see Plagiarism subsection in [GRADUATION REQUIREMENTS](#) section)

Inappropriate Interaction with Patients

- Taking action regarding patient care outside of the care team hierarchy
- Arguing about diagnosis or treatment in front of a patient
- Describing a patient in inappropriate terms
- Not respecting personal or professional boundaries with patients
- Inappropriate personal relationship with a patient or member of a patient's family

Inappropriate Behavior in Clinical Setting

- Taking a patient's record from the hospital or clinic
- Inappropriate access to a patient's electronic record, including the student's own personal records
- Talking about a patient in a public setting
- Acting beyond one's level of responsibility without direction from the patient care team
- Fabricating clinical data, such as when asked about patient status or in recording information on the patient
- Inappropriate attire and/or hygiene
- Ignoring proper universal precautions

Inappropriate Interaction with Peers, Staff, Faculty

- Harassment or abusive behavior in person or electronically
- Assault
- Deliberate degradation or disruption of the learning environment
- Intentional misrepresentation of self or qualifications
- Argumentative behavior beyond what is reasonable for the issue or setting
- Inappropriate, inadequate, or untimely response to queries from faculty/staff/MEDEX Program Director

Inappropriate Behavior outside Coursework

- University Student Conduct Code infractions
- Inappropriate interaction with individual(s) within the University or community
- Conviction of a misdemeanor or felony
- Harassment or abusive behavior
- Crimes against property

Non-Compliance with Requirements

- Immunizations; TB Screening
- Background Check
- BLS/ACLS

- HIPAA; UW Data Stewardship, requirements at other clinical or hospital facilities
- Privacy, Confidentiality, and Information Security Agreement (PCISA)
- Infection Control e-Learning modules
- UW Husky Prevention & Response student course

Inappropriate Financial Behaviors

- Requesting or accepting financial aid based on misrepresentative or false documentation

For infractions related to personal/professional behavior and conduct within the PA program, the PA program's SPC review process is followed.

Investigation of infractions outside of the PA program are typically conducted by the University's [Community Standards and Student Conduct](#) office (CSSC) and the SPC may impose disciplinary action on the student. The student's right to appeal a CSSC sanction falls under the University's [Student Conduct Code](#) guidelines.

Students are expected to abide by University, local, state, and federal regulations and laws. Infractions of these standards may result in a disciplinary action being imposed by the SPC apart from whether there is any action that may be taken in civil or criminal court.

Understanding Plagiarism and Maintaining Personal Integrity

Students must follow the appropriate guidelines for acknowledging the use of the work of others in all work and scholarly research projects and other written material related to the MEDEX program. Students may refer to the [GRADING AND EVALUATION](#) section for details on written assignments.

Representation in Applications and Personal Statements

The student should be the sole author of the personal statement prepared for PA school or other purposes for which the student is reflecting themselves to others. It is a breach of academic integrity for students to incorporate statements written by others or taken from commercially prepared documents, and for students to misrepresent their academic or professional qualifications and achievements in personal statements and/or curriculum vitae.

General Principles for Managing Performance and Professional Behavior, and the Student Progress Committee (SPC)

Student Progress Expectations

MEDEX students are expected to achieve an acceptable level of competence in the prescribed curriculum, to demonstrate appropriate professional behavior in all interactions with faculty, staff, fellow students, clinic personnel and patients, and to uphold standards of personal conduct and integrity both in the academic setting and within the community. Upholding the standards of professional and personal conduct includes, among other things, demonstrating behavioral patterns and attitudes consistent with the Guidelines for Ethical Conduct for the PA Profession (see section on [GRADUATION REQUIREMENTS](#)). Each student is accountable for their own conduct and also assumes responsibility for the professional behavior of colleagues within the profession. Students are expected to adhere to the standards detailed in HIPAA (Health Insurance Portability and Accountability Act) throughout their PA education.

MEDEX assists students in understanding the program's and the profession's expected levels of professional behavior and conduct through discussions at orientation sessions and class meetings as well as in the Professional Role Development course. Unacceptable behavior includes, but is not limited to, the following: cheating on any exam, plagiarism, misrepresenting documentation of clinical findings, and commission of a misdemeanor or felony in any setting.

In addition, the program prohibits behaviors that have special pertinence to health professional students while in the program. These unacceptable behaviors are indications of inadequate academic progress and include but are not limited to the following behaviors.

1. Students must wear an identification badge designating their status as PA students during any and all assigned clinical experiences. This nametag is required at all times in clinical settings.
2. Students will neither depart from nor fail to report to an assigned clinical site without proper, timely notification to both the site and MEDEX personnel.
3. Students are prohibited from confirming the arrangement of clinical rotations independently of the program. The program reviews each potential clinical education location and clinical preceptor for suitability and appropriate 'fit' prior to confirming a specific rotation and then generates the required administrative agreements.
4. Students are prohibited from attending classes nor clinical experiences while under the influence of alcohol or drugs, including controlled medications not prescribed to the student.
5. Students may not perform examinations or procedures on patients without appropriate consent.
6. Students shall not engage in direct patient care without a supervising preceptor on the premises.
7. Students may not report or discuss patient information by name to anyone not authorized by the patient.
8. Students may not access the medical records of patients without proper authorization. This includes electronic records and other confidential patient information stored in any format.
9. Taking sexual advantage of a patient is strictly prohibited. Dating a patient is viewed as 'taking advantage' due to the unequal levels of influence and authority inherent in the provider-patient relationship.
10. Students must not report falsely on a patient's history and/or physical findings (*i.e.*, reporting more data than was actually obtained).
11. Students must not make false representations regarding the involvement of a physician or other personnel in the management of a patient (*i.e.*, stating that the physician concurred on a treatment plan or examined a patient when they did not).

Students are assessed on their clinical performance by program faculty and preceptors. Unsatisfactory clinical performance includes but is not limited to: repeated or unexplained lateness to or absence from clinical experiences, failure to complete required written assignments and charting by scheduled deadlines, failure of a site visit, failure to receive a passing "first evaluation" or "final evaluation" on a clinical rotation or preceptorship, failure of exams at the completion of a preceptorship or clerkship and inappropriate behavior at a clinical site. Failure to make satisfactory progress in the clinical year may result in extension of an individual's education schedule or termination from the program.

The program maintains a policy that students must pass all midterm and final examinations, written assignments, courses, clinical rotations, and clinical-year exams in order to graduate. In the event of a failed assessment, the SPC may review a student's entire academic record. A student may be dismissed or may be permitted one retake of the exam, repeat site visit, repeat rotation, or substitute rotation. Failure to pass a retake exam, repeat site visit, or repeat rotation is grounds for termination from the program.

Assessment of student performance encompasses knowledge, attitudes, behaviors and skills. This includes attendance and participation in class, conduct in the classroom and/or the clinical setting, and satisfactory clinical performance. Attitudes and professional suitability are periodically assessed as part of academic performance evaluations. Satisfactory progress in professional behaviors and attitudes must be achieved in order to advance through and complete the program.

The program requires that students attend and participate in all classes, clinics and other scheduled functions. This includes arriving on time and remaining until the class or other function has ended. Faculty and staff will maintain a log to document student attendance. Illness and family emergencies (*i.e.*, **not** those usual, routine activities that can be rescheduled to accommodate a PA student's education and career) are generally the only acceptable reasons for an absence. Students in the didactic and the clinical phases are required to notify the appropriate MEDEX campus office—and during clinical rotations, their preceptor—of any absence and the reasons for the absence. The didactic and clinical program assistants will maintain attendance records submitted by faculty and supervising physicians or PAs. Chronic tardiness, early departures or absences will result in intervention by the faculty advisor and may have consequences for a student's continuation in the program.

Students are expected to conduct themselves in a professional manner in the classroom and clinical settings. Behavior such as disrespect toward fellow classmates, MEDEX faculty and staff, visiting lecturers, preceptors, or clinic staff as well as patients is an academic performance issue.

The SPC

The Dean of the School of Medicine has delegated to the MEDEX SPC responsibility for issues related to the progress of students while they are enrolled in the MEDEX Northwest PA Program. Students are reviewed during each academic quarter by the SPC regarding issues that include but are not limited to decisions on retesting, promotion, remediation, warning, probation, leaves of absence, extension, dismissal, and graduation. A student may be placed on warning status or program probation, or dismissed for unsatisfactory progress in academic grades, performance skills and/or professional attitudes and behaviors. Remediation of these deficiencies is required before warning or probationary status can be removed.

MEDEX policies and timelines on warning, probation and dismissal supersede those published by the [UW Graduate School](#). The UW Graduate School has recognized that MEDEX policies and timelines are appropriate for this fast-paced program that prepares future PAs to deliver high-quality healthcare to the public. The policies described below are to be followed.

The SPC expects students to complete all coursework with passing grades and to meet all graduation requirements. Failure to achieve minimum competency in coursework and satisfactory progress in professional development, behaviors and attitudes may result in an official warning, program probation or dismissal. Because students must attain a passing grade in all courses before advancing to the next quarter, failure to pass a retake exam or repeat site visit or rotation is grounds for being dismissed from the program. MCHS students must earn at least a 2.7 in each individual course and must maintain a 3.0 grade point average in each quarter and throughout the program.

Review of a student's record may indicate a pattern of documented concerns about their performance that demonstrates unsatisfactory progress even though passing grades have been assigned. If a student's overall performance is marginal or borderline, the SPC will place that student on warning status or probation in order to alert them to the need for immediate improvement. Failure to complete a remediation plan successfully will result in dismissal from the program. Also, dismissal may occur—regardless of whether a student has been on a warning or program probation—if the student fails to maintain an acceptable academic record, fails to follow academic directives provided by the program, or fails to develop attitudes and behavioral patterns appropriate to the PA profession.

Academic review will include (1) notification of inadequacies where appropriate, (2) careful and deliberate decision-making, and (3) an opportunity for the student to meet informally with the SPC. The student may be accompanied by a MEDEX faculty advocate. The committee's decision is based on the professional judgment of faculty after reviewing a student's entire academic record including academic performance in both cognitive and non-cognitive areas. The presence of a student's legal counsel during SPC meetings is not permitted because a formal hearing and appeals are not part of the academic review process. In keeping with School of Medicine procedure, the Faculty Council on Academic Affairs reviews the SPC's actions, and the Dean of the School of Medicine has final approval of the committee's and council's recommendations.

Confidentiality

It is important to maintain confidentiality surrounding the student's academic performance and progress in the

PA program. The following individuals have a legitimate need to know as defined by the Federal Family Educational Rights and Privacy Act (FERPA) and therefore have knowledge of the student's status and/or are informed when appropriate to facilitate the student's successful progress.

- SPC chair and committee members,
- Faculty or designees who present or provide information at the SPC's meetings and need to manage remediation plans related to the didactic curriculum,
- Clinical coordinators or designees who present or provide information on student difficulty in their rotations and need to manage remediation plans related to the clinical curriculum,
- Others with a legitimate need to know.

Guidelines for Review of Progress in Coursework and Professional Conduct & Remediation Decisions

In order to support students who fail an exam, struggle with course and exam preparation, or receive below-expectation evaluations in their clinical year, the APD of Student Affairs, in consultation with the SPC, provides appropriate support to help the student achieve success in the program and in preparation for the student's national certification exam. A decision to dismiss or withdraw a student for academic reasons is made by the SPC.

Academic Remediation for Students

Students who do not pass the End of Curriculum (EOC) examination on the first attempt will be automatically enrolled in the PANCE Foundations course as part of their required remediation plan and their graduation will be delayed. Students will only be allowed to take the EOC retest exam once they have successfully passed all components of the PANCE Foundations course. Students who fail the PANCE Foundations course will be referred to the SPC.

Students who do not achieve a passing score on the End of Curriculum (EOC) examination after two attempts are referred to the SPC for determination of further course of action.

Failed Clinical Reasoning Assessments (CRAs) During the Clinical Phase

Failed summative CRAs are retested during the last month of the program. For remediation activities, students are assigned case reviews and focus on history taking, physical examination, review of systems, creating a differential diagnosis, and reviewing diagnostic options and resources.

Students who fail the retested CRA are required to complete remediation activities including a review with a focus on history and physical examination, review of systems, differential diagnosis, diagnostic options and resources. Students who fail the CRA a second time are referred to the SPC for further recommendations.

Graduation from the MEDEX Program will be contingent upon the successful completion of all remediation requirements. The student will not be awarded their degree or certified for graduation until the program confirms that the remediation has been completed to its satisfaction and all academic standards have been met.

Misconduct Outside of the Curriculum

The MEDEX program takes cognizance of the students' professional behavior and conduct throughout the PA program. Thus, the outcomes of reviews of conduct-related issues—which are part of the required academic standards for graduation—and decisions on sanctions fall within the purview of the program's SPC. When incidents of misconduct that occur outside of the academic environment are brought to the attention of the program by faculty, peers, individuals in the community, law enforcement, etc., these may be investigated by the program's established process and/or the University's [CSSC Office](#), depending on the allegation.

If the conduct-related issue is initially brought to the attention of MEDEX, the SPC determines if the investigation of the alleged incident is to be handled by the program within its established process or referred to the CSSC. The SPC is not involved in the investigation of the misconduct; its role is to determine the appropriate sanction once the misconduct has been confirmed.

Guidelines on Official Academic Warnings and Probation

Official Academic Warning

Warnings are initiated and documented by MEDEX in cases where students have failed to meet published expectations in relation to knowledge, attitudes, behaviors, and/or skills. Situations that may lead to warnings include but are not limited to failure of a midterm, final or other major exam; failure of a major written assignment; repeated failure of quizzes, short essays or other assignments; or concerns about professionalism that have not reached the level of probation. Warnings are not reported to other University administrative units.

Probation

Probation is initiated and documented by MEDEX in most cases. Probation may be applied when a student has failed to correct deficiencies described in a warning within the format and timeline specified by the program. Probation may also be applied if a student departs suddenly, substantially and/or repeatedly from published performance expectations related to knowledge, attitudes, behaviors, or skills. MEDEX may be required to report probationary status to university administrative units or, after graduation, to licensing bodies in some cases.

Official Warnings and Placement on Probation

A student is given an official warning or placed on probation if, in the judgment of the SPC, that student's progress is unsatisfactory in any area that falls under the committee's purview. Circumstances leading to a warning, probation or dismissal include but are not limited to the following circumstances.

1. Misrepresenting information or dishonesty on the application form(s)
2. Misrepresenting the PA student role
3. Failure at any formal "decision point"
4. Failure of a midterm, final or other major exam or failure of exams during the preceptorship or clerkship phases
5. Unsatisfactory attendance records (including chronic tardiness or leaving early)
6. Unsatisfactory progress in professional development, attitudes and/or professional conduct
7. Failure of the didactic-phase clinical experience week
8. Failure to complete assignments or charting by scheduled deadlines
9. Failure of a site visit
10. Failure to receive a passing "first evaluation" or "final evaluation" on a clerkship rotation or preceptorship
11. Departure from or failure to report to a clinical site without proper notification
12. Unprofessional interactions or inappropriate behavior at a clinical site

Status While on Warning or Probation Status

An official warning may be issued upon initial failure of a major exam or other failure to meet performance expectations. Subsequent failures will generate either an extension of the official warning or placement on program probation. A warning refers to student status within the MEDEX Northwest PA Program. This information remains in the internal MEDEX student active files; it is not forwarded to the University, nor does it appear on official transcripts. If the SPC issues a warning, the student is notified in writing by the Chair of the SPC or the MEDEX Program Director. This letter also states the minimum length of the warning period and the conditions for its removal, *i.e.*, a remediation plan. This notification alerts the student to the requirement for immediate improvement if they are to remain in the MEDEX program. Students are expected to maintain an unqualified passing level of performance in subsequent coursework for retention in the program. Students are also advised of any other criteria for satisfactory performance or personal and professional behavior.

Program probation may be applied for students who demonstrate repeated deficiencies or who have not corrected deficiencies identified in an official warning. Program probation may also be applied when a student shows a sudden, substantial and/or repeated failure to meet academic and/or professional performance expectations regardless of whether a prior warning action was taken. If a regulatory (*e.g.*, state medical licensing board) or credentialing agency asks specifically whether a graduate was ever placed on program probation, the program may be required to disclose this information depending on the wording of the question. If the SPC recommends probation, the student is notified in writing by the Chair of the SPC or the MEDEX Program Director. This letter will also state the minimum length of the probation and the conditions for removal from probationary status (*e.g.*, a remediation plan) or notification in cases where probation may apply for a longer period (*e.g.*, probation that would be in place for the remainder of the clinical phase). This notification informs the student of the need for immediate and substantial improvement if they are to remain in the MEDEX program. A copy of the probation letter is maintained in the student's permanent file and the information may be reported on

verifications of student education. The student will also be advised of any other criteria for satisfactory performance or personal and professional behavior.

Removal of Warning or Probationary Status

Completion of a remediation plan is required for removal of an official warning or from probationary status.

- Failure to complete a remediation plan for a warning successfully will result in probation or dismissal from the program.
- Failure to complete a remediation plan for probation successfully will result in dismissal from the program. Review of probationary status occurs at the end of each quarter (at a minimum) for didactic students.
 1. In the case of failed exams, the student must pass the retest (assuming the eligibility requirements to participate in the retesting process have been met).
 2. In the event of a midterm failure, removal of an official warning or from probation will occur only when the student has completed the course successfully, *i.e.*, they have both passed the exam retake and have earned a passing grade for the course.
 3. If a student is under an official warning or on probation for failures in multiple courses, warning or probation may be carried over into the following quarter or until that student demonstrates satisfactory progress.
 4. Warning or probation for professional conduct issues are reviewed by the SPC at the end of each quarter, at which time the committee may recommend removal from warning or probation, continued warning or probationary status, a move from warning status to probation, or dismissal.
 5. Warning or probation during the clinical year remains in effect throughout the remainder of the clinical experience. At the end of the clinical year, the SPC may recommend removal from warning or probationary status and graduation from the program, extension of the program or dismissal.

Upon advice from the SPC that a remediation plan has been completed successfully, the Chair of the SPC or the MEDEX Program Director will notify the student in writing that they have been removed from the warning status or from probation.

Guidelines on Due Process for Students

The review process follows University guidelines as they apply to the School of Medicine. These policies supersede those published by the Graduate School. In specific circumstances, a preliminary meeting involving the MEDEX Program Director and/or the Medical Director may be appropriate.

Within the academic review process, there are opportunities for a student to request a meeting with the SPC. A student may wish to do this if they believe that all information was not taken into account in the committee's deliberation process or if they wish to request a different course of action than the one the SPC has recommended. For issues related to remediation, probation, extensions or leaves of absence, a student may request a review meeting with the SPC to ask for reconsideration of the committee's recommended remediation plan. The decision of the SPC following such a review meeting is final and the course of action will then be implemented.

For issues involving a dismissal recommendation, the student is informed by the SPC of the deficiencies on which the dismissal recommendation is based. In most cases, there has been at least one previous letter informing the student of deficiencies and the expected level of performance if that student is to continue in the MEDEX program. When a student is informed of a dismissal recommendation, two options are available to the student.

- **Option I - withdrawal from the program** by completing the Withdrawal Request Form for submission to and approval by the MEDEX Program Director. The student may withdraw at any time prior to a formal notice of dismissal from the Dean of the School of Medicine. The student's permanent record will show a withdrawal.
- **Option II - participate in a dismissal review meeting with the SPC.** This meeting occurs as soon as possible, and the SPC attempts to schedule it at the earliest time available. The format of the dismissal review meeting has three components.

- During the first segment, the committee members review the student's entire MEDEX record, and any additional information requested by SPC members. The committee also considers any information the student submits that is related to their performance. In addition, the student may request to have other individuals write letters in support of continuation in the MEDEX program.
- The second part of the meeting is the discussion between the SPC and the student. At this time, the student may provide the SPC with a personal perspective on their performance, and there is also an opportunity for questions and answers. In addition, the student is encouraged to have a member of the MEDEX faculty present as an advisor. This individual can offer information or participate in the question-and-answer session as appropriate. The level of the faculty advisor's participation in this meeting should be decided between the student and faculty member. Once all information has been presented and there are no more questions, the student and faculty are asked to leave the meeting room.
- During the third segment of the meeting, the SPC meets in an executive session without the student and advocate present and makes a decision on the dismissal recommendation. The student is invited to wait in the office area so that they can be informed of the decision immediately. The SPC's decision is also sent to the student in writing.

It is important that students understand that the academic review process is different than a courtroom scenario (in which there are multiple levels of appeal). There are three components to the academic review process. These include the student being informed of the academic or professional standard deficiency, the student having an informal (*i.e.*, an attorney is not permitted) meeting with the SPC and there being a careful and deliberate committee decision-making process. Thus, it is important that students understand that the review meeting with the SPC is the only meeting at which they have an opportunity to provide relevant information that they believe the committee needs to consider before making a final decision. When a student is in the dismissal review process, the SPC will determine the appropriateness of their continuation in coursework, including clinical assignments. At this point, the deliberations internal to MEDEX are concluded.

If the SPC sustains the dismissal recommendation and a student does not withdraw from the MEDEX program, they may remain in class while the following steps take place.

- The committee's recommendation is forwarded to the SOM's Faculty Council on Academic Affairs for a review of process. This does **not** include a review of content (*e.g.*, the student's academic performance), nor does it include an interview with the student or the faculty advisor.
- If the Faculty Council determines that the SPC's process has been followed appropriately, the decisions of both the SPC and the Faculty Council are forwarded to the Dean of the School of Medicine.
- After reviewing the information on which the decisions were based, as well as considering the SPC's recommendation and Faculty Council's review, the Dean will inform the student of the final decision in writing. While the student may request a meeting with the Dean, the granting of such a meeting is at the Dean's discretion.

During the academic review process, the student has the right to withdraw from MEDEX at any time up to the point when the Dean makes the final decision. In the case of withdrawal, the permanent student record will show withdrawal from courses that were not completed. If in the future that former student requests a recommendation letter from the MEDEX program, the academic performance and dismissal recommendation may be included in the letter.

If the final outcome is dismissal, the dismissal becomes a part of the student's permanent student record, and any recommendations that the student may request will also reflect the dismissal. This may impact the student's ability to matriculate in a subsequent health professional education program.

If the outcome of the dismissal review meeting is that the SPC overturns its dismissal recommendation, the SPC will determine the remediation plan that must be followed in order to allow the student's continuation in the MEDEX program. The SPC will also specify criteria for that student's subsequent performance in order for that individual to be considered to be making satisfactory progress.

Fitness for Educational Participation and the Washington Physicians Health Program

The opportunity to participate in the educational curriculum leading to the granting of the PA certificate is a privilege given to few people. An individual's agreement to participate in this curriculum and the PA profession carries the responsibility to act professionally both within and outside of the academic setting. Similarly, the opportunity for students to participate in the educational curriculum or direct patient care places responsibility on the MEDEX program to ensure that fellow students, the faculty, and patients are not placed at risk due to a student's mental illness, physical illness, or impairment from drugs or alcohol.

The Washington Physicians Health Program (WPHP) is a confidential program for Washington physicians and other healthcare providers, founded by the Washington State Medical Association. The School of Medicine and MEDEX have access for their students to WPHP, which offers services to healthcare providers who have a condition that could impact their performance. These services include general outreach, crisis intervention, informal assessment, treatment monitoring, and support for providers who need their help. WPHP believes that early intervention and evaluation offer the best opportunity for a successful outcome and help to protect patient safety. WPHP services are available to all MEDEX students regardless of classroom location. Further information may be found on the WPHP website at www.wphp.org.

In the didactic or clinical setting or in activities within PA school or the community environment, it is the responsibility of the individuals (faculty, preceptors, students, staff, etc.) with information or observations of a student's behavior that has the potential to place patients, faculty, students or others at risk to immediately report the concern to the appropriate MEDEX faculty (MEDEX Program Director or designee). If a student is believed to have a condition that may affect their ability to interact safely with patients, they are removed from the clinical setting until such time that the issue is effectively resolved. The cost of the WPHP program is the responsibility of the student whether or not referred by MEDEX.

The SPC will review the case within the student's overall performance record and consider potential continuation in the program. Depending on the outcome of the review, the SPC's recommendation may be to refer the student to the WPHP for assessment, treatment, and continued monitoring as appropriate. The SPC will review WPHP's recommendations in light of the student's overall record and will make a decision on the appropriate course of action.

If, in the SPC's best judgment, the student may pose a risk to patient care or safety or to students, faculty or others, the student is withdrawn from courses or clinical settings in which they are enrolled and may be placed on leave of absence until referral, evaluation and endorsement by the WPHP has been completed. The WPHP may find that the student poses no risk to patient care or safety or to others in the educational community and can return to the curriculum and academic setting. If the WPHP finds that the student may pose a risk to patient care or safety or to others in the educational community, they will recommend and oversee a course of evaluation and treatment and make the decision on whether to endorse the student to return if appropriate. The student must receive the endorsement of the WPHP prior to returning to the curriculum.

Separation from the MEDEX Program

On-Leave Status

Absences longer than one week may be requested by the student or mandated by the SPC. Leaves may be granted for personal health, family emergency, and/or military reasons.

The SPC has created the following guidelines for all leaves of absence.

- When a short-term issue arises, a formal leave request is **not required**, and a brief intervention may be approved without impacting the expected program completion date.
- Students may **not** drop a course or rotation during the quarter to avoid a failing grade.
- Students who go on leave retain their original matriculation date, and all grades and evaluations submitted prior to the leave are retained as part of the student's permanent record.
- Students on a leave of absence must maintain compliance in all areas required by the PA program.

For **military leave**, the student must supply documentation of the military orders along with the leave request. A student may be deployed or notified of required training sessions. MEDEX will work with each individual student in this situation to determine the most appropriate timing, method and coursework expectations (in compliance with Washington RCW 28B.10.270) for returning to the program upon completion of the military service commitment.

MEDEX Graduate Student On-Leave Status Policy

In compliance with University of Washington Graduate School Policy (For complete details regarding the on-leave policy, refer to [Policy 3.5](#)).

Purpose

Students enrolled in the MEDEX Northwest PA Program are expected to maintain continuous enrollment throughout the duration of their graduate education. In circumstances where a student must temporarily step away from the program for a defined period, MEDEX, in compliance with University of Washington Graduate School Policy, requires students to request on-leave status in order to preserve their graduate student standing. Students who do not maintain enrollment or approved on-leave status will be considered to have resigned from the Graduate School and must formally seek reinstatement to continue in the program.

Definition

On-leave status is an official designation granted to eligible MEDEX graduate students who are not registering for coursework during a given academic quarter but wish to remain in good standing. This allows the student to retain their graduate status and return to the program without reapplying for admission.

Note: While the term leave of absence is sometimes used informally, the University of Washington Graduate School formally recognizes only on-leave status. MEDEX students should use this terminology in all communications related to leave.

Eligibility Criteria

To be eligible for on-leave status, MEDEX students must meet all of the following requirements:

- Have been registered or officially on leave during the immediate previous quarter.
- Have completed at least one quarter of graduate study at the University of Washington.
- Be in good academic standing and receive approval from MEDEX program leadership.
- Not be registered for courses on the first day of the quarter for which leave is requested.
- Submit a request for on-leave status via the [MyGrad Portal](#) each quarter that leave is needed.

Application Process

1. **MEDEX Program Approval:** The request is reviewed and approved by MEDEX program leadership (See *specific sections below for the correct workflow*) in alignment with academic and professional standards.
2. **Student Submission:** The student initiates the on-leave request in the [MyGrad Portal](#).
3. **MEDEX MyGrad Program Authorization:** Upon leadership approval, the Director of Admissions and Student Services authorizes the request to move forward to Graduate School review.

4. **Graduate School Approval:** The UW Graduate School reviews the program-supported request.
5. **Quarterly Fee:** The student pays a non-refundable \$25 fee to finalize the request.
6. **Confirmation:** Upon payment, the on-leave status is officially recorded and confirmed.

Summer Quarter Exception

Students do not need to request on-leave status for summer quarter if they were registered or officially on leave during the preceding spring quarter. In such cases, summer on-leave status is automatically granted.

Access to University Services While on Leave

Students on approved on-leave status:

Retain access to:

- UW libraries
- UW email
- Hall Health Primary Care Center (pay-for-service basis)

Do not have access to:

- MEDEX faculty advising or clinical coordination services (except under limited conditions)
- Didactic or clinical coursework
- Examinations
- University housing
- Student insurance
- Financial aid

Loss of Graduate Status

Failure to maintain either course registration or an approved on-leave status for any quarter will result in loss of graduate student standing. The student will be considered to have resigned from the University of Washington Graduate School.

To resume studies, the student must:

- Obtain approval from MEDEX leadership for reinstatement, and
- Submit a reinstatement request through the Graduate School, including payment of a \$250 non-refundable fee.

MEDEX Contact for Leave Requests

Students considering a leave should contact the Associate Program Director of Student Affairs as well as Student Services early in the process. Timely communication ensures appropriate planning and support for academic continuity.

Financial Implications

Any program extension for any reason that lengthens a student's enrollment in MEDEX beyond the end of the academic quarter in which graduation is originally scheduled is associated with additional tuition. In most cases where a student is completing clinical rotations after their originally scheduled graduation date, the student will be registered for the specific course(s) and corresponding number of credits required. Tuition in this situation is charged on a per-credit basis rather than the standard flat-rate tuition. Students remain eligible for financial aid, provided they meet the minimum credit and enrollment requirements.

Additionally, students who take a leave of absence may be subject to higher overall tuition costs compared to students who remain on their original program timeline. Returning students are often charged tuition on a per-credit basis rather than the full-time flat rate if taking a non-standard courseload, and may also be responsible for additional administrative fees associated with extended enrollment. Students who take a one-year leave of absence and return to join a new cohort will be subject to the tuition rate in effect at the time of their return.

Financial Aid

If a student is receiving financial aid and is going on leave or extending program completion, they must make an appointment with UW School of Medicine Financial Aid to discuss financial implications regarding on-leave status. The student must attest that this meeting has occurred when requesting or have been placed on-leave.

Extended Leave and Reentry Policy

Students who are approved for on-leave status should be aware of the following limits and expectations regarding program reentry:

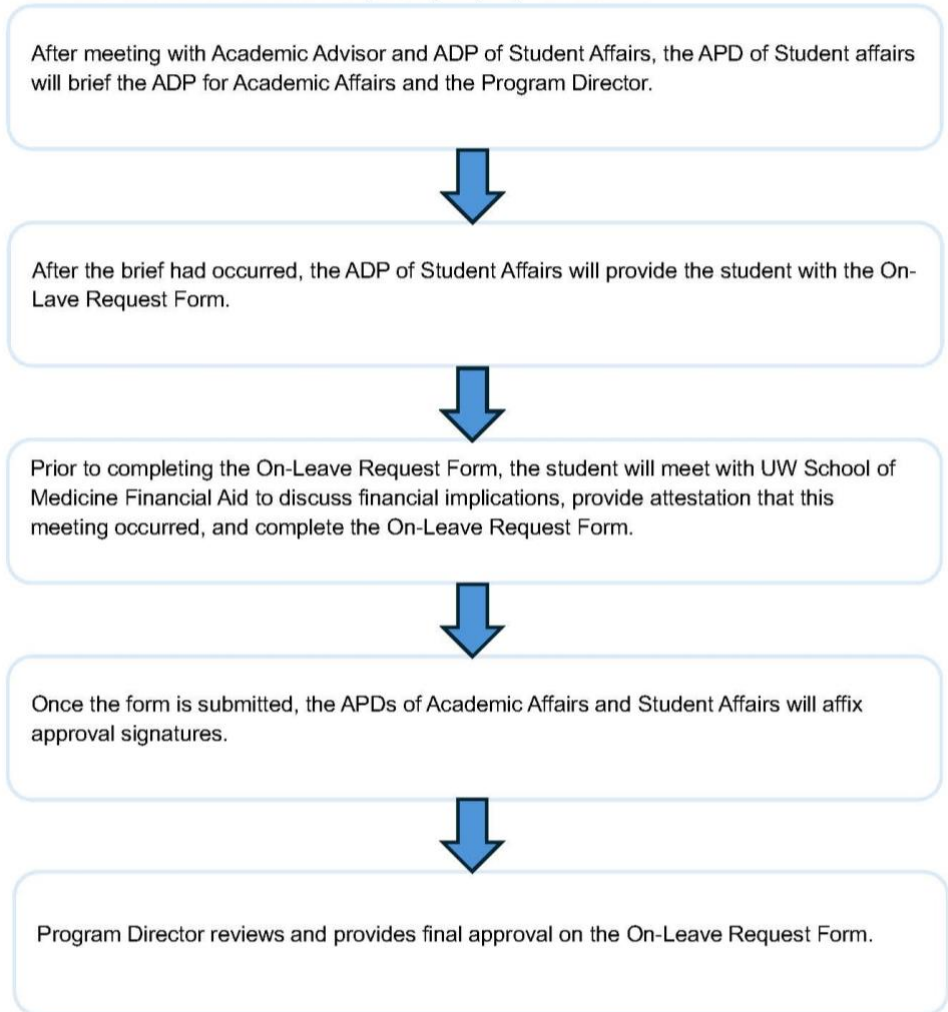
1. **Leave Beyond One Academic Year:**
If a student remains on leave for more than one academic year (i.e., three or more consecutive quarters, not including summer), they must restart the program from the beginning with a new cohort upon return.
2. **Leave Beyond Two Academic Years:**
If a student remains on leave for more than two academic years (i.e., seven or more consecutive quarters), they must reapply to the MEDEX Program. If admitted, they must restart the program from the beginning with a new cohort.
3. **Limit on Taking Leave and Reentering:**
A student may take a leave and reenter the MEDEX Program **only once**. If a second leave is requested or necessary, the student must reapply for admission in a future cycle. If admitted, they must begin the program from the start.
4. **Application Review Process:**
Students who reapply after extended or repeated leave will have their applications reviewed without bias or prejudice. Prior enrollment will not negatively impact the admission decision.
5. **Students must return to their original campus.**

All course work applied to the master's degree must be completed within six years from the time of first enrollment. Periods spent on leave count toward this time (reference [UW Graduate School policy 1.1.2](#)). Students nearing or past the program's limit should be placed on Academic Warning (potentially leading to Academic Probation and Dismissal; reference [UW Graduate School Policy 3.7](#)). Extensions of time to degree limits can be applied for through the MEDEX Student Progress Committee.

Didactic Phase

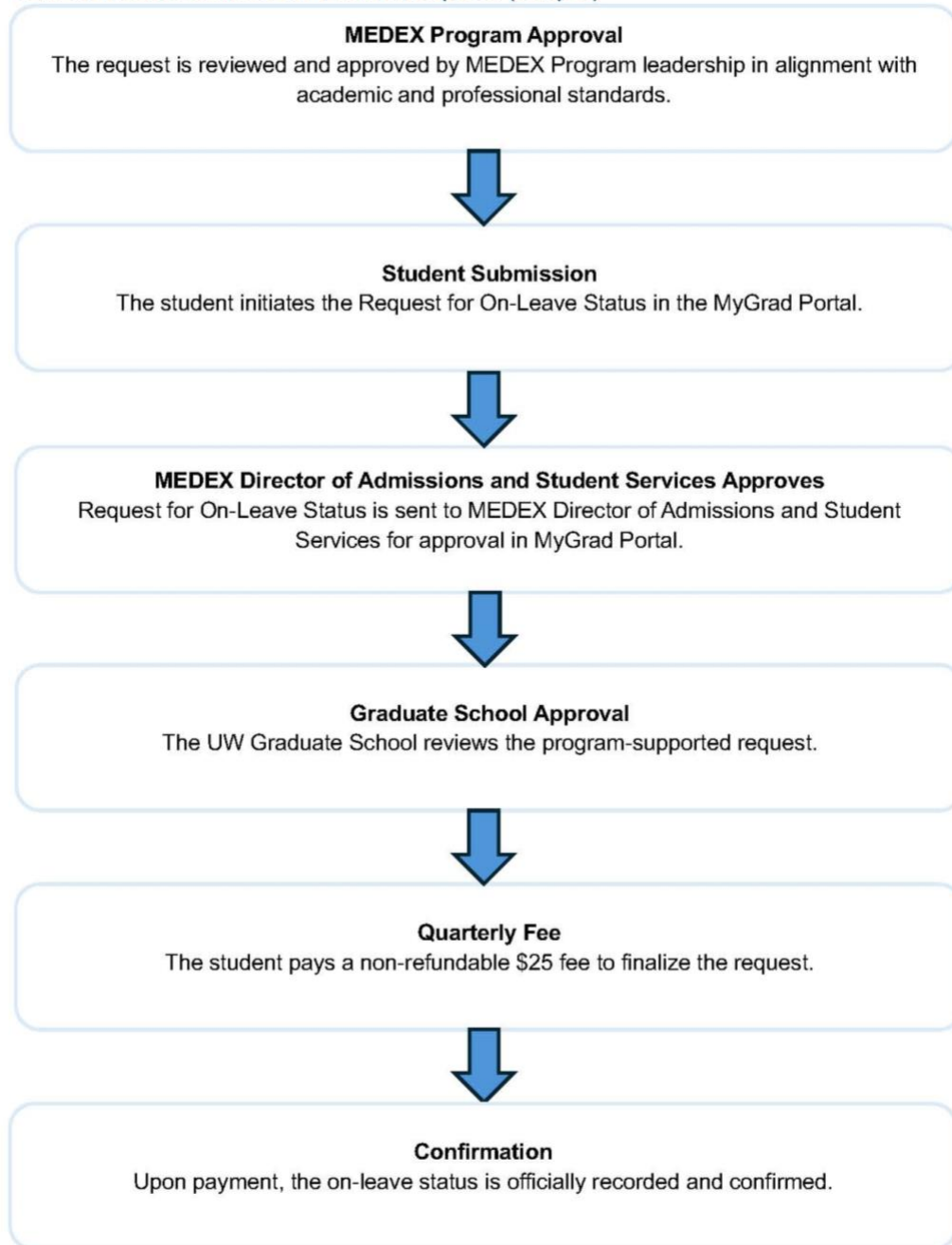
During the didactic year (first year), a student may be on leave for personal health, family emergency, and/or military reasons. If the leave is needed for longer than one week, the student will need to decelerate and return to the program the following year to restart in the academic quarter for which on-leave status commenced.

MEDEX Internal On-Leave Request (Step 1) – Didactic



Note: The MEDEX Program Director and/or the SPC may review the on-leave status circumstances and set criteria related to the student's return from on-leave. The student is informed in writing of the criteria to be met. If no criteria are set for the leave and reinstatement, the student and the appropriate MEDEX representative and/or committee determines the length of the leave and the date and circumstances of the reinstatement.

UW Graduate School On-Leave Request (Step 2)



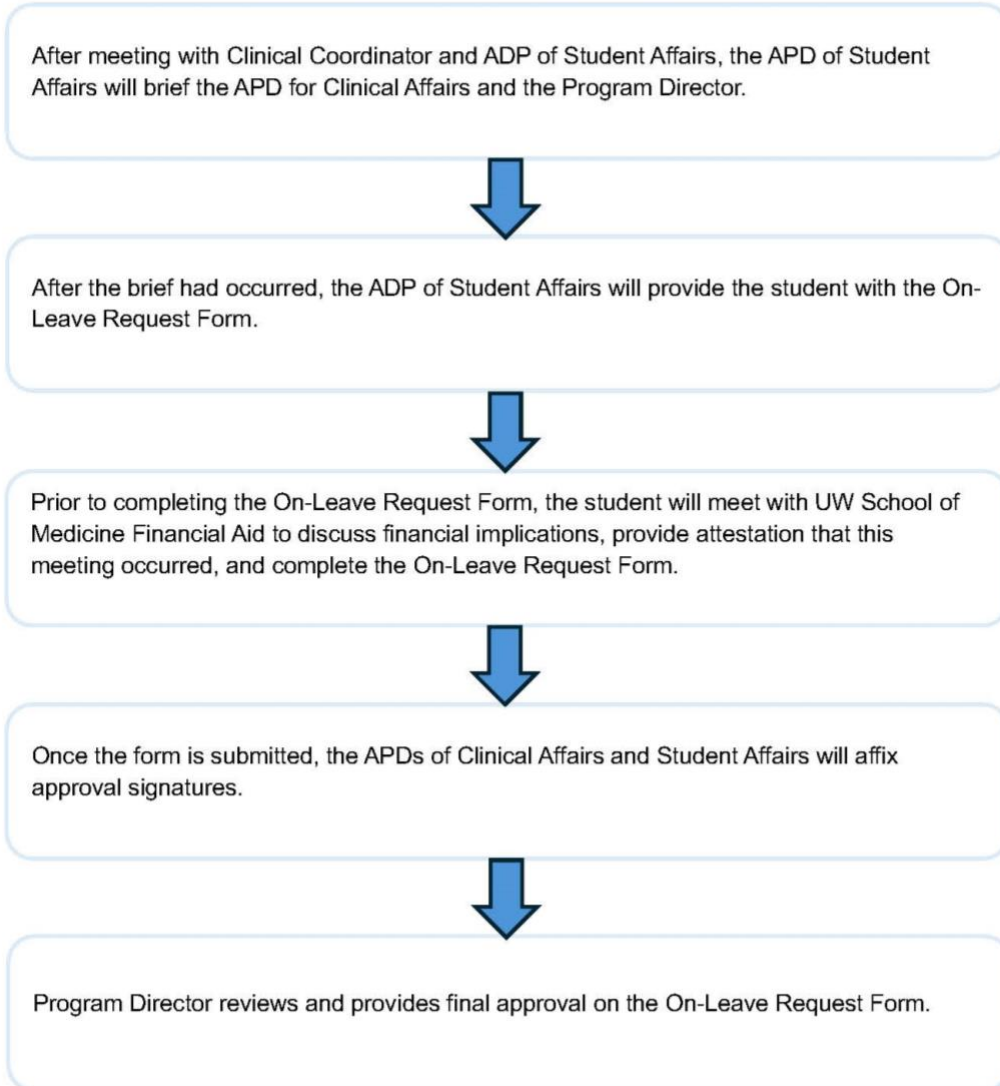
Note: Summer quarter on-leave enrollment is automatic for all graduate students who were either registered or officially on leave during the prior spring quarter.

Clinical Phase

Within the clinical year (second year), students may request or be placed on leave for personal, military, or medical reasons, or as an intervention to allow time to manage an issue of concern.

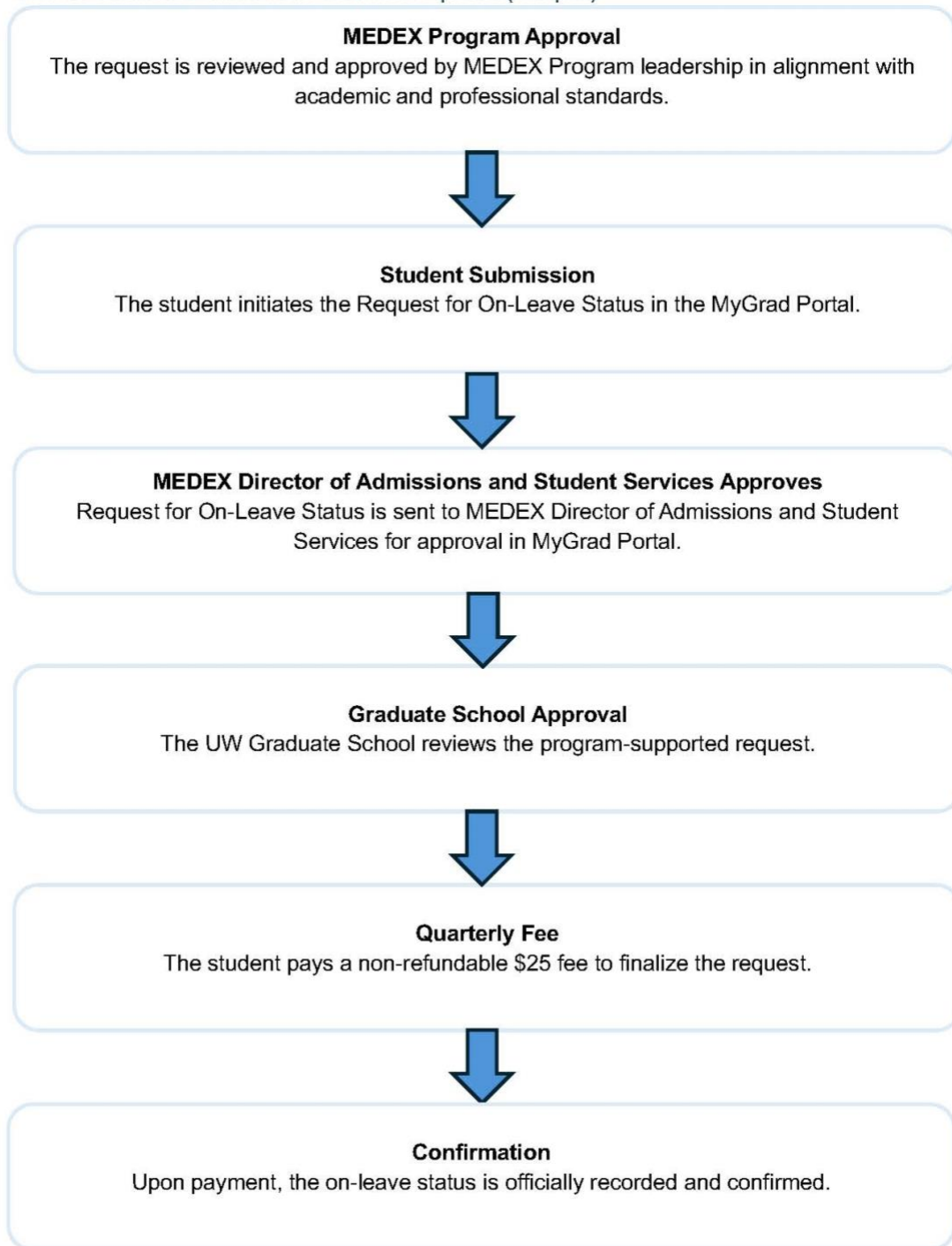
MEDEX Internal On-Leave Request (Step 1) - Clinical

MEDEX Internal On-Leave Request (Step 1) – Clinical



*Note: The MEDEX Program Director and/or the SPC may reviews the on-leave status circumstances and set criteria related to the student's return from on-leave. The student is informed in writing of the criteria to be met. If no criteria are set for the leave and reinstatement, the student and the appropriate MEDEX representative and/or committee determines the length of the leave and the date and circumstances of the reinstatement. **Students will need to registrar drop the entire course when going on leave. There is no partial on-leave status for clinical rotations.***

UW Graduate School On-Leave Request (Step 2)



Note: Summer quarter on-leave enrollment is automatic for all graduate students who were either registered or officially on leave during the prior spring quarter.

Reinstatement Following On-Leave Status

To request reinstatement after a period of approved on-leave status, the student must submit a written request to the MEDEX Program Director. This request must include documentation, as appropriate, demonstrating that the circumstances which necessitated the leave have been resolved and that the student is prepared to reenter the program.

Reinstatement is subject to the following conditions:

- The student must return to the original campus where they began the program pending seat availability. If there is no availability, student may be placed at another campus or deferred to the following cohort.
- Reentry into the program is contingent upon the availability of didactic and clinical resources at the time of the requested return.

Reinstatement After Lapse in Graduate Student Status

Students who were previously enrolled in the UW Graduate School but failed to maintain their graduate student status, either by not securing on-leave status or by not registering for courses, must submit a formal request for reinstatement to resume studies in the same degree program.

The reinstatement process includes the following steps:

1. **Departmental Review:** The student's request is first reviewed and approved by their academic department.
2. **Graduate School Confirmation:** Once department approval is granted, the Graduate School will confirm the student's eligibility for reinstatement.
3. **Reinstatement Fee:** Eligible students will receive notification to pay a nonrefundable reinstatement fee before they are allowed to register for the quarter in which they plan to return.

For questions regarding on-leave status or the reinstatement process, students should contact Graduate Enrollment Management Services Office at uwgrad@uw.edu or call 206-685-2630.

MEDEX Student Status while On Leave

- The student may not be involved in MEDEX or other PA programs or activities.
- The student should be absent from the MEDEX program and School of Medicine setting.
- The student may have limited access to student support services such as study skills advising.

Deceleration / On-Leave Status at Discretion of the SPC

If the APD of Student Affairs and/or Chair of the SPC, along with the sitting members of the SPC, determine that a student is experiencing significant extenuating circumstances that are interfering with academic performance, the student may be decelerated to the next cohort.

Following deceleration, the SPC may establish specific criteria that the student must meet to reenter and remain in good standing within the program.

- If no return criteria are set, the student and the SPC in conjunction with the Program Director will determine the date and conditions for reentry.
- If criteria are established but not met, the SPC in conjunction with the Program Director may recommend that the student remain on leave status, withdraw from the program, or be dismissed.
- In cases where SPC approval is required for return, the SPC in conjunction with the Program Director may place conditions on the student's academic plan and may assign academic probation upon reentry.

Following deceleration, all petitions to return must include documentation showing that the circumstances prompting the deceleration/on-leave status have been sufficiently resolved or managed to permit the student to perform at an acceptable academic level. The SPC may also require the student to participate in an interview as part of the petition process.

Depending on the length of the leave, the student may be required to audit select courses prior to reentering the program. Auditing allows the student to review content from previously completed coursework in preparation for the next phase of study.

Complete Withdrawal and Registrar Drop

Complete withdrawals are usually due to an inability to complete the program. This may be for personal, academic, or financial reasons. A student may voluntarily completely withdraw from the program at any time. Students are encouraged to speak with their faculty advisor(s) to be certain that the decision has been carefully considered.

A student may also completely withdraw from the program prior to a formal notice of dismissal from the program. This final notice occurs when the Dean of the School of Medicine sustains a dismissal recommendation. A Student Complete Withdrawal Form is required to be completed by the student and submitted to the MEDEX Program Director. If the student completely withdraws from the program, the student's transcript will show a complete withdrawal.

A student may be permitted to registrar drop a course in cases involving significant health, personal, or family issues, or if the SPC places the student on leave before the course has been completed.

However, a student may not withdraw from a course simply to avoid a failing grade. If a student is performing at a failing level at the time of the withdrawal, the earned failing grade will be recorded on the student's academic record, even if the student attempts to withdraw.

MEDEX Complete Withdrawal Process

After meeting with Faculty Advisor, contact the APD of Student Affairs. The APD of Student Affairs will brief the appropriate APD for Academic or Clinical Affairs and the Program Director.



After the brief has occurred, the APD of Student Affairs will provide the student with the Student Complete Withdrawal Form.



If you are a financial aid recipient and completely withdraw, please review guidelines for Withdrawal and Refund from the Office of Student Financial Aid and provide attestation on the form.



Once the form is submitted, the APDs of Academic or Clinical Affairs and Student Affairs will affix approval signatures.



Program Director review and provides final approval of the Student Complete Withdrawal Form.



APD for Student Affairs notifies the student if the complete withdrawal is approved, ensures final disposition of coursework, and informs the SPC.

Separating from the University

If the student is not registered for any courses in an upcoming quarter that the student does not plan to attend, no formal paperwork is required through the Office of the University Registrar.

However, depending on the student's individual circumstances, there may be important considerations to keep in mind:

- Make sure any tuition or fees owed to UW have been paid. **Having any outstanding fees** could result in holds being placed on student records, preventing the student from ordering transcripts.
- **Students in University housing**, or who plan to be in a future quarter, should contact the [Housing and Food Services Office](#). Phone: [206-543-4059](tel:206-543-4059)
- **Students receiving financial aid** must contact the [Financial Aid Office](#) for assistance with any paperwork that may need to be completed. Phone: [206-543-6101](tel:206-543-6101)

Tuition Forfeiture Schedule Regarding On-Leave Status, Registrar Drops, and Complete Withdrawals

MEDEX follows the [UW Drops, Withdrawals, Forfeitures & Refunds policies](#). The chart below lists tuition and fees and what is charged according to the date of the drop in credits, or complete withdrawal.

Calendar Day of Quarter*	Tuition Forfeiture	Change of Registration Fee
1st - 7th	0%	\$0
8th - 30th	50%	\$20
31st day or later	100%	\$20

***Note: the calendar starts on the first day of the quarter and includes weekends and holidays.**

MEDEX students typically follow a fixed curriculum plan. However, in certain cases, clinical phase students may need to drop a course during a quarter. In addition, students may be granted on-leave status or completely withdraw during their matriculation.

Each quarter includes an unrestricted drop period, which lasts through the end of the second week of the quarter.

During this time:

- Students may drop courses without restrictions.
- These drops will not appear on the student transcript.
- A \$20 Change of Registration Fee will be applied for all registration changes made on a single day within this period.

Before dropping a course, going on leave, or completely withdrawing, students should review the UW [tuition forfeiture policy](#) as the student may not be eligible for a full tuition refund.

Tuition Adjustment Schedule for Dropped Courses

- By the 7th calendar day of the quarter:
Full tuition credit is issued for any reduction related to dropped courses.

- Between the 8th and 30th* calendar days:
The student will receive a 50% tuition credit for the dropped course. A \$20 Late Change of Registration Fee will also apply.
- After the 30th* calendar day:
No tuition credit is issued. The student will still be charged the \$20 Late Change of Registration Fee.

*During summer quarter, the deadline is the 21st calendar day instead of the 30th.

TECHNICAL STANDARDS AND ESSENTIAL REQUIREMENTS OF MEDICAL EDUCATION IN THE MEDEX NORTHWEST PA PROGRAM: ADMISSION, RETENTION AND GRADUATION STANDARDS

All students must meet the technical standards and essential requirements of the program, with or without reasonable accommodation. Upon matriculation to the program, students have acknowledged the technical standards in their acceptance packet.

Introduction

PA education is recognized as a broad-based process requiring the acquisition of general knowledge in all fields of medicine and of the basic skills requisite for the practice of medicine regardless of specialty. The education of a PA requires assimilation of knowledge, acquisition of skills and development of judgment through patient care experience. This is in preparation for the semi-autonomous and appropriate decision making required in the practice of medicine. Practicing medicine emphasizes collaboration among physicians, PAs, other allied healthcare professionals and patients.

Essential Requirements for Medical Education

The MEDEX Northwest PA Program at the University of Washington School of Medicine recognizes the PA certificate as a broad undifferentiated qualification requiring the acquisition of general knowledge and basic skills in all fields of medicine necessary to care for patients. The education of a PA requires assimilation of knowledge, acquisition of skills, and development of judgment through patient care experience in preparation for appropriate decisions required in practice. The current practice of medicine requires collaboration among physicians, PAs, other healthcare professionals, and patients and their families.

Within the standards set by the ARC-PA, MEDEX Northwest has the ultimate responsibility for the selection of students, the design, implementation, evaluation of its curriculum, evaluation of students, and the determination of who should be awarded a PA certificate. Admission and retention decisions are based not only on prior satisfactory academic achievement but also on non-cognitive factors, which serve to ensure that the candidate can complete the essential functions of the academic program required for graduation.

The process of continuous curriculum evaluation acknowledges a set of identified essential functions that determine the requirements for admission, retention, progression, and graduation of applicants and students respectively at the MEDEX Northwest PA program. Graduates are expected to be qualified to enter the profession and practice as a PA.

The MEDEX Northwest PA Program at the University of Washington School of Medicine endeavors to select applicants who have the ability to become highly competent PAs. The program's goal is to produce skilled individuals who can practice as PAs and put the patient first in the delivery of safe and effective medical care. Technical standards have been developed and approved by the faculty and reflect the essential relationship of PA-focused medical education to practice in the PA profession.

Technical Standards

Technical standards are academic standards that refer to those cognitive, behavioral, and physical abilities required for satisfactory completion of all aspects of the curriculum, and the development of professional attributes required by the faculty of all students approved to graduate with a PA certificate. The essential abilities required by the curriculum and for the practice of medicine are in the areas listed below and cannot be compromised without fundamentally threatening a patient's safety and well-being, the institution's educational mission, or the profession's social contract.

- Intellectual/Cognitive: conceptual, integrative, quantitative abilities for problem-solving and diagnosis
- Professionalism/Behavioral and Social Aspects of Performance
- Communication
- Physical and Mental Requirements

The individual must be able to function in their care and interactions with patients without the use of a surrogate in all of the above categories.

Intellectual/Cognitive: conceptual, integrative, quantitative abilities for problem solving and diagnosis

The MEDEX Northwest curriculum requires essential abilities in information acquisition. The student must have the ability to master information presented in course work through lectures, written material, projected images, and other forms of media and web-based presentations, and through simulations that require a variety of different skills.

The student must have the cognitive abilities necessary to master relevant content in basic science and clinical courses at a level deemed appropriate by the faculty. These skills may be described as the ability to comprehend, memorize, analyze, and synthesize material. They must be able to discern and comprehend dimensional and spatial relationships of structures and to develop reasoning and decision making skills appropriate to the practice of medicine as a PA.

Professionalism/Behavioral and Social Aspects of Performance

The student must possess personal qualities, which include compassion, empathy, altruism, integrity, responsibility, sensitivity to diversity, and tolerance. The student must understand and apply appropriate standards of medical ethics. The student must maintain appropriate professional boundaries within all settings, including those in which they are caring for patients and their families or interacting with faculty, residents, peers, staff, and healthcare team members. The student must be able to function as a member of the healthcare team, often within a multidisciplinary team-based environment, regardless of the specialty.

Communication

The student must communicate effectively in English with patients and families, physicians, and other members of the healthcare team. The communication skills require the competency to process all information provided, including the recognition of the significance of non-verbal responses, to allow for appropriate, timely, well-focused follow-up inquiry. The student must be capable of responsive, empathetic communication to establish rapport in a way that promotes openness on issues of concern and sensitivity to potential cultural differences.

The student must process and communicate information on the patient's status in a timely manner with accuracy and in a succinct yet comprehensive manner to physician and PA colleagues as well as other members of the healthcare team in settings in which time available is limited. Written, dictated, or electronic medical record entries of patient assessments, treatment plans, prescriptions, etc., must be timely, complete and accurate. Ability to interact with, utilize, and navigate an electronic medical record is essential as this entails tasks such as entering orders, responding to electronic prompts, etc. When putting patient safety first, appropriate communication relies on the student recognizing they may lack the skills or knowledge to manage the situation and making a correct judgment to seek assistance and supervision in a timely manner.

Physical and Mental Requirements

The physical and mental requirements include essential abilities in the areas of observation and perception, sensory and tactile functions, fine and gross motor coordination, and stamina that are necessary in the examination, assessment, and care of patients.

The student must have the ability to take a medical history and perform a physical examination. Such tasks require the ability to communicate with the patient. The student is required to perform a comprehensive physical examination.

The student must have the physical and emotional stamina, stability, and capacity to function in a competent manner in clinic, hospital, classroom, and laboratory settings that may involve heavy workloads, long hours, and stressful situations. The student must also be able to adapt to environments that may change rapidly without warning and/or in unpredictable ways.

Policy Guidelines

The University of Washington MEDEX Northwest PA Program has the responsibility to the public to assure that its graduates can become fully competent PAs, capable of fulfilling the Hippocratic duty "to benefit and do no

harm.” Thus, it is important that persons admitted possess the intelligence, integrity, compassion, humanitarian concern, and physical and emotional capacity necessary to practice medicine as PAs.

As an accredited PA program, MEDEX Northwest adheres to the accreditation standards promulgated by the ARC-PA.

As part of the University of Washington, MEDEX Northwest is committed to the principle of equal opportunity. For example, the program does not discriminate on the basis of race, color, creed, religion, national origin, cultural or ethnic background, socioeconomic status, gender, gender identity, sexual orientation, age, marital status, disability, or status as a veteran. See Executive Order 31: <http://www.washington.edu/admin/rules/policies/PO/EO31.html>

When an individual’s performance is impaired by abuse of alcohol or other substances, they are not a suitable candidate for admission, retention, progress, or graduation.

The intention of an applicant or student to practice a narrow part of clinical medicine or to pursue a non-clinical career does not alter the requirement that all PA students take and achieve competence in the full curriculum and evaluations of academic and professional conduct.

MEDEX is a full-time educational program that requires regular independent study. Students are strongly discouraged from seeking or maintaining employment while enrolled in the program. If a student does work and encounters academic and/or disciplinary problems, the student may be counseled to cease employment. Under no circumstances will employment be considered as a reason for excused absence from the student’s didactic or clinical education commitments, nor will student employment considerations mitigate evaluation of outcomes.

Matriculated PA students are not eligible for employment with the PA Program under any circumstances but may volunteer to share their expertise when appropriate. Students are not allowed to perform clerical or administrative work for the program.

During clinical rotations, students will not substitute for regular clinical and/or administrative staff. If a student is asked to substitute for regular staff on a rotation, they should inform the clinical coordinator or MEDEX Program Director immediately.

PA students must continue to meet the MEDEX Northwest technical standards throughout their enrollment.

A student who has or develops a chronic disease or condition is expected to seek and continue under the care of a licensed provider. However, should the student have or develop a condition or disability that would pose a health or safety risk to patients, self, or others and that cannot be managed with reasonable accommodation, the student may be placed on a mandated leave of absence or be dismissed from the MEDEX Northwest PA Program.

Applicants and students must meet the legal standards to be licensed to practice medicine in the states of Hawaii, Washington, Wyoming, Alaska, Montana or Idaho. As such, candidates for admission must acknowledge and provide written explanation of any misdemeanor offense, felony offense, or disciplinary action taken against them prior to matriculation in MEDEX Northwest in their application. In addition, should the student be arrested for or convicted of any misdemeanor or felony offense while in the MEDEX program, they agree to immediately notify the MEDEX Program Director in writing as to the nature of the conviction. Failure to disclose prior or new offenses can lead to rescinding the offer of admission, disciplinary action, or dismissal from the program.

Accommodations

Applicants to and students enrolled in the MEDEX Northwest program must follow the approved process for requesting and receiving appropriate reasonable accommodations to enable them to have the opportunity to meet the MEDEX program’s technical standards and essential requirements for completion of the MEDEX PA curriculum and for the practice of medicine as a PA. Applicants and enrolled students are responsible for requesting accommodations and for providing the appropriate, required documentation of the disability in a timely manner to the University’s Disability Resources for Students (DRS) Office. The DRS Office will review the

documentation and engage the MEDEX program and the student in an interactive process both to review accommodation requests in light of a student's functional limitations and the essential elements of the PA program and also to determine reasonable accommodation(s) on a case-by-case basis. More information may be found on the DRS Office webpage on the accommodation process for new students:

<http://depts.washington.edu/uwdrs/prospective-students/getting-started/>

A student who develops or manifests a disability after matriculation may be identified to the APD of Student Affairs through a variety of sources, e.g., self-report, a report of accident or illness, or faculty observations of special aspects of poor academic performance. If the degree to which the student has become disabled raises questions related to meeting the technical standards, the matter is referred for consultation with the DRS Office. The DRS Office will request that the student submit appropriate documentation regarding the disability from a qualified health professional and will subsequently work with the student and the MEDEX faculty in assessing whether the student can meet the program's technical standards with a reasonable accommodation.

Reasonable accommodations are designed to effectively meet disability-related needs of qualified students yet will not fundamentally alter essential elements of this program, create an undue burden for the University, or provide new programming for students with disabilities not available to all PA students. The MEDEX program is ultimately responsible for implementation of approved accommodations.

Technical Standards Expanded Examples

Note: Throughout this section, "student" refers to the applicant and PA student.

Intellectual/Cognitive

The student is expected to have essential abilities in information acquisition, integration, and problem-solving as an applicant and to gain and demonstrate higher levels of competence as they progress through the PA program. These include, but are not limited to, the following abilities.

The student must:

- measure, calculate, memorize, organize, analyze, comprehend, integrate, and synthesize material.
- comprehend and apply written material at a level to be able to independently accomplish curricular requirements and provide clinical care for patients.
- demonstrate cognitive abilities necessary to master relevant content in basic science and clinical courses deemed appropriate by the faculty through a variety of sources including lectures, written material, skills-based education, use of computers and other forms of media, and simulations.
- discern and comprehend dimensional and spatial relationships of structures.
- demonstrate reasoning, decision-making skills, and sound judgment appropriate to the practice of medicine.
- solve problems rapidly. This critical skill demanded of PAs requires the ability to learn, reason, integrate, analyze, and synthesize data concurrently in a multi-task setting where there may be a high level of stress and distraction.

Professionalism/Behavioral and Social Aspects of Performance

The student is expected to have essential abilities in behavioral and social attributes and professionalism as an applicant and to gain and demonstrate higher levels of competence as they progress through the PA program. These include, but are not limited to, the following abilities.

The student must:

- be respectful of patients, faculty, peers, and members of the PA program community; show up on time; be prepared; and wear appropriate dress.
- take responsibility for their education, participate, contribute to the learning environment, and receive and act on constructive feedback from members of the PA program community and healthcare teams.
- function as a contributing member of the healthcare team.

- demonstrate integrity as manifested by truthfulness, acceptance of responsibility for one's actions, accountability for mistakes, and the ability to place the well-being of the patient above their own when necessary.
- demonstrate empathy and concern for others while respecting appropriate personal and professional boundaries.
- demonstrate the ability to develop mature, sensitive, and effective professional relationships with patients and all members of the PA program community and healthcare teams.
- demonstrate attributes that include compassion, empathy, altruism, integrity, responsibility, dedication, fairness, respect for self and others, and tolerance.
- demonstrate sensitivity to diversity and different beliefs that may affect their interactions.
- understand and apply appropriate ethical principles and standards of medical ethics within the setting in which they are caring for patients.

Communication

The student is expected to have essential skills in communication as an applicant and to gain and demonstrate higher levels of competence as they progress through the PA program. These include, but are not limited to, the following skills.

The student must:

- communicate effectively in English verbally and in writing or electronically in a variety of settings with patients and families, physicians, other members of the healthcare team, and peers; and have the ability to comprehend written communications.
- have the ability to take a medical history and perform a physical examination, which includes the ability to communicate and interact with patients in an effective manner in order to elicit information, assess non-verbal communications, and describe changes in mood, activity, and posture; and work effectively with a patient's interpreter when needed.
- expediently assess all information including recognizing the significance of non-verbal responses to allow for appropriate, well-focused follow-up inquiry.
- demonstrate communication skills that are essential for the formation of effective professional relationships with teachers and colleagues and therapeutic relationships with patients.
- establish rapport in a way that promotes openness to the patients' concerns and sensitivity to potential cultural differences.
- recognize urgent situations in which timely supervision, assistance, and consultation must be sought.
- process and communicate information in a timely manner on the patient's status to physician colleagues, peers, and members of the healthcare team. This must be done with accuracy and in a succinct yet comprehensive manner in settings in which time available is limited.
- write or dictate patient assessments, prescriptions, etc., that are complete and accurate and submitted in a timely manner.
- give and receive constructive feedback and demonstrate the ability to process feedback and utilize it to conform behavior to expected professional standards.

Physical and Mental Requirements

The student is expected to have essential abilities in the areas of physical and mental requirements as an applicant and to gain and demonstrate higher levels of competence as they progress through the PA program. The physical and mental requirements are in the areas of observation/perception/sensory/tactile, motor coordination/function, and stamina. Below are examples of the essential abilities in each of these areas.

Observation/Perception/Sensory/Tactile

The student is expected to have essential abilities in the areas of observation, perception, sensory, and tactile skills.

Students must be able to perceive by the use of senses the presentation of information through a variety of media. These include, but are not limited to, the following presentation media.

- Large group lectures
- Demonstrations and laboratory experiments
- Small group discussions and presentations, including team-based learning
- Written material, audiovisual material, including computer-based material
- Skills-based education
- Simulations
- One-on-one interactions

The student must be capable of perceiving signs of disease and essential structures as demonstrated or taught in the foundation and clinical courses, such as anatomy and clinical medicine, and as manifested through the physical examination.

In addition, the following are essential to the practice of medicine.

- Ability to distinguish normal from abnormal findings on physical examination
- Patient encounter observations (at a distance and close at hand)

Motor Coordination/Function

The student is expected to have essential abilities in areas of motor coordination and function. These include, but are not limited to, the following.

The student must be able to execute motor movements reasonably required to provide general care and emergency treatment to patients. Such actions require coordination of both gross and fine muscular movements, balance and functional use of the senses. The student should have sufficient motor function to:

- perform within a reasonable time period appropriate to the patient care setting.
- elicit information from patients by palpation, inspection, auscultation, percussion, and other diagnostic maneuvers.
- perform diagnostic or therapeutic procedures.
- respond and perform with precise, quick, and appropriate action in emergency situations.
- complete timed demonstrations of skills.
- perform routine invasive procedures (e.g., venipuncture) including the use of universal precautions to avoid posing risks to patients and the student.
- function in outpatient, inpatient, surgical, and other procedural venues.
- perform in a reasonably independent and competent way in sometimes chaotic clinical environments.

Stamina

The student is expected to be able to meet the required physical and mental essential abilities as an applicant and to gain and demonstrate higher levels of competence as they progress through the PA program. These include, but are not limited to, the following requirements.

The student must:

- possess the emotional health required for appropriate utilization of intellectual abilities, exercise good judgment, and the achieve timely completion of all responsibilities attendant to their academic work, teamwork, and patient care. The student should be proactive in making use of available resources to help maintain both physical and mental health.
- have the emotional and psychological stability to function effectively under stress and adapt to an environment that may change rapidly without warning and/or in unpredictable ways.
- possess sufficient stamina to be able to tolerate demanding workloads.

- have the ability to adapt to changing environments, display flexibility, and learn to function in the face of uncertainties inherent in the medical education and clinical practice settings.

COMPLIANCE

Requirements

All matriculated PA students, including those on approved leave of absence, are required to maintain compliance in all required areas (listed below) throughout their tenure in the PA program.

- Immunizations (measles, mumps, rubella, hepatitis b, tetanus-diphtheria-pertussis, varicella; TB-screening [PPD or IGRA]; influenza; COVID-19)
- Basic life support (BLS) certification
- Criminal background check
- UW self-disclosure, consent, and release of information form if applicable
- UW HIPAA training
- UW Privacy, Confidentiality, and Information Security (PCISA) form
- Infection Control e-Learning trainings
- UW Husky Prevention & Response student training

By accepting enrollment into the MEDEX program, students agree to meet immunization requirements in accordance with the Centers for Disease Control (CDC) guidelines for healthcare personnel as outlined by the UW Health Sciences Immunization Program (HSIP). All MEDEX students must comply with HSIP and MEDEX immunization requirements prior to matriculation and throughout the course of the student's tenure. Exemptions are granted rarely and only in alignment with CDC recommendations.

All immunizations and a TB screening are required prior to matriculation into the program. Compliance with immunization policies is required during both the didactic and clinical phases of the program.

If reported as non-compliant, the student is not considered to be in good standing, at which point the student is not allowed to participate in the PA Program curriculum, financial aid is withheld, and registration holds are applied.

Students are expected to track their own compliance due dates and update items needing renewal. HSIP provides bi-weekly compliance reports to the MEDEX Admissions and Student Services team and the Clinical Team. Students' compliance status is monitored by the PA Program clinical staff and faculty. Students are notified when status updates are needed. Students who do not respond to notification of non-compliance are suspended from all coursework until they have updated their status appropriately. Non-compliance may impact the release of financial aid and may result in an expanded program if clinical coursework needs to be rescheduled.

Documentation of compliance with all immunizations and TB screening is confirmed before students are allowed to begin or continue the program. HSIP screens and documents students' immunization compliance through a third-party vendor, Med+Proctor. Students are required to pay a one-time account set up fee to Med+Proctor. All vaccine, titer, and TB screening documentation must be submitted to HSIP through the student's Med+Proctor account. A separate quarterly HSIP fee is charged to the student's tuition statement for HSIP services and uncovered insurance costs of treatment for potential bloodborne pathogen exposures.

HSIP can be contacted at myshots@uw.edu for questions regarding immunization compliance and registration holds related to HSIP non-compliance. It is the students' responsibility to confirm with HSIP that the students' documentation has been received and their status is compliant within their Med+Proctor account.

Rotation Site Requirements for Immunizations and Compliance

The rotation site defines requirements for all rotation in-processing. Generally, the site facilitates in-processing requirements but there may be items the site will ask students to complete 4 to 6 weeks ahead of the rotation to ensure all on-boarding requirements are met. In addition to completing site and department-specific paperwork, students may be asked to provide a copy of their immunization records. Students can print a copy of their immunization summary from their Med+Proctor account (see how to print a summary in the FAQ video library in Med+Proctor or contact HSIP at myshots@uw.edu for instructions).

Basic Life Support for Healthcare Professionals Certification

Students must be certified in CPR at the level of Basic Life Support (BLS) for Healthcare Professionals (American Heart Association approved training) prior to matriculation and before entering the clinical curriculum. And students must maintain their certification until graduation. BLS cards expire every two years, and students are responsible for keeping their certification current throughout their PA education.

Students must upload their certificate into EXXAT and are responsible for keeping the original certification card available.

The MEDEX PA program does not accept Advanced Cardiovascular Life Support (ACLS) certification or online BLS/CPR training courses in lieu of the BLS card for this requirement.

The [American Heart Association](#) has a course locator function that students can use to find a class in a geographic area convenient to them.

Advanced Cardiac Life Support

Students are required to complete ACLS certification prior to Transition Week (orientation to the clinical phase) and before the beginning the clinical phase of education. Documentation of ACLS completion must be uploaded to EXXAT. ACLS certification must be maintained throughout the entire clinical phase. Classmates are not allowed to teach or certify one another.

Online ACLS recertification through the website approved by the American Academy of PAs and the American College of Emergency Physicians is acceptable *if students entered MEDEX with an active certification*. The approved website for this process is available at: <http://www.eacls.com>.

Criminal Background Check

Students must complete a criminal background check before **matriculation** and again before **entering the clinical year**. Each background check costs approximately **\$48.50 plus a \$1.99 processing fee**. Some clinical training sites may require additional background checks, which students are responsible for covering.

If a student takes a **Leave of Absence (LOA) for three months or more**, a third background check may be required. Any additional background checks required by the program or clinical sites will be at the student's expense.

HIPAA Compliance Certification, Data Stewardship Training, and UW Medicine Privacy, Confidentiality, and Information Security Agreement (PCISA)

All students are required to complete online Health Insurance Portability and Accountability Act (HIPAA) training for the University systems. Students are also required to complete the PCISA at matriculation and annually. Students are required to provide copies of their HIPAA completion certificate and signed PCISA forms to MEDEX Student Services. Additional HIPAA training may be required by other regional hospitals during student rotations. If a student does not complete the required training, the student will not be permitted to be in a patient care setting.

Examples of violations of the security/confidentiality agreement include, but are not limited to, blogging patient interactions, looking at patients' records for which the student is not responsible, leaving the workstation unlocked and unattended, forwarding email to a non-UW email account, etc. All infractions are taken seriously and are referred to the APD of Student Affairs for review and implementation of recommended action from the UW Medicine Compliance Office and the MEDEX PA Program SPC.

Universal Precautions and Infection Prevention: Managing Bloodborne Pathogens

All students must complete the University of Washington School of Medicine (SOM) program on [universal precautions and infection prevention](#) annually to ensure that they are informed of the appropriate handling of blood, tissues, and body fluids during PA school.

Universal Precautions is the term used for methods to control infection— universal in that one uses these precautions with all patients, not just those with known or suspected infectious disease. The agents associated with bloodborne pathogens (BBP) require contact with another person’s infected blood or other body substances via a break in the student’s skin, or exposure to the mucous membranes of the student’s eyes, nose or mouth (e.g., with Hepatitis B and C virus, or HIV). Note, UW Medicine also follows “Standard Precautions”, which practices the same principles for Universal Precautions, when in contact with **all** substances that could be infectious including blood.

Prior to the clinical year, students are provided with cards that contain instructions on how to proceed in the event of having contact with blood, tissue or bodily fluids. The condensed version of the cards should be kept on their person at all times and referred to as appropriate. Students are expected to show the complete version of the card as part of site visits during the clinical year.

As part of professional development, to meet BBP requirements, students are responsible for incorporating universal/standard precautions into routine practice while in patient care situations, and for being certain they understand what is available at each hospital as they move from one rotation to another.

The following precautions safeguard both the students and patient and are appropriate for the level of patient contact that students will have in their clinical rotations.

- Immunizations: more information may be found in the above section on immunizations.
- Routine hand washing: hand washing is performed frequently to protect both patients and healthcare workers. Hands are washed before touching patients, performing invasive procedures, and eating; hands are also washed after glove use, working with body substances, and using the toilet. Skin is a natural barrier to infectious agents and products that protect and promote skin integrity can be used. Students are taught before beginning the clinical year to establish the habit of hand washing when entering a patient’s room, before touching the patient, when leaving, and before eating.

Additional precautions that may be required in specific clinical settings:

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Personal protective equipment is provided to UW Medicine staff and students at no cost. Orientation and training for PPE is provided as appropriate by the department. The types of PPE available to employees include but are not limited to:

- Barrier protection
 - Gloves are worn for anticipated contact with all body substances and are changed between patients and sometimes between contact with different sites on the same patient.
 - Gowns and/or plastic aprons are used to cover areas of the skin or clothing that are likely to become soiled with body substances.
 - Facial barriers, including masks, glasses/goggles and face shields are worn whenever splashing or splatter of body substances into the mouth, nose, or eyes is likely to occur. Specialized masks and individual respiratory devices are also used for certain airborne diseases such as meningococcal meningitis and tuberculosis.
 - Other barriers such as hair covers, shoe covers, and boots may be used when extensive exposure to body fluids may occur. (e.g., cystoscopy, vaginal delivery, multiple trauma).

Protective equipment is available and provided to all service areas as needed. All employees using PPE must observe the following precautions.

- Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
- Alcohol-based cleansing products may be used to decontaminate hands if not visibly soiled.

- Remove PPE after it becomes contaminated, and before leaving the work area.
- Used PPE must be disposed of in identified containers.
- Gloves must be worn when it can be reasonably anticipated that there may be contact with blood or body fluids, or when handling or touching contaminated items or surfaces.
- Utility gloves may be decontaminated for reuse following protocols, if their integrity is not compromised.
- Disposable gloves may not be reused.
- Face and eye protection must be worn when splashes, sprays, splatters may pose a hazard to the eye, nose, or mouth.
- Remove any garment contaminated by blood or body fluid, as soon as feasible.
- See Infection Prevention website for instruction on donning/doffing garments.

Job Tasks

Following is a list of potential tasks and procedures in which occupational exposures may occur through needle sticks or cuts from other sharp instruments:

- Transportation of specimens
- Vascular access procedures
- Surgery or invasive procedures
- Any handling of blood or body fluid for diagnostic testing
- Disposal of sharp objects
- Accidental exposure (e.g., needle misplaced in patient room, or other procedure area)

All UW Medicine staff and students are evaluated for potential risk for exposure to blood or OPIM. This determination is made without considering the use of personal protective equipment (PPE). The determination of occupational exposure risk is based on the following criteria:

1. Direct patient care activities likely to result in direct or indirect exposure to a patient's blood or body fluids.
2. Processing or handling human blood, body fluids, tissues, or organs.
3. Processing or handling of equipment, materials or waste that may have been contaminated with human blood, body fluids or other potentially infectious material (OPIM) as defined above.
4. Administration of first aid or CPR.

ENGINEERING CONTROLS AND WORK PRACTICES

Engineering and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. Healthcare workers may check with their supervisor to learn more about the safety controls listed. The evaluation and selection of engineering controls is guided through the Product Selection Process. Review of Patient Safety Net Incident Report and blood exposure injury information guides initiatives for engineering and workplace interventions.

Sharps management

Sharps management refers to safe use of sharp agents such as needles, scalpel blades, etc. and includes safe handling and disposal in appropriate rigid, impervious containers.

In addition, specific engineering and work practices controls in place at UW campuses or clinical sites include but are not limited to the following.

- IV needle less system
- Safety IV catheters
- Safety butterfly needles
- Mylar lined capillary tubes
- Plastic blood tubes
- Safety shielded vacutainers
- Safety shielded hollow bore needles
- Blunt-tip suture needles when feasible
- Safety scalpels
- Neutral Zone
- Double Gloving for high-risk procedures

- Use of noninvasive alternative procedures when feasible
- Use of staples when feasible rather than sutures
- Plastic filter straws
- Plastic blunt needles for medication withdrawal
- Safety lancets
- Sharps disposal containers
- Pocket masks for CPR
- Biosafety Cabinet used to set up all laboratory specimens
- Centrifuge cup lids
- Splash guards
- Neptune blood collection systems in OR

FINALLY, essential work practices must include:

- No eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is occupational exposure.
- Food and drink may not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or benchtops where there is a potential for exposure to blood or other potentially infectious materials (OPIM).

Needlestick Protocol

Each student is provided with a card that provides instructions on how to proceed and obtain prophylactic treatment in the event of a needlestick or body substance exposure such as contact with blood, tissue, or body fluids. This card is provided when the student enters the MEDEX PA program and again when entering the clinical phase of the PA program curriculum.

Information on the card is as follows.

Blood/Body Fluid Exposure (2021)

Time matters (!) so proceed swiftly as follows.

1. **Remove** all soiled clothing.
2. **Wash** needlesticks and cuts with soap and water (15 mins).
Flush splashes to the nose, mouth, or skin with water (15 mins).
Irrigate eyes with clean water, saline, or sterile irritants (15 mins).
3. **Write down** the following information on “source” patient:
Name, hospital or clinic number, date of birth, & patient location
4. **Notify** supervising staff member that you need to report to employee health (or, after hours, report to nearest emergency department)
5. **Report** to Employee Health/emergency department as a blood/body fluid exposure for:
 1. Risk assessment of exposure
 2. Baseline laboratory work on you
 3. Employee Health evaluation of “source” patient
 4. Institution of post-exposure prophylaxis (PEP) if appropriate

NOTE: Student exposures are not related to an on-the-job injury. Students are not employees of either their clinical rotation site or the University of Washington and are not covered under Labor and Industry laws. Services billed under an L&I claim may be denied by the student’s insurance.

6. Link to blood-borne pathogen (BBP) exposure lab testing and [Health Science Immunization Program \(HSIP\) payment information](#):

All cost related to BBP exposures should be billed to your personal insurance first. Itemized bills (showing amounts not covered) should be sent to HSIP with your request for payment within 60 days. For questions about coverage, please contact HSIP at myshots@uw.edu or VM (206) 616-9074.

1. Office of Academic Affairs: 206.543.5560 (8am-5pm PT)
2. Spokane students: call the UWSOM Spokane Office: 509.313.7900 (7:30am-4:30pm PT)
3. If after hours: 206.906.8996. Identify yourself as a UWSOM student (or provider) with a blood-borne exposure, and request to speak with the campus health physician. This number is to the UW paging operator. If the operator does not answer your call at first, continue waiting until the call is answered. <https://education.uwmedicine.org/md-program-policies-handbook/needlestick-blood-tissue-and-body-fluid-exposure-policy/>.

For further information:

UWMC Campus Health	(7:30 am – 4:00 pm M-F)	(206) 598-4848
UWMC Emergency Department	(206) 598-4000	

Additional Self-care and reporting Policy on Blood-Borne Pathogens (staff or student status prior to start of clinical rotations)

MEDEX adheres to the UW medical school's policies on blood-borne pathogens, described below.

1. The University of Washington School of Medicine is dedicated to educating its students in the provision of healthcare of the highest quality, and it abides by a professionalism that recognizes the primacy of patient welfare and the need to avoid harm within the framework of quality medical education.
2. The SOM is firmly committed to educating all University of Washington medical students in universal precautions and in doing so before the start of their [clinical rotations]. In addition, the school is committed to reemphasizing and reinforcing universal precautions training regularly over the course of the clerkship [phase].
3. Every student on any clerkship, regardless of their location in the WWAMI region, must strictly adhere to universal precautions, including appropriate hand washing, recommended protective barriers, and meticulous care in the use and disposal of needles and other sharp instruments.
4. The school follows the Public Health Service recommendation that any person (including medical [and PA] students) who perform tasks involving contact with blood, blood-contaminated body fluids, other body fluids, or sharps should be vaccinated against hepatitis B and their response to vaccination documented.
5. Students who know they are HBsAg- and HBeAg-positive are strongly encouraged to seek counseling about infection control measures and to take additional and needed precautions to maximize patient safety while pursuing their ongoing training. [This policy varies from the mandatory disclosure for medical students.]
6. The SOM strongly recommends that any student who has risks for a blood-borne pathogen be tested and **know** their own status with respect to HIV, hepatitis B, and hepatitis C. In addition to following universal precautions, students with a known blood-borne pathogen are expected to:
 - Double glove during all procedures involving the possibility of blood-borne exposure,
 - Refrain from all direct patient care and the handling of patient care equipment used in invasive procedures if the student has exudative lesions or weeping dermatitis,
 - Refrain from direct participation in exposure-prone procedures, which at the minimum include the following:
 - Digital palpation of a needle tip in a body cavity,
 - Simultaneous presence of the student's fingers and a needle or other sharp instrument or object in a poorly visualized or highly confined anatomic site.
7. The reporting of the hepatitis C status and HIV-status of students to the school is voluntary. If a blood-borne exposure occurs, however, in which there is a reasonable chance that blood was transmitted from the student to the patient, then the school considers it **mandatory** for the student to immediately report their blood-borne pathogen status to their supervisory attending physician so that appropriate post-exposure prophylaxis may be undertaken on behalf of the patient. Similarly, should a blood-borne exposure occur

from the patient to any student, it is considered mandatory for the student to immediately report the event to the supervisory attending so that appropriate evaluation and post-exposure prophylaxis may be undertaken on behalf of the student.

8. The SOM is committed to advising and providing continued career guidance to any and all students who know, or suspect they have, a blood-borne pathogen. Furthermore, the SOM will provide, when appropriate, reasonable accommodations in training for students with blood-borne pathogens to enable the student to complete their medical school training without penalty while at the same time optimizing patient safety.
9. The School of Medicine believes it is important to annually review this policy, and change and update it as necessary, to reflect the current level of science and national guidelines with respect to blood-borne pathogens.

The above UW School of Medicine policy is excerpted from: Mengert TJ, et al. UW Medicine: School of Medicine Blood-Borne Pathogens Policy. Seattle WA: University of Washington; 2005.

<https://depts.washington.edu/fammed/wp-content/uploads/2015/03/BloodbornePathPolicy.pdf>

Drug Testing Policy

The UW School of Medicine MEDEX Northwest PA Program requires a one-time drug screen for PA students just prior to their clinical year because many clinical sites where clinical rotations are scheduled require evidence of drug testing with negative results for student onboarding and before they will accept the student for a rotation.

MEDEX generally contracts with these facilities so that the testing can be done through the program rather than through the facility in order to protect students' privacy. MEDEX in turn uses CastleBranch, which provides industry-standardized drug screening service through Quest Diagnostics and Labcorp laboratories around the 5 state WWAMI region and Clinical Labs in Hawaii <https://www.clinicallabs.com>. Working with CastleBranch, MEDEX has chosen to implement a urine drug screening program for its drug testing protocol. The cost for this one-time drug screening is paid by the student as a clinical year fee.

The CastleBranch drug testing procedure is used to test for the following drugs.

- Amphetamine (methamphetamine)
- Barbiturates
- Benzodiazepine
- Cocaine
- Marijuana
- Methadone
- Methaqualone
- Opiates (codeine & morphine)
- Phencyclidine
- Propoxyphene
- Oxycodone

Preceptorship and Clerkship clinical sites with drug test requirements are generally identified within the EXXAT clinical database. No information concerning drug testing is shared with the clinical rotation facility other than to verify that the results were negative. The MEDEX Northwest PA Program can NOT verify drug test results from outside agencies.

PA students will have access to their drug test report on their [MyCB account](#) on the CastleBranch website. The MEDEX Program will also have access to the report via the CastleBranch website. The school will record compliance status in [EXXAT](#) but will not upload the reports to EXXAT in order to protect students' privacy.

Some clinical sites may require drug screening within a specified interval, i.e., within 30-days of the rotation. In events where additional drug testing is required for a clinical rotation, the student shall follow the site's drug testing procedure and pay for this cost as an additional clinical year fee.

Process for Positive Results for Prescribed Medications

Confirmed positives for a prescribed medication are reviewed by a CastleBranch Medical Review Officer (MRO). Once CastleBranch has reviewed the supporting documentation for the prescribed substance, the results are reported to MEDEX as "negative" and no information about the prescribed substance is shared with MEDEX.

If there is a positive result for prescribed medication/s, a CastleBranch MRO will contact the student to ask for documentation of their prescription. Once the review is completed, the results are reported as negative and MEDEX will not have any information about the student's medication/s. Students will have three days to respond to the MRO. If the MRO does not hear from the student within three days of notification, CastleBranch will report the positive result to MEDEX.

Process for Positive Results for Controlled or Illicit Substances

If there is a confirmed positive for a controlled (Schedules II-V) or an illicit substance, including marijuana and alcohol, the PA student is referred to the MEDEX APD of Student Affairs for further assessment and management. Depending on the circumstances, the student may be referred to the WPHP.

[UW School of Medicine Policy on Marijuana Use](#)

HSIP Fee

Upon entrance into a participating health sciences school/program, students are required to pay an [annual HSIP fee](#) to cover HSIP administrative costs and bloodborne pathogen exposure costs not covered by personal insurance. The annual fee is divided by either 3 or 4 quarters depending on the program and included on the student's tuition statement. This fee is subject to change yearly. HSIP uses a web-based vendor, Med+Proctor for immunization compliance tracking. There is a one-time account set-up fee. Fee amount is subject to change; students may contact the Student Services team for more information.

Important UW PA Program Email Protocol

Students receive most information through email or referral to the web. Students are expected to check their UW email daily and to maintain professionalism in all their communications. UW employees are restricted from using UW email accounts for partisan political purposes. Students are responsible for maintaining access to their email accounts as they move during the program.

All students, regardless of MEDEX campus location, must set up an individual UW email account at the beginning of the MEDEX program. The email account must be some combination of first, middle or last names. When students initiate the email set-up process, **they should not** accept the default auto-generation of an ID but rather create their own ID instead. Students may need to include numbers in the email address to distinguish themselves from other members of the University community who may have similar names or initials. The PA student's email address and/or signature may not include "doc" or "dr" as this would misrepresent the status as a PA student. Any reference to 'PA' must be in the form of 'PA-S', indicating the student status (this would be in the e-signature). Students may wish to avoid using PA-S as part of the actual email address, since this would require an email address change after certification as a PA.

Examples of acceptable email IDs for someone named Mary D. Smith include: marysmith, marydsmith, msmith, marys73, marysmith25 and other similar combinations. IDs that would make it difficult to identify students or that have the potential for misinterpretation are not acceptable. Examples include: ms2, md3, mdsmith, drsmith, etc. If a student's email account ID is deemed inappropriate, MEDEX will require that it be changed to meet expectations.

Use of HIPAA-Compliant Email

PA students are considered part of the UW School of Medicine and may not auto-forward UW email away from UW Medicine-approved email servers or store confidential data on these servers. Doing so risks exposing HIPAA-protected data. The approved option for PA students is [UW Exchange Online](#). UW Medicine Compliance audits for this auto-forward feature and contacts individuals who violate the policy.

Email Etiquette

Students should respond individually to the person initiating the email message, i.e., do not “reply all” to include everyone on the reply unless appropriate for the situation. Email replies that include the entire class create an excessive number of irrelevant emails for all and are a misuse of student and faculty time.

The student body, faculty, and staff come from a broad spectrum of beliefs and opinions. Students are expected to exercise caution to ensure that their email messages are clear and will not be misinterpreted by recipients. Humor is especially vulnerable to misunderstanding in this setting.

UW Medicine Social Networking Policy and Guidelines

[Note: Throughout this section, “workforce members” and “you/your” refer to the PA student. The full text of this document is available at https://depts.washington.edu/comply/docs/303_G1.pdf, which can also be found through UW Compliance on the [Social Media Policy and Guidance](#) page. Policies last updated November 27, 2023.]

PA students must adhere to the same social networking policies and guidelines as UW Medicine faculty, staff, trainees, volunteers, and others who work for UW Medicine (hereinafter referred to as workforce members). MEDEX workforce members do not communicate with students through social networking sites such as Facebook, Instagram, X, etc. For official communications, the program will not respond to messages received through such networks. Students are expected to use the established UW and MEDEX pathways for communication including the UW email systems and online discussion formats on course websites. Text messaging is discouraged between students and MEDEX workforce members. The MEDEX Facebook, Instagram, and X accounts facilitate publication of stories and news items, but are not intended for dissemination of instruction, course materials or other official program communications with students.

Policy Statement: Limiting Use of Social Media in Hospital and Clinic Spaces

Use of social media is prohibited while performing direct patient care activities or in unit work areas, unless social media use in these areas has been previously approved by a supervisor. Workforce members should limit their use of social media in hospital or clinic space to rest or meal breaks unless social media use for business purposes has been previously approved by a supervisor.

Guidelines: Social Networking Guidelines

- 1. Think twice before posting.** Privacy does not exist in the world of social media. Consider what could happen if a post becomes widely known and how that may reflect on you, MEDEX and UW Medicine. Search engines can turn up posts years after they are created, and comments can be forwarded or copied. If you would not say it at a conference or to a member of the media, consider whether you should post it online. If you are unsure about posting something or responding to a comment, seek advice from your supervisor or academic advisor or clinical coordinator.
- 2. Anonymity is a myth.** Write everything as if you are signing it with your name.
- 3. Remember your audience.** A presence in the social media world is or easily can be made available to the public at large. This includes prospective and current students, current employers and colleagues, patients and their families and peers. Consider this before publishing to ensure the post will not alienate, harm or provoke any of these groups.
- 4. Strive for accuracy.** Get the facts straight before posting them on social media. Review content for grammatical and spelling errors. This is especially important if posting on behalf of UW or MEDEX PA program in any capacity.
- 5. Familiarize yourself with and use conservative privacy settings regardless of the content on your profile.** Practice restraint when disclosing personal information on social networking sites; your audience is everyone.
- 6. Consider your professional image.** As a rule, post online only content that you would be comfortable having your advisor or supervisor see. Employers often search social networking sites during the hiring process. Also, regulatory agencies monitor sites when considering licensure applications. Always consider the professional image you wish to present to your employer, coworkers, patients and their families. Even seemingly innocuous images and comments can diminish the respect and trust that others have for you.
- 7. Do not “friend” patients** on social networking sites.

8. **Do not send 'friend' requests to faculty or staff** until after graduation from the program.
9. **Managers are discouraged** from engaging in social media interactions with their subordinates, even if subordinate initiates contact. MEDEX discourages such interactions because of the potential for misunderstandings and undesirable effects on supervisory relationships.
10. **Ask permission before posting medically related content on social media sites.** Students must ask permission from someone with appropriate authority in the PA program or at the clinical rotation site.
11. If in doubt, do not post!
12. **Use disclaimer language.** If you acknowledge your MEDEX affiliation or you may be otherwise known as or presumed to be affiliated with the MEDEX Northwest PA Program, include disclaimers in your online communications that indicate you are not speaking officially on behalf of the PA program.
For example:
 - “The postings on this site are my own and do not represent the positions, strategies or opinions of the University of Washington, School of Medicine and MEDEX Northwest”; or
 - “This is a personal website, produced in my own time and solely reflecting my personal opinions. Statements on this site do not represent the views or policies of my employer, past or present, or any other organization with which I may be affiliated. All content is copyrighted.”
13. **Do not engage in cyberbullying.** Do not harass, libel, slander or embarrass anyone. Do not post any material that is obscene, defamatory, profane, libelous, threatening, harassing, abusive, hateful or embarrassing to another person or entity. Individuals may be held personally liable for defamatory, proprietary or libelous commentary.

PROFESSIONAL BEHAVIOR AND CONDUCT FOR THE TEACHER-LEARNER RELATIONSHIP

The MEDEX Northwest PA Program is committed to maintaining the highest standards of academic performance, professional behavior, personal integrity, and respect for each other as individuals. These standards apply to all individuals associated with the educational experience.

Teachers and learners are expected to be on their honor to maintain the highest standards of professional behavior in all aspects of education. Both must be respectful of the special nature of the PA-learner status in how they conduct themselves in the presence of patients and maintain patient confidentiality.

Integrity is an essential personal quality for successful completion of the PA program. Upholding the standards of professional and personal conduct includes both acquiring and demonstrating the behavioral patterns and attitudes consistent with the PA profession and also being accountable for one's own conduct as well as assuming responsibility for the professional behavior of one's colleagues within the medical profession. In this regard, the faculty are expected to serve as role models who will enhance the learners' ability to incorporate appropriate behaviors into their professional development.

The MEDEX Northwest PA Program believes that the provision of an atmosphere in which individuals can learn from each other in a supportive environment and in which there is recognition of the dignity and worth of each person is essential to its mission. The members of this community come from many different backgrounds and include different races, religions, sexual orientations, ethnic ancestries, and socio-economic status. Learning to understand differences, as well as the similarities, and how to integrate culturally sensitive skills in communications at all levels is an important dimension of education. It is hoped that all would seek to appreciate the richness and personal growth that this diversity provides everyone as members of the medical school and University community.

Academic Advisors and Student Mentoring

The academic advisor–student advisee relationship is a unique and integral part of the MEDEX program. The academic advisor and the clinical coordinator serve as mentors to PA students. They promote student progress, lend support and provide advice to further student growth into the PA role. If students experience a situation that may have a negative impact on their learning, it is important to consult with their academic advisor or clinical coordinator early in the process in order to help resolve the situation. Advisors maintain confidentiality of student information, consulting with other program faculty/staff only when appropriate and necessary.

Students and academic advisors have at least one formal meeting each quarter during the didactic year. Advising meetings take place during campus weeks in the clinical year. These meetings are opportunities to become better acquainted, to problem-solve any individual issues (academic, personal, professional), to provide guidance in developing the role in the PA profession, to review the student's portfolio, etc. Additional advisor-student meetings may be scheduled at the request of either the student or academic advisor. In the case of a student being required to retest or remediate in order to pass a course, an additional advisor-student meeting is scheduled prior to commencement of the retest and remediation proceedings.

Students will also have an additional advisor specific to the capstone project. Capstone advisor-student meetings will take place regularly throughout the capstone project process.

Conflicts of Interest Policies

Personal/Familiar Relationships in the Educational Environment

No faculty member, teaching assistant, research assistant, department chair, dean, staff or other administrative officer should vote, make recommendations, or in any other way participate in the decision of any matter which may directly affect the employment, promotion, academic status or evaluation of a student with whom they have or have had a familial, sexual, or romantic relationship. This policy applies to all individuals who teach or precept students enrolled in the University of Washington School of Medicine or MEDEX Northwest PA Program,

including faculty, preceptors, residents, and others working with MEDEX students throughout the WWAMI region.

Student Healthcare and Faculty Relationship

As noted in the accreditation standard A3.09, faculty ‘*must* not participate as healthcare providers for students in the program.’ If a student requires medical treatment, the student should seek to receive care from other providers. In the case of an emergency, the faculty member who might respond is recused from evaluation of the student.

Treatment of Students

The MEDEX Northwest PA Program is committed to maintaining safe and inclusive academic, research, and clinical care environments for the entire community of learners and teachers, and all members of the School of Medicine and MEDEX Northwest community – faculty, staff, and students – are expected to meet the standards of the [UW Medicine Policy on Professional Conduct](#).

As individuals who are entering a profession that is self-regulated, it is important that PA-learners begin to develop skills in providing feedback directly to the individual(s) who appear to be behaving outside the acceptable standards of conduct for the medical or educational profession. Such feedback should be approached in a manner that provides the individual an opportunity to acknowledge their inappropriate behavior and identify ways to correct it and reduce the possibility of the behavior reoccurring. The kinds of incidents considered unacceptable include cheating, inappropriate comments or humor, disruptive or rude behavior by peers in or outside of the classroom, and inappropriate behavior between peers or peers and faculty or staff.

The PA program’s administration recommends the following options for handling incidents of unacceptable behavior or conduct.

- If the student is comfortable with their skills in providing direct feedback, the student should approach the individual and open a discussion about what has been observed and how this behavior might be perceived.
- If the student is uncertain about whether what they have observed is an issue that needs to be addressed (either on their own or after discussion with the appropriate individuals), the student may make an appointment to discuss (in confidence) the incident with a faculty advisor. If any follow-up is recommended, the student is part of that decision. Such a decision may include encouraging the student to speak with the individual or have the advisor speak with the individual with or without the student being present.
- If the student is uncertain about whether what they have observed is an issue that needs to be addressed (either on their own or after discussions as noted above), the student may make an appointment to discuss the issue with the APD of Student Affairs or the MEDEX Program Director. Every attempt is made to maintain the confidentiality of the discussion, and if a decision is made to take some action, the student will participate in that conversation. However, there are certain situations in which a member of the administration, up to and including the dean of the medical school, has a duty to report e.g., sexual assault, harassment, etc. In those circumstances, confidentiality may not be able to be maintained.
- If the situation cannot be addressed within the MEDEX program, students may make an appointment to discuss the issue with the Vice Dean for Academic Affairs in the School of Medicine. The interchange is initiated as a confidential discussion and students participate in any decision toward taking action.

In managing issues in which the professional behavior or conduct of students, faculty, or staff do not meet expected standards, it is preferable to have the discussion first at the level of the individual. In many cases, this resolves the problem and both individuals will have gained important insights into the kind of responsibility we have for each other’s behavior. If the problem is not resolved at the individual level, then the issue may need to

be managed at a more formal level.

Confidentiality and privacy are essential components in determining whether and how a formal level of intervention may occur. This refers to both the individual raising the concern and the individual whose behavior is being questioned. If the breach of professional conduct is confirmed and is in the realm of unacceptable behavior for graduation (e.g., cheating, breaking the law, inappropriate behavior with patients, etc.), the incident is reviewed against the School of Medicine’s Misconduct Policy and by the PA program’s SPC for determination of the appropriate course of action.

Mistreatment

Mistreatment of students by faculty, staff and peers is prohibited. This includes incidents of humiliation, harassment or discrimination based on sex, race, religion, ethnicity, gender identity, sexual orientation, or age, or the use of grading or other forms of assessment in a punitive manner.

* The University of Chicago [Pritzker School of Medicine](#)

	Not Mistreatment	Mistreatment
M <i>Malicious intent</i>	On the first day of third year, the ward clerk says to the student, “I can tell you guys are newbies,” then offers to help the students find a computer station.	Resident purposely gives student misinformation before rounds. Student overhears resident laughing about messing him over.
I <i>Intimidation on purpose</i>	Student working with the chairman of surgery says he feels nervous about operating with him since the chairman can "make or break" his career.	Resident tells a student that the resident intends to make the student cry before the rotation is over.
S <i>Sexual harassment</i>	Male student asked not to go into a room because a female patient only wants a female to examine her.	Student subjected to offensive sexist remarks or names.
T <i>Threatening verbal or physical behavior</i>	A student is yelled at to "get out of the way" by a nurse as a patient is about to be shocked during resuscitation.	An attending grabs the student's finger with a clamp OR tells them they are an "idiot" after they could not answer a question.
R <i>Racism or excessive discrimination</i>	Attending gives student feedback on how to improve performance.	Student subjected to racist or ethnically offensive remarks or names.
E <i>Excessive or unrealistic expectations</i>	Student is asked by an attending to review an article and present it on rounds to the team.	A resident tells a student that it is their job to perform rectal exams (necessary or not) on all the patients admitted to the service.
A <i>Abusive favors</i>	A student is asked to get coffee for themselves and for the team prior to rounds since the resident did it yesterday. The team gives the student money.	A student is asked to pick up an attending’s dry cleaning.
T <i>Trading for grades</i>	A resident tells a student that they can review and present a topic to the team as a way to enhance the student’s grade.	A student is told that if the student helps a resident move that the student will get honors.

Mistreatment Reporting Processes

If students have an urgent concern about the learning environment that requires an immediate response, a potentially impaired provider, physical or sexual assault, or other egregious situation in the learning environment, they should contact their faculty advisor or the APD of Student Affairs. MEDEX also administers a Learning Environment Survey where mistreatment can be reported confidentially.

Students may choose to discuss their concerns with any one or more of the following to determine the most appropriate course of action.

- School of Medicine (SOM) or UW counselors (located in Seattle, or contracted at other campuses)
- Ombud (206) 543-6028; <http://www.washington.edu/ombud/>
- Civil Rights Investigation Office (206) 616-2028; cr-investigations@uw.edu
- Center for Equity, Diversity, & Inclusion staff
- Other faculty or staff

Depending on the situation and the student's decision on whether to make a formal complaint, an approach for addressing the issue is developed in collaboration with the student within the PA program, the School of Medicine's and/or University's informal process or formal grievance procedures.

ATTENDANCE POLICIES

MEDEX students are expected to make their PA school schedule their highest priority, be present for all didactic learning activities and assessments and for all clinical rotations, plan non-emergent appointments and events during scheduled breaks in the MEDEX academic calendar.

Absence During the Didactic Phase

Punctuality and attendance are expected for all didactic learning activities including but not limited to lectures, workshops, small group learning activities and assessments. The MEDEX didactic curriculum is fast-paced and builds upon previous instruction. Students come to the MEDEX program from diverse medical backgrounds with important perspectives that enrich the classroom learning environment for all students. Additionally, didactic learning activities also serve to socialize the student to the PA profession. It is the student's professional responsibility to arrive on time, to be prepared for and to be an active participant in all didactic learning activities. Tardiness, early departures and absences from didactic activities are not conducive to optimal learning and professional development for any student in the MEDEX program.

The program recognizes that students will likely have unplanned emergencies arise throughout the didactic year. The intent of the MEDEX attendance policy is to ensure that students have the opportunity to optimize their learning and develop the requisite PA professional competencies. In the event of an absence from didactic learning activities, students must coordinate with the relevant course co-chair to develop a remediation plan for any missed coursework affected by the absence.

Notification of absence: Students are expected to provide timely notification and justification for all absences from didactic learning activities. If the student will miss any portion of a didactic learning activity, the student must provide prior notification in writing via the student's UW email account. This communication should be initiated at the earliest opportunity when the student becomes aware of an absence or late arrival. Sending messages through classmates is not an acceptable form of notification. The email should include the date and times the student will be out of class and a justification for the absence. The student communication should be addressed to the following MEDEX faculty and staff.

- Course co-chair(s) at local campus
- Campus didactic coordinator
- Campus didactic staff
- Didactic faculty advisor

Notification of absence for student assessments: Students are expected to perform all assessments at the scheduled time on the academic calendar. If a personal illness or personal or family emergency necessitates missing a scheduled assessment, students will initiate the notification processes outlined above to provide a justification for the absence and to request permission for possible redress of the missed assessment. The course co-chair will communicate the circumstances of the absence to the course chair and APD of Academic Affairs or Clinical Affairs prior to the start of the assessment and request to reschedule the assessment. Additional documentation of the justification for the request may be required of the student.

Frequent absenteeism: Student attendance is consistently monitored by faculty and staff to include absences, tardiness and early departures. Students who miss more than either 50% or one hour (whichever is less) of a scheduled didactic learning activity are counted as absent for the activity.

Any student absences totaling greater than the equivalent of two didactic days (12 instructional hours) per academic quarter are considered to be excessive. These students will have their attendance reviewed and monitored by the APD of Academic Affairs, Campus Coordinator and academic advisor to consider the circumstances surrounding the absences, discuss effects on the student's professionalism, academic performance, and progress, and to develop and assess remediation plans. The student should expect additional monitoring and possible referral to the SPC.

Any student absences exceeding the equivalent of five days (30 instructional hours) per academic quarter are considered excessive and have significant impact on student progress in the MEDEX program. Students are

referred to the SPC to consider both the circumstances surrounding the absenteeism and any subsequent actions, which may include disciplinary actions, formal remediation, a leave of absence, withdrawal, or dismissal from the program.

Absence due to attendance at a professional PA conference: To attend professional conferences, students must request approval from the APD of Academic Affairs or Clinical Affairs via email in advance of the conference, with a cc directed to the Campus Coordinator at the student's local campus. A student must be in overall good academic standing when registration is submitted as well as prior to conference attendance and must maintain and continue all aspects of professionalism in the quarter the conference is scheduled. Assignments that are due during an approved absence must be submitted before departure unless other arrangements have been agreed upon with the course chair or co-chair. Approved absence for PA professional conferences will neither be counted as absenteeism nor affect the student's professionalism grade. For attendance or presentation(s) at a non-PA conference, consultation with and approval from the Campus Coordinator, APD of Academic Affairs or Clinical Affairs, and the MEDEX Program Director are required.

Zoom attendance policy: Zoom technology is a digital option to synchronously participate in the MEDEX curriculum when appropriate. Zoom should be used only for emergency situations and for pre-planned remote classroom activities. The expectation is that all MEDEX learners will attend classroom sessions in-person and actively participate in all learning activities. Attendance trends will be monitored for abuse of this accommodation. The Zoom option is to be used at the discretion of the MEDEX faculty and we have the authority to cease its use should student misuse occur.

Zoom Rules of Engagement: Students who are ill or cannot attend in person due to urgent personal/family issues will notify the assigned course staff and faculty course chair/co-chair at least one hour prior to the start of the class. Zoom permission must be decided by the faculty course chair/co-chair and either the faculty or staff will provide a confidential password to access the Zoom room. The approved student will not share the password with any other student. Students who do not receive written approval for Zoom attendance but try to (or successfully) log on will not be admitted or will be subsequently removed from the Zoom platform and be referred to the SPC along with any person who shares the password without authorization. Any student who makes or assists an unapproved attempt **OR** three or more emergency Zoom requests **per quarter** will be reviewed by the SPC for final disposition.

Absence During the Clinical Phase

During clinical rotations, students are part of the clinical team with patient care responsibility and attendance is required. Students are expected to adhere to the policy guidelines related to attendance, the approval process for excused absences, and the consequences for unexcused absences. Students should be present for all days during rotations, including overnight call and weekends.

Absences exceeding two days per month of clinical rotations will result in failure of the rotation. Any absence exceeding anticipated absences from scheduled clinical hours or days must be approved in advance by both the MEDEX clinical coordinator and the preceptor.

In the event of an unanticipated absence due to illness or emergency, the student must notify the preceptor as soon as possible with follow-up to MEDEX. Failure to respond to clinical site or program attempts to contact the student upon unanticipated absence is cause for concern and referral to the SPC.

Students with an unanticipated absence must speak with the clinical coordinator as well as the rotation site preceptor in charge prior to the start of the shift. It is not acceptable to leave only a phone or email message or to contact only administrative staff. Students should receive confirmation (direct conversation, return email or phone call) from the clinical coordinator and the rotation site preceptor indicating that the team is aware of the student's absence.

An absence for the purpose of seeking treatment for a suspected infectious or occupational exposure (including needle stick injury) is accommodated as an unanticipated medical absence.

Students missing more than 2 days for anticipated or unanticipated absences must make up the excess time during the 4-week rotation. Students unable to make up excess time will need to request an Incomplete per the Incomplete grade policy, or take a leave of absence and withdraw from the rotation.

Absence Due to University Closures and Inclement Weather

The University of Washington in Seattle and regional universities at which there is a WWAMI campus generally seek to maintain their normal operations. However, there may be times when situations such as inclement weather, power outages, earthquakes, etc., impact operations and/or students' and faculty members' ability to be present for scheduled coursework. In these types of situations, the university will determine whether it will officially close.

Didactic Phase

MEDEX classes or examinations are canceled only if the university has issued a decision to close via the official channels outlined on their respective websites.

<u>Anchorage:</u>	UA Alert
<u>Kona:</u>	State of Hawaii Alert
<u>Seattle:</u>	UW Alert
<u>Spokane:</u>	Zag Alert
<u>Tacoma:</u>	UW Alert

Students in the didactic phase should follow their respective university's operations policies with respect to class cancellations or other suspended activities and confirm with their respective MEDEX campus office for decisions on when required coursework or examinations will be rescheduled. Students and course chairs are also notified of university closures by MEDEX Administration via email. In the rare event that MEDEX decides to cancel class when the university has not closed the campus, faculty and staff notify students directly.

Clinical Phase

As members of a healthcare team during rotations, students should follow the inclement weather practices of the rotation site at which they are assigned. Students are expected to be in the hospital or clinical office if at all possible and are expected to show up if their teams are working in the hospital or if the clinic is open. If students are unable to access the hospital/clinic due to hazardous travel, they must call and speak to the site preceptor directly. It is **not** acceptable to leave a message with a receptionist, office staff, or voice mail.

Absence Due to Personal Events

Personal events including but not limited to weddings, graduations, presenting at conferences, receiving awards, and healthcare appointments should be scheduled during breaks and should not be scheduled during required activities. Students will not be excused from required coursework for these kinds of events.

Absence Due to Conference Participation

For Conference attendance, a student must be in good academic standing at the end of the quarter prior to the event registration deadline are considered for permission to attend the conference. See [STUDENT LEADERSHIP, PROGRAMS, ACTIVITIES AND AWARDS](#) for more information.

Absence Due to Chronic Health Issues

If time off is needed for chronic health issues and/or appointments, the student must contact [DRS](#) to arrange accommodations.

Absence Due to Temporary Health Conditions

Sometimes absences are necessary due to significant but temporary personal health conditions, or significant but temporary health conditions of someone for whom the student is the primary caregiver. In the didactic phase,

absences are considered extended if they exceed two days of any single academic quarter; the didactic student must maintain absence communication with the appropriate faculty and staff. In the clinical phase, the student must contact their clinical coordinator in the case of any absence. In some cases, the student may be eligible for temporary health accommodations by applying to [Disability Resources for Students](#). In these circumstances, the student is still responsible for meeting all benchmarks and completing all coursework.

Students who are pregnant and may experience absences and disruptions to their education due to pregnancy and delivery should seek accommodations through DRS. However, DRS does not approve accommodations for non-pregnant students who are becoming parents. MEDEX may approve temporary accommodations to students who are becoming parents (including non-pregnant parents) and therefore need temporary attendance flexibility. In this case, the student may submit a written (email) request to the APD of Student Affairs for approval of temporary attendance accommodations until the child has arrived and is settled in the home.

LEARNING ENVIRONMENTS

Didactic Classroom

- It is a MEDEX policy that students do not bring children or pets to MEDEX functions unless they are specifically invited. This includes lectures, tutoring and workshops. Due to the nature of the small classrooms, visitors are also not allowed.
- Guns and other weapons are not permitted in the classroom, program offices, education locations or other program venues or events.
- Attending class while under the influence of alcohol or drugs is strictly prohibited.
- Student mailboxes in the classroom area are reserved for program communication with individual students. They may not be used as storage lockers or for delivery of personal notes.
- Classroom seats may be assigned or reassigned by faculty without notice.
- Workshops offer unique administrative challenges and must take into account the schedules of multiple individuals with limited availability. After workshop schedules have been established, changes may not be possible. Requests for reassignment or special consideration are therefore strongly discouraged and may be denied.
- The use of laptop computers in the classroom is allowed, however students must make every effort to avoid distracting others. The audio must be set to mute during class. Extracurricular activities such as email, web-surfing, gaming and social networking should take place only during appropriate times outside of class time (unless it is an assigned component of the classroom activity). All electronics must be turned off or muted and stowed during testing except when exams explicitly require electronic devices.
- Audio recording may be allowed for lectures but not for class discussions. Since the recording of lectures can be disruptive to the speaker and fellow students, permission from the instructor must be obtained in advance. The use of recorders must be unobtrusive and offer minimal distraction. Video recording of demonstration-style instruction may be allowed under certain circumstances. **Video and/or audio may not be posted publicly;** the program will post these on the course website if this is determined to be of educational benefit. The question of whether audio or video recording is allowed must be discussed with the course chair(s) or co-chair in advance and the decision is at the lecturer's discretion.
- Cell phones, pagers, and other electronic communication devices are disruptive and distracting when they sound or ring. These items are to be kept off or muted during class.
- When students are in class, faculty expect them to direct their attention to the instructor. Students may not engage in web-surfing, game-playing, emailing, messaging or similar extracurricular activities during class since they prevent students and classmates from learning important material. Failure to function within these limitations, as well as repeated phone or pager ringing, represents an inadequate level of professionalism and may result in faculty intervention and review by the SPC.

Online Learning Environment

Didactic courses use several technologies to facilitate student learning.

- Course information, syllabus, objectives, presentation materials, etc.: all currently enrolled PA students at all campuses have access to the current version of a particular course.
- Discussion boards for assignments with classmates outside of class: in some courses, faculty may actively participate in discussions.
- Assignment score: students will only see their own scores and access is specific to the course/site in which the student is enrolled.
- Video/audio recordings: class assignments sometimes include brief video modules prepared by faculty for students at all campuses.

Appropriate Use of Curriculum Resources

All MEDEX resources, including but not limited to written syllabi and learning objectives content, lecture PowerPoint slides, websites, articles, and videos are shared with MEDEX students electronically for personal use as part of the PA education program. They are not intended to be shared outside of the PA program community. Redistribution or reposting of material created by others without their permission is a serious

violation of U.S. copyright law. Students found to be engaging in this type of redistribution activity are referred to the SPC.

Clinical Rotation Learning Environment

The PA program has created the following guidelines for all rotations. For clinical year students, the *Clinical Phase Manual for MEDEX Students and Preceptors* provides detailed information.

Supervision of PA Students in Clinical Settings

In recognition and support of the importance of graded and progressive responsibility in PA student education, and in recognition and prioritization of the safety of patients, students and other healthcare providers, the following requirements must be adhered to when supervising PA students in clinical settings.

Supervisor Qualifications and Prerequisites

- MEDEX PA students are supervised by physicians and non-physicians who have been vetted by the MEDEX program.
- Students may also work with a resident or fellow in training in a graduate medical education program.
- Supervisors are expected to have the appropriate certification for their practice and specialty.
- Supervision by physicians and non-physicians must be within the scope of practice of the supervising physicians and/or non-physicians charged with supervision.
- Supervisors will know the learning objectives for the student's clinical activities.
- The supervisor will have reviewed and will adhere to the [UW Medicine Policy on Professional Conduct](#).

Delegation of Responsibility to Students

- The level of responsibility delegated to students by the supervisor must be appropriate to the student's level of education.
- Students must be supervised at all times with the student's supervisor either physically present in the same room with the student and patient(s) or within a distance that permits ready availability to the student and patient(s).
- The supervisor teaches the student in such a manner that the student's responsibilities may gradually increase as their knowledge, competence, and experience grows.

Feedback to Students about Clinical Skills and Performance

- Supervisors monitor the student's performance on an ongoing basis throughout the course or clerkship.
- Supervision is designed to provide formative constructive feedback to students in an ongoing manner and summative feedback at the end of rotations.
- Formative feedback should be provided early enough in the rotation for the student to make corrections prior to summative assessment.
- The supervisor notifies the clinical coordinator immediately if serious academic or professional gaps in student performance exist.

Student Responsibilities Related to Supervision

- Students are expected to have the appropriate certification to participate in clinical activities.
- Students must seek assistance if faced with a medical circumstance beyond their skill level or comfort.
- Students should not perform aspects of a history, physical examination, or a procedural skill that they believe they are not yet ready for or are too fatigued to perform, even in the presence of faculty supervision.
- Students are encouraged to voice any concerns to their faculty advisors about the adequacy of their clinical supervision.

Clinical Rotation Housing, Travel, and Transportation Policy

The PA program does not provide housing at rotation sites for clinical students. Travel and transportation costs to rotation sites are the responsibility of the student.

Professionalism and Standards of Dress and Appearance

As student representatives of MEDEX and the PA profession, students are a visible group. They are expected to wear appropriate attire at all times for the clinical setting, classroom, workshops and other MEDEX experiences. Students are to keep their attire simple, clean, neat and presentable. If in doubt, students are encouraged to ask. Students are required to wear ID badges when appropriate.

GENERAL MEDEX PA PROGRAM INFORMATION

Tuition and Fees

MEDEX Northwest PA Program is a self-sustaining program within the University of Washington. This means that whichever campus students attend, student tuition is applied directly to cover program expenses. All tuition and fees are collected through the UW student accounts system. Through this system, all financial aid is applied directly to student tuition and fees, and then any remaining balance is released to the student.

In addition to tuition, a quarterly academic resource fee is collected in the same manner as that stated for tuition. Students are required to pay all university fees regardless of campus location. The technology fee supports computer technology resources such as PubMed searches, email and online research as well as articles and texts available through the library. The service and activity fee entitles students to the full range of services offered to all UW students. MEDEX students also pay a quarterly fee to cover the Health Sciences Immunization Program administrative costs.

Registration

Unlike other University of Washington students, MEDEX students do not register via the main University system on the [MyUW website](#). All MEDEX students are registered each quarter by the MEDEX Student Services team.

Grade Reports

Students may check their grades and/or request a copy of their grades by using the MyUW website. MyUW allows students secure access to their academic records (<https://my.uw.edu/>).

Student Academic Files

Each student's permanent academic file is maintained in locked cabinets in the Seattle administrative office. (Exception: beginning with the incoming class of 2020, all student records are digital). This file is complete upon graduation and includes admission records, transcript, clinical rotation schedule, clinical rotation evaluations, SPC actions, and copies of other correspondence related to the student's PA education. Each campus also maintains an active academic file for each student containing exam reports, advising forms, clinical rotation evaluations and other correspondence related to the student's PA education.

Access to Student Academic Files

Upon a student's written request, the MEDEX Director of Admissions & Student Services supplies the release request form to the student for completion and the MEDEX Director of Admissions & Student Services then forwards the completed form and student file to the Registrar's office for preparation for viewing by the student.

MEDEX program faculty and staff have access to the student's physical and digital academic files.

Request to Amend an Academic Record

If the student believes that information contained in their academic file is inaccurate, misleading, in violation of the student's rights of privacy, or not applicable to their tenure in the PA program, the student may submit a request to the MEDEX Director of Admissions & Student Services to have the document corrected. The request is reviewed with the APD of Student Affairs and may include meeting with the student to clarify the reasons for the request and to determine whether any other information is needed to make a decision. The APD of Student Affairs will make a decision on the student's petition and may discuss the request with the SPC. If the student wishes to appeal this decision, the appeal request is submitted in writing to the MEDEX Program Director, whose decision regarding the student's request is final. If the decision is to not make the correction requested by the student, the student has the right to place a statement in the permanent academic file commenting on the contested material.

Release of Student Directory Information

Student directory information is maintained within the PA Program and the University of Washington registrar's office. These databases are independent of one another. Students are required to complete and submit a Directory Information Release form upon matriculation in the first year. To change authorization for the release of directory information, students must submit an update by contacting the University of Washington registrar's office (upper campus) to request a change in the UW directory.

Campus ID Cards

UW Husky Card – Seattle and Tacoma Campuses

As registered students at the University of Washington, MEDEX students may obtain a Husky ID card (optional). The initial card is at no cost to the student; replacement cards are \$25 billed directly to the student.

Seattle: To obtain the Husky Card, students bring their student ID number and a state - or federally-issued photo identification (such as driver's license or passport) to the Husky Card Account and ID Center located at the Seattle campus in the Odegaard Undergraduate Library, ground floor. More information may be found at <https://hfs.uw.edu/Husky-Card-Services/Husky-Card/Student-Husky-Card>.

Tacoma: To obtain, students submit a Husky Card photo at the **Photo Submission Portal**. If students will be on-campus and would like to pick up their Husky Card, they may send an email to reguwt@uw.edu just after they have submitted their request through the Husky Card ID Portal. Students will be contacted when their Husky Card is ready for pick up from the Campus Safety Office, Dougan Building room 180. More information may be found at: <https://www.tacoma.uw.edu/registrar/husky-id-card>.

The Husky card allows access to a variety of services in Seattle and Tacoma, such as UW libraries, transportation services, student activities and entertainment; All students may use their NetID and password to access the Health Sciences online library: <https://hsl.uw.edu/>. Students with a UW NetID and password may also access Interlibrary Loan & Scanning Services to request, view, download, and print scans: <https://www.lib.washington.edu/ill>.

The U-PASS is a bus pass plus more. Loaded right onto the Husky Card, the U-PASS provides members with unlimited rides on regional buses, commuter trains, light rail, and water taxis, as well as full fare coverage on vanpools.

Most students on the Seattle campus are automatically U-PASS members. What the U-PASS covers:

Unlimited rides on King County Metro Transit, Community Transit, Pierce Transit, Kitsap Transit, Everett Transit and Sound Transit, which includes regional buses, Link light rail and Sounder trains Full fare coverage on King County Water Taxis and Kitsap Fast Ferries Full fare coverage on Seattle Streetcar and Seattle Monorail Full fare coverage on regional paratransit services for eligible members Full fare coverage on King County Metro's on-demand ride service Via to Transit. Full fare coverage on vanpool and vanshare. Unlimited rides on NightRide, the UW's evening shuttle service Emergency Ride Home The U-PASS does not cover travel on Washington State Ferries.

Your new U-PASS will be ready for use within 12 to 24 hours after fully subsidized U-PASS eligibility, purchase of an opt-in U-PASS, or a week before the quarter starts. To use your U-PASS on a transit service, tap it on an ORCA (One Regional Card for All) card reader. These readers are found at the front of buses or mounted on a wall or pole at Link, Sounder or Swift stations. At RapidRide stations you have the option to tap on the ORCA reader at the station or on the bus as you enter. After tapping, wait for the green light to indicate your card was accepted. On a bus, you tap the reader just once, when you board. For Sound Transit's Link light rail and Sounder commuter trains, tap the reader once before entering the train for proof of payment.

If the card is lost, the student is to contact the Husky Card Account Office at (206) 543-7222 or visit the website to report the loss and obtain information on replacement. (Note: The student should also notify the UW library system at (206) 543-1174 to prevent anyone from using the card to check out books).

Gonzaga Zagcard – Spokane

Registered MEDEX students at the Spokane campus are required to obtain a Zagcard. The initial card and any replacement cards are \$30 each and are billed to the Gonzaga student account. To obtain a Zagcard, students may visit Auxiliary Enterprises at Hemmingson Suite 313. Zagcard may be used for:

- resident meal plan swipes and community meal plan swipes.
- Bulldog bucks.
- building access.
- Gonzaga library privileges.
- printing.
- Rudolph Fitness Center.
- athletic events.
- Spokane transit authority.

More information may be found at: <https://www.gonzaga.edu/about/offices-services/campus-card-services>.

UAA Wolf Card – Anchorage

Registered MEDEX students at the Anchorage campus are required to obtain a Wolf Card. There is no cost for the initial card; replacement cards are \$20 each, billed to the UAA student account. Students may obtain a Wolf Card at Eugene Short Hall or at the Consortium Library. The Wolf Card serves as:

- an official UAA ID.
- a UAA library card.
- a transportation U-Pass - Free use of the City Bus System/Valley Mover*.
- access to movies, concerts, and all venues in the Wells Fargo Sports Center.
- payment method for many services on campus, such as printing and meals.

More information may be found at <https://www.uaa.alaska.edu/about/administrative-services/departments/financial-services/wolfcard/>.

The UW Health Sciences ID Badge

MEDEX provides students with a University of Washington Health Sciences identification badge. This is the official badge indicating PA student status. MEDEX students must wear this badge during all clinical experiences in all phases of the program. Failure to wear the ID badge in clinical settings is considered unprofessional behavior. All health sciences faculty, staff and students are required to wear this photo ID badge within the Health Sciences complex at all times. Do not obtain or wear an ID badge with any designation other than 'PA student'.

If an ID badge is lost or stolen, students must report it immediately to MEDEX Student Services and order a replacement ID badge.

If a name change occurs, students must update their photo ID badge. Once the name change is registered with the University of Washington registrar's office, students should contact MEDEX Student Services to update the change in the program database and to order an updated ID badge. Students are required to pay a \$10 replacement fee for each replacement ID badge that is issued to them.

Steps for Obtaining a Replacement ID Badge

1. The student submits the request to MEDEX Student Services at medxsrv@uw.edu.
2. MEDEX Student Services charges the requestor's UW student account \$10 and arranges for the replacement ID card to be mailed to the student's campus.
3. The student notifies MEDEX Student Services once the replacement ID card is received.

Name and Address Changes

Address Changes

Students are responsible for notifying all appropriate UW and MEDEX offices (as listed below) when their address changes.

Office of the Registrar

1. Students may change the address on the MyUW website: <https://my.uw.edu/>.
2. Students may visit the Registration Office in 225 Schmitz Hall, UW campus.

MEDEX Offices

MEDEX students must also notify the MEDEX Student Services office medxsrv@uw.edu of name, address, email and phone number changes. The UW registrar's office does not notify MEDEX of address changes, so students must provide this information to the program separately. Students are to notify the MEDEX office at the campus location, *i.e.*, Seattle, Tacoma, Spokane, or Anchorage or Kona or contact the MEDEX clinical office during the clinical phase of education.

Financial Aid Office

If students receive financial aid, they must notify the financial aid office directly of any change of address. Students may:

1. email the UW Financial Aid Office at osfa@uw.edu.
2. change the student address on the MyUW website.
3. visit the Financial Aid Office in 105 Schmitz Hall, UW campus.

If a student's permanent address changes, the student must contact the Federal Aid Processor with the new address so that the FAFSA (Free Application for Federal Student Aid) renewal applications will reach the correct location. Students may report address changes by calling (800) 4-FED-AID (with the Data Release Number from the Student Aid Report) or writing to the address listed on the Student Aid Report. If the student has a PIN, the student may correct the address online at FAFSA Corrections online: <http://www.fafsa.ed.gov>.

Failure to notify all parties in a timely manner may result in lost or missing documentation and/or information.

Name Changes

Students must formally notify all appropriate UW and MEDEX offices and follow the UW procedures for name changes. Contact the MEDEX office directly to provide details of the new name. MEDEX will not change a student's name until the UW has changed the official record. Instructions for the name change process at the University are posted online <https://registrar.washington.edu/students/personal-data/names/>.

MEDEX PA Student Handbook Revisions

Policy information and student handbook revisions are distributed to students at various points throughout the school year as appropriate. Addendums are provided to students via the student learning platform.

Liability Coverage for PA Students

University of Washington MEDEX PA students have liability coverage for UW and MEDEX activities from the time they are enrolled until graduation. Enrollment begins the initial summer quarter of the PA Program if the student has completed all PA Program compliance requirements. Students who are on leave are not considered to be enrolled. Once the student graduates from MEDEX, the student is no longer enrolled and thus no longer has School of Medicine liability coverage.

Examples of when MEDEX PA students are covered by the University’s liability coverage are as follows.

- Registered in coursework for credit and paying University of Washington tuition
- Participating in approved School of Medicine non-credit medical educational programs such as volunteer activities endorsed by MEDEX or the UW School of Medicine or its departments
- Involvement in a research project with University of Washington faculty
- Participation with approved MEDEX or School of Medicine clinical faculty members in clinical skills remediation students who need additional clinical experience or after being approved to return from a leave prior to reentering the PA school curriculum

Health Insurance

The program **strongly** recommends that students carry health insurance throughout the full MEDEX program, although the state of Washington does not permit the University to require students to have health or disability insurance. Many clinical education sites will allow students to participate in their practice only if adequate health insurance is carried. It is the student’s responsibility to be aware of these requirements where they exist, and to be prepared to demonstrate evidence of coverage if asked to do so.

The costs of hospitalization, whether from an illness or accident, can be very high and, without insurance, the full financial burden of these costs becomes solely the student’s responsibility. Thus, it is important for students to have health insurance throughout the entirety of their MEDEX education. The program does not endorse any particular insurance; it rather encourages students to consider the options carefully so that they have sufficient coverage for themselves and their families.

Health Insurance by State

In March 2013, Congress passed the federal Patient Protection and Affordable Care Act (P.L. 111-148), which expanded private and public health insurance to U.S. Citizens. The Affordable Care Act (ACA) requires everyone to have health insurance (except in limited circumstances) or pay a fine, and the UW School of Medicine strongly encourages students to have health insurance. In addition to requiring that individuals have insurance, this law created state-based insurance exchanges and expanded Medicaid eligibility criteria. Under this law, students under 26 years old are allowed to be on a parent’s health insurance plan, if applicable. Students who are on their spouse or partner’s employer’s insurance plan can remain on that plan. If students are losing their health insurance coverage (e.g., through an employer) when they start the PA program, they qualify for enrollment during the special enrollment period.

Student’s state of residency	Didactic Phase Student Health Insurance Plan (SHIP) option:	Clinical Phase Student Health Insurance Plan (SHIP) option:	ACA (non-SHIP) insurance plan option:	Did the state choose to expand Medicaid?	Medicaid Considerations
Washington	No SHIP plan offered by University of Washington or Gonzaga <i>See below this chart for information related to Washington residents.</i>	No SHIP plan offered by University of Washington or Gonzaga <i>See below this chart for information related to Washington residents.</i>	<u>State-run marketplace</u>	Washington State expanded Medicaid (“Apple Health”) to include: children, and pregnant people with incomes up to 185% of FPL, and other	Medicaid is intended to be utilized in the state in which it is issued. Coverage outside of the state in which it is issued may be extremely limited.

Student's state of residency	Didactic Phase Student Health Insurance Plan (SHIP) option:	Clinical Phase Student Health Insurance Plan (SHIP) option:	ACA (non-SHIP) insurance plan option:	Did the state choose to expand Medicaid?	Medicaid Considerations
Wyoming	N/A	N/A	Federally- facilitated marketplace https://doi.wyo.gov/consumers	State did not expand Medicaid. Medicaid is available for children, pregnant people, elderly, disabled.	Non-pregnant students are not eligible for Medicaid in Wyoming.
Alaska	<u>Federally-facilitated marketplace</u>		<u>Federally- facilitated marketplace.</u> https://health.alaska.gov/dhcs/Pages/default.aspx	Alaska expanded Medicaid to include: children, pregnant people with family income of up to 200% of FPL, and other adults with family income up to 100% of FPL.	Medicaid is intended to be utilized in the state in which it is issued. Coverage outside of the state in which it is issued may be extremely limited.
Montana	N/A	N/A	<u>Federally- facilitated marketplace.</u> https://dphhs.mt.gov/healthcare	State expanded Medicaid to include: children, pregnant people with household income up to 157% of FPL, and other adults with household income up to 100% of FPL.	Medicaid is intended to be utilized in the state in which it is issued. Coverage outside of the state in which it is issued may be extremely limited.
Idaho	N/A	N/A	https://healthandwelfare.idaho.gov/	State expanded Medicaid.	Parents with children under 19, pregnant people, blind or disabled.
Hawaii	N/A	N/A	Individual health plan purchased through HealthCare.gov (PDF) Affordable Care Act in Hawaii https://humanservices.hawaii.gov/aca/	Hawaii has expanded Medicaid.	Children ages 0-18 qualify with family income levels up to 308 of the federal poverty level (FPL) Pregnant people qualify with family income up to 191 percent of FPL. Parents and other adults qualify with family income up to 100 percent of FPL.

Health Insurance Information for Washington Residents Washington State legislation chose to expand Medicaid, making more Washington students eligible for Medicaid, a low-cost option for health insurance. In light of this Medicaid expansion, students in Washington State – at Seattle, Spokane, or Tacoma campuses – do not have access to a Student Health Insurance Plan (SHIP) because UW and Gonzaga University no longer offer it.

All students who are Washington State residents can go to the [Washington State online marketplace](#) to sign up for health insurance.

- [Washington health plan finder](#) contains information about both private plans and Medicaid.
- [Washington Health Benefit Exchange](#) contains information about private plans.
- [Apple Health](#) is the Washington State Medicaid plan.

Some students may qualify for low-cost options through Apple Health, Washington State's Medicaid program. Medicaid is intended to be utilized in the state in which it is issued. Coverage outside of the state in which it is issued may be extremely limited. If a student chooses Apple Health, recognize that this benefit is intended to be used while they are living in Washington State and may not apply in the remaining four WWAMI states.

Health Insurance Information for Non-WWAMI Students

If students are moving to Washington to enroll the PA program from a non-WWAMI state, they may review the [Washington health plan finder](#) or information about Washington State residency. The application for healthcare coverage through the state exchange states: "A Washington resident is someone who currently resides in Washington, intends to reside in Washington, including individuals without a fixed address; or someone who entered the state without a job commitment or looking for a job."

Disability Insurance

Disability insurance is available for all PA students. In light of the cost of education and the risks associated with practicing medicine, students are strongly encouraged to consider enrolling in a disability insurance plan. Full-time PA students enrolled in the MEDEX Northwest PA Program are eligible for coverage in a [PA Student long-term disability insurance program](#).

STUDENT RESOURCES & SUPPORT PROGRAMS

Financial Aid

MEDEX students at all campuses are eligible for need-based financial aid through the UW financial aid office. This office has a budget (cost of attendance) prepared specifically for MEDEX students using the costs for tuition, books, equipment, travel and fees that has been provided to the UW financial aid office. This budget is unique to MEDEX graduate students vs. UW graduate students.

To be eligible for need-based financial aid, students must submit a FAFSA by the deadline in February each year. These forms are available online in January of each year, or from the UW financial aid office. The FAFSA can be completed online at <http://www.fafsa.ed.gov>. Students should take care to use the official government website, which is free, and not shadow sites that charge fees.

It is more efficient to use the free web-based application for financial aid. For those who are already in the UW financial aid system, automatic updates are sent to the student address as it is recorded at the UW.

For financial aid concerns, students work directly with the UW financial aid office. When contacting this office, students must have their student ID number available and must identify themselves as MEDEX students.

The University of Washington expects students to make arrangements for direct deposit of all financial aid awards. Most loan programs participate in the direct deposit program. In the event that a particular loan does not, the student would need to make other arrangements with the financial aid office.

Scholarships for PA Students

PA student scholarships are awarded from MEDEX program scholarship funds as well as from PA associations. See Exhibit IV for a listing of available scholarships.

- Students may apply for MEDEX scholarship programs in fall of each year, and these are announced and awarded at the annual MEDEX alumni reception in April.
- Association scholarships may require a letter of recommendation from the MEDEX Program Director and/or faculty advisor, and/or verification of enrollment or grades. Students should contact the MEDEX Director of Admissions and Student Services for assistance with verifications and letters of recommendation.
- Applications for external scholarships must be complete before faculty will supply a recommendation letter.

MEDEX Student Emergency Fund

MEDEX PA students sometimes face financial hardship during enrollment and may request emergency funding from the MEDEX Student Emergency Fund. The MEDEX Student Emergency Fund is financed by donations and granted to students experiencing a shortage of funds due to emergencies and substantial unplanned expenses. To apply, the student discusses the emergency need with the APD of Student Affairs who, if the circumstances are deemed an emergency, supplies a request form to the student to complete and return for consideration by the Student Emergency Fund Committee.

PA Student Personal Counseling Services

[UW Health and Well-being](#) and [UW LiveWell](#) provide support, advocacy, consultation, and education to the University of Washington campus community. Programs include Alcohol & Other Drug Consultation and Education, Suicide Intervention, Sexual Assault, Relationship Violence, Stalking and Harassment Advocacy, and Student Care Program. The staff work directly with students as well as concerned faculty, staff, family, and friends to reach out and connect to students who may be in need of Health & Wellness services. For students in

Alaska and Hawaii, a private licensed counselor provides support for our Alaska students in terms of diagnosing needs and referring to counselors who can support the student through their health insurance plan or on a sliding scale. Alaska and Hawaii students are introduced to the local counselor by the campus faculty/staff team.

Washington Physicians Health Program (WPHP)

The [WPHP](#) is a confidential program for Washington physicians and other healthcare providers and health professional students, founded by the Washington State Medical Association. MEDEX has access for its students to WPHP, which offers services to healthcare providers who may have a condition that could impact their performance.

WPHP is available to students with significant difficulty, either academic or professional. A student may be referred to WPHP by the SPC if experiencing a single major difficulty or on-going persistent challenges that are impacting the student's ability to complete the MEDEX graduation requirements successfully and which may be related to a medical, psychiatric, or behavioral issue. A student may also be referred due to concerns about fitness to participate in the educational program. WPHP will determine whether additional services or support for the student are needed, and if so, will endorse the student when they are ready to return to the curriculum. If needed, WPHP or its equivalent may continue to provide ongoing monitoring of the student when they return to the curriculum.

University Ombud

The [Office of the Ombud](#) is a confidential, neutral resource, where students, faculty, and staff can seek information, consultation, and assistance for any professional challenges that they are facing at the University of Washington. This resource is available to all PA students regardless of their physical location.

The Civil Right Investigation Office

The [Civil Rights Investigation Office](#) investigates complaints made about University employees and students that raise concerns relating to civil rights such as protection from discrimination, harassment, retaliation, and sexual misconduct.

Complaints for Hawaii Campus

The University of Washington is authorized to provide education in the state of Hawaii by the DCCA's Hawaii Post-Secondary Education Authorization Program (HPEAP). Information regarding this authorization and how to file a complaint can be found on their website at <https://cca.hawaii.gov/hpeap/student-complaint-process/>

Disability Resources for Students

The University of Washington, the UW School of Medicine, and MEDEX Northwest are committed to ensuring that students have equal access through reasonable accommodations for their documented disability to the educational programs and facilities. MEDEX Northwest works closely with the University's [Disability Resources for Students](#) (DRS) Office to assist students in making the transition to the medical school environment and in identifying accommodations that will support their success in the program.

All students are expected to meet the technical standards and essential requirements of the PA program. This document is provided at the time of application, and applicants are asked to sign a statement verifying that they have read the document and understand that they are expected to be able to fulfill the essential requirements of the program with or without reasonable accommodations due to a disability. Applicants who have had accommodations in the past or who have a disability are encouraged to contact the APD of Student Affairs and DRS with questions about meeting the PA program's essential requirements.

Process for Requesting and Receiving Accommodations with DRS

Students enrolled in the MEDEX Northwest PA Program must follow the approved process for requesting and

receiving appropriate reasonable accommodations to enable them the opportunity to meet the essential requirements for completion of the MEDEX curriculum and for the practice of medicine. Applicants and enrolled students are responsible for requesting accommodations and for providing the appropriate, required documentation of the disability in a timely manner to the UW Disability Resources for Students office. DRS will review the documentation and engage MEDEX and the student in an interactive process both to review accommodation requests in light of a student's functional limitations and the essential elements of the PA program and also to determine reasonable accommodation(s) on a case-by-case basis.

A student who develops or manifests a disability after matriculation may be identified to the APD of Student Affairs through a variety of sources, e.g., self-report, a report of accident or illness, or faculty observations of special aspects of poor academic performance. If the degree to which the student has become disabled raises questions related to meeting the technical standards, the matter is referred to the APD of Student Affairs who consults with DRS team. The student must submit appropriate documentation in regard to the disability from a qualified health professional and will subsequently work with DRS and the APD of Student Affairs in assessing whether the student can meet the PA Program's technical standards with reasonable accommodation.

Reasonable accommodations are designed to effectively meet disability-related needs of qualified students yet will not fundamentally alter essential elements of this program, create an undue burden for the University, or provide new programming for students with disabilities not available to all medical students. The MEDEX Program is ultimately responsible for implementation of approved accommodations.

STUDENT LEADERSHIP, PROGRAMS, ACTIVITIES, AND AWARDS

MEDEX PA students can contribute in various ways in leadership and program-related activities as follows.

Information Sessions

Current students may be invited to participate in admission information sessions to provide the perspective of a successful applicant. Participating students are selected on the basis of satisfactory performance in the program and in coordination with the academic schedule.

Admissions Interviews

Second-year students may be selected to participate on a student panel during admissions selection conferences for the current applicant pool.

Class Officers

Students may apply for various student leadership positions in their campus cohort. More information about the positions and their responsibilities are provided at each campus.

Evaluations

Programmatic Evaluations

MEDEX students are expected to respond to multiple surveys throughout enrollment in the program. These include instructor and course/rotations (didactic and clinical) evaluations to improve instruction in addition to broader programmatic questionnaires that inform the MEDEX program, learning environment, and its curriculum.

End of Course/Rotation and Weekly Evaluations

Students evaluate lecturers and guest lecturers throughout the program. During the clinical phase, students are expected to evaluate clinical activities and faculty. These are used to provide specific feedback to lecturers to improve teaching and instructional activities as the course or rotations progress and to plan for the future. If students have suggestions during the quarter or rotation, they may also provide input directly to the course chair or clinical coordinator.

Participation in course and faculty lecture evaluations is required as a part of course grades. Students are expected to provide professional, objective, and constructive feedback when completing all surveys.

Faculty Candidate Lecture Feedback

Students also provide optional feedback to the MEDEX Faculty Recruitment Committee when the committee reviews faculty candidates for employment. Students provide professional, objective and constructive feedback when completing surveys of faculty candidate presentations.

Service as “Patient” for Tests and Workshops

The emphasis on clinical competency in the MEDEX program creates a need for periodic testing of physical exam and history-taking skills. Students may take a “patient” role for the evaluation of history taking and clinical exam skills.

Community Service

During both the didactic and clinical phases of the program, MEDEX students are provided with opportunities to participate in community service activities. Previous activities included volunteering at homeless clinics and county health clinics. If a student is engaged in community service activities outside the MEDEX program, that student does not have medically related liability coverage through the University. It is important to verify that any

health-related volunteer work is within the student's existing scope of practice and is tied to insurance coverage through the UW.

Professional and Student Organizations

One of the most effective ways to get involved in the PA community is by joining PA professional organizations. The MEDEX program encourages all students to join and be active participants in the local, state and national professional organizations for PAs.

While students are enrolled in the MEDEX program, they may join student societies at each campus location. Each campus elects officers as well as representatives to the Washington Academy of PAs (WAPA), the Alaska Academy of PAs (AKAPA), the Hawaii Academy of PAs (HAPA) and the Student Academy of the American Academy of PAs (SAAAPA). These representatives are full participants in the state and national societies.

The local student societies have participated in community events and service projects such as health fairs and food banks, social events, public education activities such as PA Day displays and career days, and fund-raisers for class activities such as apparel, gift baskets and various items for sale. An executive committee composed of the president of each society and a faculty advisor coordinates the activities. Previous classes have made contributions to scholarship funds, sent students to conferences, made emergency loans to their members and paid for social events at graduation time.

Didactic-phase students in good standing may seek approval to be excused from classes to attend at least a portion of the WAPA, HAPA or AKAPA CME meeting held in fall (AK and HI) or spring (WA). Students from both the first and second years frequently have the opportunity to attend the annual AAPA meeting in May. Student participation in these organizations is welcomed.

Program permission is required for attending PA conferences or meetings **prior** to registering for them. Only students who are in satisfactory academic standing at the end of the quarter prior to the event registration deadline are considered for permission to attend these activities. Requests must be submitted in writing (email) to the APD of Academic Affairs or Clinical Affairs no later than one month in advance of the registration for the event in question. If the selected student appears to have academic risk at the time of the conference, the student's advisor may counsel the student regarding cancelling participation in the conference in order to remediate academic concerns. Assignments or exams that are due during an approved absence must be submitted before departure unless other arrangements have been agreed upon in advance with the course chair.

Graduation Awards

At the MEDEX graduation ceremonies, faculty honor students who have earned special awards. These awards are described in Exhibit IV.

White Coat Ceremonies

In recognition of the pivotal transition from didactic studies to clinical rotations, MEDEX Northwest is proud to incorporate the tradition of White Coat Ceremonies into our program. As stewards of this milestone event, students are empowered to take the lead in organizing and executing these meaningful gatherings.

Purpose: The White Coat Ceremony symbolizes the embodiment of professionalism, compassion, and dedication to patient care. It marks the beginning of our journey as healthcare providers and serves as a reminder of the responsibilities we hold as future PAs.

Organization: The Admissions and Student Services Team, in collaboration with Campus Program Coordinators, provide guidance, oversight, and support in the student-led coordination of the White Coat Ceremonies. Each MEDEX Campus has a budget of \$400 (subject to change). It is typically held during campus week, just prior to commencing clinical rotations, however the venue, date, and time are at the discretion of each campus. The

Admissions and Student Services Team will also produce a digital program for each campus.

Student-Led Initiative: Driven by the spirit of camaraderie and leadership, students take charge of the planning and execution of the White Coat Ceremony. From selecting the venue to coordinating logistics, students can demonstrate their organizational skills and collaborative spirit.

EXHIBIT I: MEDEX PA COMPETENCIES



UW Medicine
MEDEX NORTHWEST
 PHYSICIAN ASSISTANT PROGRAM

MEDEX Program Core Competencies and Related Competencies	
Patient Care (PC)	
PC.01	Perform thorough, respectful, and targeted history, physical, and behavioral health assessments that address the individual needs, contexts, and presentations of patients across the lifespan. (<i>History and physical exam</i>)
PC.02	Demonstrate effective patient education and counseling to promote individual health. (<i>Education and counseling</i>)
PC.03	Perform technical skills relevant to entry-level PA practice in a primary care setting. (<i>Tech skills</i>)
Knowledge for Practice (KP)	
KP.01	Differentiate knowledge of healthy human anatomy and physiology from pathologic alterations that cause disease and apply this knowledge to epidemiologic, clinical, and diagnostic information. (<i>Foundational science</i>)
KP.02	Apply problem-solving skills integrating medical and behavioral health knowledge to identify and prioritize a differential diagnosis list based on patient history, physical examination, and contextual factors across the lifespan. (<i>Create DDx</i>)
KP.03	Access, appraise, and apply medical literature and guidelines to inform evidence-based clinical reasoning and decision making. (<i>Practice EBM</i>)
KP.04	Apply problem-solving skills to construct and justify a diagnostic plan that integrates and interprets clinical findings and diagnostic test results in the context of the patient's presentation and psychosocial background. (<i>Diagnostic Plan</i>)
KP.05	Apply problem-solving skills to design and implement patient-centered treatment plans and effectively provide patient education for preventive, acute, chronic, and emergent medical and behavioral health diseases and disorders across the lifespan. (<i>Therapeutic plan</i>)
Practice-Based Learning and Improvement (PBLI)	
PBL.11	Display professional attitudes including understanding limitations, maintaining accountability for learning and practice, and embracing and reflecting on constructive feedback to foster professional growth. (<i>Lifelong learning</i>)
Interpersonal and Communication Skills (ICS)	
ICS.01	Communicate medical information clearly, concisely, and accurately in medical documentation and orally in consultation with colleagues for safe, effective, and coordinated medical care. (<i>Documentation and Oral Clinical Presentation</i>)

ICS.02	Demonstrate respectful, effective and empathetic communication of information and ideas with peers, faculty, staff, the healthcare team, patients, and families. (General communication skills)
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Interprofessional Collaboration (IPC)

IPC.01	Collaborate effectively with interprofessional healthcare team members across clinical settings to provide high-quality, patient-centered care. (<i>IPE</i>)
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Systems-Based Practice (SBP)

SBP.01	Demonstrate accountability for patient safety and quality improvement in health systems while contextualizing cultural, social, environmental, and socioeconomic factors that impact patients' access to and utilization of care. (Quality and safety in health system and beyond)
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Systems-Based Practice (SBP)

PB.01	Exhibit personal integrity, accountability, and adherence to legal and ethical principles as a medical professional within a healthcare environment. (<i>Professionalism</i>)
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Competency Alignment with ARC-PA Categories

Clinical and Technical Skills: PC1, PC2, PC3, SBP1

Clinical Reasoning and Problem-solving Skills: KP1, KP2, KP3, KP4, KP5

Interpersonal Skills: ICS1, ICS2, IPC1

Medical Knowledge: KP1, KP2, KP3, KP4, KP5

Professional Behaviors: PBLI1, PB1

EXHIBIT II: MEDEX PHONE AND EMAIL CONTACTS

Check with the local campus for contact information for faculty and staff hired during the academic year.

MEDEX Administration

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MEDEX Anchorage Faculty and Staff

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University Student Life Office https://www.washington.edu/studentlife/		stulife@uw.edu (206) 543-4972
Civil Rights Investigation Office https://www.washington.edu/cr-investigations/		cr-investigations@uw.edu (206) 616-2028
Office of Minority Affairs and Diversity (mostly undergraduate services) https://www.uw.edu/omad/		cpromad@uw.edu. (206) 685-0518
Disability Resources for Students (DRS) https://www.uw.edu/drs/		uwbdrs@uw.edu (206) 543-8924

University Contacts

Financial Aid Office https://www.washington.edu/financialaid/	osfa@uw.edu (206) 543-6101
Student Fiscal Services http://finance.uw.edu/sfs/home	(206) 543-4694
Hall Health https://wellbeing.uw.edu/unit/hall-health/	uwwhc@uw.edu (206) 685-1011
IT Connect https://itconnect.uw.edu	help@uw.edu (206) 221-5000
Health Sciences Library http://hsl.uw.edu	(206) 543-3390
University Book Store http://www.ubookstore.com	(206) 634-3400
MyUW https://my.uw.edu/	
The HUB http://hub.washington.edu/	thehub@uw.edu (206) 543-8191

EXHIBIT III: RESOURCES AT MEDEX LOCATIONS

Seattle Campus Resources

- SafeCampus: (206) 685-SAFE (7233) for help with any safety concerns (e.g., relationship violence, stalking, harassment, suicidal thoughts, etc.). <https://www.washington.edu/safecampus/>
- LiveWell: LiveWell empowers individuals with the skills and knowledge to make informed decisions about their health and well-being while at UW and beyond. <https://livewell.uw.edu/>
- Well Being: <http://wellbeing.uw.edu/topic/mental-health/> Ways to connect:
Phone: Call [1.866.775.0608](tel:18667750608) Online chat: Chat with a My SSP counselor on [the My SSP website](#)
- Counseling Center: 401 Schmitz Hall, 1400 NE Campus Pkwy, Seattle, WA 98105; (206) 543-1240, My SSP crisis line (866) 743-7732 (24 hours/7 days per week), Crisis Clinic (866) 427-4747 (for urgent need outside of Counseling Center business hours). <https://wellbeing.uw.edu/unit/counseling-center/>
- Civil Rights Investigation Office (206) 616-2028; cr-investigations@uw.edu
- UW Ombudsman's Office: 339 Husky Union Building (HUB), 4001 E Stevens Way NE, Seattle, WA 98195; (206) 543-6028; ombuds@uw.edu. <https://www.washington.edu/ombud/>
- University Police: 3939 15th Ave NE, Seattle, WA 98105; (206) 685-UWPD (8973) (non-emergency), EMERGENCIES DIAL 911; 24 hours/7 days per week; uwpolice@uw.edu. Also provides safety guards to walk through campus from 6:30pm to 2am: (206) 685-WALK (9255) through Husky NightWalk. <http://police.uw.edu/safety-escort-services/>

Seattle Community Resources

- Harborview Abuse & Trauma Center, 401 Broadway, Ste 2075, Seattle, WA 98104; (206) 744-1600. <https://www.uwmedicine.org/locations/harborview-abuse-and-trauma-center>
- King County Sexual Assault Resource Center: 24-hour resource line, (888) 998-6423. <https://www.kcsarc.org/en/>
- Seattle Police Department: (206) 625-5011, EMERGENCIES DIAL 911, 24 hours/7 days per week. <https://www.seattle.gov/police>

Spokane Campus Resources

- Gonzaga University Campus Security: Huetter Mansion, 503 E Sharp Ave, Spokane, WA 99202; dial ext 2222 from any campus phone or (509) 313-2222, 24 hours/7 days per week. Also provides an escort service to any area on campus, as well as a portion of the Logan neighborhood adjacent to GU. <https://www.gonzaga.edu/about/our-campus-location/campus-safety>

Spokane Community Resources

- Spokane Police Department: 1100 W Mallon Ave, Spokane, WA 99260; Crime Check (509) 456-2233. EMERGENCIES DIAL 911, 24 hours/7 days per week; spdwebmail@spokanepolice.org. <https://my.spokanecity.org/police/>
- Sexual Assault and Family Trauma (SAFeT) Response Center: 210 W Sprague Ave Spokane, WA 99201; (509) 747-8224, 24-hour sexual assault crisis line (509) 624-7273 (call or text), crime victim support line (509) 747-8224 (call during business hours and ask to speak with an advocate). <https://www.wcsap.org/help/support/sexual-assault-family-trauma-safet-response-center>

Tacoma Campus Resources

- SafeCampus: (253) 692-SAFE (7233). Also provides safety guards to walk through campus: (253) 692-4416, EMERGENCIES DIAL 911 or Blue Emergency phones on campus.
<https://www.washington.edu/safecampus/>

Tacoma Community Resources

- Tacoma Police Department: 3701 S Pine St, Tacoma, WA 98409; (253) 287-4455, EMERGENCIES DIAL 911, 24 hours/7 days per week.
<https://www.cityoftacoma.org/cms/one.aspx?pagelId=11953>
- Sexual Assault Center of Pierce County: 101 E 26th St Ste 200, Tacoma, WA 98421; (253) 597-6424, 24-hour crisis line (253) 474-7273. <https://rebuildinghope.org/>

Anchorage Campus Resources

- Office of Equity and Compliance: 3190 Alumni Drive, SSB 352, Anchorage, AK 99508; (907) 786-0818, uaa_titleix@alaska.edu. <https://www.uaa.alaska.edu/about/compliance-and-rights/>
- Psychological Services Center (a service of the Department of Psychology): 3190 Alumni Dr, SSB 255, Anchorage, AK 99508; (907) 786-1795. <https://www.uaa.alaska.edu/academics/college-of-arts-and-sciences/departments/psychology/psychological-services-center/>
- Student Health and Counseling Center: 3416 Seawolf Drive, Rasmuson Hall 116/120, Anchorage, AK 99508; (907) 786-4040. uaa_studenthealth@uaa.alaska.edu
<https://www.uaa.alaska.edu/students/health-safety/health-counseling-center/>
- University Police Department: 2601 Providence Dr, Eugene Short Hall 114, Anchorage, AK 99508; (907) 786-1120 (non-emergency), EMERGENCIES DIAL 911.
<https://www.uaa.alaska.edu/about/administrative-services/departments/university-police-department/>

Anchorage Community Resources

- MEDEX Student Counselor, Dr. Christopher Reynolds Psychological Services of Alaska, LLC: (907) 531-7784 www.reynoldstherapy.com
- Abused Women's Aid in Crisis (AWAIC): 100 W 13th Ave, Anchorage, AK 99501; (907) 279-9581, 24-hour crisis line (907) 272-0100. <https://awaic.org/>
- Alaska Behavioral Health: 4020 Folker St, Anchorage, AK 99508; Adult Services (907) 563-1000, Child & Family Services (907) 561-0954, 24-hour crisis line (907) 563-1000.
<https://alaskabehavioralhealth.org/>
- Anchorage Police Department: 716 W 4th Ave, Anchorage, AK 99501; (907) 786-8900 ext 2 (or dial 311) for non-emergency, EMERGENCIES DIAL 911, 24 hours/7 days per week.
<https://www.anchoragepolice.com/>
- Men and Women Center: 600 Cordova St, Ste 3, Anchorage, AK 99501; (907) 272-4822.
- Standing Together Against Rape (STAR): 1057 W Fireweed Ln, Ste 230, Anchorage, AK 99503; (907) 276-7279, 24-hour crisis and information line, (907) 276-7273 or (800) 478-8999.
<https://www.staralaska.com/>

Kona Community Resources

- YWCA of Hawaii Island Sexual Assault Support Services: 24-hour hotline (808) 935-0677 (Islandwide). <https://www.ywcahawaiiisland.org/what-we-do/sexual-assault-support-services/>
- Child & Family Service, West Hawai'i Island: 81-6587 Mamalahoa Hwy., Bldg. C, Kealahou, HI 96750; (808) 323-2664. <https://www.childandfamilyservice.org/westhawaiiisland/>
- Hawaii State Department of Health Adult Mental Health Division (AMHD): 24-hour toll-free hotline 1 (800) 753-6879. <https://health.hawaii.gov/amhd/>
- West Hawaii Community Health Center – Behavioral Health (multiple locations): (808) 326-5629. <https://www.hicommunityhealthcenter.org/>
- Hawai'i Police Department, Kona Station: 74-611 Hale Māka'i Place, Kailua-Kona; (808) 935-3311, EMERGENCIES DIAL 911, 24 hours/7 days per week. <https://www.hawaiipolice.com/contact-us/police-stations>

EXHIBIT IV: STUDENT AWARDS AND SCHOLARSHIPS

Graduation Awards

At the MEDEX graduation ceremonies, several awards are given to honor students who have earned special recognition. There are also MEDEX-specific scholarships that students may apply for during enrollment in the program.

The Spirit of MEDEX Award

This award recognizes students at each campus who have dedicated themselves to their goal of being a PA, who have shown compassion and sensitivity to others and who have maintained their humor and perseverance in the face of adversity. They have a positive attitude and acted as ambassadors for the program throughout their MEDEX education.

The John B. Coombs Leadership Award

Dr. Coombs was the Associate Dean for Regional Affairs and Rural Health in the School of Medicine and had a long record of promoting the PA profession. This award is presented to students from each campus who have become role models to their peers, have assumed leadership responsibilities during their PA education and have carried out those responsibilities with integrity, cooperation and understanding.

Underserved Service Awards

Students are recognized for exceptional achievement in the care of, improved access for or promotion of public awareness of the needs of the medically underserved. The recipient demonstrates a strong dedication to ongoing service to underserved communities.

Seattle: The Richard Layton Award

Dr. Layton was a long-term chair of the MEDEX advisory board. His record of community involvement and work with medically underserved populations inspired this award.

Spokane: The Barbara Gunter Flynn Award

Barbara Gunter Flynn was the site coordinator for both Yakima (1994–1997) and Spokane (1997–2002). Her commitment to providing healthcare to the medically underserved and also to teaching and mentoring PA students made her a role model for both PAs and PA students throughout the state of Washington and beyond. This memorial award recognizes and encourages service in and dedication to underserved communities.

Anchorage: The Alaska Underserved Service Award

The Advisory Committee for the Anchorage campus recognizes and encourages service in and dedication to underserved communities.

Tacoma: The Ellen Harder Award

The Advisory Committee for the Tacoma campus recognizes and encourages service in and dedication to underserved communities.

The Student Writing Award

This award is given to students at each campus who have combined creativity and unique approaches with exceptional writing skills in assigned papers.

The Steven Turnipseed Award to Veterans for Service to Country, Class and Community

This award recognizes a MEDEX military veteran student for demonstrating outstanding leadership within the MEDEX class and exceptionally meritorious service within the local community. This award is presented only at the didactic campuses and in years when the faculty identify an appropriate recipient.

MEDEX Scholarships

MEDEX administers scholarship funds each year. These scholarship opportunities are usually announced later in the fall quarter. Students apply for the scholarships with a brief essay. Instructions are provided with the application announcement.

Susan Vader

Susan graduated with MEDEX Class 27 and worked for several years with the Whidbey Community Physicians group. After Susan passed away, the clinic and her family established a scholarship fund. Susan loved life and family and cared deeply about patients and the medical field. Applicants must have an interest in family practice or women's healthcare and exhibit a broad perspective on life. This award is open to both first- and second-year students.

Mike Merrill

Mike graduated with MEDEX Class 26 and worked in the ER at Group Health. After Mike passed away, his family and friends established an endowed scholarship fund to support students interested in a career in emergency medicine. Mike was dedicated to his work, and a high level of professionalism was a hallmark of his daily practice. A focus on caring and compassionate customer service was very important to him, as was collaborative teamwork. Applicants should demonstrate intelligence, curiosity and kindness and have an interest in education. This award is open to second-year students planning to enter practice in emergency medicine. Application for this scholarship must be accompanied by a support letter from a MEDEX faculty member.

Richard Smith

Dr. Smith founded the MEDEX program as a federal demonstration project in the late 1960s. He hoped to increase the pool of clinicians in underserved settings by drawing on the extensive skills of returning military medics and corpsmen. After ensuring the success of MEDEX, he went on to develop and deliver materials to facilitate the educating of health workers in developing countries -- materials that have been adapted and used in over 70 countries. His strong leadership skills allowed him to put his vision into practice. Four Richard Smith Scholarship awards are given, one for each MEDEX campus (Seattle, Spokane, Tacoma, Anchorage). These awards are given to potential leaders; visionaries with commitment to increasing access to healthcare for the underserved. Applicants should have a broad and global perspective on healthcare issues. These are usually awarded to first-year students, but clinical-phase students are often considered as well.

Barbara Gunter-Flynn

Barb graduated from MEDEX in 1979. She was a PA with a commitment to expanding healthcare access for the medically underserved. She helped launch the MEDEX Yakima campus, and after a few years moved on to launch the MEDEX Spokane campus. Her dedication inspired many MEDEX graduates from central and eastern Washington. Barb passed away in 2002 after a courageous battle with cancer. The Barbara Gunter-Flynn Scholarship is awarded to a student from the Spokane campus. The awards committee seeks to award a student who is inspirational with a commitment to service of the medically underserved. This is usually awarded to a first-year student, but clinical-phase students are also considered.

Jennifer Johnston

Jennifer Johnston was the program Administrator and Admissions Director at MEDEX for 30 years. Hundreds of MEDEX graduates remember the day that Jennifer called with an offer of admission. Jennifer believed strongly in the MEDEX mission, and as a former teacher, was especially happy to see students from disadvantaged circumstances succeed despite facing many challenges along the way. This scholarship recognizes students who have demonstrated tenacity to overcome life's hurdles, and the commitment and perseverance necessary to rise above significant obstacles on the pathway to becoming PAs.

Liza Benson

Elizabeth (Liza) Benson joined MEDEX with Seattle Class 45. She returned to Wyoming during her second year for clinical rotations but was lost in a skiing accident involving an avalanche. She had worked with a small-town orthopedics practice prior to PA school and looked forward to becoming a rural PA after graduation. Liza was admired for her adventurous spirit, sharp intellect and compassion for others. Her passion for the wilderness can be expressed through her favorite John Muir quotation: "*Climb the mountains and get their good tidings.*"

Nature's peace will flow into you as sunshine flows into trees. The winds will blow their own freshness into you, and the storms their energy, while cares will drop off like autumn leaves." This scholarship recognizes a MEDEX student who shares Liza's spirit of adventure, and who plans to practice in a wilderness or rural setting within the WWAMI region.

Chris Heim

Chris Heim graduated from Seattle Class 41 in 2009. Chris was a long-time Army Special Operations Medic prior to joining the MEDEX program. As noted in the MEDEX Magazine story, Chris had been in over 60 countries as well as remote areas of the U.S. His medical missions included austere environments, trauma treatment and local primary care. Chris received several military awards and medals for valor, including the Bronze Star for heroic achievement. After he graduated as a PA, he moved to San Antonio, where he practiced family medicine with his friend, who was his supervising physician. A motorcycle accident took Chris's life in August 2015. A group including his wife and classmates donated funding to allow us to honor his memory. This scholarship is open to all those with military experience, in both the didactic and clinical phases of the program. In their scholarship application essay, applicants are encouraged to describe how their military service connects to their eventual PA practice.