

# SCHOOL OF PODIATRIC MEDICINE

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## DOCTOR OF PODIATRIC MEDICINE PROGRAM (DPM)

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In 1985, Barry University created the School of Podiatric Medicine (BUSPM) as its first venture into professional medical education. In 1997, the Physician Assistant Program was established to extend Barry University's role in the education of health care professionals, and the name of the school was changed to the School of Graduate Medical Sciences to provide the infrastructure necessary to coordinate the academic activities in Podiatric Medicine and Physician Assistant studies into a cohesive unit. The Master of Science in Anatomy program was added in 2000 as the School's first non-clinical degree curriculum. The Professional Master of Public Health, a collaborative program of the Schools of Graduate Medical Sciences and Natural and Health Sciences, was established in the School of Graduate Medical Sciences in 2002. The School of Graduate Medical Sciences was renamed the School of Podiatric Medicine in 2008 at which time the Professional Master of Public Health program was moved to the College of Health Sciences.

In addition to the noted programs, other graduate medical science programs, leading to masters and doctoral level degrees, are anticipated to further utilize the academic resources of the School and Barry University. Students in the School of Podiatric Medicine currently have the opportunity to earn masters degrees in Biomedical Sciences and Public Health through cooperative efforts with the College of Health Sciences and in Business Administration through cooperative efforts with the D. Inez Andreas School of Business.

## Podiatric Medicine

### Mission and Program Objectives

#### Our Mission

The purpose of the Doctor of Podiatric Medicine program is to graduate competent podiatric physicians qualified to enter post-graduate training. This is accomplished by excellence in podiatric medical education, fostering life-long learning, expressing a commitment to social justice by serving the local and global community through patient care, and encouraging research and innovation that promotes the common good.

#### Our Vision

The vision of BUSPM is to train the next generation of highly qualified podiatric physicians to be leaders in the profession. **Program Goals**

1. Produce highly educated, competent, compassionate doctors of podiatric medicine.
2. Recruit, retain and graduate a diverse and qualified student body.
3. Increase visibility of BUSPM inside and outside the Barry community.
4. Develop a collaborative, productive learning environment that positively impacts student experience.
5. Increase alumni engagement.

#### Program Objectives

1. BUSPM will graduate students that demonstrate the necessary knowledge, skills and attitudes to compete for placement in a post-graduate podiatric residency program.
2. Implement a more comprehensive admissions process.
3. Graduate at least 90% of matriculated students.
4. Develop a 'pipeline to podiatric medicine' program.
5. Increase faculty publications in scholarly journals.
6. Enhance clinical rotation experience.
7. Provide additional opportunities for faculty to engage in self-development.
8. Provide additional opportunities for staff to engage in self-development.
9. Strengthen existing alumni relations.

## Basic Medical Sciences Objectives

Upon completion of the basic medical sciences preclinical curriculum, students will be able to:

1. Describe the normal structure and function of the human body and its components;
2. Evaluate the contribution of molecular, biochemical and cellular mechanisms to homeostasis;
3. State units of measurement appropriate to a medical or scientific parameter;
4. Analyze altered structure and function of the body in disease conditions;
5. Interpret and analyze scientific data;
6. Articulate, using specific examples, various disease etiologies and suggest appropriate current treatment modalities;
7. Retrieve and present medical and scientific information in various forms;
8. Utilize a wide variety of resources to solve clinical problems;
9. Be eligible for the Basic Medical Sciences Comprehensive Examination;
10. Be eligible for the National Board of Podiatric Medical Examiners' Part I examination;
11. Integrate basic medical science knowledge into clinical applications;
12. Identify test values outside the normal range and suggest a diagnosis, given a patient chart;
13. Make a differential diagnosis and prescribe treatment options, given an observation or test result;
14. Demonstrate moral and ethical behavior in and out of the classroom.

## Clinical Program Objectives

Upon completion of the clinical sciences curriculum, students will:

1. Utilize a broad range of clinical experiences to serve as a foundation for their career in podiatric medical health care.
2. Demonstrate the knowledge, methods, and skills to effectively interact with patients and members of other healthcare professions.
3. Exhibit a moral and ethical foundation to function efficiently within a changing, dynamic healthcare system.
4. Promote recognition of the importance of preventative foot care and health maintenance to students, patients, and the community-at-large.
5. Deliver high-quality, cost-effective healthcare to all patients.
6. Encourage primary research and the reporting of innovative ideas by students, faculty, and the podiatric community.
7. Compete for, and meet the standards for consideration into a post-graduate podiatric training program.
8. Engage in continuing medical education programs for the podiatric community.
9. Develop concern for, and recognize the needs of the impaired health professional.

## Podiatric Clerkship Objectives

The component of the clerkship combined with didactic background provides the student with the knowledge, skills, and values of podiatric medical practice. The student should develop the philosophy and general skills that would be required of a podiatric resident.

### A. Interactions (Patients, staff and peers)

1. Demonstrate listening and interviewing skills
2. Demonstrate compassionate patient care

3. Demonstrate appropriate communicative skills with patients, attendings, residents, and peers
4. Demonstrate ability to accept and respond to criticism

**B. Professionalism and Ethics**

1. Demonstrate reliability and dependability
2. Demonstrate skillful communication with patients and other clinicians
3. Demonstrate professional and compassionate rapport with patients and peers
4. Comprehend the rationale for accepting criticism
5. Demonstrate motivation to learn and knowledge base
6. Follow instructions and protocols

**C. Clinical: Cognitive, Psychomotor**

1. Perform a complete medical history and lower extremity physical exam and be able to differentiate normal from abnormal findings.
2. Demonstrate proficiency in palliative foot care and basic podiatric surgical principles, including digital nail, soft tissue and osseous procedures.
3. Analyze and interpret all blood and diagnostic laboratory studies.
4. Assess and evaluate foot and ankle radiographs and recognize pathology.
5. Perform a biomechanical examination and gait analysis, recognizing pathology.
6. Differentiate signs and symptoms of systemic disease that manifest in the foot.
7. Analyze a patient case, order appropriate diagnostic tests, create a differential diagnosis, and organize a treatment plan.
8. Apply knowledge of pharmacology and therapeutics in prescription writing.
9. Generate appropriate charting including History and Physical, Prescription notes, and orders.
10. Demonstrate appropriate patient and colleague rapport, empathy, and professionalism.

## The Profession and Technical Standards for Admission, Enrollment, and Graduation

Medical education requires that the accumulation of scientific knowledge be accompanied by the simultaneous acquisition of skills and professional attitudes and behavior. The faculty has a responsibility to society to matriculate, educate and graduate the best possible podiatric physicians, and thus admission to medical school is offered to those who present the highest qualifications for the study and practice of podiatric medicine. Technical standards presented below are requisite for admission, continued enrollment, and graduation from Barry University's School of Podiatric Medicine. Students may be dismissed from the School of Podiatric Medicine for noncompliance with any of the technical standards delineated below. Unless otherwise noted, successful completion and passage of examinations in all courses in the curriculum are required in order to develop essential skills required to become a competent podiatric physician.

Graduates of the School of Podiatric Medicine must have the knowledge and skills to function in a variety of clinical situations and to render a wide spectrum of patient care. The School of Podiatric Medicine acknowledges Section 504 of the 1973 Vocational Rehabilitation Act and PL 101-336, the Americans with Disabilities Act (ADA), but ascertains that compliance with certain technical standards must be demonstrated in all prospective candidates.

A candidate for the D.P.M. degree must have aptitude, abilities, and skills in five areas: observation; communication; motor; conceptual, integrative and quantitative; and behavioral and social. Although technological compensation is acceptable for some deficiencies, candidates must be able to perform in the five above areas in a reasonably independent manner. The use of a trained intermediary to perform certain tasks would mean that a candidate's judgment must be integrated with another's power of selection and observation. Therefore, third parties cannot assist students in accomplishing curricular requirements in the five skill areas specified above.

### Observation

The candidate for the D.P.M. degree must be able to observe demonstrations and participate in experiments in the basic sciences, including, but not limited to, physiological and pharmacological demonstrations, microbiological cultures, and microscopic studies of microorganisms and tissues in normal and pathological states. The candidate must be able to observe a patient accurately at a distance and close at hand. Observation necessitates the functional use of the sense of vision and other sensory modalities, especially the functional use of the senses of smell and touch.

## Communication

The candidate for the D.P.M. degree should be able to speak, to hear and to observe patients, in order to elicit information, to describe changes in mood, activity and posture, and to perceive nonverbal communications. The candidate must be able to communicate effectively and sensitively with patients. Communication includes not only speech, but also reading and writing. The candidate must be able to communicate effectively and efficiently in oral and written form with all members of the health care team. All courses in the School of Podiatric Medicine are conducted in English; communication skills in the English language are therefore requisite.

## Motor Coordination or Function

The candidate for the D.P.M. degree should have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers. The candidate should be able to do basic laboratory tests (urinalysis, CBC, etc.), carry out diagnostic procedures (phlebotomy, paracentesis, etc.) and read EKGs and X-rays. The candidate should be able to execute motor movements reasonably required to provide general care and emergency treatment to patients. Examples of emergency treatment reasonably required of podiatric physicians are cardiopulmonary resuscitation, administration of intravenous medication, application of pressure to stop bleeding, opening of obstructed airways, suturing of simple wounds, and performance of simple obstetrical maneuvers. Such actions require coordination of both gross and fine muscular movements, equilibrium and coordinated use of the senses of touch and vision.

## Intellectual-Conceptual, Integrative and Quantitative Abilities

Intellectual-conceptual, integrative and quantitative abilities include measurement, calculation, reasoning, analysis, and synthesis. Problem-solving, the critical skill demanded of physicians, requires all of these intellectual abilities. In addition, the candidate for the D.P.M. degree should be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures.

## Behavioral and Social Attributes

The candidate for the D.P.M. degree must possess emotional health required for full use of their intellectual abilities, exercise of good judgment, prompt completion of all responsibilities attendant to the diagnosis and care of patients, and development of mature, sensitive and effective therapeutic relationships with patients. The candidate must be able to tolerate physically taxing workloads and to function effectively when stressed. The candidate must be able to adapt to changing environments, to display flexibility and to learn to function in the face of uncertainties inherent in the clinical problems of many patients. Empathy, integrity, concern for others, interpersonal skills, interest and motivation are all personal qualities that are assessed at all stages during the admission and educational processes.

The candidate for the D.P.M. degree must have somatic sensation and the functional use of the senses of vision and hearing as well as equilibrium, smell and taste. Additionally, the candidate must have sufficient exteroceptive sense (touch, pain and temperature), sufficient proprioceptive sense (position, pressure, movement, stereognosis and vibratory) and sufficient motor function to permit them to carry out the activities described in the section above. The candidate must be able to consistently, quickly, and accurately integrate all information received by all sense(s) employed and must have the intellectual ability to learn, integrate, analyze and synthesize data.

The Barry University School of Podiatric Medicine will consider for admission an applicant who demonstrates the ability to perform or demonstrates the aptitude to learn to perform the skills listed above. Students are evaluated not only on their scholastic accomplishments, but also on their physical and emotional stability and capacities to meet all requirements of the program's curriculum. Candidates for the D.P.M. degree graduate as skilled and effective practitioners of podiatric medicine.

The following technical queries are relevant to the admissions and student evaluation processes:

1. Is the candidate able to observe demonstrations and participate in experiments in the basic sciences?
2. Is the candidate able to analyze, synthesize, extrapolate, solve problems, and reach medically sound diagnostic and therapeutic judgments?
3. Does the candidate have sufficient use of the senses of vision and hearing and the somatic sensation necessary to perform a physical examination? Can the candidate be trained to perform palpation, auscultation, and

percussion?

4. Can the candidate reasonably be expected to relate to patients and establish sensitive, professional relationships with patients?
5. Can the candidate reasonably be expected to communicate the results of an examination to the patient and to the candidate's colleagues with accuracy, clarity and efficiency?
6. Can the candidate reasonably be expected to learn and perform routine laboratory tests and diagnostic procedures?
7. Can the candidate reasonably be expected to perform with precise, quick and appropriate actions in emergency situations?
8. Can the candidate reasonably be expected to display good judgment in the assessment and treatment of patients?
9. Can the candidate reasonably be expected to possess the perseverance, diligence, and consistency to complete the medical program curriculum and enter podiatric residency and the independent practice of podiatric medicine and surgery?
10. Can the candidate reasonably be expected to accept criticism and respond by appropriate modification of behavior?

## ADMISSION REQUIREMENTS

A minimum of 90 semester hours of undergraduate study at a regionally accredited or internationally recognized undergraduate institution is required for admission to the School of Podiatric Medicine. The most satisfactory preparation for admission is the successful completion of a baccalaureate degree from a regionally accredited college or school of arts and sciences in the United States.

Each student's academic credentials must include:

- biology (8 semester hours)
- general or inorganic chemistry (8 semester hours)
- organic chemistry (8 semester hours)
- physics (8 semester hours)
- English (6 semester hours).

It is further recommended that all candidates complete courses in cell and molecular biology, genetics, anatomy, physiology, and biochemistry to strengthen their premedical background.

In addition to the standard AACPMAS application forms (see below), each candidate must also submit three letters of recommendation or one Health Professions Advisory Report, as well as current scores of the Medical College Admissions Test (MCAT). The date of the most recent MCAT must be within three (3) years of the time of application. The minimum scores required are:

MCAT total: 20

Biology score: 8

Applicants who do not give evidence of being native English speakers, including those applying for transfer from U.S. institutions, or who have not graduated from an institution where English is the primary language of instruction must submit a TOEFL or IELTS score. The minimum required scores are:

IELTS: 7.5

TOEFL iBT: 100

TOEFL paper based test: 600

The TOEFL or IELTS may be waived for applicants with a minimum of 24 college level academic credits earned from an institution in which English is the basis of instruction and classroom interaction.

A personal interview is required and arranged only by invitation of the Admissions Committee. Prior to the interview, applicants should visit the office of at least one practicing Doctor of Podiatric Medicine to discuss and observe the practice of modern podiatric care. A letter confirming that visit is required by the Admissions Committee and should be included in the candidate folder before the time of interview. The Admissions Committee strongly recommends that the candidate folder be as complete as possible, including AACPMAS application forms, letters of recommendation, podiatrist visitation confirmation, and MCAT (or appropriate alternative test) scores, to facilitate the interview and avoid unnecessary delays in the admissions process.

In addition to the education requirements, all candidates and students must display the mental, psychological and moral character that will enable them to successfully complete the educational program and will prepare

them for the professional responsibilities and privileges of a licensed Doctor of Podiatric Medicine. Applicants should refer to the earlier topic, "The Profession and Technical Standards for Admission, Enrollment, and Graduation", for a comprehensive description of program requirements.

## Application Procedure

Barry University School of Podiatric Medicine and other institutions offering programs in podiatric medicine are participants in the American Association of Colleges of Podiatric Medicine Application Service (AACPMAS). This service allows a student to complete a single set of AACPMAS forms for any of the colleges of podiatric medicine. The service collects and collates data, computes grade point averages, and transmits copies of the application to the college/school selected on the application. Applications are secured by contacting:

American Association of Colleges of Podiatric Medicine

P.O. Box 9200

Watertown, MA 02471

Phone: (617) 612-2900

To download an application or apply online, visit <http://www.aacpm.org/>.

To request an informational brochure, send an e-mail to [aacpmas@aacpm.org](mailto:aacpmas@aacpm.org).

All inquiries or communications concerning admissions should be addressed to the Office of Podiatric Admissions, Barry University, 11300 N.E. Second Avenue, Miami Shores, Florida 33161. Telephone numbers are listed prominently elsewhere in this catalog.

## DUAL DEGREE OPTIONS

### D.P.M./M.B.A.

Academically qualified students entering the School of Podiatric Medicine may have the option of obtaining a dual Master of Business Administration (M.B.A.) degree from Barry University's D. Inez Andreas School of Business. If accepted into the dual degree program, in addition to the Podiatric medical curriculum, eligible students must complete 27 semester hours of required graduate business core courses (6 semester credit hours in the Podiatric medicine curriculum will serve as additional electives to complete the general M.B.A. program requirements).

Immediately upon acceptance to the School of Podiatric Medicine, students must indicate their interest in obtaining the dual degree to the Associate Academic Dean. However, students may not take any M.B.A. courses option until the Summer semester of their second year

Students cannot begin any Business School coursework until the end of the second semester of the first year. Before beginning the Business School classes, such students must (i) contact their academic advisor, (ii) must obtain signed approval from Associate Academic Dean of BUSPM (iii) complete the addition of the Business School coursework to their curriculum by the administration of the Business School

Applicants to the dual D.P.M./M.B.A. program:

- must have completed their baccalaureate degree at a regionally accredited or internationally recognized institution. (An unofficial transcript will be accepted for interview purposes, but applicants must present an official transcript indicating awarding of the undergraduate degree prior to the end of the initial semester.)
- must have a minimum undergraduate grade point average (GPA) of 3.25 on a 4.0 scale. (If a student has attended multiple undergraduate institutions, the minimum 3.25 GPA applies to the last 30 semester hours or credits completed by the student.)
- must have earned a score of 400 or higher in the Graduate Management Admission Test (GMAT) or a comparable score on the GRE, as evaluated by the Director of Graduate Business Programs.

The Deans of the Schools of Business and Podiatric Medicine will determine student eligibility to enroll for the additional degree. Podiatric medical students who fail to maintain a cumulative 3.0 GPA in either podiatric medicine or business courses and students who earn a D or F grade in any course will be dropped from the dual degree option. Under no circumstances will students on probation or in programs in excess of four years be allowed to continue with the dual degree option. The Deans' decision to remove a student from the dual degree option may not be contested by the student.

The M.B.A. component of the option is not a cohort program and considerable flexibility exists in the scheduling of business courses to fit into the cohort D.P.M. degree program.

| <b>Business Course Requirements</b> |   | <b>27</b> |
|-------------------------------------|---|-----------|
| MBA 603                             | International Business                                    | 3         |
| MBA 617                             | Technology & Information Systems                          | 3         |
| MBA 621                             | Managerial Finance  | 3         |
| MBA 646                             | Marketing in a Dynamic Environment                        | 3         |
| MBA 660                             | Managerial Accounting                                     | 3         |
| MBA 681                             | Economics for Strategic Decisions                         | 3         |
| MBA 682                             | Strategy Formulation, Implementation and Entrepreneurship | 3         |
| MBA 683                             | Leadership and Advanced Management Concepts               | 3         |
| MBA 692                             | Social, Legal and Ethical Aspects of Business             | 3         |

### Prerequisite and Preparatory Courses

MBA students must have undergraduate preparation in specific courses/areas (detailed below) from an accredited institution prior to admission to graduate programs in the School of Business. The Associate Academic Dean, or the Dean's designee, will review each applicant's undergraduate record to determine which preparatory workshops are required from the student. The decision whether to accept an undergraduate course as equivalent preparation for entry into MBA coursework is at the discretion of the Associate Academic Dean or the Dean's designee. MBA students must have taken the following undergraduate courses, obtaining a grade of C or better in each.

- 6 credit hours of Financial and Managerial Accounting
- 6 credit hours of Macro and Microeconomics
- 3 credit hours of College Algebra or Precalculus
- 3 credit hours of Statistics
- 3 credit hours of Finance
- 3 credit hours of Management
- 3 credit hours of Operations Management
- 3 credit hours of Marketing

MBA candidates may have to take up to eight business workshops, depending on previous academic preparation. The workshops are offered periodically throughout the year.

The Accounting, Macroeconomics, Microeconomics, Precalculus, and Statistics prerequisites may be taken at any regionally-accredited, two-year (associate degree) or four-year (baccalaureate degree) institution. The Finance, Management, Operations Management and Marketing prerequisites may be taken only at a regionally-accredited, four-year institution. The preparatory workshops may also be taken as not-for-credit in the School of Business, as listed below.

- BUS 511W Precalculus and statistics: 20 hour workshop
- BUS 512W Accounting Principles: 20 hour workshop
- BUS 513W Economics: 20 hour workshop
- BUS 514W Finance: 6 hour workshop
- BUS 515W Management: 6 hour workshop
- BUS 516W Marketing: 6 hour workshop
- BUS 517W Operations Management: 6 hour workshop
- BUS 518W Writing for Business: 20 hour workshop

For a complete description of the workshops, please refer to the Andreas School of Business section of this catalog.

In the Podiatric medical curriculum, SPM 536 – Research Methodology, Epidemiology & Statistics (3) and

SPM 825 – Practice Management (3) will serve as electives to complete the general M.B.A. program requirements.

## ADMINISTRATIVE POLICIES AND PROCEDURES

Students are responsible for compliance with the policies of Barry University and the School of Podiatric Medicine. Since these policies are under constant scrutiny, the School of Podiatric Medicine reserves the right to change any provisions or requirements in this document at any time within a student's term of enrollment.

### International Students

International students must comply with all policies and procedures of the Inter-Cultural Center (ICC), including, but not limited to presentation, in person, of appropriate documentation prior to the start of each semester. International students must register for no less than 9 semester hours of credit during the Fall and Spring terms. Registration materials will not be processed by the University until international students' documentation has been verified by the ICC.

### Registration

Registration for subsequent semester courses is done online. All students must complete appropriate registration processes during times designated by the School of Podiatric Medicine. Faculty advisors will approve all registrations. Completed registrations will be processed by The Office of the Registrar. To successfully register, students must ensure that all potential holds (financial, health) are resolved.

Registration in any and all elective courses must be approved by the Associate Academic Dean or Clinical Education Director or the Chair of Basic Medical Sciences before the registration can proceed to the Cashier/Business Office and the Office of the Registrar. Prior to seeking approval of the Associate Academic Dean or Clinical Education Director or Chair of Basic Medical Sciences, students registering for Research or Independent Studies courses must secure a faculty sponsor who will be responsible for evaluating the student's performance in the course. Students registering for Research must also submit a sponsor-approved research proposal to the Associate Academic Dean or Clinical Education Director.

Students who fail to complete registration requirements, including appropriate financial arrangements with the Cashier/Business Office, within 10 working days of the first day of class of any semester will **not** be permitted to attend classes, laboratories or clinical rotations/programs, take examinations or participate in any other activities of the School. The School of Podiatric Medicine will notify the Financial Aid Office, which will subsequently notify scholarship programs, banks providing government-subsidized loans, etc., when students cease to be appropriately registered.

### Tuition

Tuition for the Podiatric Medicine program is subject to annual review and revision. Students in standard, four-year programs of study will be billed one-half of the annualized tuition fee per semester for the first year and one-third of the annualized tuition fee per semester for years two through four. Students whose programs exceed four years will be billed as above for the first four years and at one-half of the annualized tuition for years in excess of four years.

### Financial Aid

Information about loans, scholarships and other financial aid is available through the Financial Aid Office. Students bear the responsibility to seek out financial aid information.

### Withdrawal from the Program

Withdrawal from the Program is permitted only in the following cases:

1. Personal medical reasons;
2. Financial hardship;
3. Personal family hardship; and
4. Student no longer wishes to continue training for the Profession

Withdrawal from a course or the Program for poor academic performance is not permitted. Students wishing to withdraw from the Program must complete a *Student Withdrawal Form* with the approval of their advisor, Clinical Education Director, Associate Academic Dean and the Dean. The date of withdrawal is the date on which the form is signed by the Dean. Students who withdraw from the Program on or before Friday of the tenth week of the Fall and Spring semesters (Friday of the seventh week in Summer Semester) will receive a “W” for all incomplete courses; if the deadline falls on a University holiday, it will be extended to the next business day. Withdrawal after this date will result in students earning F grades for the uncompleted courses. These grades will be reflected on their transcript. It is the student’s responsibility to initiate and complete the withdrawal process in a timely manner.

Students seeking to withdraw due to medical reasons should consult the Student Handbook and/or the Office of the Dean of Students for the proper protocol for such withdrawals. Students who withdraw for aforementioned reasons (1) – (3) are eligible to reapply for readmission to the Program. Students who withdraw for reason (4) will not be readmitted to the program. To do so they must petition the Dean at least six months before the time of their return and provide documentary evidence to support their petition. In instances of return after withdrawing for medical reason, documentation from the treating physician indicating the readiness of the student to undertake the rigorous curriculum is required. The School of Podiatric Medicine makes no guarantees on the success of such petitions.

## Drop-Add and Course Withdrawal

Students should realize that the podiatric medical curriculum is intense, structured, and allows only minor modifications to be made. Addition of elective courses requires permission of the Clinical Education Director or Associate Academic Dean. A period of registration adjustment (i.e., drop-add) is provided to students during the first week of each semester. During this time, students may change their schedules with the written approval of their advisor, and the Clinical Education Director or Associate Academic Dean.

Withdrawal from a course for poor academic performance is not permitted. Withdrawal from a course is only permitted if one or more of its prerequisites are not satisfied. In such cases, the adjustment results in a removal of registration from the affected course and must be done within the first two weeks of the semester. The only other mechanism for withdrawal from a course is if the student withdraws from the Program (see above *Withdrawal from the Program*). Withdrawal from a course may severely limit the number of courses a student may take in future semesters as many courses require prerequisites. A student who fails a prerequisite course will be withdrawn from subsequent courses that require its successful completion; this will be effected by administrative action shortly after the failure to successfully remediate the course (see *Remediation Policy*). It will also extend a student’s time in the program. Advisor’s and Dean’s approval and signature are required in any case of schedule modification. Students in extended programs are not permitted to drop or withdraw from courses once the courses have begun. Students who fail Gross Anatomy (SPM 590) will not be permitted to continue their studies until Gross Anatomy is passed. Students returning to the program after academic suspension due to failure of SPM 590 (Gross Anatomy) are required to repeat all Fall semester coursework upon their return, regardless of previous performance. Students must be enrolled in at least five semester hours of classes per semester to be considered full time students in the podiatric program.

Students may not withdraw from clinical rotations, hospital rotations or clerkships due to failing or otherwise unsatisfactory grades. Refer to Podiatric Clinical Rotations at the end of this catalog section for further policies specific to clinical experiences. Withdrawal from the Podiatric program can be carried out at any time after consultation with the student’s advisor and with the approval of either the Clinical Education Director or the Associate Academic and the Dean.

## Transcripts

To request an official transcript, students may order transcripts online at <http://webadvisor.barry.edu>. ***Transcripts cannot be processed or released if there are outstanding financial obligations to Barry.*** For additional information please visit <https://www.barry.edu/registrar/transcript.html>

## Incomplete (“I”) Grades

A grade of Incomplete (“I”) indicates a failure to complete required work within the semester and implies the instructor’s consent that the student may make up work that is deficient. The Dean or Clinical Education

Director or Associate Academic Dean must be informed in writing by the instructor when an “I” grade is issued. If a student has an “I” grade, all written examinations and/or other evaluation criteria must be completed by the end of Wednesday of the first week of the following semester. Laboratory examinations to complete missed work may be administered at a later time at the discretion of the faculty (with approval of the Dean or Clinical Education Director or Associate Academic Dean), based upon availability of necessary laboratory materials. When the work is completed to the satisfaction of the instructor, the “I” grade will be changed to a letter grade. The instructor will forward a completed Grade Adjustment form to the Dean or Clinical Education Director or Associate Academic Dean for signature and then to the Office of the Registrar for recording purposes. Students, under special extenuating circumstances, (e.g., illness, leave of absence, etc.) will be temporarily granted an “I” grade in a course which they will need to resolve as above.

A grade not reported as completed within the first week of the next semester becomes an F. Failure in any course in which an incomplete was issued will (1) be reflected as a grade of F for the course, and (2) result in academic probation or suspension retroactive to the beginning of the semester in which the course was taken. If the “I” grade is not satisfactorily resolved, this may result in the failure to meet published prerequisites for another course. Therefore, a course schedule adjustment (drop) will be necessary. This may extend the academic program beyond four years.

## Reporting and Recording of Grades

Students may view final grades online via their WebAdvisor account at the end of each term. Any error in grading, the omission of a course, etc. should be reported to the Office of the Registrar within two weeks following the end of the term. Effective December, 2008 the mass mailing of grade reports was discontinued. For employment, corporate reimbursement or other needs, a comprehensive registration statement may be requested from the Cashier/Business Office. This statement includes billing information and final grades once they have been posted.

The Office of the Registrar does not record percentage scores for any course or test; it does, however, permanently record the letter grade earned by the student in every course he/she takes while in the School of Podiatric Medicine. Individual instructors must be contacted to obtain percentage scores earned in any particular course.

## Technology Competency and Computer Requirements

The School of Podiatric Medicine requires all students to own and be competent in the use of a laptop computer. Students’ computers should be configured to meet or exceed technological standards set by the program. Minimum standard laptop computer/tablet specifications are found at the Barry University Division of Information Technology webpage

([http://help.barry.edu/cgi-bin/barry.cfg/php/enduser/home.php?p\\_sid=4WZMUAdl](http://help.barry.edu/cgi-bin/barry.cfg/php/enduser/home.php?p_sid=4WZMUAdl)).

Information technology resources are integral to the education of the medical student. Barry University provides a number of information technology resources to students, including e-mail, internet and intranet services, WebAdvisor, library services and access to computer laboratories (see catalog section for Division of Information Technology). Many course instructors provide student access to course materials on the Canvas Learning System and communicate with students through e-mail.

All examinations are computer-based using ExamSoft/SofTest software. This software works on all laptop computers and most tablets. All students are required to install this software on their device of choice.

Email is considered the standard and official means of communication between the faculty, staff, and students of the School of Podiatric Medicine. For that reason, students must monitor and maintain their Barry University (mymail.barry.edu) email accounts. Due to identity and privacy concerns, administration, faculty and staff of the School of Podiatric Medicine may refuse to respond to email messages from students who use external email providers.

## Student Health

Every student in a clinical program must secure and retain primary care health insurance coverage that meets the Barry University requirements upon entry into the School of Podiatric Medicine. Coverage must remain in effect at all times while registered in the School. There is an insurance plan offered through the Uni-

versity that covers all charges at the Student Health Center and will also cover services to off-campus United Health Care providers. As a graduate student taking six or more credits you are eligible for the Barry University Health Plan (see [www.uhcsr.com](http://www.uhcsr.com)).

At the beginning of each year of enrollment, all students must maintain with the Health Compliance Office proof of adequate health insurance by providing a copy of the enrollment form for the student insurance. If the student is covered by an insurance plan other than the Barry student insurance he/she must complete a waiver online at <https://www.srstudentcenter.com/> or in hard copy and provide a copy of their current insurance card. If the student has a change in insurance coverage, proof of new insurance plan is required. Failure to waive or supply proof of Barry student insurance will result in withdrawal from all clinical activities and potential delays in progression through the podiatric medical programs.

Upon entry into the School of Podiatric Medicine program, every student must provide proof to the Health Compliance Office of:

- Physical examination (statement of good health) within 6 months of date of entry;
- Measles, mumps, and rubella (MMR) vaccination and booster (or adequate titer);
- Tetanus/diphtheria booster within the past 10 years;
- Hepatitis B vaccination series;
- Varicella (chickenpox) immunity by titer or evidence of vaccination;
- Purified Protein Derivative (PPD) screening for tuberculosis or chest x-ray if PPD is positive;
- Proof of health insurance coverage effective in the state of Florida. (Coverage must include doctor's office visits).

Each student must update their PPD status every 12 months. Some clinical sites may require more frequent PPD updates. Students must maintain a personal pocket file of current immunization status and CPR certification that may be easily accessed, if requested while participating in hospital ward visits and/or clinical rotations.

If a student is found to be noncompliant with any of the above preventative measures, a "hold" will be placed on their account. If a student does not resolve these holds, they will not be permitted to:

- Register for classes;
- Participate in clinical rotations;
- Graduate.

## Criminal Background Checks and Drug Screening

Upon matriculation to the School of Podiatric Medicine, all students whose education and training will involve participation in clinical settings are required to undergo a criminal background check specified by their program director. Clinical rotation sites may require a criminal background check and may refuse to accept students with documented criminal histories. In the event of a reported incident, a determination about the applicant's/student's continued progress in the Podiatric academic program will be made by Barry University in accordance with School and University procedures.

Many clinical rotation sites also require drug screening of students prior to, and, in some cases, during the course of clinical training. The School of Podiatric Medicine may therefore require students to undergo background checks and drug screening and exclude or dismiss students who are unwilling to comply with these policies.

## ACADEMIC POLICIES AND PROCEDURES

### Attendance

Attendance is required (i.e., mandatory) in all School of Podiatric Medicine courses, including lectures, laboratory sessions, clinical rotations, and demonstrations. An instructor may, at his/her discretion, include attendance as part of the grade that a student earns or reduce a grade for absences while enrolled in a course. Students are responsible for all material and assignments covered in every course and all examinations, including unannounced quizzes. Students who have been absent without an acceptable excuse from 10% or more of a course's meetings are subject to failure upon documentation of absence by the instructor. In the case of prolonged absence from classes, it is the student's responsibility to inform his/her advisor of the absence and indicate the expected return to class. Upon return the student should provide the appropriate documentation justifying his/her absence. For prolonged medical absences, a doctor's note indicating the student's fitness to return

to class should be submitted.

Attendance at scheduled examinations is mandatory. Examinations may be given outside of normal class hours due to space or time limitations. Examinations will be rescheduled, only if approved by the Clinical Education Director or Associate Academic Dean, and the course instructor, and with unanimous consent of the students in the course at the time that the change is proposed. Missed examinations, quizzes, and other evaluations will be graded 0% unless the absence is excused. Acceptance of excuses for all absences, and the administration of make-up evaluations (including scheduling and format) are solely at the discretion of the instructor.

Attendance is mandatory for stated clinic hours when applicable. No student will be permitted to leave the clinic or hospital early or arrive late. Attendance at all clinical rotations is mandatory and all excused absences must be made up (see *Clinical Rotations*). Requests for absences from a clinical rotation must be presented at least two weeks prior to the requested dates of the absence, and it is the responsibility of the student to find someone willing to “cover” for him/her during the absence. Last minute requests will likely not be honored. Students may be required to repeat one or more entire rotations as a result of excessive absences.

## Academic Integrity and Behavior

Promotion of academic integrity and ethical professional behavior are objectives of the School of Podiatric Medicine. Cheating or plagiarism is not tolerated in the School of Podiatric Medicine. Refer to the *Policies and Procedures* section of this catalog and the Barry University Student Handbook for definitions of cheating and plagiarism. A student who gives or receives information or assistance during a testing session will automatically fail and earn 0% as an exam or quiz grade. The same consequence will apply to any proven case of plagiarism. Accusations of cheating or plagiarism will be adjudicated by the Honor Code Committee (see *Student Honor Code of Conduct*). Following this adjudication, the individual(s) will be referred to the Dean for appropriate disciplinary action and the incident will be documented in the student’s file. Any student who is referred to the Dean for violation of the cheating and plagiarism policies on two occasions will be dismissed from the University. For a detailed description of what constitutes plagiarism students can consult any number of online resources and hardcopy texts. One such text is *Writing papers in the biological sciences* (4th ed) by Victoria E. McMillan, Bedford/St. Martin’s Publishing, New York, (2006).

## Professional Conduct Code

Podiatric medical students must set the example for all other students at Barry University at all times. Students must behave professionally, morally, ethically and honorably at all times, whether in lecture rooms, laboratories, other campus facilities, or off campus. Standards for conduct are delineated in the *Graduate Catalog, Student Handbook, Manual of Clinical Protocol*, course syllabi and other documents that may be distributed by faculty and staff.

Disruptive behavior such as violence, shouting, profanity and other behavior that is disrespectful of the rights and sensitivities of the public will not be condoned. The use of cell phones, during lectures, laboratory sessions, examinations, and other University events is disruptive and may be grounds for course failure and/or judicial action. Students who are noncompliant with these standards will be referred to the Associate Academic Dean or Clinical Education Director for disciplinary action or dismissal.

## Student Honor Code of Conduct

Students in the School of Podiatric Medicine are entering a profession that prides itself on maintaining high standards of honor, trust and professional conduct. It is expected that during the course of their education at Barry University, podiatric medical students will conduct themselves in a manner becoming a podiatric physician. The School of Podiatric Medicine has developed an Honor Code to insure that all students are familiar with, and committed to, the highest principles of conduct from the start of their podiatric medical education.

Students are required to affirm their compliance with these principles upon initial enrollment in the School of Podiatric Medicine with the following statement:

I agree to abide by the Honor Code of the School of Podiatric Medicine. I agree that I will conduct myself in an honest and ethical manner during all activities during the course of my enrollment, including, but not limited to my academic work, as well as my interactions with fellow students, faculty and staff.

The Honor Code will be enforced by the Honor Code Committee. This committee is made up entirely of

students, and with one non-voting faculty advisor. All students will receive the Honor Code document during orientation, and will be held responsible for its contents.

## Transfer Policy

No transfer from another Podiatry school into the first or second year of BUSPM is permitted.

Students who enroll in the BUSPM and who have completed an analogous graduate-level course at another institution may qualify to transfer those credits to BUSPM. However, curricula, course requirements, and grading policies vary greatly among courses taught by different instructors in different Barry University schools and/or different institutions. Consequently, a grade of A or B in a course completed in another department or at another institution does not automatically guarantee or entitle the student to receive credit for the same subject in BUSPM. All requests for transfer credit must be submitted in writing to the Associate Academic Dean before matriculating into the program.

To request credit for a BUSPM course, a student must:

- Present official documentation (syllabi, official transcripts) from the previous institution that he/she obtained a grade of B or higher in the course. The Associate Academic Dean will consult with the relevant BUSPM course instructor(s) as to the equivalency of the completed course(s) based on syllabi and other resources (for example, information obtained from the previous instructor and/or department/school). The BUSPM instructor will determine the equivalence of the previous course to the one given at BUSPM and inform the Associate Academic Dean of his/her decision. The final determination of the equivalence of the two courses rests with the BUSPM course instructor.
- If equivalency is determined to exist, the Associate Academic Dean will inform the student and the BU registrar regarding the assigning of credit and waiving further attendance of classes and taking of tests and quizzes in the course. Transfer coursework will not be used to compute the BUSPM GPA of the student.
- If equivalency is determined not to exist, students are strongly recommended to take the BUSPM course in its entirety and fulfill all requirements for successful completion of that course.
- However, students have the option of taking a Comprehensive examination(s) in the course(s) administered by the BUSPM instructor(s) for the course(s) in question. Students must take the Comprehensive examinations within the first three days of the start of the semester in which the course(s) in question is (are) taught.
  - A student who takes the Comprehensive examination and achieves a score of 80.0% or more will receive full credit for the course. A grade of CR will be registered on the student record.
  - A student who takes the Comprehensive examination and achieves a score of less than 80.0% will take the BUSPM course in its entirety and fulfill all requirements for successful completion of that course.

## Academic Advisement

Every student matriculating in BUSPM is assigned an academic advisor by the Chair of Basic Medical Sciences. Full-time faculty members assume academic advising responsibilities. Advising assignments may be changed by the Chair of Basic Medical Sciences at the request of the student or advisor. In the advising process, BUSPM students must:

- be aware of the educational objectives of the institution and observe them.
- comprehend the institution's criteria for evaluating student progress in academic programs.
- comply with the institution's standards for academic success and continuance in programs for graduation. The institution is under no obligation to grant a degree or keep the student enrolled in the program if he/she fails to maintain satisfactory academic progress.
- understand and complete all degree requirements for graduation.
- make his/her own academic decisions after consultation with the advisor. The advisor's role is to advise the student, but the final decision must be made by the student.

## GRADING SCALE AND EXAMINATION POLICY

The official grading policy of BUSPM (exclusive of clinical rotations/externships) is as follows:

- A 90%-100%
- B 80%-89.99%
- C 70%-79.99%
- D 66%-69.99%

F below 66%

Additionally, all students in extended academic programs and all students re-admitted following suspension will be graded as follows:

A 90%-100%  
B 80%-89.99%  
C 70%-79.99%  
F below 70%

Clinical rotations for all students will be graded according to the following scale:

A 3.5 and above  
B 2.5 to 3.4  
C 1.0 to 2.4  
F below 1.0

The School of Podiatric Medicine does not use plus or minus letter grades. The grade/honor point associated with each of the letter grades is noted in the Barry University *Academic Information* section earlier in this catalog.

A grade of credit (CR) or no credit (NC) may be assigned to a course if specified in the course syllabus and approved by the Associate Academic. In such cases, the requirements for achieving a CR grade will be stated in the syllabus.

The type, content, and frequency of examinations will be determined prior to the beginning of each course by the faculty member(s) directing the course. This information will be presented in the course syllabus to the students at the beginning of the course. In keeping with the policy of academic freedom, each faculty member reserves the right to determine the percentage of the final grade that is associated with attendance, dress, attitude, professional behavior, examinations, quizzes, laboratory assignments, and other criteria of evaluation. These requirements must be specified in the course syllabus; however, the course instructor may administer additional evaluations at his or her discretion. The course instructor ultimately determines the final grade in a course.

An examination may not be administered outside the scheduled examination period unless extenuating circumstances warrant it. Students who do not take an examination at the scheduled time for an acceptable, valid reason will be required to take a makeup exam before the Wednesday of the week after the end of the semester. The format of the examination may be different from the original.

### Academic Good Standing

For a BUSPM student to be considered to be in good standing academically, he/she must maintain both a semester average and a cumulative GPA of at least 2.00, have no unresolved F grades, have no more than two unresolved D grades, and have no outstanding financial obligations to the School of Podiatric Medicine or to Barry University.

Failed courses must be remediated as per the Remediation Policy. If the student fails to successfully remediate a course, then the course must be repeated in its entirety. The final transcript of a student must reflect no more than two unresolved D grades. If a student earns more than two D grades, the student must repeat courses to reconcile the academic deficiency; the course to be repeated (to reduce the number of D grades) will be determined by the Faculty Student Evaluation Committee (FSEC). Unsatisfactory resolution of an F or D grade or withdrawal from any course that is repeated will lead to automatic suspension from the University. Repeated courses will usually result in extending a student's education beyond four years. All coursework must be completed within six years from the time of first matriculation into the program. In order to graduate with a degree of Doctor of Podiatric Medicine, all candidates must have passed all parts of the American Podiatric Medical Licensing Examination Part I and Part II, and will have authorized the release of test results to the School of Podiatric Medicine.

### Academic Disciplinary Actions

A podiatric medical student will be placed on academic **probation** if he/she:

1. achieves a cumulative or semester GPA less than 2.00 but at least 1.00  
OR
2. earns one F grade in any semester  
OR
3. earns two D grades in any semester  
OR
4. earns one D grade in each of two consecutive semesters  
OR
5. earns a third D grade when two unresolved D grades already exist on his/her transcript from previous semesters.

Students who are not in good standing will be periodically reviewed by the FSEC to determine eligibility to remain in the program. The Dean or Clinical Education Director or Associate Academic Dean of the School of Podiatric Medicine may require a student on probation to register for a limited course load, resulting in extending a student's education beyond four years.

Probation will be lifted after completion of the immediate next semester of active registration if the student achieves a cumulative GPA of 2.00 or higher with no new F or D grades. However, a student will not be in good standing until he/she has no resolved all F grades and has no more than two unresolved D grades on his/her most current transcript.

A podiatric medical student will be **suspended** if he/she:

1. achieves a GPA of less than 1.00 in any semester  
OR
2. qualifies for academic probation for two consecutive semesters  
OR
3. earns more than one F or any combination of F and D grades in any semester, regardless of GPA  
OR
4. earns three or more D grades in any semester regardless of GPA  
OR
5. earns a grade less than C in the first semester of extended academic coursework.  
OR
6. fails the remediation for Gross Anatomy (SPM 590)

A student who earns more than two D grades must repeat one or more courses in which that grade was earned. The FSEC may require that the student repeat one or more specific courses in which the student has earned a D grade. A maximum of two unresolved D grades will be allowed at the time of graduation.

Any student on probation or with unresolved grade deficiencies, as previously stated, will not proceed into the clinical rotations of the third year. A minimum C grade must be earned in any repeated course. An F or D grade in or withdrawal from any repeated course that is repeated will lead to suspension from the University.

A student who has been suspended for academic reasons may petition for readmission. A suspended student is ineligible to take classes with degree-seeking status in the School of Podiatric Medicine for at least two semesters following suspension. The suspended student must petition the Dean for readmission at least one month before the beginning of the semester in which the student intends to resume course work. The Dean will present the student's petition for readmission to the FSEC. The FSEC may permit the student to resume course work with degree seeking or non-degree seeking status, or may decline readmission. The decision of the FSEC is final. The Office of the Registrar must have approval of the Dean of the School of Podiatric Medicine to readmit a student following suspension.

Students who achieve three (3) F grades during the course of their podiatric medical studies may be dismissed from the School of Podiatric Medicine and the University.

## Remediation Policy

All students who earn a final grade of F in a course must take a Comprehensive Remediation Examination in the failed course. Any student who earns a grade of D for a course may take a Comprehensive Remediation Examination for the course, subject to approval by the Faculty-Student Evaluation Committee. This Remediation examination shall be administered on a set date in the first week of the semester immediately following the one in which the F or D grade was earned. Students must score a minimum of 70% to pass the Comprehensive Remediation Examination and the highest grade that can be recorded is a C. This grade shall replace the previ-

ously earned F or D grade, although both grades will be recorded on their transcript. Students who fail to achieve a minimum score of 70% in this exam shall retain the previously earned grade on their transcript and shall suffer the consequences as presently described in the *Graduate Catalog*. This Remediation option is only permitted for one course per semester and can be utilized for a maximum of three courses in the Program. Students cannot remediate any course more than once. Any student with two D grades already on their transcript, who earns a third D grade, must remediate the third D grade as described above. If such a student fails to earn a minimum score of 70% then they must repeat the course.

## Academic Programs in Excess of 4 Years (Extended Programs)

Withdrawal and/or repeating of courses will usually result in extending a student's education beyond the minimum of four years. Students in extended programs will be assigned a special academic advisor. Students in academic programs in excess of four years generally take a reduced course load during the preclinical phase of their education, but they must enroll in at least 5 semester hours per semester to maintain full-time status for the purpose of financial aid eligibility. Overload course registrations are generally not allowed due to the intensity of the podiatric medical curriculum. Students in extended programs are not eligible for D grades (A, B, C, F scale applies), nor will such students be able to drop or withdraw from courses once the courses have begun.

Students may not earn a grade less than C in their first semester of extended academic course work (i.e., the first semester in which they do not take all of the required courses); should such students earn a grade less than C, they will be suspended (See statement in *Academic Disciplinary Actions* above).

All first and second year course work must be completed within three years of matriculation. Pursuant to CPME accreditation requirements, no student may continue coursework beyond six years of first matriculating into the program.

Students in extended programs will be billed for full tuition until they have paid for four (4) complete years. Such students will be billed for one-half the annual tuition for each year in excess of four years.

## Interim Requirements

All first and second year course work must be successfully completed before taking the Part I American Podiatric Medical Licensing Examination (APMLE) and before entering the third year clinical rotations. Any student who fails Part I of the APMLE before the beginning of the senior year will be dismissed from the School of Podiatric Medicine and Barry University. All students must complete the Objective Structured Clinical Examination (OSCE) during the last (Spring) term of the third year. Students must successfully complete the OSCE to graduate. Students who fail the examination will receive remedial instruction until competency has been demonstrated. Students will not be permitted to enter senior externships until they have passed this examination.

## Graduation Requirements

In order to graduate with a degree of Doctor of Podiatric Medicine, candidates must have:

1. satisfactorily completed **all** basic science courses, clinical rotations/requirements, and externships/clerkship program requirements.
2. a GPA of 2.00 or greater with no outstanding F grades and no more than two unresolved D grades.
3. satisfactorily completed the OSCE at the end of the third year of the curriculum.
4. passed all parts of the American Podiatric Medical Licensing Examination Part I and Part II, and will have authorized the release of test results to the School of Podiatric Medicine.
5. maintained acceptable professional standards (see *Professional Conduct Code*).
6. fulfilled all responsibilities and financial obligations to Barry University and the School of Podiatric Medicine.
7. been recommended for graduation by the faculty to the Board of Trustees.

Recommendation for the D.P.M. degree is a discretionary right residing with the faculty/administration, but shall not be withheld arbitrarily. There is no contract, stated or implied, between the School of Podiatric Medicine and the students, guaranteeing that a degree will be conferred at any stated time, or at all.

# ACADEMIC APPEALS AND GRIEVANCE

Students have the right to appeal any grade which they feel was inappropriately assigned. Students will be allowed a maximum of 10 business days after the grade for a quiz or examination is made available to challenge that grade with the course instructor, unless otherwise specified in the course syllabus. If informal discussions with the faculty member do not resolve the appeal, the student must present, within 15 business days of receipt of the grade in question, an appeal in writing to the Chair of Basic Medical Sciences or Associate Academic Dean of the School of Podiatric Medicine, who will respond within five business days. If the response of the Chair of the Basic Medical Sciences or Associate Academic Dean does not satisfy the student, the student may appeal in writing, within two business days of receipt of the response to the Associate Academic Dean. The Associate Academic Dean will respond within five business days. If this response does not satisfy the student, they must appeal to the Dean of the School of Podiatric Medicine. The Dean will respond within five business days of receipt of the appeal. The decision of the Dean regarding the appeal is final. Students who do not challenge or appeal a particular grade within the appropriate time periods as described waive all future rights to appeal/challenge that grade. Nonacademic grievance and appeal procedures are outlined in the Barry University *Student Handbook* and bylaws of the Florida Podiatric Medical Students Association.

# ACADEMIC CURRICULUM

The curriculum of the School of Podiatric Medicine leading to the D.P.M. degree normally takes four years to complete. The first two years mostly involve didactic basic sciences courses (many with laboratories, see below). The third and fourth years involve primarily, but not exclusively, clinical didactic courses and clinical rotations through several local hospitals and the Barry University clinics (see *Podiatric Clinical Rotations*).

Students must complete all requirements for the D.P.M. degree within six (6) years of initial matriculation into the School of Podiatric Medicine. All courses must be completed prior to graduation. Podiatric medical students may be required by the Dean or Associate Academic Dean to take a reduced number of courses (due to withdrawals, course failures in their first or second year, or other extenuating circumstances). This will extend the total program beyond four years.

The following curriculum is continuously reviewed and is therefore subject to change.

## DOCTOR OF PODIATRIC MEDICINE D.P.M. CURRICULUM

### FIRST YEAR

#### semester hours

#### Fall

|         |   |   |
|---------|---|---|
| SPM 525 | Introduction to Podiatric<br>Medicine           | 2 |
| SPM 527 | Biochemistry I                                  | 3 |
| SPM 536 | Research Methodology, Epidemiology & Statistics | 3 |
| SPM 550 | Histology and Cell Biology<br>w/lab             | 5 |
| SPM 590 | Gross Anatomy w/lab                             | 6 |

#### Spring

|          |  |   |
|----------|--|---|
| SPM 528  | Biochemistry II/Nutrition                  | 3 |
| SPM 547  | Neuroanatomy w/lab                         | 3 |
| SPM 595A | Physiology I                               | 4 |
| SPM 625A | Applied Lower Extremity<br>Anatomy I w/lab | 4 |

### SECOND YEAR

#### semester hours

#### Summer

|          |                        |   |
|----------|------------------------|---|
| SPM 595B | Physiology w/lab       | 2 |
| SPM 610  | Clinical Neurology     | 2 |
| SPM 623  | Medical Microbiology I | 2 |

|           |  |      |
|-----------|--|------|
| SPM 625B  | Applied Lower Extremity<br>Anatomy II w/Lab    | 2    |
| SPM 627   | Introduction to Functional Orthopedics         | 3    |
| SPM 649   | General Radiology                              | 3    |
| *SPM 665  | Independent Study                              | 1-3  |
| *SPM 675  | Research                                       | 1-12 |
| *Elective | (May be taken during any second year semester) |      |

### Fall

|          |  |   |
|----------|--|---|
| SPM 600  | Pathology I w/lab                      | 4 |
| SPM 620  | Pharmacology                           | 3 |
| SPM 624  | Medical Microbiology II w/lab          | 5 |
| SPM 632  | Podiatric Medicine I                   | 2 |
| SPM 711  | Podiatric Radiology                    | 2 |
| SPM 717  | Biomechanics of Foot Function          | 2 |
| SPM 717L | Biomechanics Clinical<br>Practicum Lab | 1 |

### Spring

|          |                           |   |
|----------|---------------------------|---|
| SPM 601  | Pathology II              | 2 |
| SPM 605A | Physical Diagnosis        | 2 |
| SPM 621  | Clinical Pharmacology     | 3 |
| SPM 634L | Podiatric Medicine II Lab | 1 |
| SPM 640  | Surgical Principles       | 2 |
| SPM 650  | Internal Medicine I       | 2 |
| SPM 709  | Podiatric Medicine II     | 2 |
| SPM 711L | Radiology Lab             | 1 |

## THIRD YEAR semester hours

### Summer

|           |   |      |
|-----------|---|------|
| SPM 605B  | Physical Diagnosis (Lab)                      | 2    |
| SPM 705   | Emergency & Traumatology I                    | 2    |
| SPM 706   | Emergency & Traumatology II                   | 3    |
| SPM 750   | Internal Medicine II                          | 2    |
| *SPM 765  | Independent Study                             | 1-3  |
| *SPM 775  | Research                                      | 1-12 |
| *Elective | (May be taken during any third year semester) |      |

### Fall

|         |   |   |
|---------|---|---|
| SPM 644 | Dermatology                                 | 2 |
| SPM 652 | Peripheral Vascular Disease                 | 2 |
| SPM 703 | Anesthesiology                              | 1 |
| SPM 708 | O.R. Protocol                               | 1 |
| SPM 710 | Podiatric Medicine III                      | 2 |
| SPM 712 | Clinical Orientation<br>and Skills Workshop | 1 |
| SPM 713 | Podiatric Surgery I                         | 4 |
| SPM 719 | Podiatric Rotating Clinical<br>Clerkship II | 7 |
| SPM 738 | Podopediatrics                              | 3 |

### Spring

|         |                              |   |
|---------|------------------------------|---|
| SPM 549 | Medical Psychiatry           | 1 |
| SPM 553 | Biomedical Ethics            | 1 |
| SPM 700 | Physical Medicine            | 1 |
| SPM 707 | Emergency & Traumatology III | 2 |

|     |      |   |   |
|-----|------|---|---|
| SPM | 714  | Podiatric Surgery II                      | 4 |
| SPM | 720  | Podiatric Rotating Clinical Clerkship III | 7 |
| SPM | 721  | Podiatric Medicine IV                     | 2 |
| SPM | 722  | Cadaver Surgery Lab                       | 1 |
| SPM | 813  | Risk Management                           | 1 |
| SPM | 826  | Sports Medicine                           | 2 |
| SPM | 831  | Community and Minority Medicine           | 1 |
| SPM | CMP2 | Objective Structured Clinical Examination | 0 |

**FOURTH YEAR semester hours**

**Summer**

|     |     |                               |   |
|-----|-----|-------------------------------|---|
| SPM | 820 | Hospital Rotation I           | 4 |
| SPM | 821 | Hospital Rotation II          | 4 |
| SPM | 832 | Podiatric Clerkship Program I | 4 |

**Fall**

|           |     |  |      |
|-----------|-----|--|------|
| SPM       | 833 | Podiatric Clerkship Program II                 | 4    |
| SPM       | 834 | Podiatric Clerkship Program III                | 4    |
| SPM       | 835 | Podiatric Clerkship Program IV                 | 4    |
| SPM       | 836 | Podiatric Clerkship Program V                  | 4    |
| *SPM      | 819 | Communication Skills                           | 1    |
| *SPM      | 865 | Independent Study                              | 1-3  |
| *SPM      | 875 | Research                                       | 1-12 |
| *Elective |     | (May be taken during any fourth year semester) |      |

**Spring**

|     |     |                            |   |
|-----|-----|----------------------------|---|
| SPM | 802 | Podiatric Medicine Seminar | 1 |
| SPM | 806 | Library Research Paper     | 1 |
| SPM | 809 | Senior Clinical Rotations  | 7 |
| SPM | 815 | Orthopedic Seminar         | 1 |
| SPM | 823 | Surgical Seminar           | 1 |
| SPM | 825 | Practice Management        | 3 |

\* Elective

## PODIATRIC CLINICAL ROTATIONS

Participation in the clinical rotations is contingent upon successful completion of all the course work in the first and second years.

Treating patients in clinical settings is a privilege. All students must have successfully completed the Clinical Orientation and Skills Workshop (SPM 712) prior to beginning clinical rotations. Clinical rotations generally consist of two or four-week educational experiences in hospital-based medical, surgical, and podiatric care. Students will actively participate in various rotations such as the emergency room, operating room, physical therapy, vascular lab, radiology, pathology, internal medicine, podiatric clinics. Faculty, educational objectives, and specific rules and regulations are delineated in the *Manual of Clinical Protocol*, which serves as the syllabus for all clinical rotations. Each student's clinical rotation schedule will be posted prior to the beginning of each semester. Students may not change, alter, or rearrange their clinical schedule without prior approval of the Clinical Education Director. Attendance at each rotation site is mandatory. All absences must be made up. Unexcused absences will result in a significant punitive reduction in the clinical course grade as stipulated in the *Manual of Clinical Protocol*.

The dress code is absolute; cleaned and pressed white jackets for all students; tailored slacks, shirt and tie for men; tailored slacks or skirts (knee length) and collared blouse for women. Appropriate footwear is required.

Any student who is removed from a clinical or hospital rotation due to improper dress, behavior, or other vi-

olation of the Manual of Clinical Protocol may be placed on probation. If the violation recurs, action may be taken by the Clinical Education Director resulting in failure of the rotation and/or possible suspension from BUSPM.

Professional attitude, motivation, maturity, poise, and capacity to accept and respond to criticism of faculty and peers are evaluated. Additionally, manual dexterity, diagnostic acumen, completeness and accuracy of charting and documentation are graded.

At the completion of their rotations, students will:

- a. elicit an appropriate podiatric history.
- b. perform an appropriate podiatric physical examination.
- c. identify, comprehend, and apply therapeutic regimes for those disorders/diseases that are intrinsic to the foot.
- d. comprehend and apply perioperative podiatric care.
- e. comprehend and apply basic surgical techniques.
- f. comprehend the complications in foot surgery and apply therapeutic principles in their prevention and management.
- g. comprehend the problems of aging and applying the appropriate therapeutic regime.
- h. comprehend the levels of podiatric problems (primary, secondary and tertiary) and offer the appropriate therapeutic regime.
- i. recognize the team concept of care and comprehend the podiatrist's role in the total health care of the patient.

At the end of the rotation each extern will be evaluated by mechanisms established by the School of Podiatric Medicine. Failure of third-year clinical rotations and exit examinations will prevent advancement into the fourth year. Additionally, failure of any didactic classroom course work of the third year will preclude passage into the senior year. Failed courses, as well as failed rotations must be repeated in their entirety.

## Course Descriptions—

### Podiatric Medicine and Surgery

Prefix: SPM

#### **525 Introduction to Podiatric Medicine (2)**

Introduction to the entire field of Podiatric Medicine with emphasis on history, didactics, and clinical features as it relates to basic operative Podiatric Medicine and the art of doctoring.

#### **527 Biochemistry I (3)**

Biochemistry I provides an introduction to the fundamental aspects of biochemistry. It gives an overview of the structure, function and metabolism of biologically important molecules; carbohydrates, fatty acids proteins and nucleic acids. The course concludes with a review of amino acid metabolism. Enzyme kinetics, allostery, enzyme inhibition and control are considered in detail. Throughout, the emphasis is placed on the regulation of metabolic pathways and on their interrelationships in health and disease.

#### **528 Biochemistry II/Nutrition (3)**

Biochemistry II considers the application of biochemistry to disease etiology, diagnosis and treatment. Cell membranes and the structure, function and replication of the cell's genetic material are described. The digestion and absorption of nutrients is reviewed and the consequences of malfunction considered. A number of disease states are used to illustrate selected principles including the relationship between nutrition and disease; atherosclerosis, hyperlipidemia, obesity and diabetes. The application of clinical biochemistry techniques to disease diagnosis is described and the biochemistry of exercise and aging visited. Prerequisite: SPM 527.

#### **536 Research Methodology, Epidemiology and Statistics (3)**

Introduction to experimental design, biostatistical methods, and theoretical and statistical analysis of data. Epidemiological concepts will include population dynamics, trends in diseases and disorders, rates, screening, and public health programs.

#### **547 Neuroanatomy w/lab (3)**

Presentation of the morphologic and physiologic aspects of the nervous system. Clinical correlations are incorporated to emphasize the important anatomic structures and pathways. Lecture and lab. Prerequisite: SPM 590.

**549 Medical Psychiatry (1)**

This course will focus on the signs, symptoms, and therapies of the major mental disorders, emphasizing those most commonly seen and managed in primary care medical practice. Thus, anxiety disorders, depression, alcohol and drug abuse, and the organic brain syndromes will be considered in detail.

**550 Histology and Cell Biology w/lab (5)**

Presentation of the normal microscopic structure of the human body. Emphasis will be placed on the integration of the morphology with the biochemical and physiologic process of the body. Lecture and Laboratory.

**553 Biomedical Ethics (1)**

An introduction to bioethics relevant to podiatric medical practice: valid consent, confidentiality and privacy, issues in death and dying, and the podiatric code of ethics. (CR/NC option only)

**590 Gross Anatomy w/lab (6)**

Study designed to expose the student to the macroscopic aspects of human morphology. Complete dissection of a cadaver will be correlated with surface anatomy, radiology and other clinical information. Lecture and lab.

**595A Physiology I (4)**

Physiology is a lecture course that incorporates concepts from histology, biochemistry and anatomy and applies these concepts to the students' understanding of the normal functioning of the major organ-systems of the human body. The first module, SPM 595A, covers the following major organ-systems: Neuronal, Muscular, Neuroendocrine, Reproductive, Cardiovascular, and Renal. Prerequisites: SPM 527 and SPM 550. Corequisite: SPM 528.

**595B Physiology II w/lab (2)**

Physiology is a lecture-laboratory course that builds on, incorporates, and reinforces concepts from SPM 595A Physiology I and applies these to the students' understanding of the normal functioning of additional organ-systems of the human body: Respiratory and Alimentary. In SPM 595B a laboratory component is incorporated to give students experience in carrying out a self-conceived experimental project and to present its results in the style of a research talk that is graded based on a rubric provided to them. Prerequisite: SPM 595A.

**600, 601 Pathology I w/lab, Pathology II (4, 2)**

Fundamental principles of disease processes such as tissue injury and repair, inflammation, the immune response, and neoplasia, as well as mechanisms of hemodynamic and metabolic derangement; illustrated in laboratory by means of clinical material and case studies. Lecture and lab. Prerequisite: SPM 550 for SPM 600; and SPM 600 for SPM 601.

**605A, 605B Physical Diagnosis (2, 2)**

Introduction to and development of techniques in the common and basic components of physical and laboratory examinations, techniques of interviewing and history taking, and the care of the patient in all fields of medicine. Lecture (SPM 605A) and lab (SPM 605B). Prerequisites: SPM 595A and 595B. SPM 605A must be taken before or at the same time as SPM 605B.

**610 Clinical Neurology (2)**

Emphasis on clinical presentation of disorders commonly involving the nervous system with particular emphasis on neuromuscular disorders and peripheral neuropathies. Problems of the nervous system such as muscular dystrophies, tumors, strokes, trauma, and seizures are described. Prerequisite: SPM 547.

**620 Pharmacology (3)**

Course encompasses basic pharmacological principles and classes of drugs. Same as BMS 620. Prerequisites: SPM 527, SPM 528, SPM 595A and SPM 595B.

**621 Clinical Pharmacology (3)**

This course is devoted to the study of the commonly prescribed pharmaceutical preparations in the hospital and office medical practice. Hospital orders, prescription writing, as well as the indications, contraindications, adverse reactions and the significant pharmacology of all relevant classes of drugs in general medicine will be discussed. Emphasis is placed not upon the principles of pharmacology but rather on the actual clinical use and adverse reactions associated with all drugs in the typical hospital formulary. Prerequisite: SPM 620.

**623 Medical Microbiology I (2)**

This course is the first of a two-part series focusing on medical microbiology and infectious diseases. The series begins with presentation of the basic principles and concepts of medical microbiology and a comprehensive study of medical immunology. Topics include the classification, structure and replication of bacteria; microbial flora of the human body; principles of sterilization, disinfection and antiseptics. The medical immunology topics include: components of innate and adaptive immunity; hematopoietic cell differentiation and cells of the immune response; immunogenetics and antigen receptor molecules; antigen recognition, presentation, and cellular communication; immunologic tolerance and regulation; complement; the role of the immune response to infectious agents in defense and disease; antimicrobial vaccines. The remainder of the two-part series of courses (SPM 624) completes the comprehensive study of the pathogens. Prerequisites: SPM 527, SPM 528, SPM 550, and SPM 590.

#### **624 Medical Microbiology II (5)**

Medical Microbiology II is a comprehensive study of medical immunology, medical bacteriology, medical mycology, medical virology and medical parasitology. The course surveys the interaction between the human host and the pathogens, characteristics of pathogens, epidemiology, pathogenesis of disease, laboratory diagnosis, prevention, control of disease and treatment. Anti-infective agents are also discussed including modes of action, spectra of activity, and specific mechanisms of resistance. Prerequisite: SPM 623.

#### **625A Applied Lower Extremity Anatomy I (4)**

This course presents the macroscopic structure of the lower extremity using a combination of systemic and regional approaches. Emphasis is placed on the correlation between anatomical structure and function on the one hand, and clinical and imaging applications on the other.

#### **625B Applied Lower Extremity Anatomy II (2)**

This course presents the gross anatomical structure of the lower extremity using a regional approach. Emphasis is placed on cadaver dissection by the students, which will allow them to correlate the various anatomical structures of the lower extremity with their functions and their clinical and imaging applications. Prerequisite: SPM 625 (Applied Lower Extremity Anatomy I)

#### **627 Introduction to Functional Orthopedics (3)**

Introduction to the study of the functional anatomy of the lower extremities. Physical and mechanical principles as applied to the development and functions of the lower extremities will be studied in depth. Concepts of normal lower extremity function will be applied to human locomotion. Prerequisite : SPM 625A.

#### **632 Podiatric Medicine I (2)**

This course provides the fundamentals of taking a history and performing a physical examination. Evaluation, diagnosis, and treatment of some of the more common conditions treated by the podiatric physician will be discussed. These include nail disorders, dermatological, and rheumatologic diseases, among others. Prerequisites: SPM 547, SPM 550, SPM 610, SPM 623, SPM 625A, and SPM 625B. Corequisites: SPM 600 and SPM 620.

#### **634L Podiatric Medicine II Lab (1)**

This course prepares students for the technical skills associated with medical and surgical podiatric care. The course is presented in a workshop format with a short lecture followed by practical demonstration and individual practice sessions to learn the particular skill. Sample technical skills include, but are not limited to, handling and use of instrumentation, injections, venipuncture, starting intravenous lines, suturing and hand ties, casting, and bandaging. Additionally, podiatric palliative practices such as the nail procedures, removal of corns, calluses, padding and strapping are emphasized. Prerequisites/corequisites: SPM 632 and SPM 709. (CR/NC option only)

#### **640 Surgical Principles (2)**

Introduces the student to the evaluation and management of selected surgical conditions likely to be encountered in primary care. Emphasis is placed on the integration of anatomy and physiology, history and physical skills, pathophysiology and diagnostic studies. Pre- and post-operative patient management, including appropriate referral practices, are included. Prerequisite: SPM 590.

#### **644 Dermatology (2)**

Introduction to general dermatoses especially those affecting feet and lower extremities. Prerequisite: SPM 550.

**649 General Radiology (3)**

Radiation physics, image production, and safety are covered. Evaluation of radiographic changes as they relate to systemic and local pathology. Prerequisite: SPM 590.

**650, 750 Internal Medicine I, Internal Medicine II (2, 2)**

Presentation of basic principles of medicine. Prerequisites: SPM 590, SPM 595A, SPM 595B, SPM 600, SPM 605, and SPM 620.

**652 Peripheral Vascular Disease (2)**

The pathophysiology as well as diagnosis and treatment of peripheral vascular disease will be discussed. Prerequisites: SPM 595A, SPM 595B, and SPM 632.

**665, 765 Independent Study (1-3)**

Opportunity for extensive study in areas of special interest to the student. Prerequisite: permission of the Associate Academic Dean or Clinical Education Director or Chair of the Basic Medical Sciences.

**675, 775 Research (credit not to exceed 12)**

Research under guidance of faculty advisor. Prerequisite: permission of the Associate Academic Dean or Clinical Education Director or Chair of the Basic Medical Sciences.

**700 Physical Medicine (1)**

The various modalities of physical medicine will be presented with special emphasis on lower extremity palliative and therapeutic care.

**703 Anesthesiology (1)**

The types, techniques, methods, and complications of regional, local, and general anesthesia will be explored. The student will be introduced to related patient problems in the perioperative period as well as preoperative considerations for surgery. Prerequisites: SPM 620 and SPM 621.

**705 Emergency & Traumatology I (2)**

General concepts of non-cardiac emergency and traumatology from a systems perspective. Prerequisites: SPM 632, SPM 650, and SPM 709.

**706 Emergency & Traumatology II (3)**

Basic and Advanced Cardiac Life Support mechanisms as defined by the American Heart Association will be presented. Prerequisite: SPM 705.

**707 Emergency & Traumatology III (2)**

Lower extremity traumatology will be discussed. Basic principles of wound healing, prevention and management of infection, and specific applications for forefoot trauma are stressed. Prerequisite: SPM 706.

**708 O.R. Protocol (1)**

An introduction to the basic principles of operating room technique. Surgical instrumentation, methods of sterilization, principles of sterile technique, and charting and documentation will be emphasized. Prerequisites: SPM 632, SPM 640, and SPM 709. (CR/NC option only)

**709 Podiatric Medicine II (2)**

Disorders, both systemic and localized, are presented according to the body system involved, i.e. Musculoskeletal, Neurological, with an examination of the varied mechanisms of wounding and of management strategies. Lower extremity manifestations of systemic disease, differential diagnoses, and conservative management are emphasized. Prerequisite: SPM 632.

**710 Podiatric Medicine III (2)**

Lower extremity manifestations of systemic disease, differential diagnoses, and conservative management are emphasized. Disorders of the lower extremity, both systemic and localized, are presented according to the body system involved. Interpretation of clinical testing, dermatologic manifestations of disease, and varied presentations of infectious diseases will be discussed. Prerequisite : SPM 709.

**711 Podiatric Radiology (2)**

Class instruction in diagnostic findings in the foot. Pathophysiology will be discussed to support the radiographic changes seen in the foot as it relates to certain disease entities. Prerequisite: SPM 649.

**711L Radiology Lab (1)**

Provides students with practical opportunities to apply knowledge and understanding acquired in General Radiology and Podiatric Radiology courses to the actual reading of the films or images. Each class section is divided into small groups which work at stations with a radiological view box. Emphasis is on the hands-on reading of chest films, foot and ankle x-rays, bone scans, MRI, and CT scans. Additionally, students review and practice photochemistry of developing plain films and x-ray positioning techniques. Prerequisites: SPM 649 and SPM 711. (CR/NC option only)

**712 Clinical Orientation and Skills Workshop (1)**

Prepares students for diverse aspects of clinical care, patient interactions, hospital, and/or clinic protocols. Infectious disease, sterile technique, universal precautions, biomedical hazards, immunization policy, instrumentation, and School rules and clinical regulations will be discussed. Demonstrations and workshops in practical skills may be presented. Prerequisites: all first and second year courses.

**713 Podiatric Surgery I (4)**

Fundamental concepts of forefoot and soft tissue surgery of the foot and ankle are presented. Prerequisite: SPM 640 and all other first and second year courses.

**714 Podiatric Surgery II (4)**

Fundamental concepts of rearfoot and reconstructive surgery of the foot and ankle are presented. Prerequisite: SPM 713.

**717 Biomechanics of Foot Function (2)**

Advanced studies in foot function with emphasis on biomechanical comprehension and orthotic correction of foot/lower extremity deformity. Prerequisites: SPM 547, SPM 625A, and SPM 625B.

**717L Biomechanics Clinical Practicum Laboratory (1)**

Laboratory applications of biomechanical theory and practice as presented in SPM 717. Emphasis on examination and clinical problem solving. Prerequisite: SPM 717.

**718, 719, 720 Podiatric Clinical Clerkship I, II, III (4, 7, 7)**

Students will rotate through the Barry University Foot and Ankle Centers as well as affiliated hospitals. Students will participate in podiatric, medical, and surgical services, including emergency room, operating room, radiology, vascular laboratory, physical therapy, wound healing, and other hospital-based services. Students will be evaluated in terms of knowledge, attitude, skills, and motivation and will be required to maintain a patient log. Students will also be expected to successfully complete the Objective Structured Clinical Examination (OSCE) prior to beginning senior level clinical rotations. Prerequisites: Successful completion of all courses of the first and second years and SPM 712 prior to entering clinical rotations and externships.

**721 Podiatric Medicines IV (2)**

The incidence, pathophysiology, and treatment of common wound conditions germane to the podiatric physician will be discussed. These include ulcers in patients with diabetes and related conditions, venous leg ulcers, arterial ulcers, and pressure wounds. The student will learn about unusual wound pathologies and malignancies. The course will require critical thinking, the formulation of decision trees, and include discussions about infection, vascular disease, and general medicine. Break-out sessions and review of current literature will be coordinated with the lectures. Prerequisite: SPM 624, SPM 632, SPM 709, and SPM 710.

**722 Cadaver Surgery Laboratory (1)**

This course offers the student "hands-on" learning experiences in an array of basic surgical procedures. The course complements and reinforces the surgical principals learned in the Podiatric Surgery I and II courses, giving the student practical experience in the performance of many common podiatric procedures and techniques. Indications and contraindications for specific surgical procedures and standards of care are also reviewed. Prerequisites/corequisites: SPM 713 and SPM 714.

**738 Podopediatrics (3)**

General survey of growth and development of children with emphasis on the lower extremities: concentrating upon history and physical examination, diagnosis, treatment, and prognosis of podiatric disorders. Prerequisites: SPM 717 and SPM 717L.

**802 Podiatric Medical Seminar (1)**

By utilizing clinical case presentations, students will review and apply principles of Podiatric Medicine presented during the first three years of training. Prerequisites: all first, second and third year courses.

**806 Library Research Paper (1)**

This paper is required for senior students and serves to develop skills in literature review and presentation.

**809 Podiatric Senior Clinical Rotations (7)**

Students will rotate in afternoon clinic sessions through the Barry University Foot and Ankle Centers and affiliated institutions. Students will be responsible for case presentations and case management involving general medical as well as podiatric disorders. Prerequisites: all first, second and third year courses.

**813 Risk Management (1)**

This course addresses both the medical and legal aspects of Podiatric Medicine. Appropriate charting, record-keeping, documentation of patient progress, and complications are discussed. Patient/physician relationships are reinforced with malpractice principles, ethics, and medical jurisprudence. Prerequisites: all first, second and third year courses.

**815 Orthopedic Seminar (1)**

Via clinical presentations, students will review and apply principles of orthopedics and biomechanics presented during the first three years of training. Prerequisites: all first, second and third year courses.

**819 Communication Skills (1)**

This course emphasizes communication skills necessary for physicians to interrelate with their patients on an understanding and empathetic level. An additional goal is to improve interaction with community members and other physicians.

**820, 821 Hospital Rotations (4, 4)**

Fourth year students will rotate through podiatric, medical, and surgical services in the Barry University affiliated hospitals and clinics as a continuum of SPM 718, SPM 719 and SPM 720. Prerequisites: successful completion of SPM 712, SPM 718, SPM 719, and SPM 720, as well as successful completion of the (OSCE).

**823 Surgical Seminar (1)**

Students will review and apply basic and advanced principles of podiatric surgery via clinical case presentations. Prerequisites: all first, second and third year courses.

**825 Practice Management (3)**

This course will examine the administrative details of running a private practice. Preparing a banker's loan proposal, floor planning, ordering of office inventory/supplies, hiring of personnel, payroll, billing and collections, insurance, financial planning, advertising, and competition in the health care marketplace will be discussed. Prerequisites: all first, second and third year courses.

**826 Sports Medicine (2)**

Comprehensive review of common sports injuries with discussion of mechanisms, prognosis, treatment, and rehabilitation. Prerequisite: SPM 717. Prerequisites: all first and second year courses.

**831 Community and Minority Medicine (1)**

Review of the public health issues in the community as well as those specific medical problems affecting particular minority groups.

**832, 833, 834, 835, 836 Podiatric Clerkship Programs I, II, III, IV, V (4, 4, 4, 4, 4)**

Students will be required to attend a total of 5 one-month outside clinical rotations at approved hospital-based or private office externship programs throughout the United States. The purpose of this additional training is to present geographical differences in medicine, epidemiology, and the practice of podiatric medicine throughout the United States, as well as provide the students with increased exposure to podiatric postgraduate training programs. Prerequisites: successful completion of SPM 712, 718, 719, and 720 as well as successful completion Objective Structured Clinical Examination (OSCE).

**865 Advanced Independent Study (1-3)**

The purpose of this course is to develop within the student an appreciation for research as well as its importance in medical education. Hypothesis development, scientific method in data collection, methods of double blind study, and data analysis are presented. Prerequisite: permission of the Associate Academic Dean or

Clinical Education Director or Chair of Basic Medical Sciences.

### **875 Advanced Research (1-12)**

Students will conduct research based upon a format/hypothesis developed in SPM 665 or SPM 865. The ultimate goal of this course is publication-quality literature under the supervision of a faculty member. Prerequisite: permission of the Associate Academic Dean or Clinical Education Director or Chair of the Basic Medical Sciences.

### **CMP2 Clinical Skills and Knowledge Competency Examination (0)**

Comprehensive practical examination of clinical skills and knowledge including, but not limited to, biomechanics, radiology, suturing, injections, venipuncture, and development of treatment plans based on oral case questions. Prerequisites/corequisites: SPM 712, SPM 718, SPM 719, and SPM 720.

## PHYSICIAN ASSISTANT PROGRAM

### MASTER OF CLINICAL MEDICAL SCIENCE (MCMSc)

Doreen C. Parkhurst, PA, MD, FACEP, Associate Dean, Program Director

Keith L. Moore, JD, PA-C, Associate Program Director

Samuel Cleveland, DO, FACEP, Medical Director

Richard Fien, MD, MPH, FACC, Director of Didactic Education, Faculty Chair of Admissions

Gregory L. Burns, MMS, PA-C, Director of Distant Campuses

William Demshok, MS, PA-C, Associate Director of Didactic Education, Miami Shores

Debbi Hanson, MCMSc, PA-C, Associate Director of Didactic Education, St. Petersburg

Wendy Hoon Langen, MCMSc, PA-C, Director of Physical Diagnosis Course, Miami Shores

Carmen Queral, PhD, MPH, PA-C, Director of Clinical Site Development and Retention

Randi Beth Cooperman, DHSc, MCMSc, PA-C, Director of Clinical Education

Charity Ramsey, MCMSc, PA-C, Associate Director of Clinical Education, Miami Shores

Whitney Combs, MPAS, PA-C, Associate Director of Clinical Education, St. Petersburg

Jeffrey P. Donnelly, MMSc, PA-C Associate Director of Clinical Education, St. Croix

Shani Fleming, MSHS, MPH, PA-C, Faculty, St. Croix

Paula Rooney, MPAS, PA-C Faculty, St. Croix

Lee Goldberg, MD, Adjunct Professor, Faculty, Miami Shores

### The Program

A Physician Assistant (PA) is a highly qualified health care provider who has been prepared, through a demanding academic and clinical curriculum, to provide health care services under physician supervision. PAs gather and evaluate medical data and participate in the process of clinical decision-making, diagnosis, and therapeutic management.

All students who successfully complete the Barry University Physician Assistant Program (Program) will be awarded both the Master of Clinical Medical Science degree and the Physician Assistant Certificate.

### Program Website

This catalog is published annually. The Program website [www.barry.edu/pa](http://www.barry.edu/pa) contains the most recent information about the Program as well as a section titled “errata” reflecting Program changes that will appear in the next catalog.

### Program Location

The Program seats students at the Barry University campus in Miami Shores, at St. Petersburg College, through a partnership with the University Partnership Center, and at the St. Croix campus in the United States Virgin Islands. The faculty teaches from each site via interactive videoconferencing. Applications to any campus are processed through the Central Application Service for Physician Assistants (CASPA).

## Vision Statement

Our vision is that our graduates will be PA leaders in health care technology and clinical practice.

## Mission Statement

The Barry University Physician Assistant Program educates students in the practice of collaborative medicine and encourages life-long learning and professional development. It fosters a technology rich environment and clinical training experiences among diverse patient populations. The Program enables students to develop competencies required to meet the health care needs of contemporary society.

## Program Objectives

The purpose of the Program is to prepare well-trained health care providers who will extend and complement the capabilities of physicians in the delivery of health care.

The Program:

- Prepares students to be competent and compassionate health care providers.
- Prepares students to be collaborators in inter-disciplinary health care teams.
- Emphasizes the importance of critical inquiry and lifelong dedication to continuous learning and self-assessment.
- Cultivates the professional behaviors and values of the helping professions.
- Promotes the importance of health maintenance, health education and the prevention of disease for individual patients and communities.
- Prepares students to practice evidence based medicine that improves the quality and effectiveness of health care.
- Prepares students to be effective communicators in their work with patients, families and other health care providers.
- Prepares students to be proficient in using health care technology.

## Competencies and Outcomes

Graduates of the Barry University Physician Assistant Program will be knowledgeable and competent in the following areas as expected by the PA profession:

- Medical knowledge regarding the basic medical sciences and pathophysiology; the diagnosis and management of disease; and the promotion of health.
- Interpersonal & communication skills involving verbal, nonverbal and written exchange of information, which results in effective information exchange with patients, patients' families, physicians, professional associates, and the health care system.
- Patient care that is effective, patient-centered, efficient and equitable in the treatment of health problems and the promotion of wellness.
- Professionalism which emphasizes the practice of the values and ideals, which are embraced by the helping professions, and result in the practice of medicine in a manner that is ethical, sensitive to diverse patient populations and adhering to legal and regulatory requirements.
- Practice-based learning and improvement in regards to the ability to engage in critical analysis of their own practice experience, medical literature and other information resources for the purpose of evaluation and improvement of patient care practices.
- Systems-based practice which delivers the highest quality care at the most advantageous value, within the complex health systems providing medical care.

## Educational Philosophy

The vast amount of information in medicine can never be mastered by any one person. However, it is each practitioner's responsibility to learn as much as possible each day in order to develop the deepest fund of knowledge possible. The Program encourages its students to engage medicine as a life-long learning experience.

Course syllabi and lecture materials are meant to help the student obtain a broad overview of the identified topics. However, neither tests nor examinations for licensure, nor the patients whom a student may encounter in

a clinical rotation, can exhaustively cover the content of any given area in medicine. Therefore, it is incumbent upon the student to study beyond the syllabus and course materials and to develop intellectually to every extent possible.

## Risks and Dangers of Medical Practice

Practicing medicine places a practitioner at greater risk than is normally encountered in the course of daily life. There is a risk of contagion of diseases such as tuberculosis, HIV/AIDS, hepatitis; there is a risk of death from these diseases.

There is a risk of being victimized by violent behavior since some patients behave in a violent fashion, particularly when they are under the influence of substances, or suffer from psychotic disease or delirium.

Practicing medicine requires a devotion to humanity, a vocation to serve all people in need, a humility to endure insult, attack and risk, a conscientious effort to avoid risk and confrontation and a selflessness which is not often asked of people in most other professions.

The PA Program offers its students instruction in universal precautions of avoiding contagion, and of avoiding harm in cases of violent behavior. However, the student must realize that some risk is inherent in the practice of medicine that cannot be predicted and, on rare occasions, cannot be prevented.

## BARRY UNIVERSITY PHYSICIAN ASSISTANT PROGRAM TECHNICAL AND PROFESSIONAL STANDARDS

### I. Introduction

Physician Assistant (PA) training is recognized as a broad-based process that requires the acquisition of general knowledge in all fields of medicine and of the basic skills required for the practice of medicine, regardless of specialty. The education of a PA in the Barry University Physician Assistant Program requires assimilation of knowledge, acquisition of skills, and development of judgment through patient care experience in preparation for semi-autonomous and appropriate decisions required in medical practice. The current practice of medicine emphasizes collaboration among physicians, other allied health care professionals such as PAs, patients and families.

### II. Technical and Professional Standards

- A. The Program Technical and Professional Standards (Standards), as distinguished from academic standards, refer to those physical, cognitive, and behavioral abilities necessary for satisfactory completion of all aspects of the Program curriculum. This includes the development of professional attributes required by the faculty of all Program students by the time of graduation and for future practice as a certified and licensed PA.
- B. The Program standards and essential functions of medical education shape the requirements for admission, retention, and graduation of applicants and students. All graduates are expected to be qualified to enter a field of PA practice of their choice.
- C. Students applying to the Program are selected on the basis of academic achievement, faculty evaluations, evidence of maturity, motivation, leadership, integrity, and compassion. Students must be capable of meeting the Standards described herein.
- D. The medical education process involved in the Program focuses largely on the care of patients, and differs markedly from postsecondary education in fields outside of the health sciences. The primary responsibility for the selection of students and for the content of the curriculum rests with the Program and its faculty.
- E. The PA role is, and must remain, a broad, undifferentiated role that produces graduates capable of supporting the full range of physician practice and patient needs. The Program credentials awarded must attest to the acquisition of general knowledge in all fields of medicine and the basic skills requisite for the practice of medicine under physician supervision.
- F. Applicants are assessed without regard to sex, race, religion, color, national or ethnic origin, age, physical disability, or sexual preference. Admission to the Program is competitive and is based on individual merit and performance within each applicant pool for a given academic year, and not on personal convictions, preferences, or happenstance of birth unrelated to academic performance.
- G. The Standards, along with the Program policies, procedures and process for the admission and education of PA students, parallel, to some extent, those set forth by the Physician Assistant Competencies published by the ARC-PA, AAPA, NCCPA and PAEA, and inform and guide the decisions of the Program faculty. All

students of medicine, including PA students, must possess those intellectual, ethical, physical and emotional capabilities required to undertake the full curriculum and to achieve the levels of competence required by the faculty.

H. The Standards are as follows.

### 1. Observation

The Program curriculum requires essential abilities in information acquisition.

- a. The student must have the ability to master the course work presented in the form of lectures, written material and projected images. For many required tasks, observation necessitates the functional and mixed use of the sense of vision and other sensory modalities.
- b. Learning is enhanced by the functional use of the senses of smell and touch. The candidate must possess adequate sensation of vision, hearing, equilibrium, smell, taste, touch, pain, temperature, position, pressure, movement, stereognosis, and vibration, particularly when gross and/or subtle changes in symmetry are present.
- c. The student must have the cognitive abilities necessary to master relevant content in basic science and clinical courses at a level and pace deemed appropriate by the faculty.
- d. These skills may be described as the ability to comprehend, memorize, analyze, and synthesize material.
- e. The student must also 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.
- f. Students must be able to perceive, by the use of senses and mental abilities, the presentation of information through small group discussions and presentations, large-group lectures, one-on-one interactions, demonstrations, laboratory experiments, patient encounters (at a distance and close at hand), diagnostic findings, procedures, and written material and audiovisual materials.
- g. Representative examples of materials/occasions requiring perceptual abilities in the first year include, but are not limited to: books, diagrams, discussions, photographs, x-rays, clinical case presentations, patient interviews and physical examinations, completion of cognitive and skills requirements for ACLS and PALS certification, and performance of suturing, casting, splinting, gowning, gloving, surgical scrubbing and establishing/maintaining sterile fields in the operating room setting.
- h. Additional examples from the second (clinical) year include, but are not limited to: physical exams; rectal and pelvic exams; examinations with stethoscopes, otoscopes, fundoscopes, sphygmomanometers, and reflex hammers; verbal communication and non-verbal cues (as in taking a patient's history or working with a medical team); live and televised surgical procedures; assisting at surgery and childbirth; x-rays, MRIs, and other diagnostic findings; online computer searches; and, responding to a wide variety of urgent and/or emergent patient presentations.

### 2. Communication

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.

- a. The student must be capable of perceiving the signs of disease or distress as manifested through the physical examination so these findings can be communicated verbally or in writing or both. Such information is derived from viewing and touching the body surfaces, palpable changes in various organs, and auditory information (patient voice, heart tones, bowel, and lung sounds).
- b. The student must be able to communicate effectively (in English) with patients and family, physicians, and other members of the health care team.
- c. These communication skills require the ability to assess all information, including the recognition of the significance of non-verbal responses and immediate assessment of information provided to allow for appropriate, well-focused follow-up inquiry.
- d. The student must be capable of responsive, empathetic listening to establish rapport in a way that promotes openness on issues of concern and sensitivity to potential cultural differences, and includes interacting therapeutically with psychiatric patients. In essence, this requires that the student be able to function, often in a fast paced environment, in order to:
  - \* Elicit information
  - \* Convey information
  - \* Clarify information
  - \* Create rapport

- \* Develop therapeutic relationships
  - \* Demonstrate competencies
- e. The student must be able to skillfully process and communicate information regarding the patient's status accurately and in a timely manner to the physician supervisors and all other members of the health care team. Complete, accurate information then needs to be communicated in a succinct, yet comprehensive manner, in settings in which the time available is limited. This may include, but is not limited to, participating in clinical rounds and conferences, oral presentations to physicians or other members of the health care team, written or dictated patient assessments and writing prescriptions.
  - f. Appropriate communication may also depend on the student's ability to make a correct judgment in seeking supervision and consultation in a timely manner, particularly in urgent and emergent situations.

### **3. Sensory and Motor Function**

The student must have sufficient sensory and motor function to elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers.

- a. The student will be required to coordinate both gross and fine muscular movements, equilibrium, and functional use of the senses of hearing, touch and vision.
- b. More specifically, the student must be able to exercise such fine motor skill as to adequately perform laboratory tests, including but not limited to, wet mount, urinalysis and gram stain.
- c. The student must exercise such level of dexterity, sensation and visual acuity as to competently and accurately complete such processes as administering intravenous medication, making fine measurements of angles and size, measuring blood pressure, respiration and pulse, performing physical examinations, and performing therapeutic procedures such as phlebotomy, EKGs, reading radiographs, suturing and casting.
- d. The student must be able to hear sufficiently to accurately differentiate percussive notes and auscultatory findings, including but not limited to heart, lung, and abdominal sounds, as well as discern normal and abnormal findings using instruments such as tuning forks, stethoscopes, sphygmomanometers, and Doppler devices.
- e. A student must be able to transport himself or herself in a manner which provides timely response in both general and emergency care situations. Moving patients and engaging in some procedures requires the level of skill, strength and endurance necessary to perform the procedure(s) quickly, safely, effectively and for a reasonable period of time, often in a stressful environment.
- f. Examples of emergency treatment reasonably required of a PA are cardiopulmonary resuscitation, the administration of intravenous medication, application of pressure to stop bleeding, the opening of obstructed airways, the suturing of simple wounds, and the performance of simple obstetrical maneuvers. Such actions often require simultaneous coordination of gross and fine muscular movements, equilibrium and functional use of the senses of touch and vision.

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

Students must be able to demonstrate higher-level cognitive abilities, which include:

- \* Rational thought
  - \* Measurement
  - \* Calculation
  - \* Visual-spatial comprehension
  - \* Conceptualization
  - \* Analysis
  - \* Synthesis
  - \* Organization
  - \* Representations (oral, written, diagrammatic, three dimensional)
  - \* Memory
  - \* Application
  - \* Clinical reasoning
  - \* Ethical reasoning
  - \* Sound judgment
- a. Examples of applied cognitive abilities in the first year include, but are not limited to: understanding, synthesizing, and recalling material presented in classes, labs, small groups, patient interactions, and meetings with preceptors; understanding 3-dimensional relationships, such as those demonstrated in

the anatomy lab; successfully completing oral, written, and laboratory exams; understanding ethical issues related to the practice of medicine; engaging in problem solving, alone and in small groups; interpreting the results of patient examinations and diagnostic tests; analyzing complicated situations, such as cardiac arrest, and determining the appropriate sequence of events to effect successful treatment; working through genetic problems.

- b. Additional examples of required cognitive abilities in year two include, but are not limited to: integrating historical, physical, social, and ancillary test data into differential diagnoses and treatment plans; understanding indications for various diagnostic tests and treatment modalities — from medication to surgery; understanding methods for various procedures, such as lumbar punctures and inserting intravenous catheters; being able to think through medical issues and exhibit sound judgment in a variety of clinical settings, including emergency situations; identifying and understanding classes of psychopathology and treatment options; making concise, prompt, cogent, and thorough presentations based on various kinds of data collection, including web-based research; knowing how to organize information, materials, and tasks in order to perform efficiently on service; understanding how to work and learn independently; understanding how to function effectively as part of a health care team.

## **5. Behavioral and Social Attributes**

A candidate must possess the emotional health required for full utilization of his or her intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients, and the development of mature, sensitive, and effective relationships with patients.

- a. Candidates must be able to tolerate physically taxing workloads and to function effectively under stress.
- b. They must be able to adapt to changing environments, to display flexibility, and to learn to function in the face of uncertainties inherent in the clinical problems of many patients.
- c. Compassion, integrity, concern for others, interpersonal skills, interest, and motivation are all personal qualities that are assessed during the admissions and throughout the education processes.
- d. The student must be able to understand the basis and content of medical ethics.
- e. The student must possess attributes that include compassion, empathy, altruism, integrity, responsibility, and tolerance. (See Professional Behaviors, below)
- f. The student must have the emotional stability to function effectively under stress and to adapt to an environment that may change rapidly, without warning, and/or in unpredictable ways.

## **6. Professional Standards**

All students of the Program must consistently display integrity, honesty, empathy, caring, fairness, respect for self and others, diligence, and dedication. Students must:

- a. Promptly complete all assignments and responsibilities attendant to the diagnosis and care of patients (beginning with study in the first year);
- b. Develop mature, sensitive, and effective relationships, not only with patients but with their peers, all members of the Program and University community and health care teams;
- c. Tolerate physically, emotionally, and mentally demanding workloads;
- d. Function effectively under stress, and proactively make use of available resources to help maintain both physical and mental health;
- e. Adapt to changing environments, display flexibility, and be able to learn in the face of uncertainty;
- f. Take responsibility for themselves and their behaviors.

Examples of professional behavior in year one include, but are not limited to: attending required experiences on time and prepared; displaying good personal hygiene and dressing according to Program requirements; refraining from the abuse of alcohol and/or prescription drugs, and the use of illicit drugs; handing in assignments on time; refraining from plagiarizing or cheating; treating faculty, staff, and other students with respect; making an effort to understand prejudices and preconceptions that might affect patient interactions or collegial relationships (especially in the areas of race and ethnicity, sexual orientation, gender, disability, age, and religious difference); developing successful working relationships with preceptors, staff, and peers by accepting constructive feedback and modifying their behavior accordingly.

Additional examples of professional behavior in year two include, but are not limited to: maintaining a professional appearance and demeanor on service (e.g. white coat, name tag, appropriate attire, neat appearance, respectful speech, sobriety); representing oneself accurately; appreciating and preserving patient confidentiality; responding sensitively to patients' social and psychological issues; developing empathic listening skills;

understanding social biases and stigmas, and not reinforcing them; advocating for patients when appropriate; using hospital/clinic resources responsibly; showing up prepared and on time for rounds, lectures, conferences, and procedures; getting advice when handling ethical dilemmas; taking constructive feedback from attending physicians and residents with open-mindedness and the intention to improve; contributing to the effectiveness, efficiency, and collegiality of health care teams.

Applicants are assessed without regard to sex, race, religion, color, national or ethnic origin, age, physical disability, or sexual preference. Applications are encouraged from students of medically-underrepresented minority groups.

The medical education process involved in the Program focuses largely on the care of patients, and differs markedly from postsecondary education in fields outside of the health sciences. The primary responsibility for the selection of students and for the content of the curriculum rests with the Program and its faculty.

### III. Disabled Students/Applicants

A. *Introduction.* A disability, as defined by Section 504 of the Rehabilitation Act and the Americans with Disabilities Act, does not mean the student is not qualified to study and practice medicine in the BUPAP. To be qualified for the study of medicine in the BUPAP, students must be able to meet the academic, technical and professional standards, with or without a reasonable accommodation.

B. *Process for Assessing Disabilities and Reasonable Accommodations.*

1. No inquiry will be made on the application forms concerning a disability. Program policies regarding technical abilities and skills necessary to meet the competency requirements are published and available on the Program website and referenced in its literature. Candidates and students are encouraged to review the competency requirements.
2. Individuals accepted for admission to Program who believe they require a reasonable accommodation for any medical condition must contact Barry University's Office of Disability Services ("ODS") so that ODS can determine if the medical condition is a disability as defined by Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. Part of ODS' review of whether or not a student has a disability includes a requirement that the student submit supporting documentation regarding the disability from a qualified health professional. The health professional must also provide an opinion on the student's ability to meet the Program Standards with or without reasonable accommodations. It is the responsibility of the student to provide a complete set of the Program Standards to the qualified health care provider before the opinion is rendered.
3. A reasonable accommodation is viewed as a means of assisting disabled students with meeting essential standards by providing them with an equal opportunity to participate in all aspects of each course or clinical experience (a reasonable accommodation does not, however, guarantee that students will be successful in meeting the requirements of the course or clinical activity).
4. Whether or not an accommodation is reasonable will be determined on an individual basis. Determining what is a reasonable accommodation is an interactive process between the disabled student, ODS, and the Physician Assistant Program. ODS will discuss the reasonableness of the accommodation with the Associate Dean and PA Program Director (or his/her agent) in light of cost to Barry University and the Standards described herein. Any disagreements between ODS and the Program regarding whether an accommodation is reasonable under current federal and/or state law should be addressed with Barry University's Office of Legal Affairs.
5. All students accepted into the Program must sign a statement that they have read, understand and are able to meet the technical and professional standards, with or without reasonable accommodations. The standards apply to all phases of the Program, including admissions, matriculation and graduation.
6. Although a disability may ultimately prevent some candidates or students from meeting these standards, the Program is committed to providing any and all reasonable accommodations that will assist disabled students in entering and successfully completing the Program.

### NON-DEGREE OPTION

For those interested in taking courses for enrichment, a maximum of 16 graduate credits may be taken as a non-degree-seeking student. Students exercising this option are not eligible for financial aid and must pay for courses on a per credit basis before being allowed to register. Students exercising this option are not eligible for the NCCPA PANCE. Registration for this option requires permission from the Program Director.

## ADMISSION REQUIREMENTS

The successful candidate for admission to the Physician Assistant Program will have:

- A baccalaureate degree from a regionally accredited or internationally recognized college or university; it is required that the undergraduate grade point average, especially in science, be 3.0 or higher;
- completed 12 semester hours (4 courses) in the biological sciences. (examples include: general biology or zoology, anatomy, physiology, human genetics, microbiology, cell and molecular biology);
- completed at least six semester hours (2 courses) in psychology, sociology, or human growth and development. Anthropology, Humanities, and Criminology courses are not accepted;
- completed a minimum of six semester hours (2 courses) in general chemistry and three semester hours (1 course) in either organic chemistry or biochemistry;
- taken the Graduate Record Examination (GRE); the Medical College Admissions Test (MCAT) may not be substituted for the GRE; applicants whose GRE scores are more than 5 years old must re-take the GRE and submit more recent scores. GRE scores must be sent to the university by ETS to institutional code 5053, program code 0634 before the application is submitted
- submit a complete dossier of official college transcripts to CASPA for verification (prerequisite credits that are more than ten years old may not be considered).

Once offered provisional acceptance ALL official (sealed) transcripts and admission documents must be mailed to Main Campus for processing: Barry University Physician Assistant Program, 11300 NE 2nd Avenue, Miami Shores, Florida 33161-6695;

- submitted three letters of recommendation, (from clinical work supervisors or clinical coworkers, and academicians);
- evidence of prior experience in health care is highly recommended;
- met the Program Technical and Professional Standards.

In addition, though not a requirement for admission, students accepted into the Program must complete a course in medical terminology prior to matriculation. Accepted students must provide a grade for medical terminology on an official transcript or a certificate of completion.

An interview is required and is extended only at the invitation of the Admissions Committee.

The Committee strongly recommends that all documentation be complete prior to the interview.

Foreign-born non-U.S. or non-Canadian citizens:

- applicants with foreign transcripts or non-grade transcripts must submit a degree equivalent evaluation (an original sealed report from a transcript evaluation service). A list of transcript evaluation service providers may be found at [www.naces.org](http://www.naces.org);
- must have attended a college or university in the United States for a minimum of one year prior to application;
- submit test scores for the Test of English as a Foreign Language (TOEFL), be able to express themselves clearly to others in spoken English, and have the ability to understand rapidly spoken colloquial English.

Selection will be made by committee and is based upon the above criteria. Candidates are evaluated in the context of the applicant pool for the year in which they seek to matriculate. Therefore, the admission process for the PA Program is highly competitive. Candidates are considered on the basis of their overall GRE, undergraduate and graduate GPA, their health care experience, letters of recommendation, the interview and their personal statement.

Individuals selected for admission must exhibit the necessary interpersonal skills, physical, psychological, and behavioral capacities to satisfactorily fulfill the rigorous requirements of the Program.

## Special Considerations

As part of an agreement with the University Partnership Center at St. Petersburg College, up to four students per year who graduated from St. Petersburg College and who are admitted into the Program in St. Petersburg may receive a tuition discount of 20%.

USVI residents who meet all PA Program admission requirements and are viewed as competitive applicants are granted a preference for admission to the USVI campus at the time the PA Faculty Admissions Committee considers their application. The program also offers a 20% tuition discount to up to four students per year, provided the matriculating student agrees in writing to commit to practice for at least two years in the USVI upon

graduation. Graduates choosing not to fulfill their service obligation will be required to pay back the amount of discounted tuition to Barry University.

## Advanced Standing and Transfer Policy

Due to considerable variation in physician assistant programs throughout the United States, students of other PA programs will not be accepted for transfer into the Program. In addition, applicants to the Program may not receive “advanced standing” based upon previous education or credits taken. Foreign medical graduates must complete the Program in its entirety.

## APPLICATION PROCEDURE

All applicants to the Barry University Physician Assistant Program must apply through the Central Application Service for Physician Assistants (CASPA). Applicants may begin the application process by visiting the CASPA web site at <https://caspa.liaisoncas.com>. Applicants must apply to only one campus (Miami Shores, St. Petersburg, or St. Croix). Applicants invited for interviews will be invited only to their first choice site.

On occasion, a student offered a seat at the Barry campus at which they interviewed has requested to be seated at another campus. Prior to considering such a request, the Program requires the student visit the other campus for a tour of the facilities and to meet the Program faculty and staff. This helps assure that the student making the request is reasonably informed of what to expect when they matriculate.

Such requests are not routinely granted, and are made at the sole discretion of the Program Director, and only after the student visit and consultation with the faculty and staff who would receive the transfer. Should the request be denied, the admitted student will be processed in accordance with routine Program policies for admitted and matriculated students.

The Program uses a rolling admissions process, i.e., it reviews applications as they are completed and makes decisions throughout the admissions cycle. For this reason, it is in the applicant’s best interests to apply as early as possible and to check the CASPA site frequently until all requirements including references have been submitted, and the application is complete. Well-qualified applicants who apply late in the cycle may not be admitted because the class may already be filled. It is possible that the class will fill after applicants have been invited to, but not completed, their scheduled interview. In that event, applicants will be notified and have the option of cancelling their interview, or interviewing for the wait list. The Program does not reimburse candidates for any costs incurred for changes to or cancellation of travel related to interviews.

The CASPA application is the only application required for admission; there is no supplemental application. The application portal opens in **mid-April**, and it is in the applicant’s best interest to apply as early as possible and submit all supplemental documentation (i.e., GRE scores, letters of recommendation, and evaluation forms) prior to **October 15th**. **All applications must be verified by CASPA. This may take four to six weeks and will be further delayed if CASPA has not received letters of recommendations and transcripts. CASPA must forward the completed applications to the PA Program by December 1st.** Applications that are received by the PA Program after December 1st will not be considered. Accepted applicants must submit two deposits of \$500.00 each. Deposits are non-refundable.

Inquiries or communications concerning admissions should be addressed to the Physician Assistant Program Admissions Office. Telephone inquiries will be answered if the applicant calls (305) 899-3130 but email inquiries are preferred (please e-mail [paadmissions@barry.edu](mailto:paadmissions@barry.edu)).

## ADMINISTRATIVE POLICIES AND PROCEDURES

Students are responsible for compliance with policies of the Barry University and its Physician Assistant Program. Since these policies are under constant scrutiny, the University reserves the right to change any provisions or requirements in this document at any time within the student’s term of enrollment.

## Registration

All students must complete the appropriate registration forms at the beginning of each semester. Students must consult with and obtain the signed approval of their advisors on registration forms before the forms are submitted to the Registrar/Cashier Business Office. Registration in elective courses must be approved by the Program Director before the registration form is submitted to the Office of the Registrar and Cashier/Business Office.

Students, who fail to complete registration requirements within 10 working days of the first day of class, including appropriate financial arrangements with the Cashier Business Office and student health documentation, will not be permitted to attend classes, laboratories or clinical rotations/programs, take examinations or participate in any other activities of the Program. The University will notify scholarship programs, banks providing government-subsidized loans, etc., when students cease to be appropriately registered.

## Drop-Add and Course Withdrawal

Within the School of Podiatric Medicine, a brief period of schedule adjustment (i.e., drop-add) is provided to students at the beginning of the initial fall semester. Students should realize that the PA Program curriculum is intense, structured, and lockstep. Even minor modifications may delay graduation. The withdrawal deadlines for the Program are Friday of the tenth week of the Fall and Spring semesters and Friday of the sixth week of the Summer semester. Students may withdraw from a course until the deadlines without grading penalty. The student's transcript will show a "W" beside the course from which s/he has withdrawn. A student who withdraws from a class after the withdrawal deadline receives an F grade.

Dropping a course is generally not allowed since the student would lose an entire year before they could be re-enrolled in those courses. The future ramifications of withdrawal from a course are such that they would severely limit the number of courses a student may take in future semesters.

This would dilute their educational experience and would postpone their entry into the clinical rotations too long. It would potentially change the fundamental basis of their PA education.

Students in the Didactic and Advanced Didactic segments of the Program who request a leave of absence will be considered on a case by case basis. Students who wish to drop a Clinical Rotation may be able to do so by taking a leave of absence. This is fully described in the Clinical Year Manual.

## Transcripts

Transcript request forms must be completed and signed by the student before official transcripts may be issued. These forms are available in the Office of the Registrar. Copies of student transcripts are never released without written authorization from the student or, in the case of a governmental investigative agency, without a court order or subpoena. Students will be informed by the Office of the Registrar should this occur. Official transcripts are usually available from the Office of the Registrar 90 days following Commencement. At the request of the Business Office, official transcripts will not be released to a student (or requested institutions) if the student has an outstanding balance (i.e., a "hold" will be placed on transcripts/grades).

## Incomplete ("I") Grades

A grade of Incomplete ("I") indicates a failure to complete required work within the semester and implies the instructor's consent that the student may make up the work which is deficient. The Dean or Associate Dean of Clinical Education or Chair of the Basic Medical Sciences must be informed in writing by the instructor when an "I" grade is issued. When the work is completed to the satisfaction of the instructor, the "I" grade will be changed to a letter grade. The instructor will forward a completed Grade Adjustment form for the grade change to the Dean or Associate Dean of Clinical Education or Chair of the Basic Medical Sciences for signature and then to the Registrar. Students, under special extenuating circumstances, (e.g., illness, leave of absence, etc.) may be granted an "Incomplete" in a course. All incomplete written examinations must be taken by the end of Wednesday of the first week of the new semester. Laboratory examinations to complete missed work may be administered at a later time at the discretion of the faculty, based upon availability of necessary laboratory materials. A grade not reported as completed within the time required by the school becomes an F. Failure in any course in which an incomplete was issued will (1) reflect in a grade of "F" for the semester in which the course was originally registered, and (2) result in academic probation or suspension retroactive to the beginning of the semester in which the course work was completed. In addition, achieving a failing grade in a completed course may result in failure to meet published prerequisites for another course, and may therefore require a schedule adjustment (drop) in the semester in which the incomplete was unsatisfactorily completed.

## Reporting and Recording of Grades

Semester grade reports are posted on WebAdvisor by the Office of the Registrar for each student to access: Semester grades are not mailed. A "hold" will be placed on the grades/transcripts of a student who has an out-

standing balance owed to the University, as indicated by the Cashier/Business Office. No grades/transcripts will be released until such balances have been paid.

The Office of the Registrar does not record percentage scores for any course or test; it does, however, permanently record the letter grade earned by the student in every course s/he takes while in the Program. Individual instructors must be contacted to obtain percentage scores earned in any particular course.

Change of name or address notification is the responsibility of the student. The official change of address form is available from the Office of the Registrar. Students must also inform the Program office manager at Miami Shores of address or telephone number changes.

## Student Health

Upon entry to the PA Program, every student must have health insurance coverage which meets Barry University requirements, including coverage of occupational exposures. Coverage must remain in effect at all times while enrolled in the Program. Graduate students taking six or more credits may purchase health insurance through the Barry University Health Plan. Students should review the coverage offered by the Barry University Student Health Center (BUSHC) online (<http://aisstudentinsurance.com/barry>), MyBarry, or by visiting the BUSHC. Students at distant sites may also email Pamela Foster ([pfoster@mail.barry.edu](mailto:pfoster@mail.barry.edu)) enrollment forms and inquiries.

Prior to matriculation students must provide proof of their Barry University Health Plan enrollment or submit proof of their personal insurance by uploading to the American DataBank (ADB) Immunization Tracking System (ITS) at [www.barrypa.com](http://www.barrypa.com). In the event a change of insurance coverage occurs, the student must submit proof of the new plan. Students covered by an insurance plan other than the University plan must download an insurance waiver from the ADB portal, upload the completed form along with copy of the insurance card (back and front). Failure to submit proof of Barry University Health Plan coverage, or provide the waiver and proof of other insurance, will result in holds on registration and/or withdrawal from all clinical activities, with potential delays in progression through the Program.

Prior to the first day of new student orientation, each student must provide the Program (through the American Data Bank Immunization Tracking System proof of compliance with Program student health requirements which will include a Statement of Good Health Form included in welcome pack). The costs are borne by the student. These health requirements are based in part on the CDC Guidelines for Health Care Workers (<http://www.immunize.org/catg.d/p2017.pdf>) which may change periodically:

### Healthcare Personnel Vaccination Recommendations

(adapted from CDC.gov April 2014)

| Vaccine                               | Recommendations in brief  |
|---------------------------------------|---|
| Hepatitis B                           | Give 3-dose series (done #1 now, #2 in 1 month, #3 approximately 5 months after #2). Give IM. Obtain anti HBs serologic testing 1-2 months after dose #3.   |
| Influenza                             | Give 1 dose of influenza vaccine annually. Give inactivated injectable vaccine intramuscularly or live attenuated influenza vaccine (LAIV) intranasally.  |
| MMR (Measles, Mumps, and Rubella)     | For healthcare personnel (HCP) born in 1957 or later without serologic evidence of immunity or prior vaccination, give 2 doses of MMR, 4 weeks apart.   |
| Varicella (chickenpox)                | For HCP who have no serologic proof of immunity, prior vaccination, or history of varicella disease, give 2 doses of varicella vaccine, 4 weeks apart. Give SC.   |
| Tdap (Tetanus, diphtheria, pertussis) | Give a dose of Tdap as soon as possible to all HCP who have not received Tdap previously and to pregnant HCP with each pregnancy. Tdap given once regardless of when previous dose of Td was received. Give Td boosters every 10 years thereafter. Give IM. |

IM intramuscular/SC subcutaneous

Each student must update their PPD status and Statement of Good Health every 12 months, or more often if required by a clinical site to which the student is assigned. The above information may be released to third parties to facilitate student clinical placements.

The Program currently conducts didactic and clinical education in the US Virgin Islands. Current recommendations from the CDC provided to students include:

- Hepatitis A or immune globulin (IG) is recommended for all unvaccinated people traveling to or working in countries with an intermediate or high level of hepatitis A virus infection (see map) where exposure might occur through food or water. Cases of travel-related hepatitis A can also occur in travelers to developing countries with “standard” tourist itineraries, accommodations, and food consumption behaviors.
- Typhoid is recommended for all unvaccinated people traveling to or working in the Caribbean, especially if staying with friends or relatives or visiting smaller cities, villages, or rural areas where exposure might occur through food or water.
- Other Diseases Found in the Caribbean:
  - A Dengue Fever epidemic is occurring on many of the Caribbean islands. Most islands are infested with the *Aedes aegypti* mosquito, so these places are at risk for introduction of dengue. Protecting yourself against insect bites will help to prevent this disease.
  - Long sleeved shirts and long pants help prevent mosquito bites.
  - Sleep under mosquito netting.
  - Use approved insect repellants (DEET 30% concentration is recommended).
  - In 2006, malaria (*falciparum*) was confirmed in travelers to Great Exuma, Bahamas, and Kingston, Jamaica, areas where malaria transmission typically does not occur. Again, avoidance of insect bites is the primary defense.
  - Cutaneous larval migrans is a risk for travelers with exposures on beaches.
  - Outbreaks of ciguatera poisoning, which results from eating toxin-containing reef fish, have occurred on many islands.
  - Endemic foci of histoplasmosis are found on many Caribbean islands, and outbreaks have occurred in travelers.
  - Anthrax is hyperendemic in Haiti but has not been reported on most of the other islands. Haiti also has a high incidence rate of tuberculosis and high HIV prevalence rates. There has been a large influx of people from Haiti to the islands following the earthquake. Please be cautious around anyone that is coughing.
  - Students must also present a basic cardiac life support certification at new student orientation.
  - Students are advised that faculty of the Program are prohibited by accreditation standards from providing health care services to students. Students must not seek health care from their didactic or clinical faculty.

## Screening and Documentation Requirements

Due to various federal and state mandates concerning protection of vulnerable patient populations, Homeland Security requirements and anti-fraud initiatives by Medicare and Medicaid, students enrolled in clinical training programs across the nation face a number of fairly intrusive and costly screening and documentation requirements.

Students matriculating into the PA Program will undergo a number of screening and documentation requirements. It is expected that this number will continue to increase beyond the present time.

Among the various screening requirements are criminal background checks, fingerprinting and random drug tests. The costs for these screens are borne by the student.

## Drug Screens

A positive drug screen will result in reevaluation of the individual’s fitness for retention or dismissal from the Program. Conditions for retention may include monitoring by appropriate health care professionals, regular surveillance of compliance with Program policies, and drug testing, all at the student’s expense.

## Criminal Background Check

Acceptance into the Program is contingent upon the results of the criminal background check. Candidates with any criminal conviction will have their acceptances rescinded.

Applicants who have been convicted of a felony or misdemeanor may be denied certification or licensure as a health professional. Information regarding eligibility may be obtained from appropriate licensing and credentialing agencies. Clinical rotation sites may not permit participation in the clinical experience. This should be considered seriously by the candidate prior to application and matriculation.

Applicants are advised that results of criminal background checks and other required background screening will be released to third parties involved in their clinical education.

Criminal offenses incurred after the student matriculates may result in the student's dismissal from the Program; if this occurs, tuition and fees will not be refunded.

## Didactic Students

All didactic students are required to use laptop computers and should have them at the time of New Student Orientation. The Program makes syllabi and course materials available online. Developing computer skills is critical to the success of students in the Program and in practice. Students are expected to possess computer skills in word processing, email and internet browsing.

Students will need to have internet access at their place of residence throughout the PA Program. This is necessary for communications, assignments, research and maximization of the learning experience.

## Clinical Students

All clinical year students must have home internet access and a personal computer that will operate with the patient tracking system software specified by the Program, which students are required to purchase.

## Student Work Policy

The PA Program is very demanding and requires student attendance many evenings during the didactic year as well as the potential for scheduling nights and weekends during clinical rotations. All attendance is mandatory. This would make it very difficult for a student to work while enrolled in the Program. Outside employment is strongly discouraged but remains at the discretion of the student.

## ACADEMIC POLICIES AND PROCEDURES

### Class Attendance

Attendance is mandatory for all PA courses including lectures, laboratory sessions, clinical rotations, and demonstrations. Attendance is monitored daily and absences are recorded. Random attendance checks by the staff or faculty may also be performed. If a student arrives late or leaves early, s/he must document the time. Students are not permitted to sign in for other students or write comments on the sign-in roster sheets.

### Class Absences

Students who need to miss a scheduled class or scheduled program activity must request an excused absence from the course director. Requests for ***excused*** absence(s) must be made in advance whenever possible or as soon as feasible in the event of an illness, medical emergency (injury, etc.), family emergency (death, serious illness of family member). The request for a planned excused absence (wedding, graduation) should be made during the semester when the absence will occur, rather than the one before. If requests are made too early, current instructors will not be aware of students request submitted during the preceding semester. Students must email the course instructor, and copy the Director of Didactic Education, their faculty advisor, and the didactic Administrative Assistant for their respective campus. Students should state the general reason for the requested absence, but should not go into detail about the illness, general medical condition or personal issues. Students with excessive (3 or more) excused absences in any course, will be reported and students will be referred to their faculty advisor except in cases of prolonged documented reason such as illness.

### Unexcused Absences

Unexcused absences are considered to be unprofessional behavior. Students incurring any unexcused absences and/or tardies will be referred to their faculty advisor. After discussing the situation with the student, the faculty advisor may refer a student with unexcused absences or excessive excused absences to the Program Director for an early summative evaluation and/or disciplinary action. Repeated tardiness to class and leaving class early will be documented and managed in the same manner as excessive and unexcused absences. Any instructor may, at his/her discretion, include attendance (or the lack thereof) as part of the syllabus, including the impact attendance may have on the grade a student receives while enrolled in a course. Students are respon-

sible for all material and assignments covered in that particular course and all examinations including unannounced quizzes.

Attendance at all clinical rotations and end of rotation activities is mandatory. No student will be permitted to arrive late or leave the clinical site without the permission of the clinical preceptor and clinical faculty. Requests for absences from a clinical rotation should be presented at least 30 days prior to the requested dates of the absence. Last minute requests are disfavored and will not be routinely honored. Students may be required to repeat an entire rotation if excessive absences occur. Further information regarding attendance at rotations during the clinical year may be found in the Clinical Year Manual.

## Academic Integrity and Behavior

Promotion of academic integrity and ethical professional behavior are goals of the Program. Cheating or plagiarism will not be tolerated. Refer to the “Policies and Procedures” section of this catalog and the Barry University Student Handbook for definitions of cheating and plagiarism. A student who gives or receives information or assistance during a testing session will automatically fail and earn 0% as an exam or quiz grade. The same consequence will apply to any proven case of plagiarism. Further, the individual(s) will be referred to the Dean for appropriate disciplinary action and the incident will be documented in the student’s file. Any student who is referred to the Dean for violation of the dishonesty policy on two occasions will be dismissed from the University.

## Professional Conduct Code

Students are expected to comport themselves in a professional manner in the classroom, in clinical sites, on campus, and at all other times. Expected conduct is specified in the Barry University Student Handbook, Clinical Year Manual, this Graduate Catalog, and in syllabi and other materials distributed by instructors. Unprofessional behavior will be reported to the Program Director for consideration of disciplinary action.

## Statement on Professionalism Behaviors

The physician assistant profession and PA education programs generally have an excellent reputation for instilling an appropriate sense of professional behavior in PA students and graduates. In order to foster and continue this tradition, the students and faculty of the Program have cooperated in developing a system that addresses instances of both positive and negative student behaviors.

Judgments of professionalism are often more qualitative than quantitative. The Barry University Physician Assistant Program relies on the sound judgment of its faculty in the assessment of student professional behavior. Early recognition of positive behaviors and elimination of unprofessional behaviors benefits the individual student, the student body and the Program. It also helps avoid the possibility that a student might progress through the Program with an adequate fund of knowledge and clinical skills, only to be found lacking in their ability to meet the Program’s technical standards or demonstrate the professional behaviors necessary for PA practice as a member of the health care team.

When negative issues about professional behavior arise, the Program encourages students and faculty, including preceptors, to informally address the student(s) involved in a non-confrontational dialogue. If the issue is resolved in this manner, it may be taken as a sign of success and professional maturity. If the issue or conduct recurs/persists, the individual(s) observing the negative conduct should fill out a referral form addressed to the student’s faculty advisor. The advisor will then meet with the student to discuss the issue(s). The faculty advisor will then indicate the advisor’s opinion on the reported issue and make written recommendations for corrective action in accordance with Program policies, as set forth in the student handbook, graduate catalog and clinical year manual.

Instances of conduct deemed to be negative and serious lapses will result in referral to the program director for administrative and/or disciplinary hearings. Repeated episodes of otherwise minor issues may serve as the basis of an early summative review of the student and/or referral to the program director to determine the student’s fitness to remain in the Program.

## Ethical Behavior and Honorable Conduct

Only the highest ethical and moral behavior should be evidenced by physicians and physician assistants. Behavior which is not of this caliber reflects poorly on the profession. Every student should aspire to the high-

est ethical standards daily. In the event there is an incident in which a student's integrity is questioned and is found lacking the student will be re-evaluated for suitability in the PA profession and may be dismissed from the Program.

## Dress Code

Students are expected to dress professionally as outlined in the Didactic and Clinical Year Manuals.

Visible studs and rings (face, tongue, lips, etc.) are to be removed during all clinical rotation activities. Tattoos are to be covered with clothing or other opaque material (cosmetics, Band-Aid) during clinical rotation activities.

## Financial Aid

Loan, scholarship and other financial aid information is available through the Office of Financial Aid. It is the student's responsibility to seek out that information.

## Program Scholarships

Scholarships are funded through contributions from private donors, alumni, faculty, staff, parents, campus organizations, and corporations. It is the student's responsibility to seek out that information using this link: <http://www.barry.edu/scholarships/>

### Dean's Scholarships for Physician Assistant Students

The Dean's Scholarships for Physician Assistant Students was established to provide scholarships to students who demonstrate academic excellence upon completion of their first didactic curriculum.

Applicants must meet the following criteria:

- Be in outstanding academic standing
- Have completed at least 58 credit hours

### Physician Assistant Scholarship

The Physician Assistant Scholarship was established to provide scholarships to students with compelling needs enrolled in the Physician Assistant Program. One scholarship per year will be given per campus (Miami Shores, Saint Croix, Saint Petersburg) and is offered to students who have completed their first year of study.

Applicants must meet the following criteria:

- Please submit an essay (up to 500 words) explaining why you feel there is a compelling need to receive this scholarship.
- Have completed 58 credit hours
- At which Barry location do you attend class?

### Physician Assistant Program Leadership Scholarship

The Physician Assistant Program Leadership Scholarship was established to provide scholarships to student leaders of the Barry University Physician Assistant Student Association ("BUPASA").

Applicants must meet the following criteria:

- Must be enrolled in the Physician Assistant Program
- Be an elected student officer (President, Vice-President, Treasurer, Secretary or Historian) of BUPASA.

## Program Awards

The PA Program awards the following awards:

The Dean's Award is given at Commencement to the class valedictorian.

The President's Award is given at Commencement in recognition of outstanding service, academic and clinical achievement.

The Program Director's Award is awarded to a student in recognition of scholastic achievement.

The Catherine Margaret Parkhurst Memorial Award to honor a student who demonstrates compassion and sensitivity.

The Carolyn Parkhurst Rosser Award to a student who demonstrates strength of moral and ethical character.

The Marc and Mildred Rice Memorial Award for Excellence in Pediatrics for \$100 awarded to a student whose 300-500 word essay on "What A Child Taught Me" is chosen as the most meaningful. Anonymously awarded. Essays judged by the donor.

The Jules Ross Award is a memorial honoring one of the Program's first and finest faculty members; it is given to a student who demonstrates enthusiasm and excellence in community service.

The Vernon A. & Virginia M. Culver Memorial Award is given to a student who has demonstrated excellence in research analysis through the Literature Review Paper and performance in Research in Community Health.

The Goldie Fien Memorial Award is given to the Physician Assistant student who demonstrates excellence in Physical Diagnosis and has the qualities of compassion and caring that a PA should have.

## Academic Advisement

Every student matriculating into the Program is assigned an academic advisor by the Program Director. Full-time faculty members assume academic advising responsibilities. Advising assignments may be changed by the Program Director at the request of the student or faculty member. In the advising process, students have certain responsibilities, which are:

1. to be aware of the educational objectives of the institution and meet them;
2. to comprehend the institutional criteria for evaluating student progress in all academic programs;
3. to fulfill the institutional standards for academic success and continuance in programs for graduation. Students should note that the institution is under no obligation to grant a degree or keep the student enrolled in the Program if s/he fails to maintain satisfactory academic progress;
4. to understand and complete all degree requirements for graduation that were published at the time the student matriculated;
5. to make his/her own academic decisions after consultation with the advisor. The advisor's role is to advise the student; the final decision must be made by the student.

## GRADING SCALE AND EXAMINATION POLICY

The official grading policy of the Program in Didactic courses is as follows:

|   |              |
|---|--------------|
| A | 90%-100%     |
| B | 80% - 89.99% |
| C | 70% - 79.99% |
| D | 66% - 69.99% |
| F | below 66%    |

The official grading policy of the Program in Clinical courses is as follows:

|   |               |
|---|---------------|
| A | 90-100%       |
| B | 80-89.9%      |
| C | 70-79.9%      |
| F | Less than 70% |

Satisfactory completion of all courses, rotations, exit examinations, and clinical requirements (see Clinical Rotations) is necessary for the student to graduate. In addition, a student must attain a minimum cumulative GPA of 2.5, with no more than one unresolved D grade, in all academic and clinical courses taken within the School.

The type, content, and frequency of examinations will be determined prior to the beginning of each course by the faculty member directing the course. This information will be presented in writing to the students at the beginning of the course. In keeping with the policy of academic freedom, each faculty member reserves the right to determine the percentage of the final grade that is comprised of attendance, dress, attitude, professional behavior, examinations, quizzes, laboratory assignments, etc.

Most testing in the PA Program is conducted by online computer testing.

A test may be administered outside the scheduled examination period only when extenuating circumstances warrant it and at the discretion of the faculty member. The student must make every possible effort to notify the instructor prior to an examination for permission to reschedule the test. Failure to follow this policy will result in a grade of zero or F being assigned to the examination.

## Academic Good Standing

A student is considered to be in good standing academically, if s/he maintains both a semester average and a cumulative GPA of 2.5, has no more than one D grade, and has no outstanding financial obligations to the Program.

After a period of remediation a student who fails a didactic course, at the discretion of their instructor may be allowed to take a summative final examination for that course. If the student scores 70 or higher on this exam their grade will be changed from a "F" to a "D". The final transcript of a student may reflect no more than one D grade. Students earning more than one D grade s/he will be suspended from the Program.

Students who have successfully completed the Didactic first year and Clinical portion of the curriculum who encounter academic difficulty in the Advanced Didactic semester, will be aggressively remediated. However, they should anticipate a delay in completing the Program pending successful remediation.

## Academic Probation – Suspension – Didactic

A student in the Physician Assistant Program will be placed on academic probation if s/he:

- 1) achieves a cumulative or semester GPA below 2.5 (calculated utilizing a 0.0 to 4.00 scale)  
OR
- 2) earns one D grade

All students on academic probation are required to engage in remediation activities. Students not in good standing will be periodically reviewed by the Faculty Student Evaluation Committee to determine eligibility to remain in the Program.

Probation will be rescinded after completion of the next semester of active registration if the student achieves a cumulative GPA of 2.5 or higher with no F or D grades.

A student in the Physician Assistant Program will be suspended if s/he:

- 1) achieves a GPA of less than 2.2 in any semester  
OR
- 2) qualifies for academic or professional probation for two consecutive semesters  
OR
- 3) earns an F in any semester regardless of GPA  
OR
- 4) earns a second D grade in any semester regardless of GPA.

A student who has been suspended for academic reasons generally may not petition the Office of Admissions for readmission until one year has lapsed. The Office of Admissions must have the approval of the Program Director to readmit a student following academic suspension.

## Academic Probation – Suspension – Clinical

A student in the Physician Assistant Program will be placed on academic probation if s/he:

- 1) achieves a cumulative or semester GPA below 2.5 (calculated utilizing a 0.0 to 4.00 scale)  
OR
- 2) Earns a grade of F on a Clinical Rotation

Students not in good standing will be periodically reviewed by the Faculty Student Evaluation Committee to determine eligibility to remain in the Program. Probation will be rescinded after completion of the next semester of active registration if the student achieves a cumulative GPA of 2.5 or higher with no new F grades.

A student in the Physician Assistant Program will be suspended if s/he:

- 1) qualifies for academic or professional probation for two consecutive semesters  
OR
- 2) earns a second F in any clinical rotation, consecutive or not consecutive, regardless of GPA

## Clinical Grading Policies

### Rotation Grading

The following formula is used to establish the grade:

**Preceptor Evaluation of Student: 50%**

A student scoring less than 70% on the Preceptor Evaluation, or receiving an assessment of “inadequate” with regards to items F, G, R, S or T on the Preceptor Evaluation Form, will result in a grade of “F” and a delay in progression. The entire rotation will need to be repeated.

**Written Rotation Subject (CPAST)**

**examination or Elective Paper: 50%**

A student scoring less than 70% on the End of Rotation (EOR) written exam must retake the exam on the second Monday of the new rotation and pass the second exam with a minimum score of 70% in order to pass the rotation. A student scoring less than 70% on the Elective Paper must rewrite the paper within 2 weeks and pass the paper with a minimum score of 70% in order to pass the rotation. The grade will be recorded as an “Incomplete” until the remedial exam or paper is completed. A student who scores a 70% or more on a remedial EOR exam or second draft of the Elective Paper will receive a maximum grade of 70% for this component.

Additionally, the following items are graded as Satisfactory/Unsatisfactory. An Unsatisfactory in any of these areas may reduce a student’s rotation grade by one letter (for instance, from a B to a C):

1. Clinical Skills Practical Exam (CSE) – A student failing the CSE component will need to repeat and pass the second CSE. If the student passes the 2nd CSE, the overall rotation grade will be lowered by 1 letter. If the student fails the second CSE that student will earn a grade of “F” and be required to repeat the entire rotation.
2. SOAP note/H & P – Must be submitted during EOR for every rotation. A student submitting an unsatisfactory SOAP Note or H&P will have 1 week to correct the errors for full credit. Failure to do so will result in an unsatisfactory score and their overall grade will be lowered by 1 letter.
3. Typhon - Patient Logging – A significant below average aberrance for the number of patient encounters logged by a student for a particular rotation, or failure to submit signed logs during EOR will result in a grade of Unsatisfactory and the lowering of the overall rotation grade by 1 letter.
4. Typhon/EASI End of Rotation Survey – Failure to complete the survey during EOR may result in a grade of Unsatisfactory and the lowering of the overall rotation grade by 1 letter.
5. Attendance/ Professional Behavior/ Demeanor – All absences must be excused. Unprofessional behavior while on rotation, including unexcused absences, improper dress or any other violation of the Clinical Year Manual Policies may result in the student being placed on probation and/or failure of the rotation. Failure of a rotation for professional behavioral issues may warrant termination from the PA program.
6. PANCE practice exam questions - 100 questions in the content area of the rotation must be completed, with a minimum score of 80%.

Failure of a rotation for any reason will result in a delay of progression. The entire rotation, including all EOR activities will be repeated at a later time.

## PA CLINICAL ROTATIONS

Participation in the clinical rotations is contingent upon successful completion of all the course work in the first year curriculum. Satisfactory completion is determined by a student’s adherence to the academic policies and procedures and by academic good standing (all described in previous sections).

Treating patients in clinical settings is a privilege. Attendance is mandatory. Excused absences may be obtained only through the Director of Clinical Education or his/her designee. Depending on the circumstances, students may be required to make up part or all of the time lost on rotation or from EOR activities due to absence. Students may not change, alter or rearrange their clinical rotation or EOR schedule without prior approval by the Director of Clinical Education. Two or more unexcused absences from any clinical rotation may result in failure of that rotation.

The Dress Code is absolute; cleaned and pressed white consultation style jackets and tailored slacks, shirt and tie for men; white consultation style jackets and tailored slacks or skirts (knee length) and blouses for women. Appropriate footwear is required for all students (no open toe shoes or sandals). If wearing scrubs, students must still wear their white coat and Barry University PA student ID badge.

Visible studs and rings (face, tongue, lips, etc.) are to be removed during all clinical rotation activities. Tattoos are to be covered with clothing or other opaque material (Band-Aid, cosmetics) during all clinical rotation activities.

Professional attitude, motivation, maturity, poise, capacity to accept and respond to criticism of supervisors and peers are judged. Additionally, manual dexterity, diagnostic acumen, completeness and accuracy of charting, and documentation will be evaluated.

At the completion of each clinical rotation, the student should demonstrate progression and increased capability in:

- a. eliciting and documenting an appropriate patient history;
- b. performing and documenting an appropriate physical examination;
- c. identifying, understanding and applying therapeutic regimens for disorders/diseases that are intrinsic to the area of clinical specialty;
- d. comprehending and applying the principles of peri-operative care;
- e. understanding and applying basic surgical techniques;
- f. recognizing complications related to medical procedures and applying therapeutic principles toward prevention and management of complications;
- g. the evaluation and management of problems in obstetrics, gynecology, pediatrics, and geriatrics, and applying the appropriate therapeutic regime;
- h. assessing the level of acuity of medical problems (primary, secondary and tertiary) and offering the appropriate therapeutic regimen or referral;
- i. functioning in the team approach to health care and work within the physician assistant role in providing comprehensive, primary health care of the patient.

Students requesting a rotation outside the local rotation area (seventy-five mile radius, or any neighboring island of their Barry University home campus if in St. Petersburg, Miami Shores, or on the island if in St. Croix) must state the reason(s) why they are requesting the rotation in writing to the Director of Clinical Education. The request must be submitted not less than 90 days prior to the start of the rotation period. The request must be approved by the Associate Director of Clinical Education or the Director of Clinical Education, and the rotation must be approved by the Medical Director. If the special request is approved, the student will be responsible for securing travel and housing arrangements, and for completing all required documentation.

Even if the distant rotation request is approved, the Program cannot guarantee that suitable out of area rotations will be available at the time, in the specialty and/or the location necessary to maintain the student's rotation pattern. In the event that a specially requested rotation falls through for any reason, the student may sustain a delay in progression in training.

Students are not permitted to independently arrange their own rotations. Further information regarding special requests and clinical rotations may be found in the Clinical Year Manual.

The Program reserves the right to make additional out of area rotation placements if housing is provided based on the availability of Program resources and clinical resources within the local rotation area.

## Extended Academic Programs

There is no mechanism for extending the basic Academic Program. It is expected that PA students will complete the 28 month curriculum in approximately 28 months.

Exceptions to this may occur for the following reasons:

- A student may fail a clinical rotation and need to repeat it; this would culminate in a later completion date than anticipated;
- A student may take a leave of absence for personal, family, military reasons and may return at a later date to complete the Program. In such cases, remediation may be required upon the student's return, based upon the length of the absence.

## Graduation Requirements

All candidates for the degree of Master of Clinical Medical Science in the Physician Assistant Program shall have:

- 1) satisfactory completion all courses, rotations and clinical requirements is necessary for the student to graduate. In addition, a student must attain a minimum cumulative GPA of 2.5, with no more than one D grade, in all academic and clinical courses taken within the School.
- 2) maintained acceptable professional standards (see Professional Conduct Code).

- 3) fulfilled all responsibilities and financial obligations to the Program and the University.
- 4) been recommended by the faculty to the Board of Trustees for graduation. This recommendation will be based upon the above criteria. In addition, there will be a written objective assessment by the Program of the learner after completion of all course requirements. It will be a comprehensive review intended to document the learner's integration of the knowledge, skills and attitudes necessary for professional practice. The review will be compiled by the student's advisor, based upon didactic year transcript, clinical year evaluations, and the student's performance.
- 5) Completed a summative evaluation during their final term. Each student must successfully complete a proctored examination of a standardized patient which includes assessment of their ability to provide care, demonstrate their clinical skills and medical knowledge, interpersonal and communication skills, and professionalism. Based on this information, the advisor determines if the student will be prepared to enter clinical practice following completion of his/her final didactic semester requirements and indicates this on the summative evaluation form. The final component requires that the student pass the Primary Care Review course examination with a grade of C or higher at the end of the final semester. The Program Director reviews these materials and assures the Dean of the School as to each student's readiness to graduate. Students who demonstrate deficiencies or weaknesses in any of the defined competencies are counseled regarding failure, but are also given opportunity to remedy deficiencies and retest to pass before graduation. Failure to pass the summative evaluation after remediation prevents the student from graduating.

Recommendation for the Master of Clinical Medical Science degree is a discretionary right residing with the faculty and administration of the Program, but shall not be withheld arbitrarily. There is no contract, stated or implied, between the Program and the students, guaranteeing that a degree or certificate will be conferred at any stated time, or at all. Accreditation guidelines mandate that the Program evaluate each graduation candidate to determine the appropriateness of their graduation. If students are found lacking in appropriateness, remediation will be required in their final didactic semester. Such remediation could delay their graduation.

Students who have satisfactorily completed all program requirements are eligible to sit for the Physician Assistant National Certifying Examination (PANCE).

## Barry University Physician Assistant Program PANCE ranking over the past five years

| Classes of | Group             | Students | Barry Percent Certified | NCCPA National Pass Rate (All Takers) |
|------------|-------------------|----------|-------------------------|---------------------------------------|
| 2010       | First Time Takers | 66       | 92%                     | 94%                                   |
| 2011       | First Time Takers | 75       | 91%                     | 91%                                   |
| 2012       | First Time Takers | 74       | 91%                     | 93%                                   |
| 2013       | First Time Takers | 89       | 91%                     | 94%                                   |
| 2014       | First Time Takers | 97       | 93%                     | 95%                                   |

\* As of June 16, 2015. Most recent results available on the Program's website [www.barry.edu/pa](http://www.barry.edu/pa)

## ACADEMIC APPEALS AND GRIEVANCE

Students have the right to appeal any grade that they believe was inappropriately assigned. Students will be allowed a maximum of 10 business days after the grade for a quiz or examination is made available to challenge that grade with the course instructor, unless otherwise specified in the course syllabus. If informal discus-

sions with the course instructor do not resolve the appeal, the student must present, within 15 business days of receipt of the grade in question, an appeal in writing to the Director of Didactic or Clinical Education, who will respond within 5 business days.

If the response of the respective director does not satisfy the student, the student may appeal within 2 business days of receipt of the director's response to the PA Program Director, who in turn will respond within 5 business days. If the response of the Program Director does not satisfy the student, the student may appeal within 2 business days of receipt of the Program Director's response to the Dean of the School, who in turn will respond within 5 business days. The decision of the Dean regarding the appeal is final. Students who do not challenge or appeal a particular grade within the appropriate time periods as described waive all future rights to appeal/challenge of that grade. Nonacademic grievance and appeal procedures are outlined in the Barry University Student Handbook.

## PROFESSIONAL APPEALS AND GRIEVANCE

Students have the right to appeal a professional or behavioral sanction imposed by the Program Director within 2 business days; the student may appeal to the Dean of the School, who will in turn respond within 5 business days.

The decision of the Dean regarding the appeal is final. Students who do not challenge or appeal a particular professional or behavioral sanction within the appropriate time periods as described waive all future rights to appeal/challenge of that sanction.

Students suspended for professional or behavioral reasons are ineligible to reapply to the Program.

## MASTER OF CLINICAL MEDICAL SCIENCE PHYSICIAN ASSISTANT PROGRAM CURRICULUM

The curriculum leading to the Master of Clinical Medical Science degree, normally takes 28 months to complete. The first year involves didactic classroom courses (some with laboratories) in the basic and applied medical sciences. The next twelve months involve rotations in hospitals and other approved facilities. Students return to the campus for additional didactic courses and research for their final semester. Successful completion of the entire curriculum is required for graduation.

Extension of studies beyond the prescribed 28 months is not possible. The exception is when a student requests a leave of absence for pressing personal, military or family reasons, or must repeat a clinical rotation. The student may have the opportunity to return at a later date to complete the curriculum and, depending, upon the length of the leave, may be required to complete remediation activities prior to continuing. These situations will be assessed on a case-by-case basis and are at the discretion of the program director and based upon faculty recommendations.

The following curriculum is continuously reviewed and is therefore subject to change.

| <b>FIRST YEAR</b> |      | <b>semester hours</b>                              |   |
|-------------------|------|--|---|
| <b>Fall</b>       |      |  |   |
| SPM               | 585  | Physiology   | 4 |
| SPM               | 586  | Neuroanatomy                                       | 2 |
| SPM               | 580  | Clinical Microbiology and Infectious Diseases      | 3 |
| SPM               | 590P | Gross Anatomy with Lab                             | 6 |
| SPM               | 605C | Physical Diagnosis I                               | 3 |
| SPM               | 621A | Clinical Pharmacology I                            | 1 |
| SPM               | 530A | The Physician Assistant Role in Modern Health Care | 1 |
| <b>Spring</b>     |      |  |   |
| SPM               | 510  | Human Genetics                                     | 1 |
| SPM               | 535  | Human Behavior and Psychiatry                      | 3 |
| SPM               | 602  | Medical Pathophysiology I                          | 6 |
| SPM               | 605D | Physical Diagnosis II                              | 4 |
| SPM               | 621B | Clinical Pharmacology II                           | 2 |
| SPM               | 640P | Surgical Principles                                | 2 |

|     |     |  |   |
|-----|-----|--|---|
| SPM | 701 | Woman's Health/<br>Pediatrics/Geriatrics | 3 |
|-----|-----|--|---|

### Summer

|     |      |                              |   |
|-----|------|------------------------------|---|
| SPM | 603  | Medical Pathophysiology II   | 3 |
| SPM | 649P | General Radiology            | 3 |
| SPM | 705B | Emergency Medicine           | 2 |
| SPM | 605E | Physical Diagnosis III       | 3 |
| SPM | 621C | Clinical Pharmacology III    | 2 |
| SPM | 573  | Research in Community Health | 4 |

### SECOND YEAR

There will be eight six-week rotations, including Emergency Medicine, Family Medicine, Internal Medicine, Prenatal Care and Women's Health, Pediatrics, Psychiatry and Behavioral Medicine, Surgery and an Elective rotation.

Following each rotation there will be End of Rotation exercises at Barry University.

| <b>Fall, Spring &amp; Summer*</b> |     | <b>semester hours</b>     |   |
|-----------------------------------|-----|---------------------------|---|
| SPM                               | 552 | Medical Spanish           | 3 |
| SPM                               | 727 | Clinical Orientation (PA) | 1 |
| SPM                               | 740 | PA Rotation 1             | 6 |
| SPM                               | 741 | PA Rotation 2             | 6 |
| SPM                               | 742 | PA Rotation 3             | 6 |
| SPM                               | 743 | PA Rotation 4             | 6 |
| SPM                               | 744 | PA Rotation 5             | 6 |
| SPM                               | 745 | PA Rotation 6             | 6 |
| SPM                               | 746 | PA Rotation 7             | 6 |
| SPM                               | 747 | PA Rotation 8             | 6 |

\* Any student in the Program who experiences a delay in progression in didactic education or clinical training should consult with the Director of Clinical Education. The structure and rotation course numbers for such students are set at the discretion of the Director of Clinical Education and the Program Director, and may be based on previously published information.

### THIRD YEAR\* semester hours

#### Fall

|     |      |   |      |
|-----|------|---|------|
| SPM | 553P | Biomedical Ethics/Health<br>Care Delivery | 2    |
| SPM | 806P | Library Research                          | 7    |
| SPM | 638  | Thanatology                               | 1    |
| SPM | 530B | Transition to PA Clinical Practice        | 1    |
| SPM | 665  | Independent Study                         | 1-3* |
| SPM | 690  | Clinical Therapeutics                     | 2    |
| SPM | 695  | Primary Care Review Course                | 3    |

\* An elective may be taken in the advanced didactic semester.

Course Descriptions—  
Physician Assistant  
Prefix: SPM

**510 Human Genetics (1)**

An overview of basic genetic science, of common problems in clinical genetics, and of issues in genetic counseling. The course is intended to furnish PA students with a useful overview of human genetics sufficient to enable them to manage issues in genetics that may arise in primary care medical practice

**530A The Physician Assistant Role in Modern Health Care (1) (1)**

Introduction to the role of the Physician Assistant (PA) in health care delivery. Examines the historical development of PAs as associates to family physicians and internists, as well as evolving PA roles as medical generalists, primary care health providers, and PA specialty and subspecialty practice. Distinguishes the shared and distinct roles of physicians, nurses and other members of the health care team. Various aspects of PA professional life, including legal, legislative, regulatory, PA Professional organizations, PA program accreditation, PA certification and recertification.

**530B Transition to PA Clinical Practice (1)**

This course examines the competencies and select skills that students need to demonstrate upon completion of the program. Addresses multiple PA practice issues including the competencies required for licensing and clinical practice, including professionalism, practice-based learning and improvement, and systems based practice.

**535 Human Behavior and Psychiatry (3)**

This course will focus on the signs, symptoms, and therapies of the major mental disorders, emphasizing those most commonly seen and managed in primary care medical practice. Thus the anxiety disorders, depression, alcohol and drug abuse, and the organic brain syndromes will be considered in detail. Throughout, behavioral science concepts will be introduced as needed to explain both the characteristics of the disorders and of their treatments. Discussion will include how to generate a differential diagnosis and develop and implement an appropriate plan of treatment for the major disorders, as well as appropriate referral of patients.

**552 Medical Spanish (3)**

This course is intended to enable students to complete a history and physical and conduct a physical examination in Spanish. No prerequisite knowledge of Spanish is required. Focus is upon diversity and cultural issues.

**553P Biomedical Ethics/Health Care Delivery (2)**

This course focuses on selected topics in bioethics relevant to Physician Assistant practice: valid consent, the definition of death, euthanasia and physician-assisted suicide, advance directive, neonatology, and an intensive examination of the PA code of ethics. Discussion will include the attributes of respect for self and others, professional responsibility, and a commitment to the patient and their welfare. Further discussion will include the concepts of privilege, confidentiality, and informed patient consent.

**573 Research In Community Health (4)**

An introduction to public health issues, epidemiology, and research methods related to the Physician Assistant practice. This course will provide the PA student with an overview of research designs and analytical statistics, incidence and patterns of disease states in populations and the practical application of this information to the public health issues in the clinical setting. The PA student will be able to review and critique medical literature and studies for their validity and clinical significance.

**580 Clinical Microbiology (3)**

Introduction to human immunity and medical bacteriology, mycology, virology, and parasitology, followed by topics in infectious disease using a systemic approach: infections of skin and wounds; bones and joints; eye, ear, nose and throat; dental and periodontal tissues; respiratory tract, gastrointestinal system, urinary tract; nervous system; cardiovascular system; sexually transmitted disease; diseases of the fetus and newborn; AIDS and opportunistic infections.

**585 Physiology (4)**

Introduction to physiology. Normal physiological processes will be discussed including basic principles, physiology of nerve and muscle, essentials of neuro-anatomy, functions of nerve tissues, endocrinology and metabo-

lism, gastrointestinal function, cardiovascular physiology, respiration and excretion. Biochemical and nutritional issues will also be addressed.

Physiology lecture incorporates concepts from Anatomy, Histology, Biochemistry, Physics and Molecular Biology and applies them toward the understanding of the normal function of the major organ-systems of the human body. The major organ systems covered are: (i) cardiovascular, (ii) digestive, (iii) endocrine, (iv) muscular, (v) neural, (vi) renal (vii) reproductive and (viii) respiratory.

**586 Neuroanatomy (2)**

This course provides the student with a basic understanding of the structural organization of the central nervous system in sufficient depth to form the basis for clinical application. This course will cover the structure and function of the spinal cord, brain stem, cerebellum and cerebrum. The primary emphasis will be on the major motor and sensory pathways, spinal and cranial nerves and integrative mechanisms of the central nervous system.

**590P Gross Anatomy with Lab (6)**

Study designed to expose the student to the macroscopic aspects of human morphology and correlate them with clinical information. The whole body will be covered. Software and models are used. Lecture and lab.

**602 Medical Pathophysiology I (6)**

Introduction to pathological processes in human physiology. This course will introduce the PA student with the common cardiovascular, pulmonary, renal/genitourinary and hematologic/oncologic diseases seen in a primary care practice today. It will emphasize their epidemiology, pathophysiologic basis, presentation, physical and laboratory exam findings, natural history, differential diagnosis, diagnostic workup and treatment. Content will correspond to those topics listed in the PA National Certification Exam (PANCE) blueprint.

**603 Medical Pathophysiology II (3)**

This course will introduce the Physician Assistant student with the common gastrointestinal, hepatic, endocrinology, neurological and infectious diseases encountered in a primary care practice today. Similar to SPM 602, it will emphasize their epidemiology, pathophysiologic basis, presentation, physical and laboratory exam findings, natural history differential diagnosis, diagnostic workup and treatment. Content will correspond to those topics listed in the PANCE blueprint.

**605C, 605D, 605E Physical Diagnosis I, II, III**

(3) (4) (3)

Introduction to and development of techniques in the common and basic components of physical and laboratory examinations, techniques of interviewing and history taking, and the care of the patient in all fields of medicine. In addition to the vital communication skills required to meet patient's needs, SPM 605 C emphasizes the organization and integration of the collected information ("clinical data") into the written medical record. The course also introduces the student to the process of clinical reasoning and the skill of differential diagnosis. Prerequisites/co requisites: satisfactory completion of the first course is a prerequisite for the second and the second for the third. Also includes EKG and laboratory medicine. Lecture and lab.

**621A, 621B, 621C Clinical**

**Pharmacology I, II, III (1) (2) (2)**

Students develop basic knowledge and practical skills in clinical pharmacology. The first course introduces fundamental concepts of pharmacology, including pharmacokinetic, pharmacodynamic and therapeutic principles. In the subsequent course, students learn applied concepts of law, pharmacology and therapeutics, integrating therapeutic principles and patient outcomes with previously established basic concepts. Real-life cases illustrate clinical applications of pharmaceutical principles. Prerequisites/co requisites: satisfactory completion of the first course is a prerequisite for the second and the second for the third.

**638 Thanatology (1)**

Seminar course in end-of-life issues including resuscitation, living wills, DNRS and hospice. This course was developed as a direct result of awareness that current medical training lacks fundamental learning about the dying patient. Students that partake in this discussion course will be able to deal with emotionally charged end-of-life issues and will become more comfortable emotionally to deal with these topics. Includes a practicum experience in the care of patients in long term care settings.

**640P Surgical Principles (2)**

Introduces the student to the evaluation and management of selected acute, chronic and emergent surgical con-

ditions likely to be encountered in primary care. Emphasis is placed on the integration of anatomy and physiology, history and physical skills, pathophysiology diagnostic studies and surgical interventions. Pre and post-operative management, including appropriate referral practices are included. Prerequisite SPM 590.

### **649P General Radiology (3)**

Radiation physics, image production, and safety are covered. Evaluation of radiographic changes as they relate to systemic and local pathology. Prerequisite SPM 590.

### **690 Clinical Therapeutics (2)**

In this course, students concentrate on the integration of didactic and clinical experiences through critical thinking to determine patient management decisions. In addition to review present conical therapeutics and medical interventions, previous concepts taught in pathophysiology and physical diagnosis are reviewed. Through a combination of lectures, case studies, practice questions and reading assignments, students explore a wide range of medical and surgical topics in preparation for both their clinical careers and the PANCE.

### **695 Primary Care Review Course (3)**

This course was designed specifically to assist PA students and PAs in their preparation for the PANCE certification and recertification exams. The design of the course closely follows the NCCPA content blueprint in the selection of topics and overall organization to provide focus for an organized review of the subject matter contained on the certification and recertification exams. The first part of the course consists of a question and answer format using a student response system. Students are required to review and study the assigned reading and PANCE blueprint topics prior to each class session. During the class session, students answer multiple choice questions about the assigned organ system topic by using the student response system. The second part of the course consists of 40 hours of lectures given over a 5 day period, open to a national audience. The course content closely follows the NCCPA content blueprint in the selection of topics.

### **701 Woman's Health/ Pediatrics/Geriatrics (3)**

This course is intended to provide the student with a background in family health care as it pertains to specific issues in obstetrics, gynecology, pediatrics and geriatrics.

The obstetrics/gynecology component of the course gives students an understanding of the etiology, pathology and treatment of commonly occurring conditions of the female reproductive system. The course will also provide students with the knowledge required to monitor and treat patients through uncomplicated and complicated pregnancies.

In the pediatrics portion of the course, the student will learn the evaluation and management of the normal/sick newborn, understand basic growth patterns and child development, correlate signs and symptoms to major pediatric disease entities, and develop an awareness of multicultural process; biculturalism, multiculturalism and begin to tailor interactions with patients based on this cultural awareness.

The geriatrics portion of the course introduces the basic and specific concepts of geriatric patient care. The focus is on those contemporary and common issues faced in general and family practice medicine when dealing with the aging patient. With this foundational knowledge, the concepts of care of the elderly, which often differ from core adult, adolescent or pediatric care will become more apparent. The student will be able to describe the process of aging in human health and disease, understand the demography and epidemiology of aging, explain medical entities of the elderly (including, where specified, anatomy, physiology, pathophysiology, diagnosis and treatment), explain the loss of homeostatic control mechanisms that occur with the aging process, articulate a greater appreciation for the health care needs of the aging patient with specific reference to high-lighted issues, explain the purpose and procedures for a comprehensive geriatric examination and use the results to determine prescriptions for care.

### **705B Emergency Medicine (2)**

Discussion will include how to competently handle the diverse critical and cultural problems encountered in an Emergency Department. In an effort to foster critical medical decision making and problem solving, topics include, but are not limited to the following: providing a differential diagnosis for headaches and the approach to evaluating headache; management of hemorrhagic strokes; NIHSS utilization; initial management of a patient with Altered Mental Status (AMS); history and exam of a patient with abdominal pain; history, presentation and management of ectopic pregnancy; delineation of the types of etiologies for chest pain; how Evidence Based Medicine plays a role in risk stratification and practice recommendations; "red flags" in evaluating patients with neck and back pain; the role of EMS providers in the delivery of emergency care; discussion of how

to triage in disaster situations and colors/priorities of patients to be managed; issues related to obtaining parental consent when treating a minor in the ED; management of a pediatric patient and how they differ from adults; the pregnant trauma patient; the Glasgow coma scale; physical exam of a patient with respiratory distress; toxicology; environmental emergencies. Contemporary medicine mandates rapid recognition of strokes and the NIHSS designation.

**727 Clinical Orientation (PA) (1)**

Students are oriented to numerous aspects of clinical care, patient interactions, and hospital, clinic and operating room protocols. Lecture, discussion, demonstration, lab and workshop presentations are used to deliver the course content. Participants also complete ACLS and PALS certification courses, as well as Domestic Violence, OSHA/Infection Control, Prevention of Medical Errors, HIV and Health Insurance Portability and Accountability Act (HIPPA).

**740-747 PA Rotations 1-8 (6 weeks each) (6)**

Students attend and participate in clinical practices under the supervision of adjunct clinical faculty. Each clinical rotation will represent a block of six weeks duration. Each rotation is followed by End of Rotation activities designed to assess the students' progress in cognitive, behavioral and professional areas of clinical practice. Required rotations are designated in emergency medicine, family medicine, internal medicine, women's health, pediatrics, behavioral mental health psychiatry, surgery and one elective. Prerequisites: All first year courses and SPM 727.

**806P Library Research (7)**

Successful completion of this research paper is required for physician assistant students and serves to develop skills in literature review and objective interpretation of the same, thereby enabling the student to draw valid conclusions. Prerequisite: SPM 573.