

SPRINGFIELD COLLEGE



PHYSICIAN ASSISTANT PROGRAM

Student Handbook

Revised: June 2009

**SPRINGFIELD COLLEGE
PHYSICIAN ASSISTANT PROGRAM**

INTRODUCTION

The Physician Assistant Program Student Handbook contains information on the policies, procedures, regulations, requirements, and standards required for successful completion of the Springfield College Physician Assistant Program. It is a supplement to the Springfield College Student Handbook and the Undergraduate and Graduate Catalogs.

The physician assistant program reserves the right to make changes in the rules and regulations of the program, its academic calendar, admission policies, procedures and standards, degree requirements, and standards necessary for successful completion of the program in its sole discretion. Additionally, change may include, but is not limited to changes in course content, scheduling of courses offered, and canceling of scheduled classes and/or other program related activities.

The College reserves the right to make changes in admission requirements, fees, charges, tuition, instructors, policies, procedures or standards, regulations, and academic programs offered in its sole discretion. Additionally, the College has the right to divide, cancel, or reschedule classes or programs if enrollment or other factors require such action.

Welcome to the Springfield College Physician Assistant Program (SC). This program provides a strenuous but rewarding educational experience. Faculty and staff of the Program will work with you to help you attain the goal of certification to attempt to become a physician assistant. The Springfield College Physician Assistant Program is accredited by The Accreditation Review Commission of Education for the Physician Assistant (ARC-PA).

I. MISSION

The mission of the SC Physician Assistant Program is to educate students in spirit, mind, and body for leadership in clinical, community, and academic service to humanity by building upon its foundations of humanics and academic excellence. The goals of the Program are to:

- a. Educate students as physician assistants who are qualified by academic and clinical training to provide patient services under the supervision of a licensed physician
- b. Provide a course of study which will enable graduates to recognize mental and physical disease, and the ability to accurately to perform functions and duties ascribed to the profession
- c. Provide students with academic instruction and clinical experience encompassing the many areas of humanics, which enable them to understand the social, psychological, economic, and legal aspects of health care
- d. Provide instruction stressing the role of the physician assistant relative to health maintenance, disease prevention, curative and palliative medicine
- e. Provide educational experiences which promote the development of basic moral, intellectual, ethical, professional attitudes, and the importance of life-long learning.
- f. Provide educational experiences which promote an understanding of the inter-dependence of health professionals by sharing in experiences which encourage an interdisciplinary approach to the delivery of primary medical care
- g. Provide didactic and clinical experiences sufficient to help students develop the technical abilities, behavioral characteristics, and judgment necessary to perform in a professional capacity as physician assistants

II. GENERAL ADMINISTRATIVE POLICIES

1. Students must provide a local address, email, and telephone number to the physician assistant program office each year. Changes in address or telephone number should be given to the program administrative assistant and updated when necessary.
2. Each student is required to purchase malpractice insurance each year that (s)he is enrolled in the professional phase of the program. The insurance is linked to tuition payment. Therefore, non-payment of tuition will result in lack of malpractice insurance, which will prevent students from engaging in history taking and physician examination exercises with classmates and patient encounters in the didactic year, or clinical rotations.
3. Students are expected to secure their own transportation (reliable car) to clinical sites. This is a requirement of the professional phase.
4. Physician assistant students are expected to follow all rules and regulations, policies and procedures outlined in the Springfield College Undergraduate Catalog, the Springfield College Student Handbook, Physician Assistant Program Student Handbook, and the Springfield College Graduate Catalog.
5. Students are not required to perform administrative or clerical duties for the program or while on clinical rotation. A clinical student will not be used in substitution for a regular clinical or administrative staff member.
6. Some of the clinical rotation experiences in the clinical year may require travel to sites outside the Springfield area. Students are responsible for all costs associated with these clinical rotations, including travel, parking, and living expenses. Students are also responsible for the costs associated with uniforms and diagnostic equipment.
7. Because of the intensity of the professional phase of the program, students are strongly discouraged from attempting to work. Students should bear in mind that any work undertaken outside the program is not covered by the student malpractice insurance required during the professional phase of the program. Course work and clinical experiences will not be arranged to accommodate any outside work.

III. ACADEMIC STANDARDS AND POLICIES

Preprofessional Phase

Students must receive a grade of at least “C” (2.0) in all program prerequisite courses. Students who receive a grade of less than “C” in a program prerequisite course, must repeat the course to improve their grade. A student may repeat a course only once. Failure to achieve a grade of “C” or better on the second attempt will result in dismissal from the program. Because of course scheduling, the need to repeat a course may result in deceleration in the program. A maximum of 16 transfer/repeat credits is allowed for program prerequisite courses.

Students in the pre-professional phase must maintain a GPA of 3.0 or better in the program prerequisite courses after completion of each year in the pre-professional phase. Failure to achieve a 3.0 will result in a program probationary period for not more than one year at which time a 3.0 must be achieved or the student will be dismissed from the program. Students must also maintain an overall career GPA of 3.0 or better at the end of each year in the pre-professional phase. Failure to achieve a 3.0 will result in a program probationary period for not more than one year at which time a 3.0 must be achieved or the student will be dismissed from the program.

Because of the strenuousness of the professional phase of the program, pre-professional prerequisite courses and all college requirements (Gen Eds) must be successfully completed prior to matriculation into the professional phase of the program. Freshmen are strongly advised to meet with their advisors to carefully plan their academic schedules to meet the ACR requirement. Students who meet all of the above criteria in addition to other requirements listed in the Student Handbook will be allowed to matriculate into the professional phase of the program.

Transfer credits for pre-professional program prerequisite courses is allowed with prior approval from the student's academic advisor and the department chair. **A maximum of 16 transfer credits is allowed for substitution of program core courses.**

A. Student Performance Review

A review of students enrolled in the program will be conducted by the Program Promotions Committee at least once a semester after the posting of the grades by the Registrar. All program faculty are members of the Committee. The Committee's recommendations will be reported to the program director. Students who are in jeopardy of being dismissed for academic or other causes will receive notification from the program director.

Students dismissed have the right to appeal. The procedure for registering an appeal is found in Appendix B.

B. Grading System

Unless otherwise stipulated by the individual course syllabus, the grading system followed by the physician assistant program for program preprofessional and professional courses is as follows:

Pre-professional

A	4.0
A-	3.7
B+	3.3
B	3.0
B-	2.7
C+	2.3
C	2.0

↑ **Satisfactory Performance** ↑

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↓ **Unsatisfactory Performance** ↓

C-	1.7
D	1.0
F	0

C. Preprofessional Phase:

Program Preprofessional Courses

	Year 1 Fall
BIOL 121	Bioscience I
BIOL 123	Bioscience Lab I
CHEM 121	General Chemistry I
CHEM 123	General Chemistry Lab I
ENGL 113	College Writing I
MATH 115 or 125	College Algebra or Precalculus Math
PEAC XXX	PE Elective
PAST 101	PA Seminar I
	Year 1 Spring
BIOL 122	Bioscience I
BIOL 124	Bioscience Lab II
CHEM 122	General Chemistry II
CHEM 124	General Chemistry Lab II
ENGL 114	College Writing II
PEAC XXX	PE Elective
CISC 105/115	Computer Science
PAST 102	PA Seminar II
	Year 2 Fall
BIOL 250	Human Anatomy & Physiology I
BIOL 252	Human Anatomy & Physiology Lab I
CHEM 211	Organic Survey
PEAC XXX	PE Elective
PSYC/MATH 211 OR 215	Statistics
GenEd XXX	General Education Course
PAST 221	PA Seminar III
	Year 2 Spring
BIOL 251	Human Anatomy & Physiology II
BIOL 253	Human Anatomy & Physiology Lab II
CHEM 331	Biochemistry
GenEd	General Education Course
PAST 222	PA Seminar IV

D. Deceleration in the Program

Under extraordinary circumstances students may be allowed additional time to complete the program. This request must be made in writing to the program director who has the sole discretion to grant or deny such a request.

In order to be considered for deceleration, the following conditions must exist:

1. Minimum GPA of 3.0 in the preprofessional phase of the program.
2. A grade of at least "C" in all preprofessional program core courses and a "B" in all other professional program courses.
3. Appropriate number of All-College-Requirements and program core requirements completed to date.
4. Demonstrated behavior, attitude, and ethics consistent with professional demeanor expected of a physician assistant student as determined in the sole discretion of the department chair.

E. Learning Disabilities

Several different teaching methods may be used in program courses. Regardless of the method(s) used, it is the student's responsibility to learn the material. Anyone with a documented learning disability, recognized by the college, who wishes accommodations should identify him or herself to the Office of Student Services within the first week of classes to see whether reasonable accommodations are appropriate and/or available.

F. Credit Transfer

Students transferring undergraduate credits from other institutions during the preprofessional phase of the program must consult with their advisor and the Registrar's Office to establish individual course requirements to determine whether exemptions and substitutions for non-PA courses will be granted. All transfer students must complete one full time academic year at SC to be admitted into the professional phase of the program. A maximum of 16 credits of pre-professional science/ may be transferred.

Students will not be excused from any course in the professional phase of the program. All courses must be taken at Springfield College. No course substitutions will be allowed.

IV. MINIMUM TECHNICAL STANDARDS FOR ADMISSION, CONTINUATION, AND GRADUATION

In addition to the academic standards described above, students will be expected to meet the following minimum technical standards in order to successfully complete the program. Technical standards define the attributes that are considered necessary for students to possess in order to complete their education and training, and subsequently enter clinical practice. These standards are prerequisites for entrance, continuation, and graduation from the Springfield College Physician Assistant Program.

Students must possess aptitude, ability, and skills in five areas: 1) observation, 2) communication, 3) sensory and motor coordination and function, 4) conceptualization, integration, and quantitation, and 5) behavioral and social attributes. The functions described below are critically important to the student and must be autonomously performed by the student. It should be understood that these are standards for minimum competence in the program.

1. OBSERVATION

Students must be able to observe demonstrations and conduct experiments in the basic sciences including, but not limited to, chemical, biological, anatomic and physiologic sciences, microbiologic cultures, and microscopic studies of microorganisms. Students must be able to observe intracellular details through a microscope, observe demonstrations in the classroom including films, projected overheads and slides or other forms of visual presentation.

Students must be able to accurately observe a patient near and at a distance, noting nonverbal, as well as verbal signs. Specific vision related criteria include, but are not limited to, detecting and identifying changes in color of fluids, skin, culture media, visualizing and discriminating findings on x-rays and other imaging tests, and reading written and illustrated materials. Students must be able to observe and differentiate changes in body movement, observe anatomic structures, discriminate among numbers and patterns associated with diagnostic tests such as electrocardiograms and electroencephalograms, and competently use diagnostic instruments such as otoscope, ophthalmoscope, and microscope.

2. COMMUNICATION

Students must be able to effectively relate to patients, conveying a sense of compassion and empathy. They must be able to clearly communicate with patients in order to elicit information, accurately describe changes in mood, activity and posture of patients, and understand verbal as well as nonverbal communication.

Communication includes not only speech, but reading and writing. Physician assistant education presents exceptional challenges in the volume and breadth of required reading in order to master the subject area and to impart information to others. Students must be able to communicate quickly, effectively and efficiently in oral and written English in the classroom and later, with all members of the health care team. Specific requirements include, but are not limited to the following: rapidly and clearly communicating with the medical team on rounds or elsewhere, eliciting an accurate history and physical exam from patients, and communicating

complex findings in appropriate terms to patients and to various members of the health care team. Students must learn to recognize and promptly respond to emotional communications such as sadness and agitation.

Students must be able to read and write efficiently, accurately, and legibly record observations and plans in legal documents such as the patient record. Students must be able to prepare and communicate concise but complete summaries of individual encounters and complex, prolonged encounters, including hospitalizations. Students must be able to complete forms according to directions in a complete and timely fashion.

3. SENSORY AND MOTOR COORDINATION OR FUNCTION

Students must possess sufficient sensory and motor function to perform physical examinations using palpation, auscultation, percussion and other diagnostic maneuvers. This requires sufficient exteroceptive sense (visual and auditory, touch, pain, and temperature), proprioceptive sense (position, pressure, movement, stereognosis, and vibration), and motor function.

Students must be able to evaluate various components of the spoken voice such as pitch, intensity, and timbre. They must also be able to accurately differentiate percussive notes, auscultatory findings, including but not limited to, heart, lung, and abdominal sounds. Students must be able to accurately discern, through the auditory sense, normal and abnormal findings using instruments including, but not limited to tuning forks, stethoscopes, sphygmomanometers, Doppler devices, or auditory alarms.

Students should be able to execute motor movements to provide general care and emergency treatments to patients. The student, therefore, must be able to respond promptly to urgencies within the hospital or practice setting, and must not hinder the ability of their co-workers to provide prompt care. Examples of emergency treatment reasonably required of a physician assistant include arriving quickly when called and assisting in cardiopulmonary resuscitation (CPR), administering intravenous medications, applying pressure to arrest bleeding, maintaining an airway, suturing uncomplicated wounds, and assisting with obstetrical maneuvers. As further illustration, CPR may require safely moving an adult patient, applying considerable chest pressure over a prolonged period of time, forcefully delivering artificial respiration and calling for help.

Students should be able to perform basic laboratory tests such as wet mount, urinalysis, gram stain etc., and diagnostic and therapeutic procedures such as phlebotomy, venipuncture, placement of catheters and tubes. The administration of intravenous medications requires a certain level of dexterity, sensation and visual acuity. Students must be able to measure angles and diameters of various body structures using a tape measure or other devices, measure blood pressure, respiration and pulse, and interpret graphs describing biologic relationships. Clinical rotations in ambulatory care settings require the ability to transport oneself to a variety of settings in a timely manner, while inpatient rounds require prolonged and rapid ambulation.

4. INTELLECTUAL, CONCEPTUAL, INTEGRATIVE AND QUANTITATIVE ABILITIES

Problem solving, a critical skill demanded of physician assistants, requires intellectual abilities which must be performed quickly, especially in emergency situations. These intellectual abilities include numerical recognition, measurement, calculations, reasoning, analysis, judgment, and synthesis. Students must be able to identify significant findings from the patient's history, the physical examination and laboratory data, provide a reasoned explanation for likely diagnoses, and choose appropriate medications and therapy.

The ability to incorporate new information from many sources in formulating diagnoses and plans is essential. Good judgment in patient assessment, diagnostic and therapeutic planning is primary. When appropriate, students must be able to identify and communicate the limits of their knowledge to others.

5. BEHAVIORAL AND SOCIAL ATTRIBUTES

Students must possess the emotional health required for full use of their intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities associated with the diagnosis and care of patients and the development of mature, sensitive and effective relationships with patients. Empathy, integrity, honesty, concern for others, good interpersonal skills, interest in people, and motivation are personal qualities that are required. Students must possess the ability to monitor and react appropriately to one's own emotional needs and responses. For example, students need to maintain emotional demeanor and organization in the face of long hours, fatigued colleagues, and dissatisfied patients.

Students must be able to develop professional relationships with their colleagues, as well as with patients, providing comfort and reassurance to patients when appropriate, while protecting patient confidentiality. Students must possess endurance to tolerate physically taxing workloads and to function effectively under stress. All students are at times required to work for extended periods of time, occasionally with rotating schedules. Students must be able to adapt to changing environments, to display flexibility and to learn to function in the face of uncertainties inherent in the practice of medicine. Students are expected to accept suggestions and criticisms and if necessary, to respond by modification of behavior.

V. ACADEMIC HONESTY

The practice of medicine requires sound judgment, honor, and integrity. All students enrolled in the Springfield College Physician Assistant Program are expected to conform to the principles of academic honesty. Academic dishonesty will not be tolerated by the program faculty or the College.

Anyone determined by the program to have cheated on unit tests, quarterly examinations, final examinations, quizzes, practical examinations, homework or written assignments will receive a final grade of "F" in the course, regardless of the student's progress to that point, and will automatically be suspended from the program. All instances of cheating will be reported to the Dean of Students. The Student Judicial System, may be employed to hear the incident and determine if the student should be dismissed from the College

Cheating also includes plagiarism which, “is the act of using another person’s ideas or expressions in your writing without acknowledging the source. It is giving the impression that you have written or thought of something that you have in fact borrowed from someone else.” (Plagiarism, Springfield College Writing Center.)

Further forms of cheating include but are not limited to purchasing of papers, and presenting the same written work for more than one course without the permission of the instructor of the course in which the student is enrolled. The use of cellular phones and transmitting or recording devices during exams or exam review sessions is prohibited, and will be considered academic dishonesty. Discussion among students regarding testing material is considered academic dishonesty. For students in the clinical year, honesty is expected in the recording of historic information, physical findings, laboratory data or other information not obtained directly by the student.

VI. WRITING POLICY

The ability to communicate well both orally and in writing is key to being a well-educated health care provider. All written work, unless otherwise indicated, is to be submitted to the instructor typed. Students are expected to present work in correct grammatical form with no misspelled words. Grades in the professional courses will reflect deficiencies. Consult course syllabi for expectations.

VII. ATTENDANCE

Punctual classroom attendance in all program courses is mandatory. A student who arrives late or leaves early will be considered absent unless granted permission by the course instructor or coordinator. Excessive absences from class or clinical rotations may result in the reduction in grade or failure of the course. Please consult the course syllabus for instructions and policies regarding make-up, absence, and lateness.

Each course will have an excessive absence policy. If a student exceeds the maximum number of absences, excused or un-excused, course failure or incomplete will be awarded. This will lead to deceleration in, or dismissal from, the program.

It is required that each student attend all clinical assignments and rotations at the scheduled time. **If personal illness or emergency prevent the student from attending the clinical site, the preceptor and the clinical coordinator must be notified prior to the student's scheduled arrival time.** Please consult the clinical practica syllabi for instructions and policy regarding make up, absence, and lateness.

Students who encounter difficulty in maintaining a professional commitment to their clinical training or academic studies, must meet with the program director to discuss continuance in the program. In order for a student who has missed classes to remain in the program, all missed work, to the degree possible, must be made up by the end of the course. It is the student's responsibility to make up missed work. If work cannot be made up by the end of the course, the student may receive a reduction in grade, failure, or an incomplete as determined by the course instructor. This will lead to deceleration in, or dismissal from the program.

VIII. PROFESSIONAL CONDUCT, ETHICS, and ATTIRE EXPECTED OF STUDENTS IN THE PROGRAM

Students are expected to exhibit professional behavior in the classroom, laboratory, and in the clinical setting and off college property. Students should understand that their personal behavior as a member of the PA program and their future profession reflects not only on themselves but also their fellow PA students, future colleagues, and the entire Springfield College faculty and staff.

Students may express personal taste through appropriate conservative dress while attending classes on the Springfield College campus, on clinical rotations, and when attending program related activities.

1. During the normal course of interaction with others, the wearing of a head scarf, hat, cap, hood or other head covering in a building is unacceptable. An exception to this is when such items are required as part of medical treatment, religious observance, or clinical rotation.
2. Except for specific laboratory assignments, students are expected to wear appropriate footwear while attending classes.
3. Students are not allowed to wear operating attire (scrubs) in the classrooms on the Springfield College campus.
4. Eating and/or drinking during classroom sessions is not allowed.
5. In all professional settings including the classrooms, and especially in the presence of faculty and program staff, individuals are to be addressed by their appropriate professional title.
6. In the professional phase when attending classes at the college, students are expected to dress in business casual wear. Business casual for women includes, slacks, jeans without holes, skirts, and shirts that are not too tight or too revealing. Flip flops, hats, and sweat suits are not permitted. For men, business casual includes slacks, jeans without holes, and polo or button down shirts. Flip flops, hats, and sweat suits are not permitted.

Dress for laboratory settings will be at the discretion of the instructor.

When at a professional setting, (hospital, doctors' office, etc.), students are expected to dress in professional attire. Men should wear dress slacks, dress shoes, and shirt and tie. Women are expected to wear dresses, skirts, dress slacks and blouses, dress shoes and stockings. Nails should be short. Acrylic fingernails are prohibited in all clinical settings. Body jewelry is usually inappropriate for medical providers and therefore discouraged.

7. Massachusetts State law requires that students and personnel employed at health care facilities wear an identification badge. Students are, therefore, required by law, to wear their Springfield College ID badge when attending classes and other functions at all health care facilities.
8. Unprofessional behaviors as determined in the sole discretion of the department chair including without limitation, academic or otherwise, dishonesty, disruption of class activities, expression of derogatory, disrespectful comments to instructors, confrontations with instructors or peers, or display of temper will not be tolerated by program faculty. Observation of any of these unprofessional behaviors by program faculty will lead to immediate dismissal from the program.
9. A criminal background investigation (CORI) must be completed prior to matriculation into the professional phase. This will be submitted to the program by the student to be included in the student confidential clinical file.
10. A Behavioral Assessment Form (Appendix A) will be used for semester student assessment to document irregularities in and professional conduct and be included in the student's permanent academic file.

IX. USE OF DRUGS OR ALCOHOL BY STUDENTS

If a student is suspected of being under the influence of drugs or alcohol while attending program activities, the following will take place:

1. The student will immediately be removed from the classroom or from the clinical setting and be referred to health services for evaluation.
2. The student will meet with the program director, where a warning will be issued and the student will be suspended from the program as determined in the sole discretion of the program director. The Dean of Students Office will be notified immediately.
3. If the student repeats the behavior (s)he will not be allowed to continue in the program until proof is submitted to the program director that (s)he is undergoing treatment for the abuse. A letter from a counselor stating that the student is well enough to return to classes is required in order to return to the program.

X. ACCIDENT/INCIDENT REPORT

Occasionally, accidents will occur in the laboratory or at the clinical site. Any student or staff member injured as a result of any accident involving a student must immediately file a Springfield College Accident/Incident Report Form with the program office. If the accident occurs at a clinical site, the student must notify the program director or clinical coordinator by telephone as soon as possible. A copy of the form found in Appendix C can be photocopied and used for filing the report.

XI. STUDENT HEALTH

The Commonwealth of Massachusetts requires all educational institutions to maintain full immunization records for all enrolled students. Students who do not comply with this mandate will not be permitted to remain enrolled at Springfield College.

All incoming students will be required to have documented immunizations for healthcare providers as recommended by the CDC. Students who choose to have private health care providers administer the vaccine must provide the Towne Student Health Center with documentation of the three part immunization series. Students who wish to complete the immunization series at Springfield may do so through the Health Center. The charge for this series will be placed on the student's bill. Failure to comply with this immunization requirement will lead to immediate suspension from the program.

Students must carry some form of health insurance while attending the program. Students are responsible for all medical fees incurred while enrolled in the program. All Springfield College students are required to have a medical examination by a qualified health practitioner prior to enrollment in the college. The Physical Examination Report must be completed and returned to Towne Student Health Center no later than the first day of class in the initial fall semester. Students will not be allowed to attend class, labs, or clinical experiences until the form is completed and returned to the Health Center. Any change in health status must be documented in the health record. Because of the nature of the program and the necessity for contact with immuno-suppressed patients, failure to maintain a current health record will lead to suspension from the program until the record is complete.

In addition to the hepatitis immunization requirement, all college students must present documentation of a negative current PPD, or if the PPD is positive, with a chest x-ray, tetanus toxoid within the last ten years, MMR immunization or a positive titre, and varicella immunization or a positive titre.

XII. MATRICULATION FROM PRE-PROFESSIONAL TO PROFESSIONAL PHASE OF THE PROGRAM

Matriculation into the professional phase of the program is dependent upon meeting the criteria listed below. The Promotions Committee will review each student's file at the end of the year 3 fall semester and will make recommendations to the program director regarding the student's eligibility and readiness to advance to the professional phase of the program. Students must meet the following criteria:

1. A 3.0 cumulative GPA in all program required core courses, and a minimum grade of at least "C" in each pre-professional program core course
2. Completion of all "All College Requirements" (Gen Eds).
3. Written documentation of a minimum of 240 hours of health care experience reviewed by the student's faculty advisor according to the following guidelines:
 - a. 220 hours of patient related experience
 - b. 20 - 40 hours of observation of a clinically practicing PA

4. Demonstrated professional behavior and attitude that is consistent with the Program Code of Ethics (Appendix D)
5. Meet immunization requirements prior to beginning clinical assignments in the didactic year.

Final acceptance into the professional phase of the program is dependent upon receipt and review of grades by the Promotions Committee. Students who know that they need to repeat a pre-professional phase required course, should notify the program director immediately to avoid tuition and other college charges.

XIII. REQUIREMENTS FOR SUCCESSFUL COMPLETION OF THE DIDACTIC YEAR AND MATRICULATION TO THE CLINICAL YEAR

The following rules and regulations reflect the minimum academic and behavioral standards expected of students during the didactic year of the program. In order to complete the didactic year, students must:

1. Earn a “B” in all professional phase courses.
2. Demonstrate mastery of history taking and physical examination skills. Students will not be assigned their clinical rotations until they have demonstrated mastery of history taking and physical examination skills as determined by the course instructor, program faculty, and program director. Specifically:
 - a. In PAST 512, History Taking & Physical Examination I
Each student must successfully complete the final practical examination with a minimum score of 80%. A student will have a total of two attempts to attain the 80% score. If unsuccessful, the student will fail the course, regardless of the course average.
 - b. In PAST 522, History Taking & Physical Examination II (W)
Each student must successfully complete the final practical examination with a minimum score of 80% and an average of 80% on the assigned pre-clinical H & P write-ups. A student will have a total of two attempts to attain the 80% score on the final practical examination. If unsuccessful, the student will fail the course regardless of the course average.
 - c. In PAST 532, History Taking & Physical Examination III (W)
Each student must successfully complete the final practical examination with a minimum score of 80%, an average score of 80% on the assigned pre-clinical H & P write-ups, and an average score of 80% on the pre-clinical oral presentations. If the student is unsuccessful in meeting these conditions, the student will fail the course regardless of the course average.
3. Attend all classes, lectures, seminars, and other learning activities as dictated by the course instructor.
4. Attend all assigned clinical experiences and complete the work associated with patient encounters in these assignments.

5. Be present and on time for all examinations.
6. Meet at least once a semester with assigned advisors.
7. Obtain Cardiopulmonary Resuscitation (CPR) and Advanced Cardiac Life Support (ACLS) certification.
8. Demonstrate professional behavior and attitude consistent with the Program Code of Conduct and Ethics (Appendix D)

XIV. REQUIREMENTS FOR SUCCESSFUL COMPLETION OF THE CLINICAL YEAR

Some of the clinical rotation experiences in the clinical year may require travel to sites outside the Springfield area. Students are responsible for all costs associated with these clinical rotations, including travel, parking, and living expenses. Students are also responsible for the costs associated with uniforms and diagnostic equipment.

The following rules and regulations which reflect the minimum academic and behavior standards expected of the students during the clinical year of the program. In addition to strictly complying with all of the rules, regulations, policies and procedures of the college and the program, the student must:

1. Successfully complete clinical rotations including Inpatient Medicine, Family Medicine, Surgery, Emergency Medicine, Obstetrics and Gynecology, Pediatrics, Psychiatry, and Elective Rotation with a grade of B or better.
2. If a student should fail a clinical rotation, he/she will remediate and then repeat the failed rotation. A plan for remediation will be developed by the clinical coordinator to remedy the student's deficiency. Remediation may be achieved through a guided independent study course that must be successfully completed with a passing grade of B or better. Failure to achieve a grade of B or better on the remediation or second attempt of the failed rotation will result in dismissal from the program.
3. Failure of clinical rotation evaluation will result in failure of that rotation regardless of grade on post rotation exam.
4. Failure of two rotations will result in dismissal from the program.
5. A summative practical and written examination will be given in the third semester to assess physical examination skills, clinical skills, medical knowledge and critical thinking. The physician assistant student must show competence in all areas to graduate from the program. If necessary, remediation will be recommended in all areas until the minimum competence is achieved.
6. Demonstrate professional behavior and attitude consistent with the Program Code of Conduct and Ethics (Appendix D).

XV. EQUIPMENT

Students are expected to obtain the following required pieces of diagnostic equipment by the end of the fourth week of the summer semester of the didactic year. Although the program does not endorse any one medical instrument or supply company, program faculty can be consulted prior to purchasing equipment.

1. Quality stethoscope with bell/diaphragm
2. Aneroid type adult sphygmomanometer
3. Oto-ophthalmoscope diagnostic set
4. Percussion hammer
5. Tuning fork (128)
6. OSHA safety glasses
7. Laminated hand held vision screener with cm/inch rule & pupil size gauge (Rosenbaum)
8. Patient examination gown
9. Sport bra (women)
10. Gym shorts
11. White, tailored lab jacket (2)
12. Retractable fabric measuring tape
13. Basic suture set
14. PDA – palm or PC based
15. Full length mirror

XVI. MEDICAL REFERENCE RESOURCES

Recent editions of the most medical reference books are available at Babson Library, Mercy Medical Center, and in the offices of program faculty. Recommended readings may be placed on reserve in the libraries listed above.

Students may use the Mercy Medical Center Library during normal business hours. Up to date, MEDLINE and other literature searches can be performed at Babson Library, or for professional phase students, at the PA Program Computer Room in Herbert P. Blake Hall.

The PA Program Computer Room in Herbert P. Blake Hall is open to students during normal program hours. When not in use the door should be locked. Due to the cost of computers, food

and beverages are not allowed in the computer room. CD-ROM discs need to be signed out and returned to program faculty after use.

XVII. OUTSIDE VOLUNTEER OR WORK

Because of the intensity of the professional phase of the program, students are strongly discouraged from attempting to work. Students should bear in mind that any work undertaken outside the program is not covered by the student malpractice insurance required during the professional phase of the program. Course work and clinical experiences will not be arranged to accommodate any outside work.

XVIII. PROFESSIONAL ORGANIZATIONS

1. Physician Assistant Student Organization (PASO)

Springfield College allows PA students to gather together for the purpose of friendship, support, professional development and community service.

2. American Academy of Physician Assistants (AAPA)

PA students are eligible for membership in the Student Academy of Physician Assistants (SAAPA). Members receive official publications of the Academy, have access to a job service, and are eligible to compete for scholarships.

3. Massachusetts Association of Physician Assistants (MAPA)

MAPA is constituent chapter of AAPA. Students are chosen from the programs in Massachusetts to sit on the MAPA Board of Directors. Each year MAPA offers one or more scholarships to MAPA student members and supports student projects in a variety of ways.

Students are encouraged to join any or all of the above organizations. Special rates are available for student membership.

**SPRINGFIELD COLLEGE
PHYSICIAN ASSISTANT PROGRAM**

PROGRAM FACULTY AND STAFF

David Miller, Phd, P.T.
Dean
School of Health Sciences and
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748-3820

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Medical Director
748-3554

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Program Director
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Clinical Coordinator
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Faculty
748-3558

Gail LaBelle, A.S.
Administrative Assistant
748-3554

APPENDIX A

Springfield College Physician Assistant Program Behavioral Assessment Form

Student: _____

Advisor: _____

Date: _____

Performance Indicator	1	2	3	4
Attendance	Was late on more than two occasions, and/or did not call to indicate late arrival	Was late on one or two occasions, and did not call to indicate late arrival	Was late on one or two occasions, and did call to indicate late arrival	Was always on time
Assignment Timeliness	Assignments completed late on greater than 5 occasions	Assignments completed late on greater than 3 occasions ²	Assignments completed late on 1 or 2 occasions	Assignments always on time
Interpersonal Skills	Often demonstrated negative attitude when working with classmates and instructor	Occasionally demonstrated negative attitude when working with classmates and instructor	Usually demonstrated positive attitude, when working with classmates and instructor	Always interacted appropriately when working with classmates and instructor
Professional Dress	Dressed inappropriately on more than two occasions	Dressed inappropriately on two occasions	Dressed inappropriately on one occasion	Always dressed appropriately
Communication	Rarely communicated effectively	Sometimes communicated effectively	Often communicated effectively	Always communicated effectively
Professionalism	Attitude was rarely professional	Attitude was sometimes professional, though some lack of professionalism was evident	Attitude was usually professional	Attitude was always professional

Excellent: 24-19 Good: 18-13 Satisfactory: 12-7 Poor: 6

Faculty Comments

Signature:

Student Comments

Signature

APPENDIX B

SPRINGFIELD COLLEGE PHYSICIAN ASSISTANT PROGRAM APPEAL PROCEDURE

A. Appealing a PAST Final Grade

Students enrolled in the Physician Assistant (PA) Program have the right to appeal a final grade in a PAST course. The process begins with the student's requesting a review of his or her record with the course instructor. If unsuccessful in this attempt, the student may pursue the review with the program director, and dean, in that order. A written request to the program director describing the circumstances of the appeal must be submitted within one week of the notification of the disputed grade. Due to the scheduling of PAST courses, this must be accomplished prior to the beginning of the next academic semester.

B. Appealing to the Ad Hoc Student Evaluation Committee (AHSEC) After Dismissal

Reasons for dismissal from the program may include, but are not limited to, poor academic achievement, academic dishonesty, and behavior and/or attitude not consistent with the physician assistant profession. Students who have been dismissed from the program may appeal to the Ad Hoc Student Evaluation Committee. While an appeal is in process, the student may NOT continue in program activities. The AHSEC will consist of one Springfield College Physician Assistant Program faculty member not directly involved with the appeal, and at least two (2) other members from the faculty of Springfield College. The following procedure will be followed:

1. Any student wishing to appeal dismissal from the program must submit a written request for a meeting with AHSEC to the Program Director within two weeks of receiving notification of dismissal. The student must clearly specify in writing why he or she feels the dismissal should be overturned.
2. The Program Director will form an Ad Hoc Committee within two weeks from receipt of the written appeal.
3. The Ad Hoc Committee will review all the facts along with any supporting documentation from the student and faculty. The appeal should be specific enough so that members of the committee will have a clear understanding of the student's reason for the request. The student and the faculty member may be asked to present his or her statement concerning the appeal to the Ad Hoc Committee during the formal meeting of the committee.
4. The Program Director will notify the student in writing within five working days after receiving the Ad Hoc Committee's recommendation of the program's final decision. There is no further recourse for appeal in the program.

Dismissal from the program does not necessarily mean dismissal from the college. The student should make an appointment with an advisor in another department to continue his or her education at Springfield College.

**APPENDIX C
PA Program Accident/Incident Reporting Form**

Name _____ **SS#** _____

Student/Employee _____ **D.O.B.** _____ **Male/Female** _____

Home Address (No. and Street, City, State, Zip) _____

Springfield College Address (Res. Hall/Dept.) _____ **Telephone** _____

Date & Time of Injury/Accident: / / am/pm **Scene of Accident** _____

Source of Injury (equipment, wet floor, loose tile, etc.) _____

Witness? Y/N _____ **Name of Witness** _____

Describe what happened: _____

Location of Injury (left ankle, right index finger, etc.) _____

Disposition: _____

Name _____ **Title/Occupation** _____ **Date** _____

Name & Title of Person Preparing Form (if not injured part) _____ **Date** _____

This form may be photocopied

APPENDIX D
SPRINGFIELD COLLEGE
PHYSICIAN ASSISTANT PROGRAM

ETHICAL CODE OF BEHAVIOR FOR PHYSICIAN ASSISTANTS

Members of the physician assistant profession must act in an appropriate way to monitor and maintain the integrity of the standards of the profession. The SC PA Program is committed to excellence in patient care and education and the training of physician assistant students. To further this goal, staff members and students are expected to adhere to a Code of Professional Conduct and Ethics in their interactions with patients, colleagues and other health professionals, and the public.

The following code of conduct and ethics is adapted from the Dartmouth College Medical School and Hitchcock Medical Center Code.

Professional Obligations

1. Respect for Persons

- a. Practice the doctrine of informed consent for any patient diagnostic test or therapy
- b. Treat patients, colleagues, students and teachers with the same degree of respect you would wish them to show you
- c. Treat patients with kindness, gentleness, dignity, empathy, and compassion
- d. Do not use offensive language verbally or in writing when referring to patients of their illnesses
- e. Respect the privacy and modesty of patients
- f. Do not harass others, physically, verbally, psychologically, or sexually
- g. Do not prejudge others on the basis of gender, religion, race, age, or sexual preference

2. Respect for Patient Confidentiality

- a. Do not share the medical or personal details of a patient with anyone except those health care providers integral to the well being of the patient or within the context of an educational endeavor
- b. Do not discuss patients or their illness in public places where conversations may be overheard
- c. Do not publicly identify patients in spoken words or in writing without adequate justification
- d. Do not invite or permit unauthorized persons into patient care areas of the institution
- e. Do not share your confidential computer system password with nonprofessionals

3. Honesty

- a. Be truthful in verbal and in written communications
- b. Acknowledge your errors of omission and commission
- c. Do not knowingly mislead others
- d. Do not cheat, plagiarize, or otherwise act dishonestly
- e. Do not falsify or fabricate scientific data

4. Responsibility for Patient Care

- a. Assume 24-hour responsibility for patients under your care; when you go off duty, assure that your patients' care is adequately covered by another practitioner
- b. Follow-up on ordered laboratory tests and complete patient record documentation conscientiously
- c. Coordinate with your team, the timing of information sharing with patients and their families to present a coherent and consistent treatment plan
- d. Do not use alcohol or other drugs that could diminish the quality of patient care or academic performance

5. Awareness of Limitations, Professional Growth

- a. Be aware of your professional limitations and deficiencies of knowledge and abilities and know when and of whom to ask for supervision, assistance or consultation
- b. Do not engage in unsupervised involvement in areas or situations where you are not adequately trained
- c. Avoid patient involvement when you are seriously ill, distraught, or overcome with personal problems
- d. Have all patient workups and orders countersigned by the appropriate supervisory personnel

6. Deportment as a Professional

- a. Clearly identify yourself and your professional level to patients and staff; wear your name tag when in patient areas
- b. Do not allow yourself, as a student, to be introduced as a physician assistant or doctor
- c. Dress in a neat, clean, and professionally appropriate manner
- d. Maintain a professional composure despite the stresses of fatigue, professional pressure, or personnel problems
- e. Do not have romantic or sexual relationships with your patients; recognize that if such relations develop, seek help and terminate the professional relationship

7. Responsibility for Peer Behavior

- a. Take the initiative to identify and help rehabilitate impaired students, nurses, physicians, physician assistants, and other employees
- b. Report important breaches of the Code of Professional Conduct and Ethics

8. Respect for Personal Ethics

- a. You are not required to perform procedures (e.g., abortions, termination of medical treatment) that you feel are unethical, illegal, or may be detrimental to the patient
- b. Inform patients and their families of available treatment options that are consistent with acceptable standards of medical care

9. Respect for Property and Laws

- a. Respect the property of Springfield College and other facilities with which you are affiliated
- b. Adhere to regulations and policies such as fire safety, hazardous waste disposal and universal precautions or Springfield College and all other facilities with which you are affiliated
- c. Adhere to local, state, and federal laws and regulations

APPENDIX E
SPRINGFIELD COLLEGE
PHYSICIAN ASSISTANT PROGRAM
PERFORMANCE COMPETENCY

- 1. History Taking: to be able to elicit from a patient and when appropriate, a parent or guardian, an accurate, detailed history and to record the data in an acceptable manner**
 - 1.01 Obtain a clear, concise chief complaint and history of the present illness
 - 1.02 Obtain a past medical history including chronology, duration of symptoms, onset of symptoms, and body location
 - 1.03 Obtain a pertinent patient profile
 - 1.04 Obtain a family history of illness or exposure to illness
 - 1.05 Obtain a personal and social history including education, employment, use of alcohol, caffeine, drugs and tobacco
 - 1.06 Record all pertinent historical data in a clear, concise, and relevant manner

- 2. Physical Examination: to be able to perform a physical examination of a patient of any age or gender, and under any condition**
 - 2.01 Gain patient confidence
 - 2.02 Demonstrate appropriate use of the instruments for the physical examination
 - 2.03 Demonstrate ability to alter the sequence and content of the physical examination according to the needs of the patient
 - 2.04 Recognize and record in an acceptable manner normal and abnormal findings based upon the patient's age, gender, and race

- 3. Differential Diagnosis: to be able to develop a differential diagnosis and diagnostic impression based upon the data collected**
 - 3.01 Demonstrate the ability to organize and integrate data from the medical history, physical examination, and diagnostic studies
 - 3.02 Demonstrate sound medical judgment at each stage of data collection
 - 3.03 Accurately record and present the data in a manner appropriate for the setting

- 4. Diagnostic Skills: to be able to identify, perform, order and interpret, at least to the point of recognizing deviations from the norm, routine diagnostic procedures used to identify pathophysiologic processes**
 - 4.01 Assess the patient's problem(s), identifying the appropriate procedures and discuss differential diagnosis based on signs and symptoms
 - 4.02 Know the routine hematologic, cytologic, bacteriologic, and chemical tests
 - 4.03 Know normal and abnormal CBC, differential platelet counts, granulocyte counts, and serum electrolyte levels
 - 4.04 Know the diseases with which abnormal findings are most often associated
 - 4.05 Know which tests need to be run on a regular basis to monitor a patient's condition and/or effectiveness of the therapy
 - 4.06 Know the methods, indicators and contradictions, and complications of diagnostic procedures
 - 4.07 Employ sterile techniques as dictated by the procedure performed

- 4.08 Collect routine specimens of blood, sputum, urine, stool, and bacteriologic sample
 - 4.09 Perform basic laboratory tests: CBC, urinalysis, gram stain, and stools for blood and ova/parasites
 - 4.10 Perform and interpret a 12 lead EKG or rhythm strip
 - 4.11 Obtain pap smears, collect vaginal and urethral cultures and prepare slides for detection of common pathogens
 - 4.12 Order and assess routine x-ray studies
- 5. Therapeutics: to perform routine procedures and to be able to manage more complex illness and/or injury and to take the initiative in performing therapeutic procedures in response to emergency situations**
- 5.01 In consultation with a supervisor practitioner select and order medications including dosage, route of administration, interval and duration
 - 5.02 In consultation with supervisory practitioner select and order appropriate therapies, including surgery
- 6. Communication: to be able to communicate, both orally and in writing, in a professional manner with patients and with other health professionals**
- 6.01 Present a summary of historical and physical findings, differential diagnosis, results of diagnostic studies, diagnostic impression and planned therapeutic regimen
 - 6.02 Dictate and/or write history and physical findings, admission orders, diagnostic studies, diagnostic impressions, consultation requests, progress and procedural notes, daily progress notes, discharge summary, and discharge orders
 - 6.03 Communicate with patients and/or their families using a vocabulary and at a level they can understand
 - 6.04 Acknowledge cultural and ethnic aspects of health and illness and modify communication as required
- 7. Attitude: Develop and maintain a professional attitude toward the individual and their health problems**
- 7.01 Develop maturity and objectivity toward and understanding of the individual's health, safety, welfare, and dignity, without regard to gender, race, socioeconomic status or religious beliefs
 - 7.02 Maintain empathy toward the physical, psychological, and social condition of the individual
 - 7.03 Maintain patient confidentiality unless required by law, to release information
 - 7.04 Demonstrate an understanding of physician assistant scope of practice, avoid misrepresentation of knowledge base and skill level, and know when to seek consultation
 - 7.05 Recognize and appreciate the difficulty patients may experience in their efforts to comply with recommended treatment plans
 - 7.06 Develop a personal philosophy regarding dignity and the quality of life

8. Critical Thinking: to be able to assimilate, analyze, and apply information from a number of sources to issues in patient care

- 8.01 Effectively perform literature searches to gather needed information
- 8.02 Read the medical literature on a regular basis
- 8.03 Discuss current and controversial medical knowledge with physicians and colleagues
- 8.04 Critically evaluate new medical knowledge

9. Technical Procedures: to be able to perform the following procedures including:

- 9:01 List the indications and contraindications for the procedure
- 9:02 List the potential complications of the procedures
- 9:03 Employ sterile techniques as dictated by the procedures performed

APPENDIX F

SPRINGFIELD COLLEGE PHYSICIAN ASSISTANT PROGRAM

Infection Control Policy

The following policy refers specifically to Springfield College. Other policies may exist at clinical sites and will be distributed at those sites.

I. Exposure Determination

- A. Springfield College Physician Assistant Program faculty and students in the course of their teaching or learning may be involved in exposure to blood or other potentially infectious materials through skin, eye, mucus membrane or parenteral contact.

Exposure does not include incidental exposures that may take place at the school and that are neither reasonably nor routinely expected to incur in the normal school duties.

The term ‘other bodily fluids’ and ‘other potentially infectious materials’ refers to semen, vaginal secretions, cerebral spinal fluid, plural fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and any other body fluid that is visibly contaminated with blood, as well as any fixed tissue or organ (other than intact skin) from a human (living or dead).

- B. The following tasks involve exposure to blood or other potentially infectious materials:
1. class assignments and/or laboratory exercises in which the blood or other body fluids of human subjects are tested
 2. activities involving phlebotomy, whereby blood samples are taken and analyzed for the purposes of scientific research
 3. activities involving the administration of first aid to injured persons

II. Precautions to Prevent Transmission of HIV, HBV, and Other Blood Borne Pathogens

A. Universal Precautions

Blood and body fluid precautions should be consistently used in all instances when blood or other bodily fluids are present. “Universal blood and bodily fluid precautions” or “universal precautions”, should be used whenever there is a presence of blood or other body fluids.

1. The individuals should routinely use appropriate barrier precautions to prevent skin and mucus membrane exposure when contact with blood or other body fluids of any subject is anticipated. Gloves should be worn for touching blood and body fluids, mucus membranes, or other non intact skin of all subjects, for handling items or surfaces soiled with blood or body fluids, and for performing venipuncture and other vascular access procedures. Gloves should be changed after contact with each subject. Masks and protective eye wear or face shield should be worn during procedures that are likely to generate droplets of blood or fluids to prevent exposure of mucus membranes of the mouth, nose, and eyes.

2. Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or other body fluids. Hands should be washed immediately after gloves are removed.
3. Individuals should take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during procedures, when cleaning used instruments, during disposal of used needles, and when handling sharp instruments after procedures. To prevent needle stick injuries, needles should not be recapped, purposely bent or broken by hand. After they have been used, disposable syringes and needles, scalpel blades, and other sharp items should be placed in puncture resistant containers for disposal. The puncture resistant containers should be located as close as practical to the use area. Large-bore needles should be placed in a puncture resistant container for transport to the reprocessing area.
4. Individuals who have exudative lesions or weeping dermatitis should refrain from all direct contact with equipment until the condition resolves.
5. Pregnant individuals are not known to be at greater risk of contracting HIV infection than other individuals. However, if a pregnant individual develops HIV infection, the fetus is at risk for infection. Because of this risk, pregnant individuals should be especially familiar with and strictly adhere to precaution to minimize the risk of HIV transmission.

B. Precautions for Laboratories

Blood and other body fluids from all subjects should be considered infective. To supplement the universal blood and body fluids precautions listed above, the following precautions are recommended for individuals in clinical laboratories.

1. All specimens of blood and body fluids should be put in a well constructed container with a secure lid to prevent leaking during transport. Care should be taken when collecting each specimen to avoid contaminating the outside of the container.
2. All persons processing blood and body fluid specimens (e.g. removing tops from vacuum tubes) should wear gloves, masks and protective eye wear. Gloves should be changed and hands washed after completion of the process.
3. Mechanical pipetting should be used for manipulating all fluids. Mouth pipetting must not be done.
4. Laboratory work surfaces should be decontaminated with an appropriate chemical germicide after a spill of blood or other body fluids, and when work activities are completed.
5. Contaminated materials used in laboratory tests should be decontaminated before processing or be placed in bags and disposed of in accordance with institutional policies for disposal of infective waste.

6. Scientific equipment that has been contaminated with blood or body fluids should be decontaminated and cleaned before being repaired in the laboratory or transported to the manufacturer.
7. All persons should wash their hands after completing laboratory activities and should remove protective clothing before leaving the laboratory.

Implementation of universal blood and body fluids precautions for all subjects eliminates the need for warning labels on specimens since blood and body fluids from all individuals should be considered infective.

III. Post Exposure Follow-up

Should any individual exposed to blood or other potentially infectious materials by means of a specific eye, mouth or other mucus membrane, non-intact skin or parenteral contact, they must seek emergent care, then report the incident to the program director and complete the incident report form.

The program director will immediately document the incident including:

- A. the name of the individual exposed
- B. the exact time and place of exposure
- C. the duties being performed at the time of the incident
- D. details of the incident (steps leading to exposure)
- E. location of appropriate
- F. other pertinent information or data expected to aid in the treatment of the exposed individual or the investigation of the incident. The program director should treat the exposure incident as an emergency, making documentation a priority above other matters