

**SAINT FRANCIS UNIVERSITY
DEPARTMENT OF PHYSICIAN ASSISTANT SCIENCES
MASTERS OF PHYSICIAN ASSISTANT PROGRAM**

**POLICY MANUAL
GENERAL INFORMATION
(04/2009)**

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INTRODUCTION AND MISSION STATEMENT/VISION

Introduction

The Physician Assistant Program Student Policy Manual is intended to provide the student with guidelines regarding the Saint Francis University Physician Assistant Program. It is to be viewed as a supplement to the rules, regulations and guidelines that govern you as a student at Saint Francis University. We encourage every student to become familiar with both guidelines. Any questions regarding policies contained within this manual should be directed to the Chairperson of the Department of Physician Assistant Sciences. Although every effort has been made to make this manual as complete and up-to-date as possible, it should be recognized that circumstances will occur that the manual does not cover. Changes will also be necessary in the manual due to changes in the Department of Physician Assistant Sciences. Students will be notified of any changes, or additions, in writing and they will become effective immediately.

When a circumstance is not covered by the manual or the interpretation is ambiguous, the Chairperson of the Department will make the necessary decision or interpretation. The fact that written policies are not in the manual should not be interpreted as an absence of a policy or regulation. If students have questions regarding a situation they should discuss them with the Chairperson of the Department of Physician Assistant Sciences.

The policies and guidelines in this Manual are not intended to supersede the policies of Saint Francis University. When an apparent conflict exists, the student is advised to contact the Department Chair for clarification.

Mission Statement

To educate individuals as physician assistants to provide competent, compassionate and comprehensive health care to people and communities in need, as expressed through the Franciscan tradition.

Our Vision

Our faculty, graduates, and students will:

- ◇ Be the leaders of the physician assistant profession
- ◇ Strive for excellence in all academic and professional endeavors
- ◇ Provide for the health care needs of all
- ◇ Have a love of lifelong learning
- ◇ Provide service to others, especially to the poor and needy
- ◇ Have reverence for all life
- ◇ Have respect for the uniqueness of individual persons

STUDENT TECHNICAL STANDARDS

GENERAL AREA: ADMINISTRATION, SECTION A from the Accreditation Standards for Physician Assistant Education.

OBJECTIVE: OPERATIONS, SECTION A3.07

"The following must be defined, published, and readily available to prospective and enrolled students: required academic and technical standards."

GENERAL AREA: INTRODUCTION from the Accreditation Standards for Physician Assistant Education.

Physician assistants are academically and clinically prepared to practice medicine with the direction and responsible supervision of a doctor of medicine or osteopathy. The physician-PA team relationship is fundamental to the PA profession and enhances the delivery of high quality health care. Within the physician-PA relationship, PAs make clinical decisions and provide a broad range of diagnostic, therapeutic, preventive and health maintenance services. The clinical role of PAs includes primary and specialty care in medical and surgical practice settings. PA practice is centered on patient care and may include educational, research and administrative activities.

Functions performed by physician assistants include (as a minimum) the following general categories of services:

- Evaluation
- Monitoring
- Therapeutic
- Patient Education
- Referral

To provide the services listed above in a compassionate, competent and efficient manner, students in the PA Program will need to be capable of performing the following techniques on their own or with reasonable adaptations:

General Characteristics: The role of the physician assistant demands intelligence, sound judgment, intellectual honesty, appropriate interpersonal skills and the capacity to respond to emergencies in a calm and reasoned manner.

The student needs to:

- have an attitude of respect for self and others, adherence to the concepts of privilege and confidentiality in communicating with patients, and a commitment to the patient's welfare
- have the mental capacity and physical abilities to assimilate large amounts of complex information and apply that information in an interpreted fashion to solve clinical problems and formulate therapeutic and diagnostic plans in an accurate and efficient manner
- remain calm and reasoned in a high stress environment and respond quickly and appropriately in emergencies

History Taking: Initially approaching a patient of any age group in any setting to elicit an accurate, detailed history (appropriate to the situation) and record that data in an acceptable fashion.

The student needs to:

- be able to speak fluent English to relate to most patient situations
- have the ability to adjust his/her level of communication to the patient's level of understanding
- demonstrate interactive verbal and written communication skills

Physical Examination: Perform a complete or partial physical examination of a patient of any age, sex or condition in any setting.

The student needs to possess:

- adequate auditory acuity to accurately use a stethoscope, tuning forks, etc.
- adequate visual acuity for inspection techniques and the use of an ophthalmoscope
- adequate depth perception for surgical/technical procedures, and the accurate use of an oto-ophthalmoscope and microscope
- keen tactile sensation for palpation techniques

Diagnostic Skills: Identify, perform, order, and/or interpret, at least to the point of recognizing deviations from the norm, common laboratory, radiologic, cardiographic, and other routine diagnostic procedures used to identify pathophysiologic processes.

The student needs to possess:

- accurate visual and auditory acuity for the interpretation of diagnostic procedures
- the ability to reason a patient's problem in an orderly fashion
- competency in the integration of didactic skills, as demonstrated by written and practical examinations
- ability to record diagnostic and other findings accurately, efficiently and clearly

Therapeutic Skills: Performing routine procedures such as injections, immunizations, suturing and wound care, managing simple conditions produced by infection or trauma, assisting in the management of more complex illness and injury, and taking initiative in performing evaluation and therapeutic procedures in response to life-threatening situations.

The student needs to demonstrate:

- flexibility, dexterity and strength of his/her extremities for use in surgical/technical procedures
- degree of coordination in motor skills is needed to respond to emergency situations quickly and appropriately

TRAINING OBJECTIVES FOR GRADUATES OF THE SAINT FRANCIS UNIVERSITY MASTER OF PHYSICIAN ASSISTANT PROGRAM

Description of the Profession:

Services performed by physician assistants while practicing with physician supervision include but are not limited to the following:

Evaluation: Elicit a detailed and accurate history, perform an appropriate physical examination, order, perform, and interpret appropriate diagnostic studies, create a differential diagnosis, develop management plans, and record and present data.

Monitoring: Implement patient management plans, record progress notes, and participate in the provision of continuity of care.

Therapeutic: Perform therapeutic procedures and manage or assist in the management of medical and surgical conditions, which may include assisting surgeons in the conduct of operations and taking initiative in performing evaluation and therapeutic procedures in response to life-threatening situations.

Patient Education: Counsel patients regarding issues of health care management to include preventive care, compliance with prescribed therapeutic regimens, normal growth and development, family planning, and emotional problems of daily living.

Referral: Facilitate the referral of patients to other health care providers or agencies as appropriate.

To provide the services listed above in a compassionate, competent and efficient manner, students in the PA Program will achieve by the time of graduation the following competencies:

Goal I

History Taking: Initially, approach a patient of any age group in any setting to elicit an accurate, detailed history (appropriate to the situation) and record that data in an acceptable fashion.

Objectives:

1. Establish effective rapport with patient.
2. Identify the patient's major problem(s).
3. Obtain a history of present illness to include setting, chronology, quality, quantity, alleviating/aggravating factors, bodily location, and onset of symptoms.
4. Elicit a past medical history to include past health, hospitalizations, injuries and childhood illnesses.
5. Elicit a history of allergies, transfusion reactions, and reactions to medications.
6. Elicit the personal and social history to include life situation, education, work history, travel, and use of alcohol, tobacco, caffeine and drugs.
7. Elicit the family history with attention to familial predisposition to disease and exposure to illness.
8. Open an interview topic with the use of facilitation, open-ended questions or bridging phrase.
9. Assist the patient's narrative with appropriate use of support and reassurance, empathy, confrontation, reflection, interpretation, silence, modified laundry list, and touch.
10. Focus upon interview topics (as needed) through confrontation, reflection, probing, questions, and summation.
11. Obtain specific information with use of direct questions, yes/no questions, probing questions, and laundry list.
12. Properly use and interpret body language.
13. Develop specific strategies to deal with the following difficult situations: suicidal patients, mentally impaired patients, dysphasic patients, non-English speaking patients, hearing impaired patients and manipulative, fearful, uncooperative and/or depressed patients.
14. Close the interview appropriately.
15. Elicit an interval history in patient with chronic illness.
16. Elicit a brief but pertinent history from patient, friend or family in an emergency situation.
17. Communicate historical information in a clear, concise and relevant manner, both verbally and in written form.

Goal II

Physical Examination: Perform a complete or problem-specific physical examination of a patient of any age, sex or condition in any setting.

Objectives:

1. Gain the patient's confidence and provide reassurance about the examination.

2. Demonstrate the use of instruments for the physical examination to include:

BP cuff	Pen light
Cotton tip applicators	Reflex hammer
Cotton wisp and pin	Snellen chart
Doppler	Speculum (nasal)
Ear curette	Speculum (vaginal)
Fluorescein dye	Stethoscope
Gloves and lubricant	Tape Measure
Materials used to perform Pap smear	Test for Occult Blood
Oto-ophthalmoscope	Tongue Depressor
Pediatric screening devices	Tuning Forks
3. Perform a complete physical examination in a logical and orderly fashion.
4. Adapt the physical examination to the needs of each individual.
5. Perform appropriate problem-specific examinations in a patient with acute or chronic illness.
6. Recognize normal and abnormal findings based on patient's age, race and sex.
7. Record normal and abnormal findings in the data base in an acceptable fashion.

Goal III

Diagnostic Skills: Identify, perform, order, and/or interpret at least to the point of recognizing deviations from the norm, common laboratory, radiologic, cardiographic, and other routine diagnostic procedures used to identify pathophysiologic processes.

Objectives:

1. Formulate a problem list.
2. Assess the patient's problems, identify diagnostic evaluation indicated and discuss appropriate differential diagnosis based on symptoms and physical findings.
3. Recognize normal findings and know the diseases with which abnormal findings are most often associated.
4. Know serial tests utilized to monitor a patient's condition and/or effectiveness of therapy.
5. Know methods, indications, contraindications, and complications of the diagnostic procedures performed or ordered.
6. Recognize the signs and symptoms of complications of diagnostic procedures performed or ordered.
7. Interpret a 12-lead EKG or rhythm strip:
 - Determine rate
 - Calculate intervals
 - Recognize normal sinus rhythm and major dysrhythmias
8. Order and make preliminary assessment of routine x-ray studies.
9. Know routine preparation for x-ray studies in regard to diet, bowel preparation and post x-ray care.
10. Know how to obtain a Pap smear, collect vaginal or urethral cultures and properly prepare slides.

11. Be familiar with techniques of:

Anoscopy
 Arthrocentesis
 Bronchoscopy
 Colonoscopy/Sigmoidoscopy
 Endoscopy
 Excisional biopsy
 Gastroscopy
 Lumbar puncture
 Nipple stimulation contraction stress test

Non-stress tests
 Oxytocin challenge
 Paracentesis
 Pericardiocentesis
 Proctoscopy
 Swan-Ganz insertion
 Thoracentesis

Goal IV

Differential Diagnosis/Diagnostic Impression: Develop a differential diagnosis and diagnostic impression considering the database.

Objectives:

1. Develop a differential diagnosis and diagnostic impression at each stage of data collection.
2. Demonstrate ability to organize and integrate data from the medical history, physical examination, and diagnostic studies.
3. Demonstrate sound medical judgment in formulating a differential diagnosis and diagnostic impression.
4. Demonstrate the skills necessary to accurately record and present data in a manner appropriate to the setting.

Goal V

Therapeutic Skills: Perform routine procedures such as injections, immunizations, suturing and wound care, manage simple conditions produced by infection or trauma, assist in the management of more complex illness and injury, and take initiative in performing evaluation and therapeutic procedures in response to life threatening situations.

Objectives:

1. Demonstrate utilization of universal precautions as they pertain to patient care and be familiar with OSHA regulations in relation to health care.
2. Perform venous punctures and be familiar with the technique for arterial punctures.
3. Set up and administer intravenous infusions, utilizing appropriate equipment.
4. Administer injections by a variety of routes including intradermal, subcutaneous, intramuscular and intravenous.
5. Catheterize the urinary bladder of both male and female patients.
6. Insert nasogastric tube.
7. Perform a variety of methods of skin closure, including interrupted simple suture, continuous simple suture, interrupted mattress suture, continuous mattress suture, subcutaneous closure, wound stapling and use of dermatological adhesives.
8. Demonstrate basic splinting and casting skills, with available materials and identify problems/complications that may develop in splinted/casted patients.

9. Be familiar with:

- Chest tube insertion techniques and complications.
- Medications commonly added to IV solutions.
- Types of, use of, and indications for the various electrolyte solutions.
- Relationships between serum electrolytes and IV therapy and the need to adjust therapy based on lab results and physical signs.
- Problems of hypervolemia and hypovolemia.
- Blood and blood products utilized in IV therapy and the indications and complications of their use, including transfusion reactions and hepatitis.
- Peritoneal dialysis.

GOAL VI

Emergency Skills: Recognize and manage life-threatening or harmful situations under any circumstance or setting. Also work alone or as a team member in an approach to emergency medicine.

Objectives:

1. Recognize emergency situations that may be harmful or life-threatening and take the appropriate action of health care to minimize injury or sustain life.
2. Be familiar with a wide variety of laboratory tests and diagnostic studies and interpretation of results, necessary in the diagnosis and treatment of patients seen in an emergency room setting.
3. Communicate in a clear and concise manner the current status of a patient to a physician or other allied health professional.
4. Obtain certification in CPR and advanced cardiac life support (ACLS).
5. Be familiar with triage procedures in mass casualty situations.
6. Be familiar with general principles of acute trauma care as discussed in the Emergency Medicine Course.

GOAL VII

Communication: Communicate in a medically professional manner (both orally and in writing) to other health professionals and lay individuals.

Objectives:

1. Be familiar with the roles of other members of the health team.
2. Present to the physician a brief synopsis of the patient's current illness, pertinent positive and negative findings and the diagnostic and therapeutic regimen instituted or proposed.
3. Effectively communicate with patients and family by using a vocabulary that is familiar to both.
4. Write orders in a logical and organized fashion.
5. Write clear, concise and relevant progress notes in the SOAP format.
6. Maintain up-to-date problem list.

7. Initiate requests for patient services including public health and home nursing, school testing and evaluation and release of medical records.
8. Write requests for consults (in proper format).
9. Report communicable diseases utilizing appropriate forms and follow up.
10. Write interval notes.
11. Provide emotional support to patient and family.
12. Deliver care that is culturally and linguistically appropriate to the situation.

GOAL VIII

Attitude: Appreciate the health problems of the individual patient as well as those of population groups and to approach such with an attitude of professional concern.

Objectives:

1. Appreciate the physical, emotional, social and economic distress created by the health problem.
2. Maintain the objectivity necessary to permit logical perspective, assessment, and solution of the health problem.
3. Recognize the importance of patient education and health promotion/disease prevention in effecting change in the health status of both individuals and groups.
4. Appreciate the difficulty encountered by patients in their attempts to comply with therapeutic regimens and the health care delivery system.
5. Utilize prepared patient education materials and document such teaching/counseling efforts in the individual patient's medical record.
6. Respect the right of the patient as health care consumer to be informed regarding his physical status, therapy, costs, therapeutic alternatives, prognosis, and service available.
7. Respect the patient's rights to individuality and privacy and treat confidential information with professional discretion.
8. Develop a personal philosophy regarding the dignity and quality of human life.
9. Develop the professional role characteristics of a physician assistant as a member of the health care team.
10. Recognize the need for life-long learning.
11. Develop a culturally competent practice style.

GOAL IX

Professional Competence: The skills, attributes and behaviors necessary to function as a physician assistant and member of the medical professional community.

Objectives:

1. Be familiar with standard applications of technology in medicine to include use of the Internet, search engines and portable computing devices.
2. Analyze information from the medical literature to identify effective evidence-based treatment strategies for patient care.
3. Develop computer based presentations to effectively present information to professional colleagues and in patient education settings.

GENERAL STUDENT INFORMATION

Academic Accommodations

To request accommodation for medical or academic needs, please file your declaration with Ms. Denise Kovach at the Academic Center for Enrichment (ACE), 814-472-3024. Once the appropriate documentation is complete with ACE, please see each course instructor/coordinator during the first week of the course so that proper arrangements for reasonable accommodations can be made. Although accommodations can be initiated at any time during the semester, please be aware that no evaluative measures completed in a course before proper instructor/coordinator notification of need for accommodations will be allowed to be repeated.

Student Advising Policy

GENERAL AREA: STUDENTS, SECTION D2 from the Accreditation Standards for Physician Assistant Education

OBJECTIVE: STUDENTS, SECTION D2.01 – D2.03

"The program must assure that guidance is available to assist students in understanding and abiding by program policies and practices. The program must assure that students have timely access to faculty for assistance and counseling regarding their academic concerns and problems. The program must provide referral for students with personal problems that may interfere with their progress in the program."

Each student will be assigned to an advisor who will be a member of the Department faculty. In keeping with the mission of the University, the goals for academic advising include: clarification of life and career goals, development of suitable educational plans, selection of appropriate courses and other educational experiences, interpretation of institutional requirements, increasing student awareness of educational resources available, evaluation of student progress toward established goals, development of decision-making skills and referral to and use of other institutional and community support services, where appropriate.

The advisor is also available to discuss your progress in meeting Program requirements. It is suggested that the student take advantage of this service at least once per semester to map their progress. Advisors will make students aware of opportunities to meet, usually around the mid-semester timeframe. Students or advisors may schedule meetings at any time as needed to deal with situations in a timely fashion. We recognize that the student is an adult learner and may choose not to avail him/her self of the advising service offered by the Department. The Department is required to document student progress; notations are kept in the student's file concerning performance. It may also be noted that students choose to not participate in the advising process.

All first year professional students will be required to participate in an exit interview before progression to the second professional year as part of the last advising session with their first professional year faculty advisor.

A. Faculty Advisor

Each student is assigned a faculty advisor during each year of the Program. The purpose of the advisor is to:

1. Provide communication between the student and faculty.
2. Assist the student in meeting the educational objectives of the Program and University.
3. Identify additional faculty member(s) or University personnel that will be accessible if a student wishes to discuss a problem of a personal or professional nature.
4. Enable the student to identify materials to achieve the educational objectives of the Program.

Student input is critical for the success of this process. Each person in the Program, advisee and advisor, will have specific responsibilities.

B. Student Responsibilities

1. Honestly discuss areas of strengths and areas for improvement with the advisor.
2. Honestly complete the self-evaluation form.
3. Help plan a course of action to remediate deficiencies and capitalize on strengths.
4. Meet with advisor at least once per semester at a mutually arranged time.
5. Meet with advisor on an as needed basis when issues arise.
6. Make an honest effort to follow the plans devised from the session.

C. Advisor responsibilities

1. Honestly discuss areas of strengths and areas for improvement with the student.
2. Help plan a course of action to remediate deficiencies and capitalize on strengths.
3. Offer to meet with student at least once per semester at a mutually arranged time.
4. Meet with student on an as needed basis when issues arise.
5. Try to apprise students of their options in a given situation.
6. Collect database on student prior to advising session.
7. Make written records of meeting events for student file.
8. Initiate referrals for support; academic, clinical and/or emotional; that enable the student's academic success.
9. Notify appropriate others, as deemed necessary, to safe-guard the health and welfare of everyone involved.

D. Example of Output from Advising Sessions (Not Comprehensive)

- Referral to Academic Center for Enrichment
- Referral to Counseling Center
- Referral to Health Provider
- Change Study Habits
- Behavior Modification
- Specific Remediation Program
- Meet with Department Tutor
- Meet with Student Tutor
- Begin Exercise Program/Other Stress Reduction Techniques
- Career Goal Reexamination

The advisor will NOT:

1. **SOLVE YOUR PROBLEMS.** That is up to you. They will discuss your problem, help you clarify options and help you devise a plan of action.
2. **ACT AS YOUR MEDICAL PROVIDER.** It is inappropriate for any of the Department of Physician Assistant Sciences faculty to try and provide you health care. If you have a medical problem, see the University Student Health Service or the outside provider of your choice, as appropriate to your situation.
3. **ACT AS A COUNSELOR.** If you have problems that require counseling and need the help of a professional counselor, the University Counseling Center is available.
4. **ACT AS A PARENT.** It is your responsibility to see your advisor and schedule a mutually convenient time for mid-semester advising. The advisor will not "track down" any student who does not make an appointment after initial notification by the PA Program. It is also your responsibility to act on the plan devised during the session.

The advising session can be a powerful tool for you to use to get the most from your education and in your development as a health professional. The process must be an active one to be effective. Remember that someone from the Department or the University Counseling Center is available at any time during the day (8:00 AM to 4:00 PM) to either provide you with help or make arrangements to get you to help in an emergency. In an emergency situation, your advisor or another faculty member can address your concern immediately. For non-emergent problems, make an appointment with your advisor. Please be advised that you can leave a phone message at any time of the day or night at 814-472-3136.

Student Rights

A. Basic Rights

Enrollment in the Physician Assistant Program provides the student with some basic rights.

1. The student has the right to competent, knowledgeable instructors who conduct themselves in a professional manner in their interactions with students in the work setting. Students who have an issue with any faculty

member or course should follow the procedures as outlined under the Student Grievance Process in the Academic Policies section below.

2. Classrooms should be able to provide the proper educational environment for student learning. These classrooms or other appropriate facilities should also have available current instructional materials and modern equipment that meets the technical training needs of the physician assistant student, as outlined in the Standards.
3. Instructors must maintain a classroom environment that is conducive to and compatible with the learning environment. Students who disrupt that environment will be asked to leave the classroom or clinical area. If a particular student persists in disruptive behavior, disciplinary action may have to be initiated.

B. Rights to Privacy

1. Students are provided privacy of records and these records are protected from access and release by the Federal Privacy Act of 1974.
2. Students are granted access to their own files after completion of a formal request form. Students may inspect and review files in the Department of Physician Assistant Sciences office during regular office hours. At no time will information be removed from a student's permanent file. Students will also NOT be allowed to photocopy or otherwise duplicate information found in their file. All evaluations and minutes of meetings such as the Performance Review Committee become part of the student's permanent record. Students who wish to challenge content of records may do so in one of two ways:
 - 2a. Submit a written letter to be placed in the student record indicating the student's objections to an entry in his record.
 - 2b. Students may request a review regarding an entry with the Performance Review Committee (refer to page 16).
3. Release of student records by the Department (i.e. potential employers) is granted only upon completion of a Written Consent for Release of Information by the student.
4. Department faculty, Saint Francis University employees and others who have direct involvement with the educational process of the student are provided access to student file information as appropriate. Such persons may review student records without written consent of the student at the discretion of the Department Chairperson.

Standards of Conduct for the Physician Assistant Student

Rationale:

As stated in the Introduction of the Accreditation Standards for Physician Assistant Education: "The role of the PA demands intelligence, sound judgment, intellectual honesty, appropriate interpersonal skills, and the capacity to react to emergencies in a calm and reasoned manner. An attitude of respect for self and others, adherence to the concepts of privilege and confidentiality in communicating with patients, and a commitment to the patient's welfare are essential attributes of the graduate PA."

In addition, the "Competencies for the Physician Assistant Profession" lists professionalism as one of the core competencies that a PA should possess. Students need to exhibit respect, compassion and integrity in all interactions that occur within the academic and/or clinical setting. Students should have a commitment to excellence, on-going professional development and uphold ethical principles.

In as much as behavior has a strong practical relation to the substance of primary care, physician assistants should also have a functional understanding of personality development, child development, normative responses to stress, psychosomatic manifestations of illness and injury, sexuality, responses to death and dying, and behavioral patterns related to the maintenance or restoration of health. The development of counseling skills is encouraged because of their potential for helping patients cope with illness and injury, follow prescribed treatment regimens, and modify their attitudes and behavior to more healthful patterns.

During their educational experience, the students should receive a thorough orientation to the range of responsibilities and functions of physician assistants, the nature of their relationship to physicians and other health care providers and the significance of issues affecting their role. The student should be encouraged to develop basic intellectual and ethical principles essential for gaining and maintaining the trust of professional associates, the support of the community, and the confidences of the patient.

Professional Relationships

Pursuant to the above statements, it is expected that the physician assistant student will maintain an exemplary professional demeanor in his/her relationships with all peers, other members of the medical team, patients and the public. The following minimum standards will be practiced while interacting with any of the above named groups.

A. PA Student/Peer

As a professional colleague, peers will be accorded due respect in interactions taking place in or outside the classroom/clinical setting.

Students are encouraged to utilize their classmates as a resource in surmounting the challenges of the Program. Sharing experiences with their classmates will allow one to realize the range of experiences and common challenges encountered with this type of training. Many physician assistant students have found that studying in small groups has been a valuable adjunct to their normal study patterns. It is expected that upper-class physician assistant students will provide objective feedback to underclass students on the types and nature of their experiences in a particular phase of the Program. Whenever possible, upper-class students will tutor underclass students to assist them in developing their clinical and personal skills toward the goal of developing into an excellent physician assistant.

B. PA Student/Faculty

Full time and adjunct members of the faculty meet the qualifications set forth in the Standards and are qualified by experience and training to engage in the educational process. As mentors involved in the students' education, it is expected that students will accord respect and courtesy in their interactions with faculty.

Students enrolled in the professional phase of the Physician Assistant Program are considered adult graduate students by the Department. The policies and course syllabi form a specific relationship between the faculty and the learner. Given this understanding, the Department faculty feels it is inappropriate to discuss issues related to a learner's specific situation with others.

Students who have an issue with any faculty member or course should follow the procedures as outlined under the Student Grievance Process in the Academic Policies section below.

C. PA Student/Members of the Medical Team

Each member of the medical team lends a particular expertise to the holistic care of the patient. It should be realized that the physician assistant does not supplant any other team member's role, but complements each role to provide more

effective patient care. Thus, each member of the medical team possesses knowledge that the student may benefit from. Occasionally, other members of the medical team (many times from misunderstanding of the PA concept) will not greet the student with the acceptance or enthusiasm anticipated by him/her. Each student is not only an ambassador of the Department of Physician Assistant Sciences at Saint Francis University, but of the entire profession. It is important that the student not respond angrily to those individuals but rather be cordial and attempt to educate them to all of the positive aspects of the profession. One of the most effective ways to change these negative attitudes is to display excellent interpersonal and professional demeanor.

D. PA Student/Patient Contact

In initiating the clinical relationship, the student properly introduces him/herself and greets the patient by using an appropriate title. (Whenever possible, the student will assume a position suitable to maintaining the same eye level as the patient.)

During the entire contact, the physical and emotional comfort of the patient is of paramount importance to the student. By use of verbal and non-verbal clues, the student will transmit an attitude of concern, professionalism and pleasantness to the patient. All possible physical barriers will be removed between the patient and student during the course of the clinical contact.

The physician assistant student facilitates the interview by adjusting the language to the patient's level of understanding, using attentive postures, verbal and non-verbal language and gestures of understanding. The confidential nature of the information discussed during the interview is recognized by the student.

While performing any physical examination on a patient, the student is careful to explain each step to the patient. The student is constantly alert to verbal and non-verbal clues transmitted by the patient to signal physical or emotional discomfort. Patient's modesty will be maintained at all times, while not compromising exam technique.

As appropriate per setting and preceptor, findings and conclusions are shared by the student with the patient. The patient is encouraged to express any concerns or ask any questions regarding their health status. The student is careful to encourage the patient to take part in the maintenance of their own health and educate the patient as to the best method to accomplish this. The encounter is ended after the patient has a clear sense of what is going to be done and why. The patient is encouraged to contact their health provider at any time if they have questions.

Student Learner Characteristics

Students who successfully accomplish the objectives of each of the MPAS courses will share the following characteristics:

- Reporting to all classes, labs, critical thinking sessions, and scheduled events on time and appropriately prepared to participate in the scheduled activity.
- Completing research on topics utilizing appropriate objectives, prior to lecture or critical thinking sessions.
- Completing all assignments on time and in a thorough manner.
- Utilizing resources to augment classroom-learning experiences and accomplish objectives.
- Actively participate in the learning process by asking questions to provide clarification of concepts (as needed), solving problems and providing answers to questions posed during scheduled activities.

- Anticipating that all program sponsored learning experiences are subject to evaluation by written and/or practiced examinations.
- Reviewing performance on written examinations to identify areas of weakness.
- Accepting criticism in a constructive fashion.
- Maintaining a professional demeanor in interactions with faculty, lecturers and student peers.

Performance Review Committee

The Performance Review Committee (PRC) consisting of faculty and a MPAS student convenes in order to discuss issues regarding a student's failure to meet Program standards. Maintenance of Program standards is important to not only protect the integrity of the Program, but more importantly, safeguard the welfare of patients. Examples of outcomes of the PRC are suspension, termination, probation or other alterations of the student's curriculum plan.

Generally, the Performance Review Committee may be convened by the request of the Department Chairperson or other faculty to review a student's academic or professional performance, as it relates to their role as a student PA. However, individual students may also request a review by the committee. To request this review, a student must submit to the Department Chairperson a written request outlining the reasons why a review is necessary. The PRC would then attempt to meet within fourteen calendar days of receipt of the written appeal.

The Performance Review Committee (PRC) consists of the Department faculty, a first or second year professional phase student (as applicable and available) and other appropriate members, as deemed necessary by the circumstances.

All decisions rendered or dismissals upheld by the PRC will be final and binding. Students are referred to the University Catalog for a complete description on the due process and avenue for appeal beyond the Department.

ACADEMIC POLICIES

Academic Honesty

The Department follows the University's policy on academic honesty guidelines as published in the Student Handbook and is also available for review on the SFU website or in the Academic Affairs Office.

Honesty is a core requirement for the profession you have chosen. It is an ethical cornerstone that is required for interpersonal interactions, written and oral communication and all aspects of patient care. Academic honesty is an extension of this and is looked upon as a reflection of your ability to maintain high standards of honesty throughout your development as a physician assistant. Academic honesty is also an essential part of the Saint Francis University experience. Dishonesty in any aspect of the life of the Department is viewed as being unethical and unprofessional as well as being viewed as incompatible with the University's moral tradition.

Types of Cheating

1. Cell Phones:

- ▶ Using the phone to take a picture of the exam pages to send to another student
- ▶ Using the phone to store information to be retrieved later
- ▶ Text-messaging
- ▶ Internet searching to look up information online while taking an exam

2. Water Bottles:

New version of crib sheets – students peel off the labels, write information on the label, then replace the label covering back on the bottle – except when you look *into* the bottle you can read the information hidden on the inside.

3. Old Fashioned Cheat/Crib Sheets

4. Computer ‘Post-it’ notes web site down loaded on student’s computer and accessed during exam

5. Hats –to hide crib sheets and prevent instructors from seeing the student’s face while the student’s eyes are looking at another student’s exam.

6. Illegal access to an exam, obtaining an advanced copy prior to the exam date

7. Writing on body parts

8. Copying answers from another student’s exam

9. Pencils and Pens – another version of the crib sheet, involves etching with a razor, pin, on a pencil and using clear labels printed off the computer with tiny font wrapped onto pens, pencils.

Reference: http://www.tcc.fl.edu/about_tcc/academic_affairs/division

Cheating Prevention Tips

Faculty can make a difference in decreasing the opportunities that facilitate cheating behaviors in the classroom. These are some hints that may help prevent this academic plague:

Ban All Cell Phone Handling in the Classroom: cell phones must either remain inside a closed backpack or purse from the time the exam starts until the student leaves the classroom.

Ban Other Electronic Gadgets: that can be programmed include calculators, PDAs, and iPods.

Ban Water Bottles from Visible Access

Placing empty seats between each student may reduce answer copying in large classrooms.

Assigning seats in a test situation may decrease answer copying.

Reorganizing the items of a multiple-choice test, thereby constructing several forms of the test may reduce cheating. Also, printing tests in different colors for crowded classrooms may act as a deterrent.

Constructing essay exams with short and long answers may keep students from looking at another's answer. Usually, multiple choice test answers are easier to copy than essay answers.

Proctoring examinations closely by both instructors and teaching assistants. Don't leave the room unattended! Keep walking around! Have an extra helper in the room!

Reviewing all possible test items that may bring some questioning during the test situation. The time spent responding to student questions may disrupt the testing situation and leave others unattended.

Picking up the test and answer sheets in the sequence of rows. In this way faculty may be aware of a student's answers in case of any suspicious behavior.

Providing students with scratch paper attached to the test to ensure that crib notes are not to be used.

Checking student identifications prior to starting the test in order to catch any substituted student.

Changing test format by deleting bad items and adding new items every academic period.

Class Attendance Regulations

In keeping with the University's policy on class attendance, students are expected to attend all classes and required course experiences as scheduled as an academic obligation. A student's grades are based on prompt completion of all assignments, presence for all examinations, reading of required references and participation in class discussions as well as the general quality of work. Instructors have no inherent obligation to provide make-up opportunities for an absence unless in their judgment the reason for the absence warrants such consideration.

In as much as, motivation, enthusiasm and commitment to the study of medicine are directly reflected in the discipline of prompt, regular attendance and preparation for classes, the Department has an important obligation to maintain a positive rapport with visiting physicians and other health care professionals. These relationships are vital to the ongoing success and development of the Program and the support of the clinical rotation experiences. Prompt attendance of class is a minimum demonstration of this commitment. Attendance at all classes, labs, seminars, small group discussions, clinical experiences and any other activities designated by the Department faculty is expected.

The following general rules of attendance for all courses offered by the MPAS Program will be enforced:

The Program expects each student to attend all classes and activities designated as part of the course requirements. Promptness and preparation for each day's class develops professional attributes that will be necessary to future development as a health care provider. Students are expected to be present at the scheduled time ready to begin class participation. Faculty reserve the right to deny access to the classroom for any student that is late to class and to count it as an unexcused absence.

Students should be aware that scheduled University breaks begin and end the calendar day that is designated by the University. It is expected that students will be present for all activities as scheduled the day immediately before and after a break. Travel plans should be made accordingly.

Communication between the student and course instructor/coordinator is imperative in relation to absences from class for other than scheduled program commitments. There are three different types of absences.

Planned Absences

While regular attendance is important at all scheduled Program classes and requirements, the Department is aware that at times a student may need to be absent. Any student requiring a planned absence must complete and submit for approval a 'notification of absence' form available in the Department. If a student will be missing a scheduled examination, notification of a planned absence must be made at least two weeks prior to the exam. Examples of planned absences may include:

- absence because of special religious holidays
- attendance at a wedding, graduation, etc.
- scheduled appointments (dental, medical, legal, etc.)

Excused

- Excused absences from class may occur as long as a student who will be late and/or absent from class contacts the Department office each day of their tardiness or absence prior to the start of class at (814) 472-3130. Please leave a message in the event that no one is available to take the call personally. All recorded messages left are automatically "time and date" stamped. The message must indicate a reason for tardiness or absence and detail all scheduled activities for which the student will be late or absent so that faculty can be notified.

- Any absence or tardiness impacts negatively on the student's training experience. The student remains fully responsible for mastering any missed material.
- A student who misses examinations due to illness will be required to provide written documentation of being evaluated at the University Student Health Center or another private health care provider. Failure to provide such documentation, when required, will result in a 10% penalty of the total points (rounded to the appropriate whole point) for the missed examination or graded evaluation.
- A student who is late or misses an examination (either due to illness, tardiness, or Department scheduling) has the responsibility to meet with the course instructor/coordinator to complete the exam as soon as they return. If missing an exam is due to Department scheduling the student must present for the exam no later than 1:30 PM upon their return. Students must contact the Academic Coordinator or Ms. Link for courses taught by adjunct faculty.
- An absence due to illness of three days or longer must be documented in writing by the student's health care provider to include verification of illness and medical clearance to return to classes and clinical experiences.
- Excessive excused absences will require a meeting with the student's academic advisor and/or course instructor/coordinator and will be documented in the student's file.
- Reasons for excused absence may include:
 - student illness
 - illness of an immediate family member (spouse, parent, child)
 - death of a family member (spouse, child, parent, sister, brother, mother-in-law, father-in-law, grandparent, grandchild, daughter or son-in-law, sister or brother-in-law, or family member living in the same household); death of anyone other than those listed above (i.e. close friend) will be addressed on an individual basis
 - participation in an official student activity authorized in advance or scheduled by the Program
 - other activities beyond the student's control, if approved by the course instructor/coordinator

Unexcused

An unexcused absence is defined as any absence from class without prior approval from the course instructor/coordinator.

- If a student has an unexcused absence from any other class or scheduled activity on the day of an examination or graded evaluation, they will be penalized 10% of the total points as outlined above.
- If a student does not notify the Department office regarding being late for or missing an examination, they will be penalized 10% of the total points as outline above.
- Three unexcused absences will **result in lowering of the course final grade by one letter grade (A to A-; A- to B+, etc)**. Multiple unexcused absences may result in the student appearing before the Performance Review Committee (PRC) and be reflected in Department recommendations of the student/graduate.

In accordance with Saint Francis University policy, students requiring discipline based upon unexcused absences from class shall be reported to the Dean of Students by the Department Chairperson.

Please check each course syllabus for any additional information regarding individual attendance policies.

Student Grievance Process

Problem Resolution

Every organization maintains a protocol for the resolution of conflicts that may arise to assure smooth operation. Adherence to these guidelines is necessary for the prompt resolution of issues and to bring appropriate resources to bear in problem solving. The following steps should be taken in chronological order in dealing with any issue regarding a course or required experience.

1. Think about the issue, is this something you can solve by changing your approach or considering another option. Clearly define what the issue is.
2. Talk to the faculty member in charge of that experience or course instructor/coordinator, including clinical coordinators for clinical rotations, directly. Explain your situation and specifically request a solution or present options. The faculty member directly responsible is most able to address your concern; they are empowered with the most options. MOST of the problems should be able to be solved at this level.
3. Contact your advisor. Explain what you have done to that point and what the outcomes were. See if they have other suggestions.
4. In the rare instance where the above outlined does not result in an acceptable outcome, contact the Department Chair. He/she may be able to suggest other options, however, remember that University policy dictates that the faculty member assigned to the course has final say over issues related to their course.

Appealing a Grade

The Department follows the University's rules for appealing a grade. The steps necessary to appeal a grade can be found in the University catalog.

PERSONAL POLICIES

GENERAL AREA: ADMINISTRATION, SECTION A from the Accreditation Standards for Physician Assistant Education.

OBJECTIVE: OPERATIONS, SECTION A3.07

"The following must be defined, published, and readily available to prospective and enrolled students: policies and procedures for student withdrawal, policies and procedures for refunds of tuition and fees and policies that limit or prevent students from working during the program."

Withdrawal and Readmission

Withdrawal

Voluntary withdrawal from the Physician Assistant Program may be initiated by a student after submission of a letter to the Department Chairperson requesting withdrawal. In the letter, the student should outline the circumstances and reasons for withdrawal. Students will be requested to conduct an exit interview with the Department Chairperson prior to leaving the Program. All students are further advised to follow the University catalog procedure for withdrawal from the University.

Readmission

Any student requesting readmission following voluntary withdrawal will be considered a new applicant to the Program and will be required to complete the Program application process as a new applicant, and may be required to repeat course work.

Students, who have had their dismissal upheld, after all administrative recourse, are not eligible for readmission to the Program.

Leave of Absence

Leaves of absences from the Physician Assistant Program are not recommended. However, the Department does recognize that some personal circumstances may give students few options. These are considered by the Department Chairperson on an individual basis. Any requests for a leave of absence must be directed to the Department Chairperson in writing for approval. Leaves may be granted for up to one year in length. Students should outline the circumstances for the leave and the duration of the leave to include such items as, first day of absence and expected date of return. If the leave of absence is required for medical reasons, a medical clearance (from the health care provider) will be required prior to the student's return.

All requirements for a leave of absence and return to the Program will be outlined in writing for the student. Students that are granted a leave of absence may be required to demonstrate competency on a Program exam upon their return. The student will be asked to sign their understanding of these requirements prior to the granting of the leave. Please understand that this does not excuse the student from completing the University leave of absence process or excuse a student from observing the University's policy on withdrawal from courses/withdrawal from the University.

It will be the student's responsibility to notify the Department Chairperson in writing of their intent- to- return date and to fulfill any other requirements as outlined in their original leave of absence agreement.

Any student who does not return on his/her expected date or does not notify the Department of their return in writing, will be considered withdrawn from the Program and forfeit their seat in the class. If an extension of the return date is needed, the student must submit in writing a request to the Department Chairperson. The Department faculty will review the request and decide whether to allow the extension. Students are recommended to consider all academic and personal factors that will be influenced by a leave of absence prior to making a request, including financial aid University's policy on withdrawal from courses/withdrawal from the University.

Please note that pre-professional students may not take a leave of absence to repeat course work in order to improve their QPA, thus allowing them to meet the pre-professional progression standards.

Refund of Tuition and Fees

All students who withdraw from a class or withdraw from the University are subject to payment refunds as outlined in the University catalog. Please refer to the University catalog for specifics regarding the percentage of refund based on time of withdrawal.

Employment While in the Program

The Faculty does not advise outside employment while in the professional phase of the MPAS Program. Faculty does recognize that employment may be an issue that some students will face. Given this recognition, realize that Program obligations will not be altered due to a student's work obligations. It is further expected that work obligations will not

interfere with the student's learning progress or responsibilities while in the Program. The Department also discourages the student from working at the same site where they are completing clinical rotations.

Impaired Student

The stresses of a demanding program such as the Physician Assistant Program may cause the student to suffer from symptoms of various psychosocial difficulties. Mechanisms to deal with the impaired student may include such items as:

Identification and Prevention:

1. Faculty Advisor conference per semester
2. Discussion and observation by community preceptors
3. Discussion and observation by Department faculty
4. Regular discussion in Departmental meetings

Treatment Methodology:

1. Individual counseling from the University Counseling Center
2. Student Health Center
3. Use of community resources, such as:
 Altoona Mental Health Center 889-2141
 Cambria County Crisis Center 535-8531 (800-273-7310)
 Or other area psychiatrists or psychologists of the student's choice.

Should the student be directed to seek psychiatric or psychological services or other counseling by the Department Chairperson, that student may be required to present documentation of attendance at said sessions and/or submit a letter of certification of fitness to return to duty as a physician assistant student.

Students are responsible to provide payment for services rendered by agencies outside of Saint Francis University. (Saint Francis University Counseling Center and Student Health Center are covered by fees paid to the University).

Causes for Disciplinary Action

All of the following offenses are serious violations of conduct and will engender swift disciplinary action or possible dismissal from the Program. This list is not intended to be comprehensive.

1. Cheating or plagiarism.
2. Forgery; altering or misuse of Department and/or medical documents or knowingly furnishing false information.
3. Misrepresentation of oneself as a graduate of the Program or in a capacity which exceeds the student's level of training.
4. Obstruction or disruption of the educational process or other University and Department functions while on or off University and Department property.

5. Physical or verbal abuse or the threat of physical violence against a Department member or member's family.
6. Entry into an unauthorized area of the Department or University property or the property of a Department member.
7. Theft or non-accidental damage to Department or University property.
8. Possession of explosives, dangerous chemicals, or deadly weapons on University or Department property without proper authorization.
9. Engaging in lewd, indecent, or obscene behavior on Department or University property or at a Department sponsored event.
10. Use, possession, sale or provision to others of controlled or unlawful substances during Department functions.
11. Soliciting or assisting another to do any act which could subject a student to discipline as cited in this section.
12. Any time a student has proven to be a danger to patients or has deficiencies in patient care.
13. Any student behaviors that do not reflect the philosophy of the Department and that are considered by the faculty to be actions unbecoming of a St. Francis University Physician Assistant student.
14. Please check the University's Student Handbook for the policy on academic honesty.

INFORMATION ABOUT PA PROFESSION

Competencies for the Physician Assistant Profession

Competencies for the Physician Assistant Profession resulted from a collaborative effort by the National Commission on Certification of Physicians Assistants (NCCPA), Accreditation Review Commission for Education of the Physician Assistant (ARC-PA), the Association of Physician Assistant Programs (APAP), and the American Academy of Physician Assistants (AAPA).

This document contains a set of basic competencies that all physician assistants are expected to acquire, develop and maintain throughout their chosen career. The professional competencies discuss the categories of medical knowledge, interpersonal and communication skills, patient care, professionalism, practice-based learning and improvement and systems-based practice. This document should be read for further understanding of the life-long competencies expected from you for your chosen profession.

This document may be accessed at: <http://www.nccpa.net/resources.aspx>

NCCPA Task Areas

The National Commission on Certification of Physician Assistants (NCCPA) is the regulatory body for preparation and administration of the Physician Assistant National Certifying Examination (PANCE) exam. The Task areas include knowledge and skill areas that are identified as important to PA practice. The professional phase curriculum is designed to ensure exposure to each of these vital task areas which include:

- history taking and performing physical examinations
- using laboratory and diagnostic studies
- formulating most likely diagnosis
- health maintenance
- clinical intervention
- pharmaceutical therapeutics
- applying basic science concepts

For a more detailed description regarding the knowledge and cognitive skills for each of the above areas, please review the information at the following link:

http://www.nccpa.net/EX_knowledge.aspx?r=pance

NCCPA Organ System Disease List

The NCCPA also maintains a list of organ systems that serve as a guide of diseases, disorders and medical assessments that provide a basis for examination preparation. The professional phase curriculum is designed to ensure exposure to the majority of the specific entities included in this detailed listing.

The following provides a link to the full document and should be read for further understanding of the depth and breadth of knowledge that will be expected from you during the professional phase of the Program as well as for life-long learning as a graduate.

http://www.nccpa.net/EX_samplediseases.aspx?r=pance

Professional Agencies and Regulatory Bodies

A. American Academy of Physician Assistants (AAPA)

The AAPA is the national professional organization of Physician Assistants. Its membership includes graduate and student physician assistants as well as affiliate membership for physicians and physician assistant educators. The Academy provides a wide range of services for its members from representation before federal & state governments & health related organizations, public education, pamphlets and brochures, insurance and financial programs, and employment assistance. Student membership is highly recommended and currently consists of a flat membership fee that provides membership until four months after graduation. Please see the AAPA Web site at www.aapa.org for a complete description of fees, services and benefits.

B. Pennsylvania Society of Physician Assistants (PSPA)

The PSPA is a state constituent Chapter of the AAPA. Currently there are fifty-seven constituent chapters (fifty-states, District of Columbia, Guam and the federal services). The state Physician Assistant Society works in concert with the national American Academy of Physician Assistants to further issues concerning all Physician Assistants.

Student membership is available in the PSPA Society. As a student attending a Pennsylvania school, you are strongly encouraged to join the PSPA. Membership benefits include reduced student rate for the October state conference, eligibility to become one of two student members on the PSPA board and eligibility for a scholarship offered in the final year of physician assistant training. Please see the PSPA Web site at www.pspa.net for further information.

C. National Commission on Certification of Physician Assistants (NCCPA)

All graduates of Physician Assistant Program's accredited by the Accreditation Review Commission on Education for the Physician Assistant, Inc (ARC-PA) are eligible to sit for the national boards offered by the National Commission on Certification of Physician Assistants (NCCPA).

The NCCPA offers the Physician Assistant National Certifying Examination (PANCE) exam. PANCE is a 360-question, multiple-choice exam that is prerequisite for licensure in all states. This examination is being offered 50 weeks out of the year and is administered in a computer-generated format.

Please see the NCCPA Web site at www.nccpa.net for further information.

D. State Registration

The majority of states have state regulations governing Physician Assistants. The Graduate Services section of the Department's Web site contains information about and Web links in regards to state registration.

Most states require registration through the State Board of Medical Licensure prior to the start of employment. Students are encouraged to check with the specific State Board of Medicine for current requirements and an application.

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