

UNIVERSITY OF NEW ENGLAND
WESTBROOK COLLEGE OF HEALTH
PROFESSIONS
PHYSICIAN ASSISTANT PROGRAM



STUDENT HANDBOOK
CLASS OF 2014

Revised May 2012

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Section I: General Program Information

INTRODUCTION

This handbook contains all of the specific policies and procedures pertinent to the Program for the Class of 2014. It is to be used in conjunction with the University of New England Student Handbook (available on the UNE website at: http://www.une.edu/studentlife/handbook/upload/student_hndbk_11-12.pdf, Guidelines for Ethical Conduct for the Physician Assistant Profession, 2008 (Appendix C) and the Physician Assistant Program Clinical Year Handbook. All students should be familiar with all documents.

The policies and procedures contained herein will take effect on May 29, 2012. Modifications to this document may be made at any time during the academic or clinical year. Students will be notified electronically via their UNE email accounts of any such changes and will be subject to any changes once notified.

The purpose of the Physician Assistant Program (PAP) is to prepare individuals to practice as physician assistants. Upon meeting all program and graduation requirements, the University of New England (UNE) grants a Master of Science degree and the Physician Assistant Program bestows a Certificate of Completion.

PHYSICIAN ASSISTANT PROGRAM MISSION STATEMENT

The mission of the University of New England Physician Assistant Program is to prepare masters level primary care Physician Assistants who will practice with physicians and other members of the health care team. The Program is committed to developing practitioners who are educated in all aspects of healthcare including geriatrics, health promotion and disease prevention, and public health practice. Special emphasis is placed on training clinicians who will provide primary healthcare to rural and urban underserved populations.

PHYSICIAN ASSISTANT PROGRAM GRADUATE OUTCOMES

The Physician Assistant Program is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a variety of employment settings and to render healthcare to a wide spectrum of individuals.

Graduates of the Physician Assistant Program will:

- ❖ Understand the basic sciences of anatomy, physiology and pathophysiology and be able to utilize this knowledge in the diagnosis and treatment of diseases.
- ❖ Understand the principles of pharmacotherapeutics and to apply them in the treatment of patients.
- ❖ Elicit a detailed, accurate history and perform a thorough physical examination
- ❖ Understand how to order and interpret appropriate diagnostic tests in a cost efficient manner.
- ❖ Present patient data and document it appropriately in the medical record.

- ❖ Provide quality acute and ongoing patient care by appropriately delineating patient problems and by formulating and implementing patient management plans, including referrals to other healthcare providers and agencies.
- ❖ Perform or assist in the performance of diagnostic and therapeutic procedures, and manage or assist in the management of medical and surgical conditions, particularly in life threatening situations.
- ❖ Understand the principles of public health and incorporate health promotion and disease prevention into a patient care practice.
- ❖ Use information technology in the provision of quality healthcare and clinical decision-making.
- ❖ Evaluate the medical literature critically and apply this knowledge and the principles of evidence-based medicine to clinical practice.
- ❖ Provide compassionate and competent healthcare to patients of all ages and backgrounds.
- ❖ Understand the medical and social issues that affect the geriatric patient and provide appropriate management of these problems.
- ❖ Counsel patients, their families and their caregivers regarding issues of health, illness and medical care.
- ❖ Understand the historical and contemporary role of the physician assistant in the healthcare system.
- ❖ Participate effectively as a member of an interdisciplinary healthcare team.
- ❖ Understand the principles of patient oriented healthcare and to communicate clearly with patients.
- ❖ Identify the special dynamics of providing healthcare to rural or underserved populations.
- ❖ Demonstrate appropriate professional behavior by following the American Academy of Physician Assistants- *Guidelines for Ethical Conduct for the Physician Assistant Profession*

PHYSICIAN ASSISTANT PROGRAM TECHNICAL STANDARDS: (Appendix A)

A student in the Physician Assistant Program must have abilities and skills in five categories: observation, communication, motor, intellectual, and behavioral/social. All students admitted to the program must meet all of the technical standards upon matriculation and maintain these standards while enrolled in the PA Program. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will be subject to dismissal after admission. Please see Appendix A.

The technical standards set forth by the Program establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of a practicing Physician Assistant, as well as meet the expectations of the program's accrediting agency (Accreditation Review Commission on Education for the Physician Assistant, Inc [ARC-PA]). Compliance with the program's technical standards does not guarantee a student's eligibility for the PANCE certification exam. Students must meet all technical standards upon matriculation and during their entire period of enrollment in the PA Program.

COMPETENCIES FOR THE PHYSICIAN ASSISTANT PROFESSION (Appendix B)

In 2003, the National Commission on Certification of Physician Assistants (NCCPA) initiated an effort to define PA competencies in response to similar efforts being conducted within other health care professions and growing demand for accountability and assessment in clinical practice. The following year, representatives from three other national PA organizations, each bringing a unique perspective and valuable insights, joined NCCPA in that effort. Those organizations were the Accreditation Review Commission for Education of the Physician Assistant (ARC-PA), the body that accredits PA educational programs; the Association of Physician Assistant Programs (APAP), the membership association for PA educators and program directors; and the American Academy of Physician Assistants (AAPA), the only national membership association representing all PAs.

The resultant document, *Competencies for the Physician Assistant Profession*, is a foundation from which each of those four organizations, other physician assistant organizations and individual physician assistants themselves can chart a course for advancing the competencies of the PA profession

The PA profession defines the specific knowledge, skills, and attitudes as well as the required educational experiences needed in order for physician assistants to acquire and demonstrate these competencies.

While these competencies are ultimately for clinically practicing physician assistants, the program will work toward fostering the development and acquisition of these competencies throughout the program.

PROGRAM CALENDAR

The PA Program Calendar may differ from the posted UNE Graduate Academic Calendar. Any such deficiencies will be posted and distributed prior to the start of a semester. Please consult the PA Program to resolve any schedule differences prior to planning time away.

The UNE Academic Calendar is available at: <http://www.une.edu/registrar/upload/2012-2013-Graduate-Academic-Calendar.pdf>

Class of 2014

May 29-31, 2012	Orientation
June 1, 2012	Summer classes begin
August 10, 2012	Summer semester ends (last day of finals)
August 11-19, 2012	Summer break
August 20, 2012	Fall Semester begins
September 3, 2012	Labor Day Holiday
November 21-25, 2012	Thanksgiving break
December 21, 2012	Fall semester ends
December 22- Jan 1, 2013	Holiday Break
January 2, 2013	Spring classes begin
January 21, 2013	Martin Luther King Holiday
March 18-22, 2013	Spring break
May 17, 2013	Didactic Year ends

DIDACTIC YEAR SCHEDULE

COURSE #	COURSE TITLE	CREDITS
Summer 2012		
PAC 500	Anatomy	3.5
PAC 503	Clinical Assessment I	2.5
PAC 508	Principles of Bioscience	4
PAC 509	Clinical Medicine I	1
PAC 523	Introduction to Public Health	1.5
PAC 525	Evidence Based Medicine I	0.5
		13
Fall 2012		
PAC 513	Clinical Assessment II	2.5
PAC 518	Pharmacology I	4
PAC 519	Clinical Medicine II	8
PAC 524	Integrating Seminar I	1
PAC 526	Evidence Based Medicine II	2
PAC 522	Interprofessional Geriatric Educational Practicum I	2.5
		20
Spring 2013		
PAC 527	Evidence Based Medicine III	1
PAC 510	Professional & Ethical Issues	1
PAC 533	Clinical Assessment III	3
PAC 529	Integrating Seminar II	1
PAC 528	Specialty Disciplines	8
PAC 538	Pharmacology II	3.5
PAC 539	Clinical Medicine III	3
PAC 540	Interprofessional Geriatric Educational Practicum II	2.5
		23

TOTAL: 56

CLINICAL YEAR SCHEDULE

Rotation	June '13 – May '14	Credit Hours
PAC 600	Internal Medicine I	6 credits
PAC 601	Internal Medicine II	6 credits
PAC 602	Emergency Medicine	6 credits
PAC 603	General Surgery	6 credits
PAC 607	Family Medicine I	6 credits
PAC 608	Family Medicine II	6 credits
PAC 612	Primary Care Selective	6 credits
PAC 613	Elective	6 credits
		48 credits

Additional Curriculum requirements during the clinical year:

PAC 620 Preparation for Clinical Practice	3 Credits
PAC 630 Evidence Based Medicine IV	<u>1 Credit</u>
Total Credit Hours for clinical year	52 Credits

FACULTY/STAFF CONTACT INFORMATION

<u>Name</u>	<u>Position</u>	<u>Phone</u>	<u>Email Address</u>
George Bottomley	Program Director	221-4527	gbottomley@une.edu
Thomas White	Academic Coordinator	221-4524	twhite4@une.edu
Karen Marlin	Clinical Coordinator	221-4408	kmarlin@une.edu
Diane Visich	Principal Faculty	221-4266	dvisich@une.edu
William Newton	Principal Faculty	221-4440	wnewton@une.edu
James Conley	Principal Faculty	221-4525	
Joseph Wolfberg	IGEP Coordinator	221-4465	jwolfberg@une.edu

STAFF:

Elizabeth Cavallaro	Staff Assistant	221-4528	escottcavallaro@une.edu
Amy Grindell	Administrative Assistant	221-4529	agrindell@une.edu

PROFESSIONAL ORGANIZATIONS

Students are encouraged to join their professional organizations.

1. The American Academy of Physician Assistants (AAPA).
2. The Student Academy of the American Academy of Physician Assistants (SAAAPA) is the Student Chapter of the AAPA. This helps keep students informed of important SAAPA issues that affect Physician Assistant education and practice.
3. There is also a state chapter for AAPA, the DownEast Association of Physician Assistants (DEAPA).
4. Students may also wish to join one of the 24 AAPA specialty organizations.

Section II: General Program Policies

SCHOOL CANCELLATION OR DELAYS

The University usually makes a decision to close or delay school because of inclement weather by 6:30 AM.

The UNE Cancellation/ Delay Policy is available at:
<http://www.une.edu/faculty/delay.cfm>

Announcements will be made for each campus as follows:

1. **INTERNET/TELEVISION** - WCSH-TV Channel 6 - www.wcsh6.com, WMTW-TV Channel 8 - www.wmtw.com, and WGME-TV Channel 13 - www.wgme.com.
2. **TELEPHONE BULLETIN BOARD** - Call **602-2211** or **797-7688, x2211**. Please do not call the switchboard or answering service because you cannot access the appropriate message since they are set up to handle emergency calls only.
3. **myUNE** – <http://my.une.edu>
4. **PORTLAND RADIO GROUP** – www.portlandradiogroup.com FM Stations 93.1, 101.9, 100.9, and 98.9

POLICY ON CHANGE OF ADDRESS

Throughout the program, students are **required** to notify the Program immediately when there is a change in their address or phone number. The Program will not be responsible for lost mail or late notification when a student does not provide notification of a change.

STUDENT HEALTH CARE

Information regarding UNE Student Health Care is available at:
<http://www.une.edu/studentlife/shc/index.cfm>

Health Insurance

Information regarding student health insurance is available from 2 sources:

1. <http://www.une.edu/studentlife/shc/insurance.cfm>
2. <http://www.une.edu/businessoffice/health.cfm>

All full time students are required to have health insurance. Please contact your health insurance company prior to attending school as you may need referrals to be seen in the Student Health Centers. Students have an option for purchasing health insurance through the University of New England.

Students are responsible for any costs entailed in treating injuries and illness during matriculation in the PA Program. Each student should carefully evaluate his/her health

insurance policy, including coverage and co-pay to fully understand all potential costs that may be incurred due to illness or injury.

Physical Examination/ Immunization Requirements

Information regarding required immunizations and examinations is available at:
<http://www.une.edu/studentlife/shc/upload/studentletter.pdf>

PA students are required to meet the immunization requirements for healthcare personnel set forth by the Centers for Disease Control (CDC).

As a student in any health profession program at UNE, per the UNE Policy on Immunizations, you are required to have specific immunizations. These immunization requirements may differ from other colleges and programs. All medical records are confidential. Medical records will not be released to anyone without written permission from the student.

Information regarding confidentiality of UNE medical records is available at:
<http://www.une.edu/healthservices/upload/Notice-Privacy-Practices-10-21-10.pdf>

Certain clinical sites may require additional testing (e.g., proof of protective immunization through additional testing, additional two-step PPD, drug screens etc.). Students may need to meet these additional requirements and may need to do so at their own expense.

If the above requirements are not completed within 5 days of the start of classes, the student may be unable to attend classes until requirements are complete.

BACKGROUND CHECKS:

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requires “Information on criminal background according to law, regulation, and organizational policy” on all employees, students, and volunteers according to the 2005 proposed standards in section HR 1.20#5.

Students in the program are subject to criminal background checks in order to meet IGEP and clinical placement requirements. Any discrepancy between a criminal background reported on a CASPA application and discovered through a criminal background check is grounds for dismissal.

All students register and pay a fee to Verified Credentials prior to matriculation. Verified Credentials will provide all criminal background check information for students during the program. Payment of an additional fee(s) may be required by Verified Credentials for any additional requirements.

The link to Verified Credentials is: <http://www.verifiedcredentials.com/>

Verified Credentials is also the agency through which any required drug and/or toxicology screens are performed. The student pays all additional fees for any such required tests.

Students will be responsible for the costs of all criminal background checks, drug and toxicology screens while enrolled as a student. .

REQUIRED MEDICAL EQUIPMENT, SUPPLIES AND BOOKS

The following is a list of the required and recommended equipment:

Required Equipment	Approximate cost
Oto-Ophthalmoscope set (Welch Allyn full size/3.5 volt diagnostic set with traditional <u>coaxial</u> ophthalmoscope). <u>Panoptic</u> ophthalmoscopes are not acceptable.	\$450-800
Stethoscope (Littman Cardiology III or better)	\$140
Reflex hammer	\$3-4
Tuning forks-128cps and 512 cps	\$8 each
Penlight	\$5-10
Sphygmomanometer (blood pressure cuff)	\$90-150
Examination Gown (“Johnnie”) that ties in the back	\$10
Examination Drape (Flat twin sheet, white)	\$10
Recommended Equipment	
Medical Bag	\$10-60
Metric tape measure	\$5
EKG caliper	\$5-15

Scrubs, White Jackets and Name Tags

Scrubs: Students should have surgical scrubs to wear during the summer Anatomy course. Two sets of scrubs will be optimal. The color of scrubs is the choice of the student. Scrubs will be useful to wear during other labs throughout the year.

Short White Jacket/Coat: Students are required to have a long sleeved, short white jacket/coat. Two are strongly recommended (one for back-up). A short white coat ends at the upper thigh/ top of inseam. A coat that ends lower than this (at mid thigh) is too long. White jackets are the required dress code for all clinical experiences. They signify “student” status. Students may purchase a short white student jacket/ coat either before arrival on campus or through the bookstore on campus. Please do not purchase one with an already attached UNE or other patch as the program has specific patches for students to attach to coats. Coats/ jackets cost \$22-24, and they will be needed for the fall semester.

Nametags and Patches: For your white jacket/ coat, students are required to have a UNE PA Program patch and UNE PA Program nametag. These are available through the UNE Portland Campus Bookstore.

Basic Life Support for the Healthcare Provider

It is required that students take a Basic Life Support for Healthcare Provider course. This is a prerequisite for the spring semester’s Advanced Cardiac Life Support course. The BLS Healthcare Provider course offered by the American Heart Association (AHA) is the only acceptable pre-Advanced Cardiac Life Support (ACLS) course we accept. ACLS is a required component of the PA Program. PA students pay a reduced fee for

this 2-day required experience.

Books

Students can plan on spending approximately \$1,000 to \$3,000 on required textbooks. A list of required texts for the summer semester was sent to students by the Office of Graduate Admissions prior to the start of classes. Course syllabi list required and recommended texts and other resources which students are not required to purchase but may wish to have as important reference materials. In addition, UNE library provides access to many on line textbooks, some of which are the required texts for courses. If an on-line required course text is available, purchase of a hard text is optional as long as the student has computer access. For those texts not available on-line, students are expected to have required text by the beginning of class for each semester.

FACULTY ADVISORS

All students are assigned a faculty advisor. The role of the faculty advisor is to provide academic advising relative to a student's academic progress and success in the Program. In addition to regularly scheduled meetings, students are encouraged to meet with their advisor more frequently if they are having academic problems. For counseling in matters regarding a student's psychological and emotional health, an appointment with Counseling Services (see below) should be scheduled.

COUNSELING SERVICES ON PORTLAND CAMPUS

Counseling Services at the University of New England provides a variety of services that address the psychological and emotional health of the graduate and undergraduate student population. Individual, group, or couple counseling are available.

In keeping with UNE's focus on health promotion and maintenance, services such as workshops, special issues groups, informational sessions, developmental programming and consultation are designed to address the on-going needs of UNE's population. The PA Program encourages students to take full advantage of their services.

Office:

Lower Level, Ginn Hall

Phone: (207) 221-4550

LEARNING ASSISTANCE SERVICES ON PORTLAND CAMPUS

Learning Assistance Services, a department within Student Support Services, provides a comprehensive array of academic support including placement testing, courses, workshops, tutoring and individual consultations. The mission of Learning Assistance Services is to assist matriculated students to become independent learners, so that they are able to meet the University's academic standards and attain their personal educational goals. The PA Program works closely with this important support group and encourages students to take full advantage of their services.

Office: Proctor Center, first floor of Proctor Hall

Phone: (207) 221-4247.

DISABILITY SERVICES ON PORTLAND CAMPUS

Disability Services (DS) exists to ensure that the University fulfills the part of its mission

that seeks to promote respect for individual differences and to ensure that no person who meets the academic and technical standards requisite for admission to, and continued enrollment at, the University is denied benefits or subjected to discrimination at UNE solely by reason of his or her disability. Toward this end, and in conjunction with federal and state laws, the University both accepts and provides reasonable accommodations for qualified students. The PA Program works closely with our colleagues in this office and encourages students to take full advantage of their services.

All disability-related inquiries may be addressed to Susan McDevitt, M.A., Director of Disability Services.

Lower Level, Ginn Hall
Phone: (207) 221-4418
Fax: (207) 602-5971

UNIVERSITY OF NEW ENGLAND DISCRIMINATION AND HARASSMENT POLICY 2010-11

The Physician Assistant Program requires that all matriculating students abide by the University of New England Policies as defined in the University of New England Student Handbook. These are available on the UNE website at:

<http://www.une.edu/studentlife/handbook/upload/2010-2011-Student-Handbook-Final.pdf> The University policy on Discrimination and Harassment is available at: <http://www.une.edu/studentlife/handbook/upload/Discrimination-and-Harrasment-2010.pdf>

POLICY ON COMMUNICATION

E-mail is the primary mechanism used by the Program to notify students of important information. Both first and second year students are **required** to check their university e-mail on a **daily** basis (once every 24 hours). The Program will not be responsible if a student has inaccurate or missed information because the student does not routinely read, check and clear his/her e-mail account. Email from accounts other than the student's UNE email will not be accepted or used for any communication. Students are expected to keep their UNE email inboxes "empty" and able to accept program communications. If a student's UNE email is returned due to a "full" account, the returned email will not be resent and the student will be responsible for the content of the returned email.

POLICY ON PROGRAM SCHEDULE

During the entire program, students will follow the PAP schedule. Holidays and vacation times may differ from the University Schedule. Please note, during the clinical year, students will only have a vacation during the December Holiday Break.

POLICY ON STUDENT EMPLOYMENT

The Program discourages students from having outside employment while in the Program. If a student feels that it is necessary to work while in the Program, it is advisable that the student informs his/her faculty advisor of this need. Program expectations, assignments, deadlines and responsibilities will not be altered or adjusted

to accommodate working students and it is expected that the student employment will not interfere with the student learning experience. Any conflict that may arise due to outside employment may be brought to the Student Affairs Committee.

POLICY ON STUDENT WORK TO BENEFIT THE PA PROGRAM

Students will not be required to perform any clerical or administrative work or teaching on behalf of the PA Program. On occasion the faculty or staff of the program may make a request for a student to perform volunteer activity for the program. Students will not be obligated to volunteer and shall not be financially compensated for this activity. Student employment through the university work-study program will be governed by university policies.

POLICY ON ADVANCED PLACEMENT

There is no advanced placement.

POLICY ON EXPERIENTIAL LEARNING

No credit will be awarded to students for experiential learning performed prior to the start of the program.

POLICY ON TRANSFER CREDIT

Transfer credits are not accepted.

HIPAA AND OSHA TRAINING REQUIREMENTS

Health Insurance Portability and Accountability Act (HIPAA)

Students must maintain their HIPAA training each year through the University HIPAA Compliance Office. This will occur once during the didactic year and once during the clinical year. Failure to maintain this training will result in immediate removal from the IGEP and/ or rotation site. This may result in additional didactic and/ or clinical time required to make up missed time and may delay graduation.

The Full HIPAA Policy and Manual may be found online at:
<http://www.une.edu/its/policy/upload/hipaamanual.pdf>.

Occupational Safety and Health Administration (OSHA)/Universal Precautions and Student Exposure Risk

Safety of the student, patients and other health care provider is critical to the health and well being of all. Physician assistant students can reasonably anticipate that they will come in contact with blood and/or other potentially infectious materials. Therefore all students must complete the OSHA training prior to beginning their IGEP and clinical year experiences and must be compliant with OSHA and universal precaution requirements including the use of gloves, care of sharp objects, use of eyewear, protective clothing, and other precautionary measures.

NEEDLESTICK/ BODILY FLUIDS EXPOSURES

Policy on Needlestick/Bodily Fluids Exposures

If an exposure occurs the student should instantly cleanse the affected area and report the exposure to the appropriate person. See below:

- If the exposure takes place during the didactic year while on an IGEP site experience, the student must notify the on-site faculty facilitator **IMMEDIATELY** (please see *Needlestick/Bodily Fluids Exposure Guidelines* in Appendix E). The student should proceed to the nearest facility (emergency department or UNE-approved affiliated clinic) for emergency care. Student must also notify the Academic Coordinator within 2 hours of the exposure and complete *Student Exposure Form* located in Appendix E. Any and all expenses for the care and potential treatment are the responsibility of the student.
- If the exposure takes place during the clinical year while on a clinical rotation, the student must notify the supervising physician or site supervisor **IMMEDIATELY** (please see *Needlestick/Bodily Fluids Exposure Guidelines* in Appendix E). The protocol at the clinical site will govern the medical approach to that exposure. Immediate medical care and lab work will be done either at the rotation site or the nearest appropriate emergency department. Student must also notify the Clinical Coordinator within 2 hours of the exposure and complete *Student Exposure Form* located in Appendix E. Any and all expenses for the care and potential treatment are the responsibility of the student.

Policy on Accidents or Injury

Information regarding UNE Safety and Security are available at:

<http://www.une.edu/studentlife/security/>

If a student sustains any accidents or injuries on the UNE campus, the UNE Department of Safety and Security should be contacted. Assisting in the protection of life and property, parking, and coordination of emergency services on campus, this office operates 24 hours a day, 365 days a year. Uniformed officers patrol on foot, bicycle, and in cars. Members of the security staff do not have law enforcement power and are not armed. However, they are in radio contact with local authorities and can summon assistance at a moment's notice.

Contact numbers are: Emergency: 366 from any campus phone

Non-Emergency: (207) 602-2298

If a student sustains any accidents or injuries during the didactic year while at the IGEP site, the student must notify the on-site faculty facilitator **IMMEDIATELY** and seek medical attention commensurate with the nature of the injury, which may require a visit to the closest emergency room or an appointment with their personal provider. IGEP sites are under no obligation to provide the student with free medical care. Students must notify the Academic Coordinator within 2 hours and complete a *Student Accident Report* located in Appendix E. Any and all expenses for the care and potential treatment are the responsibility of the student.

If a student sustains any accidents or injuries while at the clinical rotation site, the student must notify the supervising physician or site supervisor **IMMEDIATELY** and seek medical attention commensurate with the nature of the injury, which may require a visit to the closest emergency room or an appointment with their personal provider. Clinical sites are under no obligation to provide the student with free medical care.

Students must notify the Clinical Coordinator within 24 hours and complete a *Student Accident Report* located in the Appendix. Any and all expenses for the care and potential treatment are the responsibility of the student.

Section III A WCHP Graduate Program and Progression Policies

PURPOSE OF THIS SECTION:

Section III A contains policies which govern academic performance and professional conduct for all WCHP Programs. Section III B contains policies that are specific to the UNE PA Program. Policies are designed to promote standards for academic competency, professional behavior, conduct and integrity, and personal and professional responsibility. The policies will be applied to all aspects of the student's academic progress and conduct for as long as the student is enrolled in the Program.

The Program reserves the right to make changes at any time to this handbook or to the requirements for admission, graduation, tuition, fees, and any other rules or regulations. The Program is responsible for graduating competent PAs who will be serving the public and consumer. As such, the Program maintains the right to refuse to matriculate or graduate a student deemed by the faculty to be academically or professionally incompetent or otherwise unfit or unsuited for continued enrollment.

Westbrook College of Health Professions Graduate Program Progression Policies 5.2.12

I. Admissions

A. PREAMBLE: The Westbrook College of Health Professions (WCHP) promotes diversity in its student body and non-discrimination in its policies. This effort is supported by the Office of Multicultural Affairs and Diversity, whose goal is “to promote a welcoming and inclusive campus environment that embraces individual differences regardless of race and ethnicity, nationality, sexual orientation, religious conviction, socio-economic status, gender or gender identity.”

(<http://www.une.edu/studentlife/multicultural/index.cfm>)

B. AN APPLICANT TO ANY GRADUATE PROGRAM IN WCHP MUST:

1. Hold at minimum a baccalaureate degree from a regionally accredited U.S. College or University or the equivalent from any non-U.S. institution. (*Exceptions include Early Assurance enrollees, accelerated MSOT and 3-2 Pre-PA students*)
2. Have a cumulative undergraduate grade point average (GPA) of 3.0 or higher (on a 4.0 scale) for all credits earned or for the last 60 credit hours. This standard may be waived if the applicant demonstrates exceptional quality in other elements of the individual graduate program's admission

standards.

3. Meet any other standards established by the graduate program the student is applying to enter, if applicable. (Technical standards, criminal background check)

4. Meet the minimum required TOEFL score (if non-English speaking) (*embed link here*).

5. If an applicant was enrolled in a professional program in a similar discipline, a transcript and letter of good academic and professional standing from the Program Director or Department Chair.

6. Comply with the University's Immunization Policy prior to matriculation. (*embed link here*)

C. IT IS RECOMMENDED THAT AN APPLICANT:

Provide documentation of volunteer and/or job-shadowing experience in settings represented by that profession. (Preparation for any professional degree is enhanced by an increased familiarity with the unique roles and responsibilities of the profession.)

II. Academic Standards

A. ATTENDANCE AND PARTICIPATION:

Graduate education is demanding and exacting. In campus-based and on-line programs, students are expected to be present, prepared for class, and actively engaged as evidenced by critical thinking and meaningful participation. Absences can and do occur, but students should whenever possible inform their instructors in advance if they know they will be absent. Each program is responsible for clarifying expectations and requirements when absences occur.

B. GRADING:

*All programs in the Westbrook College of Health Professions (WCHP) use the following scale to determine grades:

A	94-100		B-	80-83		D	64-69
A-	90-93	C+	77-79		F	<64	
B+	87-89	C	74-76				
B	84-86	C-	70-73				

NOTE: Fractional numeric grades are rounded at the discretion of the instructor

NOTE: Standards for Pass in Pass/Fail courses are determined by each program.

C. GRADE POINT AVERAGE (GPA):

Equivalent quality points assigned to grades are as follows:

A	4.0	B-	2.75	D	1.00
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A-	3.75	C+	2.5	F	0.00
B+	3.5	C	2.0		
B	3.0	C-	1.75		

*See Grading Scale on p.30 of this Handbook for PA grading information.

D. GRADE STANDARDS:

1. A minimum GPA of 3.0 (both cumulative and per semester), or “Pass” in each Pass/Fail course, is required for good standing in any graduate program in WCHP. Falling below that standard at any time will result in a referral to the Student Development Committee (SDC) for a review and placement on Academic Probation at a minimum (see III.C.2.b.). Failure to return to good standing for the subsequent semester will result in dismissal from the program.
2. A course grade of “C-“or below in a graded course or “Fail” in a Pass/Fail course, will result in an immediate referral to the SDC for review and may result in a delay in the student’s progress, placement on probation, and/or additional consequences and specific requirements as recommended by the SDC and documented per the process outlined in Section III.B.
3. Students who earn a grade of “C+” or “C” in any course or “Fail” in a pass/fail course will be referred at a minimum for Academic Advising
4. A grade of “B” or better, or “Pass” in a Pass/Fail course must be achieved in any course taken for a second time, (A course may be retaken only one time.)

(See section “III. Student Progression” for procedural details)

E. CONDUCT EXPECTATIONS:

Students enrolled in WCHP are expected to conduct themselves according to the following policies, procedures, guidelines, and expectations. Students are responsible for seeking clarification of any aspect of the conduct code about which they have questions, especially in the event of receiving written notice of conduct concerns and/or violations.

1. The UNE *Student Handbook* ; access: [UNE Student Handbook](#)
 - a. Content: Policies and procedures, including the University Conduct Code, that govern the conduct of all UNE students.
 - b. Context: Applies to all on-campus and UNE-sponsored off-campus activities, including clinical observations, clinical practica, and community service.
2. Students are expected to be familiar with the Code of Ethics for their chosen profession, and to uphold these standards in all relevant settings (E.1.b. above):

a. Nurse Anesthesia:

<http://www.aana.com/resources2/professionalpractice/Documents/PPM%20Code%20of%20Ethics.pdf>

b. Occupational Therapy:

<http://www.aota.org/consumers/ethics/39880.aspx>

c. Physical Therapy:

[APTA Core Ethics Document](#)

d. Physician Assistant:

http://www.aapa.org/your_pa_career/becoming_a_pa/resources/item.aspx?id=1518&terms=Code%20of%20Ethics

e. Social Work:

<http://www.naswdc.org/pubs/code/default.asp>

3. Professional Behavior Expectations. The following describes standards of professional behavior applicable to students across the health professions. Students are expected to progressively develop these skills and abilities during their courses of study and to endeavor to maintain these standards in all on-campus and UNE-sponsored off-campus activities, including clinical and fieldwork experiences and relevant community service. These specific professional behaviors include the ability to demonstrate:

a. Communication Skills- communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.

b. Interpersonal Skills – interact effectively with patients and clients, families, colleagues, other health care professionals, and community members.

c. Cultural Sensitivity – be aware of, respect, and acknowledge cultural differences.

d. Problem Solving – recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.

e. Use of Time and Resources – manage time and resources effectively to obtain the maximum possible benefit.

f. Responsibility – be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community and social responsibilities.

g. Critical Thinking - question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences and assumptions; and

distinguish relevant from irrelevant information. Utilize, analyze, and critically evaluate scientific evidence to develop a logical argument, and to identify and determine the impact of bias on the decision making process.

h. Use of Constructive Feedback – seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.

i. Commitment to Learning – self direct learning to include the identification of needs and sources of learning; and to continually seek and apply new knowledge, behaviors, and skills.

j. Health and Wellness – identify sources of stress and implement effective coping behaviors in relation to self, patient/clients and their families, members of the health care team and in work/life scenarios.

4. Facility-specific policies and procedures: Students are expected to be familiar with the policies and procedures of host institutions for their clinical or field work placements and to act in accordance with those guidelines. (Refer to the relevant policies of the specific institution and/or consult with clinical preceptors or supervisors.)

5. Professional Attire: Students are expected to dress appropriately to the professional context and institutional setting, whether on campus, community, or clinical setting. Usually this means “business casual” attire unless the clinical facility or fieldwork setting, or a specific event requires alternate attire. Nametags may be required or recommended in many settings. When in doubt, students should consult with their clinical instructor, site supervisor, or faculty member about specific dress code expectations or requirements at a particular facility or for a specific event.

6. Safety expectations: The delivery of safe and competent care and related services underpins all aspects of professional practice. Specific standards of physical, social, and emotional safety are often defined within courses and clinical teaching sites. Accordingly, students are expected to demonstrate behaviors that uphold those standards. Failure to do may result in a referral for academic advising and/or a referral to the Student Development Committee. (See III.C.)

F: CONDUCT VIOLATIONS:

All allegations of improper, unethical, or unprofessional conduct will result in an immediate referral to the Student Development Committee for review and recommendations. (This policy does not supplant the University Judicial Process, which states that “Any University employee or student may file a misconduct complaint against a University student if there is a reasonable, good faith belief that a violation has occurred.”) Depending on circumstances, a confirmed conduct violation may result in (a) remediation prior to progressing further in the program, (b) receiving a failing grade in a course, or (c) dismissal from UNE. In all cases, students will receive written notice regarding the nature of the conduct violation, its consequences, and any stipulated conditions for continuation in the program. All documentation related to conduct violations will become part of the student’s permanent record.

III. Student Progression:

In addition to course grades and clinical or field evaluations, student progression is monitored through three processes: regular instructor evaluation of assignments and performance; a programmatic level review through regularly scheduled Comprehensive Student Reviews; and through Student Development Committee (SDC) Reviews as needed. Comprehensive reviews are the responsibility of the full faculty of each program. Each program also has a Student Development Committee (SDC), comprised of a minimum of three faculty members. Program Directors cannot serve on the SDC, but membership can include faculty from other college programs. The primary function of the SDC is to conduct reviews of student performance in order to assess whether a student can progress in a program, make a determination of student status, and to make recommendations for action when a student has failed to maintain academic and professional standards, whether in class, clinical setting, or community.

A. EVALUATION OF ASSIGNMENTS AND PERFORMANCE

The most sensitive and detailed assessment of student progress is that conducted on an everyday basis through the evaluation of assignments and student performance of classroom and clinical performance. To enhance success, performance concerns should be addressed with the student by the instructor as soon as they arise and not held for mid-term reviews, or end-of term grades. This may also lead to involvement of the student's advisor and/or the Student Development Committee as determined by the faculty member. (See II. D. for grade standards, and III. B.3.a.& b. for process)

B. COMPREHENSIVE STUDENT REVIEW:

At a pre-determined time or times in each semester, (but no later than mid-semester,) the faculty of each program will conduct a comprehensive review of student performance. Students' standing will be noted as follows:

1. Good Academic Standing: Students who meet the minimum standards and requirements set by the program and UNE. Students in good standing may continue to progress without restriction toward graduation.

2. Probationary Standing: Students who remain on probation as a result of a prior SDC Review. Progress or concerns should be noted and discussed as needed at this time.

3. New Concern(s) Identified: Any concerns newly identified by the Comprehensive Student Review may be referred for Advising or to the SDC for resolution.

- a. Referral for Advising: When initial or minor concerns are first noted by a faculty member *at or prior* to the Comprehensive Student Review, , the relevant faculty member(s) will notify the student and the student's academic and/or field/clinical advisors as appropriate to review the circumstances in person with the student. The content and action steps determined at any such meeting will be documented and shared with the student in writing within two business days.

- b. Referral to Student Development Committee: If a resolution cannot be reached at the level of the Advisor or the concerns are substantial in nature, the matter is referred to the SDC for a formal

Review. Significant concerns may include academic performance (e.g. falling below a 3.0 GPA for semester or cumulative, C- or below in course, or “Fail” in a pass/fail course) or professional conduct. (See below.)

C. STUDENT DEVELOPMENT COMMITTEE REVIEW

SDC reviews are intended to support students’ academic progression, and are required in cases where a student is failing to maintain academic standards in the classroom or field, is accused of engaging in professionally inappropriate behavior, or is accused of violating academic integrity. An SDC review can be recommended by an advisor or other faculty member, Program Director, or the faculty as a whole as an outcome of the Comprehensive Student Review. In the event of an alleged breach of ethical conduct, any aggrieved or responsible party may request that an SDC Review be conducted. Through the review process, the Student Development Committee is responsible for examining the concerns cited, evaluating their merits, determining student status, and recommending a course of action.

1. Responsibilities of the Committee Chair:

The SDC Chair is responsible for notifying all involved parties including the student when a formal SDC Review is required and the rationale for it. When the rationale includes clinical or fieldwork concerns, every effort will be made to include the relevant parties from the clinical or fieldwork site in the meeting either in person, conference call or videoconference.

2. Responsibilities of the Committee:

The SDC is responsible for:

a) gathering all pertinent information relevant to the stated concerns from all relevant parties, including the identified student, faculty, advisors, preceptors or field instructors. The process is outlined in the standard SDC Review Form

b) Determination of Student Status:

i) Probation: Probationary status allows a student to continue under certain specific criteria as determined by the SDC at a formal review. Students placed on probation will receive a letter from the PD outlining the conditions of probation and the steps required to return to good standing. Barring any exceptional circumstances, students who do not return to good standing within the specified time frame will be dismissed from the program.

ii) Return to good standing: Once a student has successfully completed the criteria specified in the SDC Review to the satisfaction of the SDC, the Committee will inform the PD who will send a letter to the student indicating return to good standing.

iii) Dismissal: Students may be dismissed for a variety of reasons, including but not limited to (1) unacceptable academic performance; (2) failure to remove probation status; or (3) a conduct violation.

c) Recommending Actions steps:

The SDC will develop and recommend a plan of action to be taken to achieve stated outcomes, including the identification of responsible parties and expected dates of actions. This may include helping a student achieve educational objectives (e.g., remediation, use of the learning assistance center); employing alternate pathways to achieve educational objectives (e.g. extending field work hours beyond normal expectations, retaking a course); or specifying other terms for a student to remain in the program. The plan of action also describes the consequences for success (e.g. removal of probationary status) or failure to comply with or achieve the stated goals (e.g., probation, dismissal, or other.)

d) Timetable: The SDC decision re student status and recommended action steps are made within two (2) business days following the meeting(s) and communicated to the program director in writing. The PD reviews the report and seeks clarification if needed. The PD then communicates the action steps to the student in writing within five (5) business days.

e) Scheduling: To insure the greatest chance for a successful outcome, educational and conduct concerns should be identified as early as possible, and the SDC Review process initiated promptly. Except in rare exceptions, this means a minimum of 2 weeks prior to the end of the current semester or term.

3. Responsibilities of the Student:

The student is responsible for participating in the SDC Review process. This includes providing information as requested and playing an active role in the development of the action steps.

4. Responsibilities of the Program Director:

The PD has a unique role as a member of the faculty while also providing administrative oversight for all program functions. In the case of SDC Reviews, the PD will review the determination of status by the SDC to ensure that policies have been followed and procedures implemented. In the case that the PD believes that there are any potential concerns about the process, such as procedural irregularities or additional information that should be considered, the PD will communicate these concerns to the SDC for reconsideration. The SDCs recommended action steps will be reviewed by the PD for logistical viability (faculty workload, support services, etc.). The PD will then either approve the plan as is or recommend modifications to the SDC. Following this step, the SDCs determination of status and recommended action steps will again be forwarded to the PD, who then communicates the outcome to the student.

5. Responsibilities of the Associate Dean(s):

The Associate Dean(s) serves as a consultant to the SDC and PD re policies and procedures on an as needed basis.

6. Student Appeals:

A student has the right to appeal to the Dean decisions affecting progression following the process outlined in the [UNE Student Handbook](#).

(PLEASE NOTE: There is an expedited review process for MSW-O program students, please refer to the MSW Online Student Handbook for details)

C. ADDITIONAL PROCEDURES:

1. Leave of Absence (LOA). An LOA can be recommended by the Student Development Committee or be initiated as a student request. Students who desire to request a leave of absence are encouraged to begin the process with a discussion with their Academic Advisor. If a decision is made to proceed, a petition is completed by the student, signed by the Advisor, and submitted to the PD, who has final approval. Leaves of absence can be requested for academic, medical or other personal reasons, and are ordinarily granted for a period not to exceed one year. The petition form is available at: <http://www.une.edu/registrar/upload/leaveabsence.pdf>).

2. Withdrawal: Students wishing to withdraw for any circumstance must complete the required [University Withdrawal Form](#) . Official withdrawal also requires approval by the PD.

IV. Appeals, Grievances, and Complaints Other Than Academic Progression

Occasionally, a student may have a grievance regarding another issue. A student grievance with a faculty member should be addressed first directly with the faculty member. If a student is not satisfied following this step, the student may request a review by contacting the PD. The director has the discretion to address the concern directly, or to form a grievance committee. Questions about procedural options should be directed to the PD.

Grievances or complaints about other aspects of the program may be brought to a faculty member or the PD by an individual student or through student class representatives. If this does not successfully resolve the concern, a single student or a group of students may bring their complaint or grievance to the College Dean or other relevant administrative unit as per the guidelines in the UNE Student Handbook.

V. Support/remediation/learning assistance

Remediation is a process through which a student experiencing difficulty works to improve unsatisfactory performance and/or conduct issues. The intent is to increase the likelihood of a student's educational and professional success. It is a formal process, developed by faculty in conjunction with the student, and formally documented with specific measurable and attainable outcomes. It may be initiated on the recommendation of a faculty member or required by the Student Development Committee, based on the judgment that the concern has the potential to be successfully addressed through reasonable strategies using available resources.

Any student who is offered the opportunity to develop a remediation plan, whether recommended or mandatory is strongly encouraged to seek input from the academic advisor, the PD, and other relevant stakeholders. Mandatory

remediation plans are developed and presented by a student in writing to the Student Development Committee for approval. The terms specified in an approved plan must be successfully completed within the specified time lines of the plan. Failure to successfully complete the terms of a mandatory remediation plan will result in dismissal from the program.

Students are strongly encouraged to make full use of the services of the Learning Assistance Center: <http://www.une.edu/studentlife/portland/las/index.cfm>. The staff of the LAC may be involved in remediation plans and their recommendations may be incorporated into an educational review in order to enhance achievement of the stated goals.

VI. Academic Integrity Policy of the University of New England: *(adopted by the UNE University Council, September 10, 2010)*

“The University of New England values academic integrity in all aspects of the educational experience. Academic dishonesty in any form undermines this standard and devalues the original contributions of others. It is the responsibility of all members of the university community to actively uphold the integrity of the academy; failure to act, for any reason, is not acceptable. Charges of academic dishonesty will be reviewed by the dean of the appropriate College and, if upheld, will result at minimum in a failing grade on the assignment and a maximum of dismissal from the University of New England. Academic dishonesty includes, but is not limited to the following:

1. Cheating, copying, or the offering or receiving of unauthorized assistance or information.
2. Fabrication or falsification of data, results, or sources for papers or reports.
3. Actions that destroy or alter the work of another student.
4. Multiple submissions of the same paper or report for assignments in more than one course without permission of each instructor.
5. Plagiarism: the appropriation of records, research, materials, ideas, or the language of other persons or writers and the submission of them as one's own.”

VII. Graduation

UNE PA PROGRAM GRADUATION REQUIREMENTS

The Physician Assistant Program and the University will review all student records prior to graduation. Any outstanding financial balance must be reconciled with the University prior to graduation. Students must fulfill all Program and University requirements, before being awarded a diploma and certificate and to be eligible for the physician assistant national certifying examination. Specific requirements include:

1. Satisfactory completion of all required courses/rotations with a grade of 70% or better
2. Satisfactory completion of all requirements of the didactic and clinical years.

3. Satisfactory completion of all components of the summative examinations (written, practical, oral, OSCE, Simulated) during the clinical year
4. Satisfactory completion of all Critically Appraised Topic (CAT) assignments
5. Presentation of Critically Appraised Topic (CAT)
6. Completion of the PACKRAT examination(s)
7. Compliance with standards of conduct, guidelines for ethical conduct and professional performance standards as listed in the student and clinical handbook.
8. Completion of all Minimum Clinical Requirements (MCRs).

Section III B UNE Physician Assistant Program Policies

ATTENDANCE

Students are expected to be present, prepared for all scheduled classes, labs and other program activities. Students are expected to be actively engaged as evidenced by critical thinking and meaningful participation.

Occasional weekend and evening time may be scheduled for which students will be notified and expected to attend. Program courses, lectures and exams may need to be moved on short notice. It is expected that medical and other personal appointments be scheduled around the class and preceptorship schedules.

Students are not expected to take time off or vacations unless they are University (graduate level) and/or program defined holidays. Attendance at all assigned preceptorships is expected and considered an aspect of professional responsibility and individual dependability.

EXPECTED/ ANTICIPATED ABSENCE:

While it is the policy of the program that students are expected to attend all classes, labs and preceptorship assignments, the program understands students may have exceptional events which might keep them from classes or program activities. Any student anticipating time away for an exceptional event during the didactic year is expected to notify the Academic Coordinator well in advance of the event. If the event occurs in the clinical year, the Clinical Coordinator should be notified. See below for more information.

Classes, labs, program activities as well as quizzes, exams and other evaluative events will not be rescheduled for students unless for a valid emergency situation.

In the event of an absence, students are responsible for all material missed including laboratories and examinations. If a cost is incurred, such as travel back to the program, for the make-up of an exam or laboratory or other required program component, the student will assume that cost. If a student will be missing an examination, they should expect to take that exam immediately upon return to campus. This exam may be in a different format than the original examination given to the rest of the students.

Students with expected absences during the didactic year should contact the Academic Coordinator. Appendix D contains a "Student Time Away Form: Didactic Year" Please submit this to the Academic Coordinator 30 days prior to the anticipated absence so that appropriate planning can take place.

If the event occurs in the clinical year, there is a form that will be part of the Clinical Year Student Handbook and which should be returned to the Clinical Coordinator.

EMERGENCY/ UNANTICIPATED ABSENCE:

A rare or solitary absence or lateness due to an unexpected medical and/or personal issues is unavoidable.

Absence from instructional periods for any reason does not relieve the student from the responsibility for the material covered.

Students with unexpected absences during the didactic year should contact the Academic Coordinator as soon as such an event or issue is identified. Students with unexpected absences during the clinical year should notify the Clinical Coordinator.

POLICY ON EXAMINATION(S)

Students must contact the Academic Coordinator in advance if they will miss a scheduled examination during the academic year to arrange for a rescheduled exam. Failure to do so will result in a grade of zero (0) for the exam (unless there is a significant extenuating circumstance) and the student may be referred to the Student Development Committee.

Unless determined to be an “Emergency/ Unanticipated Absence” as outlined above, students who arrive late or are not in attendance for a scheduled examination, laboratory practical or other evaluation requirement will neither be granted additional time to complete the evaluation nor will they be allowed to reschedule that evaluation.

DRESS CODE

As health professionals, and in accordance with WCHP policy, Physician Assistant students are expected to maintain the highest possible standard of appearance. As is expected in the professional workplace, students are expected to be conservatively and neatly dressed and groomed throughout all phases of their professional education.

The dress code applies at all times when the student is on campus and to any situation where patient care activities occur or the occurrence of direct patient or healthcare professional contact can be reasonably assumed. These instances would include but not be limited to all clinical experiences. In the absence of a stated policy for an individual course or setting, the following dress code will apply:

A. General Personal Care

1. Maintain good personal hygiene, which includes regular bathing, use of deodorants and regular dental hygiene.
2. Hair should be neat and clean. Hair longer than shoulder length should be secured if close contact with patients is anticipated. Beards and mustaches must be clean and well groomed.

3. Perfume or cologne is not recommended, as many people are allergic or sensitive to them.
4. Cosmetics should be used in moderation.
5. Fingernails must be clean, neatly trimmed, and short to medium length.
6. Tattoos must be covered with clothing.
7. Jewelry in pierced noses, lips, tongues and other exposed body areas, other than ears is not permitted.

B. Appropriate attire for the non-clinical (classroom) setting

1. Clean, business casual styled clothing (e.g., Shirts with a collar, colored or khaki trousers, slacks, knee-length skirts for women etc.)
2. Closed-toed shoes
3. Shirts with a tail or a split should be tucked in.
4. Belts should be worn with all pants that have belt loops.
5. An undershirt should be worn if undergarments are visible through clothing.
6. Clothing should allow for adequate movement and should not be tight, short, low cut or expose the trunk or undergarments.

C. Anatomy and Clinical Skills Laboratory

1. Clean surgical scrubs are appropriate for the anatomy lab setting.
2. Clinical Assessment course directors will discuss appropriate attire for the clinical skills labs.

D. Inappropriate Attire

1. Hats, caps, bandanas, hoods or head scarves (except if considered part of religious or cultural dress)
2. Jeans, sweatpants, sweatshirts, pajamas, scrubs (unless otherwise specified), spandex or exercise attire
3. Tank, mesh, halter or tube tops, spaghetti straps, showing of midriff or low cut tops.
4. Flip flops, shorts, skorts, cutoffs, hats, jeans, clothing with rips/tears, sweat clothing, workout attire, short skirts/tops, halter type tops or T shirts.
5. Athletic shoes (unless otherwise specified), open-toed shoes including sandals and bare feet
6. Shirts with inappropriate or vulgar lettering or messages

D. Additional dress code requirement for the clinical setting (IGEP, clinical rotations, etc)

1. Clothing should allow for adequate movement during patient care, and should not be tight, short, low cut or expose the trunk or undergarments.
2. Short, clean and pressed white coats with the University of New England PA Program patch attached to the breast pocket and a name badge on the right front pocket/chest area identifying the student as a UNE PA student with the full student name.

3. Closed-toed shoes (with socks for men and socks/ stockings for women), and a collared shirt and appropriately knotted/secured tie for men.
4. If for religious, medical or cultural reasons, there is a need to deviate from this policy, the student must make a request to the Academic or Clinical Coordinator.

The Physician Assistant program and its preceptors reserve the right to require students who are in violation of the dress code to remove the inappropriate item(s) or leave the learning or patient care environment. All administrative, faculty and support staff members will be expected to monitor student's behavior applicable to this dress code and report such disregard or violations to the Academic or Clinical Coordinator.

CLASSROOM BEHAVIOR

Students, faculty members and the administration share the responsibility to maintain appropriate student conduct in the classroom.

Students should respect their peers' right to learn. All interactions should be with courtesy and respect. Disruptive student behavior that interferes with fellow students' ability to concentrate and learn in the classroom, or that impedes an instructor in conducting class or a speaker in making a presentation, are considered inappropriate and unprofessional. Demonstration of a respectful learning environment includes, but is not limited to, the following types of behaviors:

1. Be on time for class.
2. Inform the course director prior to class of an expected tardiness.
3. Should you arrive late, enter the classroom quietly and do not disrupt anyone while finding a seat in the back of the classroom.
4. Do not leave the classroom during lecture unless a reasonable circumstance requires this action (e.g., illness); if you must leave, do so as quietly as possible with minimal disruption.
5. During the presentation of the class, seminar or other learning session: refrain from conversation; refrain from texting, emailing, web-surfing or any use of an electronic or other device for purposes other than note taking.
6. Do not gather materials to leave the class until the instructor has completed his or her remarks.
7. Refrain from making disrespectful sounds during lecture.
8. Refrain from distracting activities during class.
9. Do not bring pets or other animals into class, seminars or other learning sessions (except for certified companion dogs).
10. Refrain from bringing family members or other guests into class, seminars or other learning sessions unless permission is obtained from the instructor or course director.

Faculty have the authority to identify disruptive students, instruct students to refrain from such behavior and require that students leave the classroom if, in the judgment of the instructor, their behavior is interfering with the learning environment. In addition, sanctions may be brought against any student as outlined in the University of New England Student Handbook.

STANDARDS OF CONDUCT

Professionalism is as important as, and holds equal importance to, academic progress. Students are expected to demonstrate the legal, moral and ethical standards required of a health care professional and display behavior which is consistent with these qualities. Professionalism and professional ethics are terms that signify certain scholastic, interpersonal and behavioral expectations. The Program expects nothing short of respect and professional demeanor at all times.

All students are required to adhere to the University Conduct Code as defined in the UNE Student Handbook 2012-2013 under University Conduct Policies. See: http://www.une.edu/studentlife/handbook/upload/student_hndbk_11-12.pdf

In addition, students are expected to abide by the Guidelines for Ethical Conduct for the Physician Assistant Profession.

POLICY ON GRADING

The Physician Assistant Program utilizes a HIGH PASS, PASS, FAIL system for grading. Successful completion of every course and clinical rotation with a minimum grade of 70% is necessary to progress through the Program. The Program does not round any grades.

Grading Scale

High Pass	90% and above	Demonstrates excellent work and performs above expectations.
Pass	70% or greater to below 90%	Consistently performs at a satisfactory level.
Fail	Below 70%	Does not perform at a satisfactory level.

POLICY ON INCOMPLETE GRADES

Didactic year: All required course assignments must be completed by the end of the semester or the student will receive an "Incomplete" (I) for the course. All course work must be successfully completed within six weeks of the end of a semester. Failure to complete the required course work during the time limit may result in an assignment of a "Failure" (F) for the course.

Clinical Year: Course requirements for clinical rotations are outlined in the PAP Student Clinical Year Handbook. A grade of "Incomplete" may be assigned for any missing evaluation, assignment or examination. Failure to fulfill these course requirements within the prescribed time may result in referral to the Student Affairs Committee.

POLICY ON COURSE AND LECTURER EVALUATION FORMS

As per the WCHP Dean's office, students are **required** to complete both the WCHP course evaluations at the end of each semester and all program module and lecturer evaluations. This information is extremely valuable when decisions are made about course content and structure. Student final course grades will not be released until the required evaluation forms have been completed and submitted.

POLICY ON ACADEMIC AND PROFESSIONAL PROGRESS

Satisfactory academic (didactic and clinical) and professional progress must be evident and maintained by all students in the Program. Satisfactory progress is defined by the student's ability to demonstrate the ongoing acquisition of knowledge, skills and professional behavior and attitude through the curriculum and by achieving and maintaining good academic standing. Students must meet the standards and requirements set by the Physician Assistant Program and UNE in order to remain in good academic standing. In the event a student fails to progress academically or professionally, or maintain good academic standing, the student will be referred to the Student Development Committee as described above.

A student in good academic standing is defined as one who is not currently on probation. If a student has been on probation at any time the program retains the authority to deny or limit a student's request for involvement or attendance at extracurricular educational/professional activities, events, or conferences. Requests for particular rotation site placement and/or elective rotations may also not be accepted or granted.

ACADEMIC PROGRESS:

Each student's examination performance is continually tracked and monitored during the twenty-four months of the program. Examination, course, rotation and other failures in areas of program expectations are tallied on a cumulative basis throughout the entire program. In general, depending on the point at which a failure occurs, the process is outlined below.

The guiding principle is that over the 24 month length of the program, a student is allowed to fail a maximum of 2 courses/ end of rotation examinations/ rotations and is given the opportunity to pass these courses through a subsequent process described below. Failure of a third course, end of rotation exam/ clinical rotation will result in referral to the SDC and dismissal from the Program.

DIDACTIC YEAR - Policy on Failure of Exams and/or Courses during the didactic phase of the program:

Examination failure(s): (this does not include quizzes)

Upon failure of the **first** examination, the student will receive a Letter of Concern from the Academic Coordinator by e-mail. A copy of this notice will be sent to the student's advisor and placed in the student's file. The student will be required to make an appointment with his/her advisor within one week of receipt of the e-mail notice to discuss his/her performance on the examination.

Upon failure of the **second** examination, the student will receive a second Letter of Concern from the Academic Coordinator. A copy of this letter will be sent to the student's advisor and placed in the student's file. Special attention is called to the fact that one more failure of an examination will automatically refer the student to the Student Development Committee (SDC). The student will be required to make an appointment with his/her advisor within one week of receipt of the e-mail notice to discuss his/her performance on the examination.

Upon failure of the **third** examination the student will be automatically referred to the Student Development Committee (SDC). The SDC will meet to discuss the circumstances and determine any course of action.

Course failure(s):

Any student who fails a course will be offered the opportunity to take a comprehensive examination covering all material in that course. The student must pass that comprehensive examination with a 75% or greater in order to receive a “P” for that course. Failure to achieve a 75% or greater on that examination will result in a course failure and referral to the SDC and dismissal from the program.

In the didactic year, a student is allowed to fail a maximum of two (2) courses and pass the comprehensive examination offered for each course with a minimum of a 75%. A student who fails a third course will not be allowed to take a comprehensive examination, will be referred to the SDC and will be dismissed from the program.

Students must complete and pass all academic level / didactic year courses before they can progress to the clinical phase of the program.

CLINICAL YEAR

Examination failures as well as probation status from the didactic phase are carried over into the clinical year. Any subsequent clinical year end of rotation examination failures and/or rotation failures will be considered cumulatively and in addition to those accumulated during the didactic year.

The guiding principle is that over the 24 month length of the program, a student is allowed to fail a maximum of 2 courses/ end of rotation examinations/ rotations and is given the opportunity to pass these courses through a subsequent process. Failure of a third course, end of rotation exam/ clinical rotation will result in referral to the SDC and dismissal from the Program.

For example, if a student has failed two courses in the didactic year and passed the associated comprehensive exams with a 75% or greater, failure of one end of rotation examination and/or clinical rotation will result in referral to the SDC and the student will be dismissed from the program.

Letters of Concern during the clinical year will come from the Clinical Coordinator.

Failure of End of Rotation Exams

If a student goes into the clinical year with no prior course failures, the following applies. If there is a prior course failure(s), the abovementioned guiding principle applies.

Any student failing the end of rotation examination on the first attempt will be permitted one opportunity to be retested on the material covered in the failed examination. The student must score 75% or greater to pass the second attempt. Failure to successfully pass an end of rotation examination in these two attempts will result in failure of the rotation, receipt of a Letter of Concern from the Clinical Coordinator and referral to the

SDC.

Any student failing a second end of rotation examination on the first attempt will be permitted one opportunity to be retested on the material covered in the failed examination. The student must score 75% or greater to pass the second attempt. Failure to successfully pass this end of rotation examination in these two attempts will result in failure of the rotation, receipt of a Letter of Concern from the Clinical Coordinator, referral to SDC.

A student who fails a third end of rotation examination on the first attempt will be referred to the SDC and be dismissed from the Program.

Rotation Failures

A student who fails one clinical rotation will automatically be placed on probation, receive a Letter of Concern from the Clinical Coordinator and be referred to the SDC.. The student will be expected to repeat the failed clinical rotation and achieve a minimum passing grade of 75%.

A student who fails a second clinical rotation will receive a Letter of Concern from the Clinical Coordinator and be referred to the SDC. The student will be expected to repeat the failed clinical rotation and achieve a minimum passing grade of 75%.

A student who fails a third clinical rotation will be referred to the SDC and be dismissed from the Program.

Failure/Unsatisfactory Mid Rotation and/or Preceptor Evaluations

An unsatisfactory evaluation on any mid rotation preceptor evaluation shall be investigated by the Clinical Coordinator (in person or via phone). Repeated unsatisfactory mid rotation evaluations (≥ 3) will result in the receipt of a Letter of Concern from the Clinical Coordinator and referral to the SCD..

Students must receive a score of 70% or greater on each section (clinical knowledge and professionalism) of the final preceptor evaluation to pass the preceptor evaluation. The *first* failure of one or both sections mandates communication with the Clinical Coordinator. Any second failure of one or both sections will result in the receipt of a Letter of Concern from the Clinical Coordinator, the student being placed on probation, a meeting with the Clinical Coordinator and referral to SAC at the discretion of the Clinical Coordinator. Additional failures (≥ 3) of either or both portions of the preceptor evaluation will result in receipt of a Letter of Concern from the Clinical Coordinator, referral to SAC and potential consideration for dismissal. Failure of either section of the preceptor evaluation AND failure of the end of rotation examination on the first attempt for the same rotation will result in failure of the rotation, receipt of a Letter of Concern from the Clinical Coordinator, and referral to SAC.

REMEDIATION POLICY:

Remediation is the process for addressing deficiencies in a student's knowledge and skills and/or professional behavior, such that the correction of these deficiencies is measurable and can be documented.

The development of a student remediation plan is not automatic and is determined by the SDC on a case by case basis only after considering all pertinent information. The SDC will make its recommendation to the Program Director who will make the final determination. Any student offered a remediation plan must fulfill all the terms defined in the plan within the designated time frame or face dismissal.

DECELERATION POLICY:

Deceleration is the loss of a student from the entering cohort, who remains matriculated in the physician assistant program.

Deceleration is determined by the SDC on a case by case basis and only after considering all pertinent information. The SDC will make its recommendation to the Program Director who will make the final determination. Any student offered deceleration must fulfill all the terms defined in the plan within the designated time frame or face dismissal.

DISMISSAL:

It should be clearly understood that the University of New England PA Program, after due consideration and process, reserves the right to dismiss student at any time before graduation if circumstances of a legal, moral, behavioral, ethical, health or academic nature justify such an action. Recommendations for dismissal will be made by the SDC to the Program Director.

Section IV Clinical Year Information

This section provides general information covering the clinical year. The program requests that students not begin formal discussions, meetings or request of the clinical coordinator or the clinical placement coordinator prior to November 2012 Initial focus of students should be on the academic studies.

Students will receive a PAP Clinical Year Handbook which will include all necessary information, policies and procedures during the spring semester.

THE CLINICAL YEAR CURRICULUM

The clinical year (12 months) of the Physician Assistant Program (PAP) consists of a total of 8 six-week blocks, Preparation for Clinical Practice, Evidence Based Medicine IV and Rotation Seminars.

The student **cannot** begin any clinical year until successfully completing all didactic course work, background checks, documentation of all required immunizations and titers and health care insurance, and completion of HIPAA, OSHA and ACLS training. **Failure to complete any of these required items by their designated due date may result in a delayed start to the clinical year. This may in turn delay the student's graduation from the Program.** Some rotations have additional requirements which students will also be required to complete prior to starting the specific rotation (i.e. drug testing or physical exam, site orientation).

The clinical portion of the Program involves an in-depth exposure to patients in a variety of clinical settings. The settings, characteristics, assigned tasks, and student schedules

will vary greatly depending on the site. The organization of the clinical experiences is outlined below, though the order will vary for each student.

Required Clinical Rotations

Course No.	Rotations	Length	Credits
PAC 600	Internal Medicine I	6 wks	6.0
PAC 601	Internal Medicine II	6 wks	6.0
PAC 602	Emergency Medicine	6 wks	6.0
PAC 603	General Surgery	6 wks	6.0
PAC 607	Family Medicine	6 wks	6.0
PAC 608	Family Medicine – Rural/Underserved	6 wks	6.0
PAC 612	Primary Care Selective	6 wks	6.0
PAC 613	Elective	6 wks	6.0

Totals for Clinical Rotations

48 weeks 48 Credits

Clinical Rotations will have a designated preceptor who is responsible for coordination of the student’s overall learning experience. The preceptor may delegate some of the teaching or coordination functions to other qualified clinicians such as other attending physicians, residents, physician assistants, or nurse practitioners.

Clinical rotations will average approximately 40 hours a week on site. Some rotations may involve shorter or longer hours, evening or on-call responsibilities, and weekend hours. The preceptor will determine the student on site schedule and clinical responsibilities. Students **MUST** adhere to each rotation site schedule and to all assignments developed by the sites and preceptors.

Additional curriculum requirements during the clinical year:

In addition to rotations, students will also be enrolled in two courses throughout the clinical year and will be required to return to campus to attend and participate in the Rotation Seminars.

PAC 620	Preparation for Clinical Practice		3.0
PAC 630	Evidence Based Medicine IV		1.0

Total Credit Hours for Clinical Year:

52

Clinical Year Instructional Goals:

1. Expose student to a variety of diseases and injuries involving all body systems and including but not limited to cardiovascular, pulmonary, gastrointestinal/nutritional, genitourinary, psychological, musculoskeletal, neurological, endocrine, hematological, dermatological, and infectious.
2. Develop the student's ability to obtain an appropriate history.
3. Develop the student's ability to conduct a thorough and accurate physical examination.
4. Develop the student's understanding of the indications, limitations, and costs of

various diagnostic studies used in the evaluation of disease and injury and disease prevention.

5. Develop the student's ability to recommend, select and interpret (where applicable) appropriate diagnostic methods in the evaluation of a patient.
6. Familiarize student with the therapeutic needs of patients with medical disorders, as well as the indications, limitations, and side effects of these therapeutic efforts.
7. Develop the student's ability to generate written documentation of each patient encounter.
8. Develop the student's ability to generate differential diagnoses.
9. Develop the student's ability to select a definitive diagnosis.
10. Develop the student's ability to choose the appropriate treatment plan for each patient encounter, including pharmacologic and non-pharmacologic therapies.
11. Develop the student's ability to recognize situations where referral to other healthcare providers is necessary and to identify the appropriate referral resource.
12. Facilitate the student's use of written and computer-based medical records for the documentation and transmission of patient-centered information to other members of the healthcare team.
13. Expose the student to ways of incorporating the principles of public health and health promotion and disease prevention into patient care and practice.
14. Foster continued development of the student's ability to effectively and efficiently communicate with a diverse population of patients as well as with other professionals in the health care environment.
15. Foster continued development of the skills needed to search, interpret and evaluate medical literature in relationship to medical decision making and patient care.
16. Foster inter-professional understanding and collaboration.

Clinical Rotation Placement

Clinical rotation placement for each student is the responsibility of the Clinical Coordinator(s) and Program. All decisions regarding student placement will be made by the Program.

The Program maintains many clinical education sites with clinicians who work with the program to provide clinical experience and training; priority will be given to student placement in these sites. Students may not develop or arrange their own clinical sites or clinical schedule, however students will have the opportunity to request potential new sites and/or preceptors through the Preceptor/Site Request Form.

Once the rotation schedule has been set, requests for changes by the student will be limited to emergency situations only. Students may not switch rotation assignments with other students or arrange their own rotations solely to avoid moving or placement at a particular site. While the program has many sites in New England students will also be placed in sites outside of New England. The Program works toward firmly establishing each six week block, however unforeseeable events can occur which may require a student to be moved to a different site with short notice, just prior to starting and/or during a rotation.

Students should expect to be assigned clinical rotations outside the greater Portland area during the clinical year. As a result, students should plan ahead and anticipate the

need to relocate to an area outside the greater Portland area during the clinical year. Students are responsible for all financial costs associated with travel and/or relocation.

Student Preparation of Self and Others

In anticipation of the clinical year, students will need to begin to think about how to best prepare themselves and any significant others who will be affected by a student's long hours and time away from home either because of driving to or living in the area of a rotation. This is a process for which students should be making arrangements now. There is no guarantee of placement in any particular location for any period of time.

Policy on Housing and Transportation

Students are responsible for securing and paying for their own housing during the clinical year. Students must plan ahead to ensure they have housing in time for the start of a rotation. Failure to secure housing may result in forfeit or removal from that rotation block, which will have to be rescheduled at the end of the clinical year. This could delay graduation. Plan ahead! Student must have reliable transportation during the clinical year. Lack of a functioning vehicle is not an acceptable excuse for missing a clinical assignment.

Rotation Seminars I, II, III and Graduation Week.

Students are required to return to campus three times during clinical year for PAC 620, Preparation for Clinical Practice and PAC 630 Evidence Based Medicine IV. These courses include EBM case presentations, summative evaluation(s), and other professional preparation events. All travel and housing expenses to and from campus for these seminars is the responsibility of the student

Appendix A

UNIVERSITY OF NEW ENGLAND

WESTBROOK COLLEGE OF HEALTH PROFESSIONS

PHYSICIAN ASSISTANT PROGRAM

TECHNICAL STANDARDS

A student in the Physician Assistant Program must have abilities and skills in five categories: observation, communication, motor, intellectual, and behavioral/social. All students admitted to the program must meet the following abilities and expectations upon matriculation and maintain these standards while enrolled in the PA Program. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will be subject to dismissal after admission.

Reasonable accommodation for persons with documented disabilities will be considered on an individual basis. However a candidate must be able to perform these skills in an independent manner.

Accordingly, the Program requires each student to meet the following technical standards with or without accommodation:

Observation:

Students must have sufficient sensory capacity to observe in the lecture hall, the laboratory, the outpatient setting, and the patient's bedside. Sensory skills adequate to perform a physical examination are required. The ability to acquire sensory input using vision, hearing and tactile sensation must be adequate to observe a patient's condition and to elicit information through procedures regularly required in a physical examination, such as inspection, auscultation, percussion and palpation.

In any case where a student's ability to observe or acquire information through these sensory modalities is compromised, the student must demonstrate alternative means and/or abilities to acquire and demonstrate the essential information without reliance upon another person's interpretation of the information. It is expected that obtaining and using such alternative means and/or abilities shall be the responsibility of the student. The university will reasonably assist the student where necessary.

Communication:

The student must be able to effectively and efficiently communicate using verbal, written and reading skills, in a manner that demonstrates sensitivity to patients, their families and all members of the health care team.

A student must be able to accurately elicit information, describe a patient's change in mood, thought, activity and posture. Students must demonstrate established communication skills using traditional or alternative reasonable means.

Motor:

The ability to participate in basic diagnostic and therapeutic maneuvers and procedures (e.g. palpation, auscultation) is required. Students must have sufficient motor function to safely execute movements required to provide care to patients. Students must be able to

negotiate patient care environments and must be able to move between settings, such as clinic, classroom building, and hospital. Physical stamina sufficient to complete the rigorous course of didactic and clinical study is required. Long periods of sitting, standing, or moving are required in the classroom, laboratory, and during clinical experiences.

The student must be able to execute motor movements reasonably required to provide general and emergency diagnosis and medical care such as airway management, placement of intravenous catheters, cardiopulmonary resuscitation, and suturing of wounds. At all times the ability to administer care to patients in a safe manner is paramount.

Intellectual

Students must be able to measure, calculate, reason, analyze and synthesize information effectively in a precisely limited time as would be appropriate for the individual's level of training in a given clinical setting, while under stress, and in an environment in which other distractions may be present. Problem solving, one of the critical skills demanded of Physician Assistants, requires all of these intellectual abilities. In addition, students should be able to comprehend three dimensional relationships and understand the spatial relationships of structures.

Students must be able to read and understand medical literature. The student must be able to demonstrate mastery of these skills and the ability to use them together in a timely fashion in medical problem solving and patient care.

The student must be able, with or without the use of assistive devices, but without reliance on another person, to interpret x-ray and other graphic images and digital or analog representations of physiologic phenomenon (such as EKGs).

Behavioral and Social Attributes:

Students must possess the emotional health required for full utilization of their intellectual abilities, the exercise of good judgment, and the prompt completion of all academic and patient care responsibilities. The development of mature, sensitive and effective relationships with patients and other members of the health care team are essential. Flexibility, compassion, integrity, motivation, interpersonal skills and the ability to function in the face of uncertainties inherent in clinical practice are all required.

Appendix B

PHYSICIAN ASSISTANT COMPETENCIES

Competencies for the Physician Assistant Profession is a foundation from which four organizations (NCCPA, AAPA, ARC-PA, PAEA), other physician assistant organizations and individual physician assistants themselves can chart a course for advancing the competencies of the PA profession.

MEDICAL KNOWLEDGE includes an understanding of pathophysiology, patient presentation, differential diagnosis, patient management, surgical principles, health promotion and disease prevention. Physician assistants must demonstrate core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care in their area of practice. In addition, physician assistants are expected to demonstrate an investigatory and analytic thinking approach to clinical situations. Physician assistants are expected to:

- understand etiologies, risk factors, underlying pathologic process, and epidemiology for medical conditions
- identify signs and symptoms of medical conditions
- select and interpret appropriate diagnostic or lab studies
- manage general medical and surgical conditions to include understanding the indications, contraindications, side effects, interactions and adverse reactions of pharmacologic agents and other relevant treatment modalities
- identify the appropriate site of care for presenting conditions, including identifying emergent cases and those requiring referral or admission
- identify appropriate interventions for prevention of conditions
- identify the appropriate methods to detect conditions in an asymptomatic individual
- differentiate between the normal and the abnormal in anatomic, physiological, laboratory findings and other diagnostic data
- appropriately use history and physical findings and diagnostic studies to formulate a differential diagnosis
- provide appropriate care to patients with chronic conditions

INTERPERSONAL & COMMUNICATION SKILLS encompass verbal, nonverbal and written exchange of information. Physician assistants must demonstrate interpersonal and communication skills that result in effective information exchange with patients, their patients' families, physicians, professional associates, and the health care system. Physician assistants are expected to:

- create and sustain a therapeutic and ethically sound relationship with patients
- use effective listening, nonverbal, explanatory, questioning, and writing skills to elicit and provide information
- appropriately adapt communication style and messages to the context of the individual patient interaction
- work effectively with physicians and other health care professionals as a member or leader of a health care team or other professional group

- apply an understanding of human behavior
- demonstrate emotional resilience and stability, adaptability, flexibility and tolerance of ambiguity and anxiety
- accurately and adequately document and record information regarding the care process for medical, legal, quality and financial purposes

PATIENT CARE includes age-appropriate assessment, evaluation and management. Physician assistants must demonstrate care that is effective, patient-centered, timely, efficient and equitable for the treatment of health problems and the promotion of wellness. Physician assistants are expected to:

- work effectively with physicians and other health care professionals to provide patient-centered care
- demonstrate caring and respectful behaviors when interacting with patients and their families
- gather essential and accurate information about their patients
- make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
- develop and carry out patient management plans
- counsel and educate patients and their families
- competently perform medical and surgical procedures considered essential in the area of practice
- provide health care services and education aimed at preventing health problems or maintaining health

PROFESSIONALISM is the expression of positive values and ideals as care is delivered. Foremost, it involves prioritizing the interests of those being served above one's own. Physician assistants must know their professional and personal limitations. Professionalism also requires that PAs practice without impairment from substance abuse, cognitive deficiency or mental illness. Physician assistants must demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population and adherence to legal and regulatory requirements. Physician assistants are expected to demonstrate:

- understanding of legal and regulatory requirements, as well as the appropriate role of the physician assistant
- professional relationships with physician supervisors and other health care providers
- respect, compassion, and integrity
- responsiveness to the needs of patients and society
- accountability to patients, society, and the profession
- commitment to excellence and on-going professional development
- commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- sensitivity and responsiveness to patients' culture, age, gender, and disabilities
- self-reflection, critical curiosity and initiative

PRACTICE-BASED LEARNING AND IMPROVEMENT includes the processes through which clinicians engage in critical analysis of their own practice experience, medical literature and other information resources for the purpose of self-improvement. Physician assistants must be able to assess, evaluate and improve their patient care practices. Physician assistants are expected to:

- analyze practice experience and perform practice-based improvement activities using a systematic methodology in concert with other members of the health care delivery team
- locate, appraise, and integrate evidence from scientific studies related to their patients' health problems
- obtain and apply information about their own population of patients and the larger population from which their patients are drawn
- apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness
- apply information technology to manage information, access on-line medical information, and support their own education
- facilitate the learning of students and/or other health care professionals
- recognize and appropriately address gender, cultural, cognitive, emotional and other biases; gaps in medical knowledge; and physical limitations in themselves and others

SYSTEMS-BASED PRACTICE encompasses the societal, organizational and economic environments in which health care is delivered. Physician assistants must demonstrate an awareness of and responsiveness to the larger system of health care to provide patient care that is of optimal value. PAs should work to improve the larger health care system of which their practices are a part. Physician assistants are expected to:

- use information technology to support patient care decisions and patient education
- effectively interact with different types of medical practice and delivery systems
- understand the funding sources and payment systems that provide coverage for patient care
- practice cost-effective health care and resource allocation that does not compromise quality of care
- advocate for quality patient care and assist patients in dealing with system complexities
- partner with supervising physicians, health care managers and other health care providers to assess, coordinate, and improve the delivery of health care and patient outcomes
- accept responsibility for promoting a safe environment and recognizing and correcting systems-based factors that negatively impact patient care
- apply medical information and clinical data systems to provide more effective, efficient patient care
- use the systems responsible for the appropriate payment of services

Appendix C

Statement of Values of the Physician Assistant Profession

The following is the **Statement of Values of the Physician Assistant Profession** developed by American Academy of Physician Assistants and adopted in May 2000 and Amended in 2008.

The AAPA Guidelines for Ethical Conduct is contained in Appendix at the end of the handbook. follows and is also available at: http://www.aapa.org/your_pa_career/becoming_a_pa/resources/item.aspx?id=1518

The following Statement of Values is taken from the AAPA Guidelines for Ethical Conduct document.

Statement of Values of the Physician Assistant Profession

- Physician assistants hold as their primary responsibility the health, safety, welfare, and dignity of all human beings.
- Physician assistants uphold the tenets of patient autonomy, beneficence, nonmaleficence, and justice.
- Physician assistants recognize and promote the value of diversity.
- Physician assistants treat equally all persons who seek their care.
- Physician assistants hold in confidence the information shared in the course of practicing medicine.
- Physician assistants assess their personal capabilities and limitations, striving always to improve their medical practice.
- Physician assistants actively seek to expand their knowledge and skills, keeping abreast of advances in medicine.
- Physician assistants work with other members of the health care team to provide compassionate and effective care of patients.
- Physician assistants use their knowledge and experience to contribute to an improved community.
- Physician assistants respect their professional relationship with physicians.
- Physician assistants share and expand knowledge within the profession.

Appendix D



UNIVERSITY OF NEW ENGLAND PHYSICIAN ASSISTANT PROGRAM

Student Time Away Form: Didactic Year

While it is the policy of the program that students are expected to attend all classes, labs, rotations and other program related functions, the program understands student may have exceptional events which might keep them from classes or program activities. Any student anticipating time away for an exceptional event should complete and submit this form to the Academic Coordinator at least **one month** in advance of the event. Students are responsible for all material missed including examinations. If a student will be missing an examination, they are to expect to take that exam immediately upon return to campus. This exam may be in a different format than the original examination given to the rest of the students.

Student Name (PRINT): _____

Class: _____

Anticipated date(s) off: _____

Reason for Absence: _____

Student Signature: _____

Date Submitted: _____

Program Use Only

Request Approved: _____ Not Approved: _____ Date: _____

Signature: _____

Comments: _____

Revised 5/27/2011 gsb

Appendix E

Needlestick/Bodily Fluids Exposure Guidelines

If a student believes he/she has been exposure, the student should:

1. Immediately cleanse the affected area:

- Wash needlesticks and cuts with soap and water
- Flush splashes to the nose, mouth or skin with water
- Irrigate eyes with clean water, saline or sterile irrigants

2. If the exposure occurs during the academic year at an IGEP site, **immediately** report the exposure to the faculty member in attendance and proceed to step #3 below.

If the exposure occurs during the clinical year at a rotation site, **immediately** notify the supervising physician or other site supervisor and follow site established protocols.

3. **Immediately** seek medical evaluation and treatment. If there is no established protocol on site, seek treatment at the closest Emergency Department.

4. Within 2 hours, notify the Academic Coordinator (twhite4@une.edu or 207 221 4524) if during the didactic year or the Clinical Coordinator (kmarlin@une.edu or 207.841.4492) if during the clinical year.

5. Complete and submit the *Student Exposure Form* to either the Academic Coordinator or Clinical Coordinator as described above within 24 hours.

X

Did you receive medical evaluation and/or treatment? Yes No

Was the PA program (Academic or Clinical Coordinator) notified? Yes No

Date and time PA program was notified: _____

Name of person notified at the Program: _____

Signatures:

Student: _____

Academic/ Clinical Coordinator/ Faculty: _____

Revised 5/27/2011 gsb

STUDENT ACCIDENT REPORT

Immediately notify either the Academic Coordinator (twhite4@une.edu or 207 221 4524) or the Clinical Coordinator (kmarlin@une.edu or phone 207.841.4492) of the event and submit this report to the Program (Fax 207.221.4711) within 24 hours an accident/injury occurring while on an IGEP or clinical rotation site. *(This form is not for needlestick or body fluids exposures)*

Student Name _____

STUDENT STATEMENT:

_____ was injured at _____
(print name) (location)

on _____ at _____
(date) (time)

Please describe in full detail how the accident occurred.

Did you receive medical evaluation and/or treatment? Yes No

Was the PA program (Academic/ Clinical Coordinator) notified? Yes No

Date and time PA program was notified: _____

Did you miss time from the IGEP site or Clinical rotation? Yes No

If yes, how many days? _____

NOTE: If your absence from a clinical rotations will exceed two (2) days, you will need a medical note from the physician who saw and examined you in an office/clinic or hospital and the date you can resume clinical activities. You may not return to rotations until we have this note.

Student Signature

Date

Revised 5/27/2011 gsb

Appendix F



**UNIVERSITY OF NEW ENGLAND
PHYSICIAN ASSISTANT PROGRAM**

**Physician Assistant Program Student Handbook Class of 2014
Signature Sheet**

I, _____ (print name), have read and understand the policies and procedures of the *Class of 2014 UNE Physician Assistant Program Student Handbook*. I have reviewed the University of New England's Student Handbook. I am familiar with the contents of these documents, and the policies and procedures governing grades, probation, promotion, dismissal and mechanisms for appeal. I agree to abide by these regulations.

This form must be signed and returned to Amy Grindell, Administrative Assistant no later than 4 PM on Wednesday, May 30, 2012.

Physician Assistant Student's Signature

Program Director's Signature

Date

Appendix G

Guidelines for Ethical Conduct for the Physician Assistant Profession

(Adopted 2000, amended 2004, 2006, 2007, and 2008)

Introduction.....

Statement of Values of the Physician Assistant Profession.....

The PA and Patient.....

PA Role and Responsibilities.....

The PA and Diversity.....

Nondiscrimination.....

Initiation and Discontinuation of Care.....

Informed Consent.....

Confidentiality.....

The Patient and the Medical Record.....

Disclosure.....

Care of Family Members and Co-workers.....

Genetic Testing.....

Reproductive Decision Making.....

End of Life.....

The PA and Individual Professionalism.....

Conflict of Interest.....

Professional Identity.....

Competency.....

Sexual Relationships.....

Gender Discrimination and Sexual Harassment.....

The PA and Other Professionals.....

Team Practice.....

Illegal and Unethical Conduct.....

Impairment.....

PA-Physician Relationship.....

Complementary and Alternative Medicine.....

The PA and the Health Care System.....

Workplace Actions.....

PAs as Educators.....

PAs and Research

PAs as Expert Witnesses.....

The PA and Society.....

Lawfulness.....

Executions.....

Access to Care / Resource Allocation.....

Community Well Being.....

Conclusion

Introduction

The physician assistant profession has revised its code of ethics several times since the profession began. Although the fundamental principles underlying the ethical care of patients have not changed, the societal framework in which those principles are applied has. Economic pressures of the health care system, social pressures of church and state, technological advances, and changing patient demographics continually transform the landscape in which PAs practice.

Previous codes of the profession were brief lists of tenets for PAs to live by in their professional lives. This document departs from that format by attempting to describe ways in which those tenets apply. Each situation is unique. Individual PAs must use their best judgment in a given situation while considering the preferences of the patient and the supervising physician, clinical information, ethical concepts, and legal obligations.

Four main bioethical principles broadly guided the development of these guidelines: autonomy, beneficence, nonmaleficence, and justice.

Autonomy, strictly speaking, means self-rule. Patients have the right to make autonomous decisions and choices, and physician assistants should respect these decisions and choices.

Beneficence means that PAs should act in the patient’s best interest. In certain cases, respecting the patient’s autonomy and acting in their best interests may be difficult to balance.

Nonmaleficence means to do no harm, to impose no unnecessary or unacceptable burden upon the patient.

Justice means that patients in similar circumstances should receive similar care. Justice also applies to norms for the fair distribution of resources, risks, and costs.

Physician assistants are expected to behave both legally and morally. They should know and

understand the laws governing their practice. Likewise, they should understand the ethical responsibilities of being a health care professional. Legal requirements and ethical expectations will not always be in agreement. Generally speaking, the law describes minimum standards of acceptable behavior, and ethical principles delineate the highest moral standards of behavior.

When faced with an ethical dilemma, PAs may find the guidance they need in this document. If not, they may wish to seek guidance elsewhere – possibly from a supervising physician, a hospital ethics committee, an ethicist, trusted colleagues, or other AAPA policies. PAs should seek legal counsel when they are concerned about the potential legal consequences of their decisions.

The following sections discuss ethical conduct of PAs in their professional interactions with patients, physicians, colleagues, other health professionals, and the public. The "Statement of Values" within this document defines the fundamental values that the PA profession strives to uphold. These values provide the foundation upon which the guidelines rest. The guidelines were written with the understanding that no document can encompass all actual and potential ethical responsibilities, and PAs should not regard them as comprehensive.

Statement of Values of the Physician Assistant Profession

- Physician assistants hold as their primary responsibility the health, safety, welfare, and dignity of all human beings.
- Physician assistants uphold the tenets of patient autonomy, beneficence, nonmaleficence, and justice.
- Physician assistants recognize and promote the value of diversity.
- Physician assistants treat equally all persons who seek their care.
- Physician assistants hold in confidence the information shared in the course of practicing medicine.
- Physician assistants assess their personal capabilities and limitations, striving always to improve their medical practice.
- Physician assistants actively seek to expand their knowledge and skills, keeping abreast of advances in medicine.
- Physician assistants work with other members of the health care team to provide compassionate and effective care of patients.
- Physician assistants use their knowledge and experience to contribute to an improved community.
- Physician assistants respect their professional relationship with physicians.
- Physician assistants share and expand knowledge within the profession.

The PA and Patient

PA Role and Responsibilities

Physician assistant practice flows out of a unique relationship that involves the PA, the physician, and the patient. The individual patient–PA relationship is based on mutual respect and

an agreement to work together regarding medical care. In addition, PAs practice medicine with physician supervision; therefore, the care that a PA provides is an extension of the care of the supervising physician. The patient–PA relationship is also a patient–PA–physician relationship.

The principal value of the physician assistant profession is to respect the health, safety, welfare, and dignity of all human beings. This concept is the foundation of the patient–PA relationship. Physician assistants have an ethical obligation to see that each of their patients receives appropriate care. PAs should be sensitive to the beliefs and expectations of the patient. PAs should recognize that each patient is unique and has an ethical right to self-determination

Physician assistants are professionally and ethically committed to providing nondiscriminatory care to all patients. While PAs are not expected to ignore their own personal values, scientific or ethical standards, or the law, they should not allow their personal beliefs to restrict patient access to care. A PA has an ethical duty to offer each patient the full range of information on relevant options for their health care. If personal moral, religious, or ethical beliefs prevent a PA from offering the full range of treatments available or care the patient desires, the PA has an ethical duty to refer a patient to another qualified provider. That referral should not restrict a patient’s access to care. PAs are obligated to care for patients in emergency situations and to responsibly transfer patients if they cannot care for them.

Physician assistants should always act in the best interests of their patients and as advocates when necessary. PAs should actively resist policies that restrict free exchange of medical information. For example, a PA should not withhold information about treatment options simply because the option is not covered by insurance. PAs should inform patients of financial incentives to limit care, use resources in a fair and efficient way, and avoid arrangements or financial incentives that conflict with the patient’s best interests.

The PA and Diversity

The physician assistant should respect the culture, values, beliefs, and expectations of the patient.

Nondiscrimination

Physician assistants should not discriminate against classes or categories of patients in the delivery of needed health care. Such classes and categories include gender, color, creed, race, religion, age, ethnic or national origin, political beliefs, nature of illness, disability, socioeconomic status, physical stature, body size, gender identity, marital status, or sexual orientation.

Initiation and Discontinuation of Care

In the absence of a preexisting patient–PA relationship, the physician assistant is under no ethical obligation to care for a person unless no other provider is available. A PA is morally bound to provide care in emergency situations and to arrange proper follow-up. PAs should keep in mind that contracts with health insurance plans might define a legal obligation to provide care to certain patients.

A physician assistant and supervising physician may discontinue their professional relationship with an established patient as long as proper procedures are followed. The PA and physician should provide the patient with adequate notice, offer to transfer records, and arrange for continuity of care if the patient has an ongoing medical condition. Discontinuation of the professional relationship should be undertaken only after a serious attempt has been made to

clarify and understand the expectations and concerns of all involved parties.

If the patient decides to terminate the relationship, they are entitled to access appropriate information contained within their medical record.

Informed Consent

Physician assistants have a duty to protect and foster an individual patient's free and informed choices. The doctrine of informed consent means that a PA provides adequate information that is comprehensible to a competent patient or patient surrogate. At a minimum, this should include the nature of the medical condition, the objectives of the proposed treatment, treatment options, possible outcomes, and the risks involved. PAs should be committed to the concept of shared decision making, which involves assisting patients in making decisions that account for medical, situational, and personal factors.

In caring for adolescents, the PA should understand all of the laws and regulations in his or her jurisdiction that are related to the ability of minors to consent to or refuse health care.

Adolescents should be encouraged to involve their families in health care decision making. The PA should also understand consent laws pertaining to emancipated or mature minors. (See the section on *Confidentiality*.)

When the person giving consent is a patient's surrogate, a family member, or other legally authorized representative, the PA should take reasonable care to assure that the decisions made are consistent with the patient's best interests and personal preferences, if known. If the PA believes the surrogate's choices do not reflect the patient's wishes or best interests, the PA should work to resolve the conflict. This may require the use of additional resources, such as an ethics committee.

Confidentiality

Physician assistants should maintain confidentiality. By maintaining confidentiality, PAs respect patient privacy and help to prevent discrimination based on medical conditions. If patients are confident that their privacy is protected, they are more likely to seek medical care and more likely to discuss their problems candidly.

In cases of adolescent patients, family support is important but should be balanced with the patient's need for confidentiality and the PA's obligation to respect their emerging autonomy. Adolescents may not be of age to make independent decisions about their health, but providers should respect that they soon will be. To the extent they can, PAs should allow these emerging adults to participate as fully as possible in decisions about their care. It is important that PAs be familiar with and understand the laws and regulations in their jurisdictions that relate to the confidentiality rights of adolescent patients. (See the section on *Informed Consent*.)

Any communication about a patient conducted in a manner that violates confidentiality is unethical. Because written, electronic, and verbal information may be intercepted or overheard, the PA should always be aware of anyone who might be monitoring communication about a patient.

PAs should choose methods of storage and transmission of patient information that minimize the likelihood of data becoming available to unauthorized persons or organizations. Computerized record keeping and electronic data transmission present unique challenges that can make the maintenance of patient confidentiality difficult. PAs should advocate for policies and procedures

that secure the confidentiality of patient information.

The Patient and the Medical Record

Physician assistants have an obligation to keep information in the patient's medical record confidential. Information should be released only with the written permission of the patient or the patient's legally authorized representative. Specific exceptions to this general rule may exist (e.g., workers compensation, communicable disease, HIV, knife/gunshot wounds, abuse, substance abuse). It is important that a PA be familiar with and understand the laws and regulations in his or her jurisdiction that relate to the release of information. For example, stringent legal restrictions on release of genetic test results and mental health records often exist.

Both ethically and legally, a patient has certain rights to know the information contained in his or her medical record. While the chart is legally the property of the practice or the institution, the information in the chart is the property of the patient. Most states have laws that provide patients access to their medical records. The PA should know the laws and facilitate patient access to the information.

Disclosure

A physician assistant should disclose to his or her supervising physician information about errors made in the course of caring for a patient. The supervising physician and PA should disclose the error to the patient if such information is significant to the patient's interests and well being. Errors do not always constitute improper, negligent, or unethical behavior, but failure to disclose them may.

Care of Family Members and Co-workers

Treating oneself, co-workers, close friends, family members, or students whom the physician assistant supervises or teaches may be unethical or create conflicts of interest. For example, it might be ethically acceptable to treat one's own child for a case of otitis media but it probably is not acceptable to treat one's spouse for depression. PAs should be aware that their judgment might be less than objective in cases involving friends, family members, students, and colleagues and that providing "curbside" care might sway the individual from establishing an ongoing relationship with a provider. If it becomes necessary to treat a family member or close associate, a formal patient-provider relationship should be established, and the PA should consider transferring the patient's care to another provider as soon as it is practical. If a close associate requests care, the PA may wish to assist by helping them find an appropriate provider.

There may be exceptions to this guideline, for example, when a PA runs an employee health center or works in occupational medicine. Even in those situations, the PA should be sure they do not provide informal treatment, but provide appropriate medical care in a formally established patient-provider relationship.

Genetic Testing

Evaluating the risk of disease and performing diagnostic genetic tests raise significant ethical concerns. Physician assistants should be informed about the benefits and risks of genetic tests. Testing should be undertaken only after proper informed consent is obtained. If PAs order or conduct the tests, they should assure that appropriate pre- and post-test counseling is provided.

PAs should be sure that patients understands the potential consequences of undergoing genetic tests – from impact on patients themselves, possible implications for other family members, and

potential use of the information by insurance companies or others who might have access to the information. Because of the potential for discrimination by insurers, employers, or others, PAs should be particularly aware of the need for confidentiality concerning genetic test results.

Reproductive Decision Making

Patients have a right to access the full range of reproductive health care services, including fertility treatments, contraception, sterilization, and abortion. Physician assistants have an ethical obligation to provide balanced and unbiased clinical information about reproductive health care.

When the PA's personal values conflict with providing full disclosure or providing certain services such as sterilization or abortion, the PA need not become involved in that aspect of the patient's care. By referring the patient to a qualified provider who is willing to discuss and facilitate all treatment options, the PA fulfills their ethical obligation to ensure the patient's access to all legal options.

End of Life

Among the ethical principles that are fundamental to providing compassionate care at the end of life, the most essential is recognizing that dying is a personal experience and part of the life cycle.

Physician Assistants should provide patients with the opportunity to plan for end of life care. Advance directives, living wills, durable power of attorney, and organ donation should be discussed during routine patient visits.

PAs should assure terminally-ill patients that their dignity is a priority and that relief of physical and mental suffering is paramount. PAs should exhibit non-judgmental attitudes and should assure their terminally-ill patients that they will not be abandoned. To the extent possible, patient or surrogate preferences should be honored, using the most appropriate measures consistent with their choices, including alternative and non-traditional treatments. PAs should explain palliative and hospice care and facilitate patient access to those services. End of life care should include assessment and management of psychological, social, and spiritual or religious needs.

While respecting patients' wishes for particular treatments when possible, PAs also must weigh their ethical responsibility, in consultation with supervising physicians, to withhold futile treatments and to help patients understand such medical decisions.

PAs should involve the physician in all near-death planning. The PA should only withdraw life support with the supervising physician's agreement and in accordance with the policies of the health care institution.

The PA and Individual Professionalism

Conflict of Interest

Physician assistants should place service to patients before personal material gain and should avoid undue influence on their clinical judgment. Trust can be undermined by even the appearance of improper influence. Examples of excessive or undue influence on clinical judgment can take several forms. These may include financial incentives, pharmaceutical or other industry gifts, and business arrangements involving referrals. PAs should disclose any actual or potential conflict of interest to their patients.

Acceptance of gifts, trips, hospitality, or other items is discouraged. Before accepting a gift or financial arrangement, PAs might consider the guidelines of the Royal College of Physicians, “Would I be willing to have this arrangement generally known?” or of the American College of Physicians, “What would the public or my patients think of this arrangement?”

Professional Identity

Physician assistants should not misrepresent directly or indirectly, their skills, training, professional credentials, or identity. Physician assistants should uphold the dignity of the PA profession and accept its ethical values.

Competency

Physician assistants should commit themselves to providing competent medical care and extend to each patient the full measure of their professional ability as dedicated, empathetic health care providers. PAs should also strive to maintain and increase the quality of their health care knowledge, cultural sensitivity, and cultural competence through individual study and continuing education.

Sexual Relationships

It is unethical for physician assistants to become sexually involved with patients. It also may be unethical for PAs to become sexually involved with former patients or key third parties. Key third parties are individuals who have influence over the patient. These might include spouses or partners, parents, guardians, or surrogates.

Such relationships generally are unethical because of the PA’s position of authority and the inherent imbalance of knowledge, expertise, and status. Issues such as dependence, trust, transference, and inequalities of power may lead to increased vulnerability on the part of the current or former patients or key third parties.

Gender Discrimination and Sexual Harassment

It is unethical for physician assistants to engage in or condone any form of gender discrimination. Gender discrimination is defined as any behavior, action, or policy that adversely affects an individual or group of individuals due to disparate treatment, disparate impact, or the creation of a hostile or intimidating work or learning environment.

It is unethical for PAs to engage in or condone any form of sexual harassment. Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature when:

- Such conduct has the purpose or effect of interfering with an individual's work or academic performance or creating an intimidating, hostile or offensive work or academic environment, or
- Accepting or rejecting such conduct affects or may be perceived to affect professional decisions concerning an individual, or
- Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's training or professional position.

The PA and Other Professionals

Team Practice

Physician assistants should be committed to working collegially with other members of the health care team to assure integrated, well-managed, and effective care of patients. PAs should strive to maintain a spirit of cooperation with other health care professionals, their organizations, and the general public.

Illegal and Unethical Conduct

Physician assistants should not participate in or conceal any activity that will bring discredit or dishonor to the PA profession. They should report illegal or unethical conduct by health care professionals to the appropriate authorities.

Impairment

Physician assistants have an ethical responsibility to protect patients and the public by identifying and assisting impaired colleagues. “Impaired” means being unable to practice medicine with reasonable skill and safety because of physical or mental illness, loss of motor skills, or excessive use or abuse of drugs and alcohol.

PAs should be able to recognize impairment in physician supervisors, PAs, and other health care providers and should seek assistance from appropriate resources to encourage these individuals to obtain treatment.

PA–Physician Relationship

Supervision should include ongoing communication between the physician and the physician assistant regarding patient care. The PA should consult the supervising physician whenever it will safeguard or advance the welfare of the patient. This includes seeking assistance in situations of conflict with a patient or another health care professional.

Complementary and Alternative Medicine

When a patient asks about an alternative therapy, the PA has an ethical obligation to gain a basic understanding of the alternative therapy being considered or being used and how the treatment will affect the patient. If the treatment would harm the patient, the PA should work diligently to dissuade the patient from using it, advise other treatment, and perhaps consider transferring the patient to another provider.

The PA and the Health Care System

Workplace Actions

Physician assistants may face difficult personal decisions to withhold medical services when workplace actions (e.g., strikes, sick-outs, slowdowns, etc.) occur. The potential harm to patients should be carefully weighed against the potential improvements to working conditions and, ultimately, patient care that could result. In general, PAs should individually and collectively work to find alternatives to such actions in addressing workplace concerns.

PAs as Educators

All physician assistants have a responsibility to share knowledge and information with patients, other health professionals, students, and the public. The ethical duty to teach includes effective communication with patients so that they will have the information necessary to participate in their health care and wellness.

PAs and Research

The most important ethical principle in research is honesty. This includes assuring subjects' informed consent, following treatment protocols, and accurately reporting findings. Fraud and dishonesty in research should be reported so that the appropriate authorities can take action.

Physician assistants involved in research must be aware of potential conflicts of interest. The patient's welfare takes precedence over the desired research outcome. Any conflict of interest should be disclosed.

In scientific writing, PAs should report information honestly and accurately. Sources of funding for the research must be included in the published reports.

Plagiarism is unethical. Incorporating the words of others, either verbatim or by paraphrasing, without appropriate attribution is unethical and may have legal consequences. When submitting a document for publication, any previous publication of any portion of the document must be fully disclosed.

PAs as Expert Witnesses

The physician assistant expert witness should testify to what he or she believes to be the truth. The PA's review of medical facts should be thorough, fair, and impartial.

The PA expert witness should be fairly compensated for time spent preparing, appearing, and testifying. The PA should not accept a contingency fee based on the outcome of a case in which testimony is given or derive personal, financial, or professional favor in addition to compensation.

The PA and Society

Lawfulness

Physician assistants have the dual duty to respect the law and to work for positive change to laws that will enhance the health and well being of the community.

Executions

Physician assistants, as health care professionals, should not participate in executions because to do so would violate the ethical principle of beneficence.

Access to Care / Resource Allocation

Physician assistants have a responsibility to use health care resources in an appropriate and efficient manner so that all patients have access to needed health care. Resource allocation should be based on societal needs and policies, not the circumstances of an individual patient-PA encounter. PAs participating in policy decisions about resource allocation should consider medical need, cost-effectiveness, efficacy, and equitable distribution of benefits and burdens in society.

Community Well Being

Physician assistants should work for the health, well being, and the best interest of both the patient and the community. Sometimes there is a dynamic moral tension between the well being of the community in general and the individual patient. Conflict between an individual patient's best interest and the common good is not always easily resolved. In general, PAs should be

committed to upholding and enhancing community values, be aware of the needs of the community, and use the knowledge and experience acquired as professionals to contribute to an improved community.

Conclusion

The American Academy of Physician Assistants recognizes its responsibility to aid the PA profession as it strives to provide high quality, accessible health care. Physician assistants wrote these guidelines for themselves and other physician assistants. The ultimate goal is to honor patients and earn their trust while providing the best and most appropriate care possible. At the same time, PAs must understand their personal values and beliefs and recognize the ways in which those values and beliefs can impact the care they provide.