

**SPRINGFIELD**  
**COLLEGE**



**PHYSICIAN ASSISTANT  
PROGRAM**

**Student Handbook**  
**Professional Phase**  
**Clinical Phase**

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# SPRINGFIELD COLLEGE

# PHYSICIAN ASSISTANT PROGRAM

## I. INTRODUCTION AND WELCOME

### A. 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 at 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, standards, regulations, and academic programs offered at 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.

### B. Welcome

Welcome to the Springfield College (SC) Physician Assistant (PA) Program. 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 on Education for the Physician Assistant (ARC-PA).

The Accreditation Review Commission on Education for the Physician Assistant has granted Accreditation-Continued status to the Springfield College Physician Assistant Program sponsored by Springfield College. Accreditation-Continued is an accreditation status granted when a currently accredited program is in compliance with the ARC-PA Standards.

Accreditation remains in effect until the program closes or withdraws from the accreditation process or until accreditation is withdrawn for failure to comply with the Standards. The approximate date for the next validation review of the program by the ARC-PA will be September 2026. The review date is contingent upon continued compliance with the Accreditation Standards and ARC-PA policy.

## II. MISSION, GOALS, AND OBJECTIVES

### A. 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.

### B. Goals

#### 1. Goal 1: Professionalism

Provide educational experiences which help to instill and promote the development of professional values, ethical behaviors, and leadership to humanity that are expected of physician assistants.

##### a) Objectives

- (1) Exhibit an understanding of diverse populations, medical ethics, patient confidentiality, professional values, and responsibilities. (PAST 540)
- (2) Pursue observational experiences in a clinical setting under the supervision of a physician assistant. (PAST 522/532)
- (3) Continue to apply critical thinking skills and principles of medical ethics in all aspects of clinical and professional tasks and behaviors. (PAST 640/650/660/670-680)
- (4) Demonstrate professional behavior. (PAST 640/650/660/670-680)
- (5) Discuss, via professional presentation, a medical case that the student has seen during one of the clinical clerkships each semester. (PAST 640/650/660)

##### b) Outcomes

- (1) Our students excel in the areas of professionalism, ethical behavior, and service to humanity. The college sponsors a campus-wide humanics in action day that many of our students attend. The PA student organization (PASO) runs a bone marrow drive and organizes a 5K-road race to support a community charity.
- (2) Every semester each student completes a professionalism self-assessment, which is reviewed with his or her advisor and documented in his or her student file. Any deficiencies identified by either the student or faculty member are discussed, and a plan for remediation is developed.
- (3) Clinical students of our program have consistently and successfully demonstrated excellence in the areas of professionalism and ethical behavior as reported by our clinical preceptors. Based on clinical preceptor surveys and student evaluations our students score

Cultural Competence	92.6%
Conduct and Demeanor	93.2%
Dependability and Responsibility	92.3%
Professional Relationships	93.2%

## 2. Goal 2: Evidence Based Practice

Educate students as to the importance of continued, evidence-based practice through understanding, evaluating, and utilizing medical literature for life-long learning.

### a) Objectives

- (1) Discriminate between high- and low-quality articles in the health care literature. (RSCH 610/612/PAST 626)
- (2) Interpret the literature for application in their field. (RSCH 610/612/PAST 626)
- (3) Understand the elements and components of research and research reports. (RSCH 610/612/PAST 626)
- (4) Detect the various sources of bias in health care related articles and materials. (RSCH 610/612/PAST 626)
- (5) Describe the phases of clinical research for drugs and investigational devices. (RSCH 610/612/PAST 626)
- (6) Demonstrate the ability to discuss articles using research terminology. (RSCH 610/612/PAST 626)

### b) Outcomes

- (1) All of our students undergo curriculum-wide training in evidence-based practice. Their education starts with a foundation and methods of research and a statistics course. The students conduct literature reviews and use their training to demonstrate the ability to collect, analyze, and draw conclusions from the medical literature. The capstone project is a best-practices paper and poster based upon their literature review, which may be presented at a professional conference. Throughout the entire curriculum, evidence based assignments are used to reinforce the students' learning.

## 3. Goal 3: Interprofessional/ Disciplinary Education

Provide educational experiences, which support the practice of patient-centered care by preparing our students to work effectively in interprofessional health care teams.

### a) Objectives

- (1) Identify the roles and responsibilities of various health care professionals and how these professionals contribute to the team approach of patient-centered health care as part of an interprofessional team. (PAST 540)
- (2) Develop the ability to express opinions and professional judgments to team members. (PAST 534/544/670-680)
- (3) Listen respectfully to other team members and participate both as a team leader and member. (PAST 534/544/670-680)
- (4) Understand and respect the roles, responsibilities, and expertise of all participants. (PAST 534/544/670-680)
- (5) Engage with other health professionals in collaborative, patient-centered problem solving. (PAST 544/670-680)
- (6) Understand your own and others' stereotypical views of different health professions and professionals. (PAST 534/544/670-680)

b) Outcomes

- (1) All students attend and participate in an interprofessional experience during the didactic year. The students then write a reflection paper based on their experience.
- (2) Based on clinical preceptor surveys and student evaluations, our students score  
Communication with preceptor, clinical staff and other team members 93.2%  
Patient-centered care 92.3%

4. Goal 4: Medical Knowledge and Patient Care

Educate physician assistants who have the clinical skills necessary to provide high-quality medical care in a variety of clinical settings.

a) Objectives

- (1) Perform the appropriate history and physical exam throughout the lifespan. (PAST 512/522/532/670-680)
- (2) Counsel and educate patients on preventative care and chronic and acute disease processes. (PAST 512/522/532/670-680)
- (3) Discuss the anatomy and physiology of each disease process. (PAST 515/525/670-680)
- (4) Discuss the appropriate utilization of pharmacotherapeutics in acute and chronic conditions. (PAST 523/533/543/670-680)
- (5) Discuss mental health disorders, diagnosis, treatment, and appropriate referral. (PAST513/670-680)
- (6) Perform various clinical skills used commonly in clinical practice. (PAST 521/531/670-680)
- (7) Discuss the epidemiology, etiology, pathophysiology, risk factors, signs/symptoms, differential diagnosis, physical findings, diagnostics, and treatment plans for various disease states. (PAST 524/534/544/670-680)
- (8) Identify and interpret the appropriate diagnostic and laboratory medicine for each disease. (PAST 524/534/544/670-680)
- (9) Integrate the knowledge base and skills learned during the didactic year to enhance and further learning during clinical experiences to provide the best patient care to diverse populations. (PAST 640/650/660/670-680)

b) Outcomes

- (1) Springfield College PA students excel at medical knowledge and patient care goals as evidenced by our Physician Assistant National Certifying Exam (PANCE) pass rates posted on the webpage.
- (2) Our students consistently score above average on the PANCE task areas when compared to the national mean.



(3) Average patient-care scores on the PANCE for the most recent graduating class compared to national averages:

National PANCE	Springfield College PANCE	
Applying Scientific Concepts	81%	80%
Clinical Intervention	82%	79%
Formulating Most likely diagnosis	83%	81%
Health Maintenance	76%	77%
History and Physical Exam	82%	80%
Pharmaceutical Therapeutics	82%	77%
Lab and Diagnostics Studies	82%	80%

### III. GENERAL ADMINISTRATIVE POLICIES

- A. Students must provide a local address, email, home telephone number, and cell phone number to the Physician Assistant Program office each year. Changes in address or telephone number should be given to the program administrative associate and updated when necessary.
- B. Each student is required to purchase malpractice insurance each year that he or she is enrolled in the professional phase of the program. This 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 physical examination exercises with classmates and patient encounters in the didactic year or clinical rotations.
- C. Students are only covered by the College’s liability insurance while registered for and attending each officially assigned clinical rotation or shadowing experience. For each rotation or assignment, the student must be supervised by (and will be evaluated by) the designated clinical preceptor and is only covered for activities that are academically required and within the scope of practice for the clinical preceptor. Students must obtain permission from the clinical education director or program director prior to attending any shadowing or clinical time other than their officially assigned clinical rotations or shadowing experiences. If engaging in an activity not covered by the College’s liability insurance, students may be provided with liability insurance by their clinical preceptor or affiliated institution or may purchase their own insurance if desired.
- D. Students are expected to secure their own transportation (reliable car) to clinical sites and didactic lectures.
- E. Physician assistant students are expected to follow all rules, regulations, policies, and procedures outlined in the Springfield College Student Handbook, Physician Assistant Program Student Handbooks, and the Springfield College Graduate Catalog.
- F. 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.
- G. Most of the clinical rotation experiences in the clinical year will require travel to sites outside the Springfield area, greater than 1 hour away. 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.
- H. Because of the intensity of the physician assistant program, students are strongly discouraged from attempting to work outside of the program. 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.

- I. Principal faculty, the program director, and the medical director will not participate as health care providers for students in the program.
- J. PA students must not have access to the academic records or other confidential information of other students or faculty.
- K. Student health records are confidential and will be kept at the Health Center and will not be accessible to or reviewed by the program, principal or instructional faculty, or staff except for immunization, drug testing, and tuberculosis screening results, which may be maintained and released with written permission from the student.

## IV. ACADEMIC POLICIES AND PROFESSIONALISM

The cornerstone of PA education is a combination of academic success and professional development. Various steps are in place to monitor the performance and promotion of physician assistant students. The promotions committee follows each student to ensure academic and professional development or to take action when inadequacies are found. Any deficiencies found in a student's performance are discussed within the committee, and recommendations regarding remediation or dismissal are made. Continued enrollment in the Springfield College Physician Assistant program is subject to the decision of the promotions committee, the program director, and the dean, who must be assured that academic grades and overall performance are satisfactory, that the student is complying with policies of the Springfield College Physician Assistant Program, and that the best interests of the School and of the other students are being served through the student's continued enrollment.

### A. PA Program Curriculum

#### Didactic Phase

Year 1 Spring	RSCH 610	Research Methods
	RSCH 620	Educational and Psychological Statistics I
	PAST 540	Professional Issues
	BIOL 376	Medical Genetics
	PAST 515	Human Anatomy Laboratory I
Year 1 Summer	PAST 512	History and Physical I
	PAST 524	Clinical Medicine I
	PAST 513	Mental Health Issues
	PAST 523	Pharmacology I
	RSCH 612	Proposal Design
Year 1 Fall	PAST 522	History and Physical II
	PAST 525	Human Anatomy Lab II
	PAST 514	Principles of Clinical Decision Making
	PAST 534	Clinical Medicine II
	PAST 533	Pharmacology II
Year 2 Spring	PAST 512	Applied Clinical Skills II
	PAST 532	History and Physical III
	PAST 544	Clinical Medicine III
	PAST 531	Applied Clinical Skills II
	EMSM	Advanced Cardiac Life Support
	251	

### Clinical Phase

Year 2 Summer	PAST 670	Inpatient Medicine I
	PAST 671	Inpatient Medicine II
	PAST 672	Family Medicine I
	PAST 640	PA Seminar VIII
	RSCH 626	PA Research Project
Year 2 Fall	PAST 673	Family Medicine II
	PAST 674	Emergency Medicine
	PAST 675	Obstetrics and Gynecology
	PAST 676	Pediatrics
	PAST 650	PA Seminar IX
Year 3 Spring	PAST 677	Psychiatry
	PAST 678	General Surgery
	PAST 679	Preceptorship I
	PAST 680	Preceptorship II
	PAST 660	PA Seminar X

Note that the order/semester of the Clinical Phase courses will change depending on availability of the clinical sites.

## B. Attendance

1. 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 course coordinator. Excessive absences from class or clinical rotations may result in a reduction in grade or failure of the course. Please consult the individual course syllabus for instructions and policies regarding make-up, absence, and lateness.
2. It is required that each student attend all clinical assignments and rotations at the scheduled time. If personal illness or emergency prevents the student from attending the clinical site, the clinical preceptor and the clinical education director must be notified prior to the student's scheduled arrival time.
3. Students who encounter difficulty in maintaining a professional commitment to their clinical training or academic studies, must meet with the program director to discuss continuation 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 or course coordinator. This may lead to deceleration in or dismissal from the program.

## c. Leave of Absence (LOA)

A request for LOA must be submitted in writing to the promotions committee, who will make a recommendation to the program director. The final decision will be made by the program director. LOA may be granted, if deemed appropriate, for health, personal, or family reasons. A leave of absence is generally granted for a period of 1 year, with readmission into a subsequent class, at the discretion of the program director. Readmission will be allowed

provided the issues necessitating the leave have been dealt with appropriately. If for any reason the LOA extends beyond 1 year, the student must apply for readmission to the program, unless a longer period is approved by the program director. Each student is only allowed 1 lifetime LOA.

1. In order to be considered for a leave of absence, the following conditions must exist:

- a) Minimum grade of B in all physician assistant program courses at the time of the request.
- b) If requesting a leave of absence during an academic semester, the student must be in PA program academic good standing (have an average of a B in all classes in progress).
- c) Demonstrated behavior, attitude, and ethics consistent with the professional demeanor expected of a physician assistant student as determined by the program director.
- d) Course work must not be greater than 80% completed (in accordance with College policy).

2. All students requesting a leave of absence must

- a) Request the LOA in a letter specifying both the LOA start and return to school dates,
- b) Meet with the program director,
- c) Receive a letter from the program director approving the leave, and
- d) Meet with the dean of students for an official LOA from Springfield College.

## D. Grading System

Unless otherwise stipulated by the individual course syllabus, the grading system followed by the Physician Assistant Program for program courses is as follows:

94 - 100	A	4.0
90 - 93	A-	3.7
86 - 89	B+	3.3
80 - 85	B	3.0
↑ Satisfactory Performance ↑		
=====		
↓ Unsatisfactory Performance ↓		
77 – 79	B-	2.7
75 – 76	C+	2.3
73 – 74	C	2.0
70 – 72	C-	1.7
<70	F	0

## 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 Academic Success Center within the first week of classes to see whether reasonable accommodations are appropriate and/or available.

## F. Credit Transfer

Students will not be excused from taking any courses in the Physician Assistant Program. All courses must be taken at Springfield College. No course substitutions are allowed.

## G. Harassment Policy

See the Springfield College Student Handbook for the Harassment Policy. The program will defer to the College policy when dealing with cases of harassment which may be found at <https://springfield.edu/studenthandbook>.

## H. Testing Policy

### 1. Exam Blocks

Exams are administered in a single or in multiple blocks of test questions. A student may answer the questions within a block in any order, and the student may review and change responses within a block of questions during the time allotted for that section. However, after the student exits a block of test questions, or after time expires for that block, the student will not be allowed to review its questions or change answers.

### 2. Exam Length

Exam length can vary and include multiple blocks of no more than 60 questions with 60 minutes to complete each block. There will be 5 minutes allotted for breaks between blocks, and the student will be responsible for managing break time.

### 3. Personal Belongings

- a) No personal belongings (ie, brimmed hats, backpacks, handbags, books, notes, study materials, calculators, watches of any kind, electronic paging devices, recording or filming devices, radios, cellular phones, outerwear, or food and beverages) are allowed in the testing room except in the front of the exam room. Upon reasonable suspicion, personal belongings and their contents may be subject to inspection. Any materials that are, or reasonably appear to be, a reproduction of any Springfield College PA examination materials will be confiscated.
- b) Exam dividers will be used during all exams and the instructor will assign students seats.
- c) Student cell phones and watches will be placed in airplane mode and stored on the desk in front of the exam dividers in full view of the exam proctor.
- d) While taking a scheduled or unscheduled break, you may not access personal items that have been stored in the front of the room, including any electronic devices.
- e) While on an unscheduled break, you are not allowed to access any personal items other than medication or food required at a specific time, with the prior approval of the exam proctor. Items not permitted include, but are not limited to, cell phones, PDAs, computers, Blackberries™, watches, exam notes, books or study guides, or other electronic devices.
- f) If you use medical devices or equipment that you must have with you at all times, please be sure to have your accommodations documented prior to the exam.

### 4. Breaks

- a) There is a total of 5 minutes allotted for scheduled breaks between testing blocks. After completion of each block, the scheduled break will begin, and the student will not be able to return to the block of questions available prior the break. Any scheduled break time used over the 5-minute break time will be deducted from the remaining exam time and may result in your examination closing earlier than anticipated.

- b) If a student takes a break during a block of questions, it will be considered an unscheduled break. The amount of unscheduled break time taken will be deducted from the time allotted to answer questions.
- c) While on an unscheduled break, the student is not allowed to access any personal items other than medication or food required at a specific time, with the prior approval of the instructor. Items not permitted include, but are not limited to, cell phones, PDAs, computers, Blackberries™, watches, exam notes, books or study guides, or other electronic devices.
- d) While on an unscheduled break, if a student leaves and reenters the exam room, the student must sign out, noting the exact time of exit, and the student will be required to sign back in listing the exact time of return.
- e) Students are responsible for managing their break time. The successive test block will begin at the scheduled time, and the test will time out and close at the end of the last 60-minute block.
- f) While taking a scheduled break, students are not permitted to access personal items that have been stored in the front of the exam room, except food or medicine.
- g) If a student finishes a test question block prior to the scheduled 60-minute block and closes the block in a multiple test block exam, the student may take the optional scheduled break or request the password for the next block; the student will not have access to any personal belongings during that time. If the student elects to take the scheduled break, the student will need to sign out, noting the exit time, and sign back, noting the return time, upon return. Once the student finishes the final test question block and closes the test, the student should leave the classroom.

#### 5. Cheating

If any student is found to be not following the aforementioned exam protocol, the student will be given a score of zero (0) for the exam and possibly dismissed from the program.

## V. 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 5 areas: observation; communication; sensory and motor coordination and function; conceptualization, integration, and quantitation; and behavioral and social attributes.

The functions as 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.

### A. OBSERVATION

1. 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 and observe demonstrations in the classroom including films, projected overheads and slides, or other forms of visual presentation.

2. 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 an otoscope, ophthalmoscope, and microscope.

## B. COMMUNICATION

1. 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.
2. 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 hand-written and typed 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.
3. Students must be able to read and write efficiently, accurately, and legibly to 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.

## C. SENSORY AND MOTOR COORDINATION AND FUNCTION

1. 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, auditory, touch, pain, and temperature), proprioceptive sense (position, pressure, movement, stereognosis, and vibration), and motor function.
2. 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, and auditory alarms.
3. 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, 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.

4. 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, and 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.
5. 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.

#### D. CONCEPTUALIZATION, INTEGRATION, AND QUANTITATION

1. 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 and the physical examination and laboratory data, provide a reasoned explanation for likely diagnoses, and choose appropriate medications and therapy.
2. The ability to incorporate new information from many sources in formulating diagnoses and plans is essential. Good judgment in patient assessment, diagnosis, and therapeutic planning is primary. When appropriate, students must be able to identify and communicate the limits of their knowledge to others.

#### E. BEHAVIORAL AND SOCIAL ATTRIBUTES

1. 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 their 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.
2. 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.

## VI. 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 1 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, and other information not obtained directly by the student.

## **VII. WRITING POLICY**

The ability to communicate well both orally and in writing is key to being a well-educated health care provider. 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.

## **VIII. PROFESSIONAL CONDUCT, ETHICS, AND ATTIRE EXPECTED OF STUDENTS IN THE PROGRAM**

Students are expected to exhibit professional behavior in the classroom, laboratory, and clinical settings 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.

- A. 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.
- B. Except for specific laboratory assignments, students are expected to wear appropriate footwear while attending classes.
- C. Students are not allowed to wear operating room attire (scrubs) in the classrooms or on the Springfield College campus (unless directed by the course instructor).
- D. Eating and/or drinking during classroom sessions is not allowed.
- E. Video recording of lectures is prohibited without written permission from the lecturer.
- F. 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 titles.
- G. During the professional phase when attending classes at the College, students are expected to dress professionally. Professional dress includes dress pants, skirts, dress shirts that are not too tight or too revealing, dress shoes, and ties. No sweats, sneakers, or hats are allowed.

- H. When at a professional setting (hospital, office, etc), students are expected to dress in professional attire: dress slacks, dress shoes, dress shirts, ties, dresses, skirts, and stockings. No flip flops or open-toe shoes are allowed. Nails should be short. Acrylic fingernails are prohibited in all clinical settings. Body jewelry is usually inappropriate for medical providers and therefore discouraged.
- I. 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.

## **IX. STANDARDS OF PROFESSIONALISM**

Appropriate behavior includes, but is not in any way limited to, honesty, trustworthiness, professional demeanor, respect for the rights of others, personal accountability, and concern for the welfare of patients—all of which are outlined below.

- A. Honesty – Being truthful in communication with others.
- B. Trustworthiness – Being dependable; following through on responsibilities in a timely manner; maintaining the confidentiality of patient information.
- C. Professional Communication and Demeanor – Being thoughtful, appropriate, and kind when interacting with patients, their families, other members of the health care team, and all others; striving to maintain composure under pressures of fatigue, professional stress, or personal problems; maintaining a neat and clean appearance and dress in attire that is reasonable and accepted as professional to the patient population served; expressing disagreements in a tone and manner that is appropriate to the situation.
- D. Respect for the rights of others – Dealing with staff and peer members of the health care team in a considerate manner and with a spirit of cooperation; acting with an egalitarian spirit toward all persons encountered in a professional or non-professional setting regardless of age, race, color, national origin, disability, religion, gender, sexual preference, socioeconomic status, or veteran/reserve/National Guard status; respecting the rights of patients and their families to be informed and share in patient care decisions; respecting patients’ modesty and privacy.
- E. Personal accountability – Participating responsibly in patient care to the best of one’s ability and with appropriate supervision; undertaking clinical duties and persevering until they are complete; notifying the responsible person if something interferes with the ability to perform clinical tasks effectively; compliance with College policies and procedures in an honest and forthright manner.
- F. Concern for the welfare of patients – Treating patients and their families with respect and dignity both in their presence and in discussions with others; discerning accurately when supervision or advice is needed and seeking these out before acting; recognizing when one’s ability to function effectively is compromised and asking for relief or help; not using alcohol or drugs in a way that could compromise patient care or one’s own performance; not engaging in romantic, sexual, or other nonprofessional relationships with a patient, even upon the apparent request of the patient.

## **X. 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:

- A. The student will immediately be removed from the classroom or from the clinical setting and be referred to the Health Center for evaluation.

- B. 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 at the sole discretion of the program director. The dean of students will be notified immediately.
- C. If the student repeats the behavior the student will not be allowed to continue in the program until proof is submitted to the program director that the student is undergoing treatment for substance 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.

## **XI. HEALTH STATUS, BACKGROUND CHECK, AND DRUG SCREEN REQUIREMENTS**

- A. Immunization status, yearly physical exams, and TB status must be updated in the Health Center by the start of classes in January of the professional phase. Copies of the TB status and immunizations need to be sent to the PA department as well. It is the responsibility of the student to remain up to date, with the appropriate updates sent to the College and an updated copy in the file on Typhon.
- B. PA Students will not be allowed to attend classes, labs, or clinical experiences until all documentation is complete. If authorized, the program administrative associate will submit documentation on the student's behalf to clinical sites requesting the information for clinical rotations.
- C. Students will be required to obtain a flu vaccination (with documentation updated on Typhon) or wear a mask while on clinical sites if the particular clinical site requires vaccination.
- D. A Massachusetts CORI and national background check must be completed in the month of May during the didactic and clinical years. The MA CORI information is held in the SC Department of Public Safety; the national background check information is maintained on the vendor's server; however, the student will authorize release of the information to the program or clinical site upon request as needed. These background checks are in compliance with the School of Health Sciences policy on background checks.
- E. Students may be required to submit drug testing results to clinical sites prior to starting rotations. Positive drug screen results will be forwarded to the program director for review. Consequences of positive drug screens will be determined by the program director per program policy. The program director may contact Student Affairs to discuss positive results as per the Student Code of Conduct.

## **XII. 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

- A. Earn at a grade of at least B in all physician assistant program courses.
- B. Attend all classes, lectures, seminars, and other learning activities as dictated by the course instructor or course coordinator.
- C. Attend all assigned clinical experiences and complete the work associated with patient encounters in these assignments.
- D. Be present and on time for all examinations. (see individual course syllabi).

- E. Meet at least once each semester with assigned advisors.
- F. Attend Springfield College classes to obtain Cardiopulmonary Resuscitation (CPR) and Advanced Cardiac Life Support (ACLS) certification.
- G. Demonstrate professional behavior and attitude consistent with the Program Code of Conduct and Ethics, Appendix D.

## **XIII. REQUIREMENTS FOR SUCCESSFUL COMPLETION OF THE CLINICAL YEAR**

Most of the clinical rotation experiences in the clinical year will require travel to sites outside the Springfield area with travel time greater than 1 hour. 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 program has the responsibility for arranging the clinical instruction and supervision of each student. Students may seek out clinical sites in their home communities. The program must approve each clinical site, and an affiliation agreement must be in place at least 3 months prior to the student's rotation. The program retains the responsibility for student training and evaluation.

The following rules and regulations 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

- A. Successfully complete clinical rotations including Inpatient Medicine I and II, Family Medicine I and II, General Surgery, Emergency Medicine, Obstetrics and Gynecology, Pediatrics, Psychiatry, and Preceptorship I and II with a grade of B or better.
- B. If a student should fail a clinical rotation, the student will remediate for 4 weeks and then repeat the failed rotation. A plan for remediation will be developed by the clinical education director and the program director 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.
- C. Failure of a clinical rotation preceptor evaluation will result in failure of that rotation regardless of the grade on the end of rotation exam.
- D. Failure of 2 rotations will result in dismissal from the program.
- E. A summative practical and written examination will be given in the final semester to assess physical examination skills, medical knowledge, clinical and technical skills, clinical reasoning and problem-solving skills, interpersonal skills, and professionalism. The physician assistant student must show competence in all areas to graduate from the program. If necessary, remediation will be mandatory in all areas until the minimum competence is achieved.
- F. Demonstration of professional behavior and attitude consistent with the Program Code of Conduct and Ethics (Appendix D).

## **XIV. EVALUATION OF PROFESSIONAL CONDUCT**

The evaluation of ethical and professional behavior is an ongoing process during school, and the successful completion of each semester, rotation, and phase of the curriculum requires that a student meet the appropriate ethical and professional

standards as laid out previously. A behavioral assessment form (Appendix A) will be used for assessment to document irregularities in professional conduct and will be included in the student's file.

Procedure: Unprofessional behavior may be addressed in one or more of the following ways, depending on the nature of the behavior and the setting and circumstance in which it occurred:

- A. Professional warning,
- B. Professional probation with remedial work, or
- C. Dismissal.

A professional warning will entail a written account of the offense with a PEP form completed. If subsequent professional issues arise, probation or dismissal may result.

Professional probation lasts from the time of offense through graduation. Remedial work may result in delay of progress in the PA program. If subsequent professional issues arise, dismissal may result.

## **XV. EVALUATION OF ACADEMIC PERFORMANCE**

Any student with unsatisfactory performance in a clinical year course, and if eligible, will be offered remediation for the course. Remediation will be student-specific and will be focused on deficient areas encountered. The course instructor or course coordinator will outline student remediation plans with input from the program director, the student's academic advisor, and the PA department promotions committee. Generally,

- A. If a student receives a grade below 80% for the preceptor evaluation, the rotation is failed and must be repeated following an individualized remediation (if eligible as above).
- B. If a student receives an unsatisfactory grade in any of the main competency areas (ie, medical knowledge, patient care, practice-based learning, system-based learning, professionalism, or interpersonal and communication skills), then that specific competency must be remediated at the direction of the course instructor or course coordinator.
- C. If a student receives a grade below 80% for the end of rotation exam, the student will have a chance to review the exam and then take a second exam on a different day. The final exam grade is then calculated by averaging the 2 scores. If the new, averaged final exam grade is below 80%, the student (if eligible) may be offered remediation for the rotation. This may delay progress in the clinical year and ultimately delay graduation.
- D. If a student does not log all required benchmarks, the student will either need to remediate the missing benchmarks at the direction of the course instructor or coordinator or repeat the rotation. This may delay progress in the clinical year and ultimately graduation. Please refer to Appendix H for yearly tracking requirements and core competencies.
- E. If a student earns an overall grade below a B in the rotation, the student will be required to repeat the rotation. Repeating the rotation will extend the length of time required for completion of the clinical year and will delay graduation.
- F. A student who receives a grade below a B for the repeat rotation, or who receives an unsatisfactory grade as outlined above on a second clinical rotation, will fail the clinical year and be dismissed from the physician assistant program.

## **XVI. 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 education director by telephone as soon as possible. The form found in Appendix C may be photocopied and used for filing the report.

## **XVII. STUDENT HEALTH**

- A. 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.
- B. All incoming students will be required to have documented immunizations for health care providers as recommended by the Centers for Disease Control and Prevention (CDC) in the "Healthcare Personnel Vaccination Recommendations Document." Students must provide the Student Health Center with documentation of their immunizations. Failure to comply with this immunization requirement will lead to immediate suspension from the program.
- C. 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 the Student Health Center no later than the first day of class in the initial first spring 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. Due to the nature of the program and the necessity for contact with immunosuppressed patients, failure to maintain a current health record will lead to suspension from the program until the record is complete.

## **VIII. 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.

- A. Quality stethoscope with bell/diaphragm
- B. Aneroid type adult sphygmomanometer
- C. Oto-ophthalmoscope diagnostic set
- D. Percussion hammer
- E. Tuning fork (128 Hz)
- F. OSHA-qualified safety glasses
- G. Laminated handheld vision screener with cm/inch rule & pupil size gauge (Rosenbaum)
- H. Patient examination gown
- I. Sport bra (women)
- J. Gym shorts
- K. White, tailored lab jacket (2), with program patches appropriately sewn on

- L. Retractable fabric measuring tape
- M. Basic suture set
- N. Digital device (Smartphone, iPad, or other tablet)
- O. Full length mirror
- P. Surgical scrub suits

## **XIX. MEDICAL REFERENCE RESOURCES**

- A. Recent editions of most medical reference books are available at Learning Commons, Mercy Medical Center, and in the offices of program faculty. Recommended readings may be placed on reserve in the libraries listed above.
- B. Students may use the Mercy Medical Center Library during normal business hours. UpToDate, MEDLINE, Harrison's Online, and other literature searches can be performed at the Learning Commons.

## **XX. PROFESSIONAL ORGANIZATIONS**

- A. Physician Assistant Student Organization (PASO)  
Springfield College allows PA students to gather together for the purpose of friendship, support, professional development, and community service.
- B. American Academy of Physician Assistants (AAPA)  
PA students are eligible for membership in the Student Academy of the American Academy of Physician Assistants (SAAAPA). Members receive official publications of the Academy, have access to a job search service, and are eligible to compete for scholarships.
- C. Massachusetts Association of Physician Assistants (MAPA)  
MAPA is a 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 required to join all of the above organizations. Special rates are available for student membership.

# PHYSICIAN ASSISTANT PROGRAM

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# APPENDIX A

## STUDENT SELF-EVALUATION OF PROFESSIONALISM

Student: \_\_\_\_\_ Advisor: \_\_\_\_\_

Semester: \_\_\_\_\_ Year: \_\_\_\_\_ Date Form Completed: \_\_\_\_\_

This form will be used to allow the student to self-evaluate demonstration of defined professional behaviors. It is to be completed by the student and reviewed with the academic advisor each semester during the didactic and clinical years. The student's advisor will review the form with the student, noting any areas that need improvement. The student and advisor will discuss strategies to remedy any deficient categories or concerns and agree upon a date or time frame to reevaluate these areas. The form will be reviewed by the program director and promotions committee regularly and as needed for significant professionalism issues. Refer to the Student Handbook for details of remediation and student progress in the Professional Phase.

Student Self-Assessment:    A = Always Acceptable                      U = Usually Acceptable  
     S = Sometimes Unacceptable                      C = Consistently Unacceptable

Professionalism/Behavioral Categories	A	U	S	C
Professional Appearance (professional dress, grooming, hygiene)				
Attendance / Punctuality				
Personal Accountability / Preparedness (class, group work, labs)				
Assignment Timeliness / Completeness				
Communication Effectiveness (peers, lecturers, faculty, preceptors)				
Respect/Professional Relationships (peers, lecturers, faculty, preceptor)				
Teamwork / Cooperativeness				
Respect for Appropriate Personal Boundaries				
Responsiveness to Feedback / Constructive criticism				
Concern for the Welfare of Patients/Others (Empathy)				
Recognizes Own Limitations				
Self-Confidence				
Maturity and Self-Control				
Motivation, Initiative, Academic Curiosity				
Adaptability to Stressful / Changing Circumstances				
Reliability, Honesty, Trustworthiness (Integrity)				
Sensitivity to Diversity (culture, age, gender, disability)				
Overall Attitude (must give examples or describe incident)				

\*If you indicated "Sometimes Unacceptable" or "Consistently Unacceptable" for any category, please cite example(s) or reason for the rating below: (If commenting on more than one category or more space is needed, use back of form.)

Category: \_\_\_\_\_

Student Comments: (optional)

\_\_\_\_\_

\_\_\_\_\_

Student Signature: \_\_\_\_\_

Faculty Comments: (optional)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ I agree with the above student assessment/ and have reviewed the students folder. I have no further comments at this time.

Discussed with Student / Reviewed by Academic Advisor: \_\_\_\_\_

Time frame / Date for Re-evaluation of above: \_\_\_\_\_ next semester (circle if ok for interval evaluation)

# **APPENDIX B**

## **SPRINGFIELD COLLEGE PHYSICIAN ASSISTANT PROGRAM APPEAL PROCEDURE**

### **I. Appealing a PAST Final Grade**

Students enrolled in the physician assistant program have the right to appeal a final grade in a PAST course. The process begins with the student's requesting a review of tests and assignments with the course instructor or course coordinator. If the student feels he or she was treated unfairly, 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 1 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.

### **II. 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 professional phase of the physician assistant 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 1 Springfield College physician assistant program faculty member not directly involved with the appeal and at least 2 other members from the faculty of Springfield College. The following procedure will be followed:

- A. Any student wishing to appeal dismissal from the program must submit a written request for a meeting with AHSEC to the program director within 2 weeks of receiving notification of dismissal. The student must clearly specify in writing why he or she feels the dismissal should be overturned.
- B. The program director will form an ad hoc committee within 2 weeks of receipt of the written appeal.
- C. 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 statements concerning the appeal to the ad hoc committee during the formal meeting of the committee.
- D. The program director will notify the student in writing within 5 working days after receiving the ad hoc committee's recommendation of the program's final decision.

### **III. There is no further recourse for appeal in the program.**

### **IV. 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 education at Springfield College.**

# APPENDIX C

## SPRINGFIELD COLLEGE PHYSICIAN ASSISTANT PROGRAM ACCIDENT/INCIDENT REPORTING FORM

Name:		SSN:
STUDENT or EMPLOYEE	MALE or FEMALE	DOB:
Home Address: (Number, Street, City, State, ZIP)		
Springfield College Address: (Residence Hall/Department)		Telephone:
Date and Time of Injury/Accident:		Scene of Injury/Accident:
Source of Injury: (equipment, wet floor, loose tile, etc.)		
Witness: YES or NO	Name of Witness:	
Describe what happened:		
Location of Injury: (left ankle, right index finger, etc.)		
Disposition:		
Signature:		Date:
Title/Occupation:		
Name and Title of Person Preparing Form: (if not injured party)		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 Springfield College 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 illnesses 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 anyone.
- f. All physician assistant students are advised NOT to participate in online Facebook, My Space, Instagram, Snapchat, or any other social media.

#### 3. Honesty and Integrity

- 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 regarding 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 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 nametag 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 professional composure despite the stresses of fatigue, professional pressure, or personal 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.
  - f. Do not have pictures depicting yourself or other PA students or health providers' behavior on internet sites like Facebook, My Space, Instagram, Snapchat, or any other social media.
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 breaches of the Code of Professional Conduct and Ethics.
8. Respect for Personal Ethics
- a. You are not required to perform procedures (eg, 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 of 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 COMPETENCIES

### 1 Patient-Centered Care

*Provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health*

- 1.1 Gather essential and accurate information about patients and their conditions through history-taking and physical examination skills (MK, IPS, CTS)
- 1.2 Develop differential diagnoses, order and interpret diagnostic tests, perform necessary clinical and technical procedures, diagnose, treat and manage illness. (MK, CTS, CRPS)
- 1.3 Interpret data to make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, current scientific evidence, and clinical judgment (MK, CTS, CRPS)
- 1.4 Develop and implement patient management plans (MK, CRPS)
- 1.5 Counsel and educate patients and their families to empower them to participate in their care and enable shared decision-making (IPS, PB)
- 1.6 Provide appropriate referral of patients including ensuring continuity of care throughout transitions between providers or settings (IPS, CRPS, PB)
- 1.7 Provide health care services to patients, families, and communities aimed at preventing health problems or maintaining health (MK, IPS, CRPS)

### 2 Knowledge for Practice

*Demonstrate knowledge of established and evolving biomedical and clinical sciences, as well as the application of this knowledge to patient care*

- 2.1 Apply principles of clinical sciences to diagnosis disease and utilize (1) therapeutic decision-making (distinguish between normal and abnormal findings), (2) clinical reasoning and problem-solving, and (3) other aspects of evidence-based medicine (MK, CTS, CRPS)
- 2.2 Discern among acute, chronic and emerging disease states (MK, CRPS)
- 2.3 Apply the principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations (MK, CRPS)
- 2.4 Identify economic factors that affect access to care (MK, CRPS)
- 2.5 Access and interpret credible sources of medical knowledge (MK, CRPS)
- 2.6 Understand different types of health systems and insurance (MK)

### 3 Interpersonal and Communication Skills

*Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals*

- 3.1 Establish meaningful, therapeutic relationships with patients and families to ensure that patients' needs and goals are met in order to deliver culturally competent care (IPS)

- 3.2 Communicate effectively with patients, families and the public (IPS)
- 3.3 Work effectively with others as a member or leader of a healthcare team (IPS, PB)
- 3.4 Demonstrate sensitivity, honesty, and compassion in difficult conversations, including those about death, end of life, adverse events, bad news, disclosure of errors, and other sensitive topics (IPS)
- 3.5 Recognize the need for and ensure patients have access to unbiased, professional interpreters and appropriate resources when barriers to communication arise. (IPS)
- 3.6 Demonstrate insight and understanding about emotions and human response to emotions that allow one to develop and manage interpersonal interactions (IPS)
- 3.7 Accurately and adequately document medical information regarding care for medical, legal, and quality purposes (MK, CTS, IPS)

#### 4 Professionalism

*Demonstrate a commitment to practicing medicine in ethically and legally appropriate ways and emphasizing professional maturity and accountability for delivering safe and quality care to patients and populations.*

- 4.1 Demonstrate respect and compassion for the dignity and privacy of the patient while maintaining confidentiality in the delivery of team-based care (PB)
- 4.2 Demonstrate responsiveness to patient needs that supersedes self-interest (PB)
- 4.3 Demonstrate accountability to patients, society, and the profession (PB)
- 4.4 Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation (PB)
- 4.5 Demonstrate a commitment to personal wellness, including coping mechanisms (PB)
- 4.6 Recognize one's limits and establish healthy boundaries to support healthy partnerships (PB)

#### 5 Interprofessional Collaboration

*Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient- and population-centered care*

- 5.1 Work with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust (IPS, PB)
- 5.2 Recognize when referrals are needed and make them to the appropriate health care provider (MK)
- 5.3 Develop relationships and effectively communicate with physicians, other health professionals, and health care teams. (IPS, PB)
- 5.4 Use the full scope of knowledge, skills, and abilities of available health professionals to provide care that is safe, timely, efficient, effective and equitable. (MK, IPS, CRPS)

6 Practice-based learning & Improvement

*Practice-based learning and improvement include engaging in critical analysis of one's own experience, the medical literature, and other information resources for the purposes of self-evaluation, lifelong learning and practice improvement.*

- 6.1 Develop the ability to use self-awareness of knowledge, skills and emotional limitations to identify strengths, deficiencies, and limits of one's knowledge (MK, CRPS, PB)
- 6.2 Use appropriate literature to make evidence-based decisions on patient care (MK, CRPS)
- 6.3 Recognize the value of the work of monitoring and reporting for quality improvement (MK)

**ARC-PA Competencies Legend**

(MK) Medical Knowledge

(IPS) Interpersonal Skills

(CTS) Clinical and Technical Skills

(CRPS) Clinical Reasoning and Problem Solving abilities

(PB) Professional Behaviors



# **APPENDIX F**

## **SPRINGFIELD COLLEGE PHYSICIAN ASSISTANT PROGRAM EXPOSURE POLICY AND PROTOCOL**

In the event that a student is exposed to a known, unknown, or potentially infectious source, eg, needle stick, laceration/abrasion, bite, ingestion, inhalation/droplet, splash, or other exposure to bodily fluids, the following procedure is to be followed without delay.

1. Remove yourself from the immediate area to begin decontamination procedures. Clean the wound and surrounding area with soap and water (for needle stick or other exposures with open skin) or flush eyes, nose, and mouth with copious amounts of water (for a splash to face).
2. Inform your preceptor, immediate supervisor, and/or other staff member of the exposure and injury (if applicable). The clinical staff should alert the infection control/bloodborne pathogen contact person. If the clinical staff or contact person has questions about the course of action or evaluation of exposure risk, have that person contact the PA program clinical education director or program director directly.
3. Immediately contact the clinical education director via cell phone (Andrew Baginski (203) 206-3750 or Melinda Connors (413) 522-1889). If unable to reach the clinical education director, contact the program director (Meghan Migeon (413) 775-3397). You must make direct, personal contact; voicemail is not sufficient notification. Obtain information regarding the policies and procedures of your clinical site, if possible, prior to calling.
4. Complete the Bloodborne Pathogens Exposure Report (Appendix G).
5. If your clinical site has an exposure protocol in place, follow all policies and procedures outlined. This may entail your being seen in the emergency department or employee/occupational health for initial screening and treatment.
6. If there is no protocol in place or if there is any confusion or inconsistency regarding procedures, inform your preceptor that you have been instructed by the PA program to leave the clinical site immediately to seek prompt medical evaluation, screening, and treatment. You will then proceed directly to an emergency department.
7. Inform the clinical education director when you have completed the above steps to determine when you should return to your clinical site.
8. Follow-up after initial decontamination, labs/screening, and treatments must be made. This may be with the clinical site (if local protocols were followed), an occupational health clinic, the Towne Student Health Center, an infectious disease specialist, or your primary care provider as appropriate.
9. Since students are not considered employees of either the clinical site or Springfield College, they are not covered under workers' compensation insurance programs. Payment for all evaluations, treatments, and follow up is the responsibility of the student. Bills and costs may be submitted to your medical insurance, depending on coverage and individual insurance policies.

# APPENDIX G

## SPRINGFIELD COLLEGE PHYSICIAN ASSISTANT PROGRAM BLOODBORNE PATHOGENS EXPOSURE REPORT

In case of exposure to bloodborne pathogens, complete this form and submit a copy to the evaluating and treating facility provider and retain a copy for the program clinical education director. Complete all 3 pages of the following form. A facility-specific form may be substituted for this report if one has already been completed.

Date of Exposure:	Time of Exposure:
Date of Report:	Time of Report:

Exposed Individual's Information:

Name: (Last, First, MI)	
Gender: MALE or FEMALE	Date of Birth:
Address: (Number, Street, City, State, ZIP)	
Telephone:	Second Phone:
Employment Status: STUDENT FACULTY STAFF OTHER	Springfield College ID Number:

Person Completing Form: (name, title)	
Signature:	Date:

Bloodborne Pathogens Exposure Report Page 1 of 3

Exposed Individual's Initials:	Date of Birth:
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Place (facility, department, clinical site) where the exposure occurred:

Supervisor/Individual in charge of the area where the exposure occurred:

Supervisor/Individual in Charge Role: PRECEPTOR SUPERVISOR STAFF OTHER

Supervisor/Individual in Charge Phone Number:

Witness 1: (name, title, phone)	Witness 2: (name, title, phone)
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Source of Exposure: (circle all that apply)	Blood/Blood products Body fluid with visible blood Body fluid without visible blood Solution with visible blood Solution without visible blood Vaginal secretions Seminal fluid	Cerebrospinal fluid Synovial fluid Pleural fluid Amniotic fluid Pericardial fluid Peritoneal fluid Other:
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Mechanism of Exposure: (circle all that apply)	Needlestick/Sharps accident type of device: _____ Mucous membrane contact eyes nose mouth other	Human bite Skin contact broken chapped abraded dermatitis
---	---	--

Activity Leading to the Exposure (circle all that apply)	Giving an injection Handling waste products Handling lab specimens Performing an invasive procedure procedure: _____ Handling a disposal box	Recapping a needle Discarding a needle Handling an IV line Controlling bleeding Cleaning a blood spill Other:
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Anatomical location of exposure:

Personal protective equipment in use at time of exposure:

Describe any injuries:

Estimated time interval from exposure until medical evaluation:



Exposed Individual's Initials:	Date of Birth:
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Actions Taken after the Exposure:

YES or NO	Was the area washed with soap and water (or other appropriate cleanser) or was the area flushed with water?
YES or NO	Did the injury bleed freely?
YES or NO	Was a topical antiseptic applied?
YES or NO	Was the preceptor/supervisor notified?
YES or NO	Was the Infection Control Officer of the site notified?
YES or NO	Was the exposed individual referred for medical evaluation/treatment?
	Where was that evaluation/treatment received?
YES or NO	Was the School/Program Faculty notified?
	Who was notified? CLINICAL COORDINATOR or PROGRAM DIRECTOR
YES or NO	Was follow-up scheduled for re-evaluation?
YES or NO	Was the clinical site made aware of the approximate date of return?
	What is the approximate date of return?

Narrative Description of the Incident (include the nature and scope of any personal injury):

# APPENDIX H

## SPRINGFIELD COLLEGE PA PROGRAM COMPETENCIES

### Entrustable Professional Activities and Logging Requirements

#### I. *Entrustable Professional Activities*

The Springfield College PA program competencies can all be directly tied to each of the below entrustable professional activities (EPAs). Each EPA is a specific skill, task, or activity that we expect each PA student to demonstrate competency in during the clinical year.

Over the course of the clinical curriculum, learning and teaching are dynamically combined to help the student achieve the expected learning outcomes (EPAs) and course specific instructional objectives. During the clinical rotations, the student will meet program expectations and acquire the competencies needed for entering clinical PA practice. At a minimum, the student will have preventative, emergent, acute, and chronic patient encounters.

Entrustable Professional Activities and Corresponding Springfield College Physician Assistant Program Competencies:

- A. Gather and document essential, accurate information about patients through history-taking and physical examination.
  - 1.1 Gather essential and accurate information about patients and their conditions through history-taking and physical examination skills (MK, IPS, CTS)
  - 2.2 Discern among acute, chronic, and emerging disease states (MK, CRPS)
  - 3.7 Accurately and adequately document medical information regarding care for medical, legal, and quality purposes (MK, CTS, IPS)
  - 5.4 Use the full scope of knowledge, skills, and abilities of available health professionals to provide care that is safe, timely, efficient, effective, and equitable. (MK, IPS, CRPS)
- B. Create a differential diagnosis using clinical patient information.
  - 1.2 Develop differential diagnoses; order and interpret diagnostic tests; perform necessary clinical and technical procedures; and diagnose, treat, and manage illness. (MK, CTS, CRPS)
  - 2.1 Apply principles of clinical science to the diagnosis of disease and utilize (1) therapeutic decision-making (distinguish between normal and abnormal findings), (2) clinical reasoning and problem-solving, and (3) other aspects of evidence-based medicine. (MK, CTS, CRPS)
- C. Identify and interpret diagnostic and screening tests when given clinical patient information.
  - 1.3 Interpret data to make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, current scientific evidence, and clinical judgment. (MK, CTS, CRPS)
  - 2.1 Apply principles of clinical science to the diagnosis of disease and utilize (1) therapeutic decision-making (distinguish between normal and abnormal findings), (2) clinical reasoning and problem-solving, and (3) other aspects of evidence-based medicine. (MK, CTS, CRPS)
  - 5.4 Use the full scope of knowledge, skills, and abilities of available health professionals to provide care that is safe, timely, efficient, effective, and equitable. (MK, IPS, CRPS)
- D. Synthesize clinical information to determine appropriate orders and pharmacologic interventions.
  - 2.1 Apply principles of clinical science to the diagnosis of disease and utilize (1) therapeutic decision-making (distinguish between normal and abnormal findings), (2) clinical reasoning and problem-solving, and (3) other aspects of evidence-based medicine. (MK, CTS, CRPS)

- 5.4 Use the full scope of knowledge, skills, and abilities of available health professionals to provide care that is safe, timely, efficient, effective, and equitable. (MK, IPS, CRPS)
- E. Develop and implement patient-centered management and education plans.
- 1.4 Develop and implement patient management plans. (MK, CRPS)
  - 1.7 Provide health care services to patients, families, and communities aimed at preventing health problems or maintaining health. (MK, IPS, CRPS)
  - 2.1 Apply principles of clinical sciences to the diagnosis of disease and utilize (1) therapeutic decision-making (distinguish between normal and abnormal findings), (2) clinical reasoning and problem-solving, and (3) other aspects of evidence-based medicine. (MK, CTS, CRPS)
  - 2.2 Discern among acute, chronic, and emerging disease states. (MK, CRPS)
  - 5.4 Use the full scope of knowledge, skills, and abilities of available health professionals to provide care that is safe, timely, efficient, effective, and equitable. (MK, IPS, CRPS)
  - 6.2 Use appropriate literature to make evidence-based decisions on patient care. (MK, CRPS)
- F. Locate, critically evaluate, integrate, and appropriately apply scientific evidence to patient care.
- 1.3 Interpret data to make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, current scientific evidence, and clinical judgment. (MK, CTS, CRPS)
  - 2.1 Apply principles of clinical science to the diagnosis of disease and utilize (1) therapeutic decision-making (distinguish between normal and abnormal findings), (2) clinical reasoning and problem-solving, and (3) other aspects of evidence-based medicine. (MK, CTS, CRPS)
  - 2.3 Apply the principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations. (MK, CRPS)
  - 2.5 Access and interpret credible sources of medical knowledge. (MK, CRPS)
  - 5.4 Use the full scope of knowledge, skills, and abilities of available health professionals to provide care that is safe, timely, efficient, effective, and equitable. (MK, IPS, CRPS)
  - 6.2 Use appropriate literature to make evidence-based decisions on patient care. (MK, CRPS)
- G. Work and communicate effectively and professionally as a leader or member of an interprofessional health care team to provide patient-centered care.
- 1.5 Counsel and educate patients and their families to empower them to participate in their care and enable shared decision-making. (IPS, PB)
  - 1.6 Provide appropriate referral of patients including ensuring continuity of care throughout transitions between providers or settings. (IPS, CRPS, PB)
  - 3.1 Establish meaningful, therapeutic relationships with patients and families to ensure that patients' needs and goals are met in order to deliver culturally-competent care. (IPS)
  - 3.2 Communicate effectively with patients, families, and the public. (IPS)
  - 3.3 Work effectively with others as a member or leader of a health care team. (IPS, PB)
  - 3.4 Demonstrate sensitivity, honesty, and compassion in difficult conversations, including those about death, end of life, adverse events, bad news, disclosure of errors, and other sensitive topics. (IPS)

- 3.5 Recognize the need for and ensure patients have access to unbiased, professional interpreters and appropriate resources when barriers to communication arise. (IPS)
  - 3.6 Demonstrate insight and understanding about emotions and human response to emotions that allow one to develop and manage interpersonal interactions. (IPS)
  - 4.1 Demonstrate respect and compassion for the dignity and privacy of the patient while maintaining confidentiality in the delivery of team-based care. (PB)
  - 4.2 Demonstrate responsiveness to patient needs that supersedes self-interest. (PB)
  - 4.3 Demonstrate accountability to patients, society, and the profession. (PB)
  - 5.1 Work with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust. (IPS, PB)
  - 5.3 Develop relationships and effectively communicate with physicians, other health professionals, and health care teams. (IPS, PB)
- H. Perform general procedures of a physician assistant.
- 1.2 Develop differential diagnoses, order and interpret diagnostic tests, perform necessary clinical and technical procedures, diagnose, treat and manage illness. (MK, CTS, CRPS)
  - 1.3 Interpret data to make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, current scientific evidence, and clinical judgment. (MK, CTS, CRPS)
  - 1.5 Counsel and educate patients and their families to empower them to participate in their care and enable shared decision-making. (IPS, PB)
- I. Identify personal weaknesses and/or system failures in order to contribute to a culture of safety and improvement.
- 2.3 Apply the principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations. (MK, CRPS)
  - 2.4 Identify economic factors that affect access to care. (MK, CRPS)
  - 2.6 Understand different types of health systems and insurance. (MK)
  - 3.7 Accurately and adequately document medical information regarding care for medical, legal, and quality purposes. (MK, CTS, IPS)
  - 4.2 Demonstrate responsiveness to patient needs that supersedes self-interest. (PB)
  - 4.3 Demonstrate accountability to patients, society, and the profession. (PB)
  - 4.5 Demonstrate a commitment to personal wellness, including coping mechanisms. (PB)
  - 4.6 Recognize one's limits and establish healthy boundaries to support healthy partnerships. (PB)
  - 5.2 Recognize when referrals are needed and make them to the appropriate health care provider. (MK)
  - 5.4 Use the full scope of knowledge, skills, and abilities of available health professionals to provide care that is safe, timely, efficient, effective, and equitable. (MK, IPS, CRPS)
  - 6.1 Develop the ability to use self-awareness of knowledge, skills, and emotional limitations to identify strengths, deficiencies, and limits of one's knowledge. (MK, CRPS, PB)
  - 6.3 Recognize the value of the work of monitoring and reporting for quality improvement. (MK)



- J. Provide preventative health care services and education.
  - 1.5 Counsel and educate patients and their families to empower them to participate in their care and enable shared decision-making. (IPS, PB)
  - 1.7 Provide health care services to patients, families, and communities aimed at preventing health problems or maintaining health. (MK, IPS, CRPS)
  - 2.3 Apply the principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations. (MK, CRPS)
  - 5.4 Use the full scope of knowledge, skills, and abilities of available health professionals to provide care that is safe, timely, efficient, effective, and equitable. (MK, IPS, CRPS)
- K. Recognize and develop strategies to address social determinants of health using culturally competent care.
  - 2.3 Apply the principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations. (MK, CRPS)
  - 2.4 Identify economic factors that affect access to care. (MK, CRPS)
  - 3.1 Establish meaningful, therapeutic relationships with patients and families to ensure that patients' needs and goals are met in order to deliver culturally-competent care. (IPS)
  - 4.2 Demonstrate responsiveness to patient needs that supersedes self-interest. (PB)
  - 4.4 Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation. (PB)

## II. *Competency Evaluation Process*

The Springfield College PA Program recognizes that there are a number of skills required in developing and attaining clinical competence that all PA students must acquire in order to be effective clinicians. As such, the program will begin to utilize several measurable areas drawn from the ARC-PA accreditation standards as well as the physician assistant core competencies in order to monitor and ensure that individual students are progressing and meeting our program determined minimums.

Deficits in particular areas of competence will be monitored and remediated in a timely manner as needed. In general the program expects each student to acquire  $\frac{1}{3}$  of the required minimums by the end of each semester. If significant deficiency is found the student will need to meet with the clinical education director to develop a plan for success, which may include increased clinical time or didactic review. In addition, the program will continuously monitor outcomes to ensure student success and programmatic self-improvement.

## III. *Patient Encounter Log Minimums*

In addition to individual rotation requirements, the program has established yearly minimum patient encounter numbers for

- A. each patient population
- B. setting
- C. encounter type
- D. surgical management
- E. age group
- F. specialty visit

As listed, each domain corresponds with a different clinical care aspect. Each domain has a set minimum total that must be achieved by every student to ensure a broad exposure to the health care system. Minimum requirements listed should be considered just that, minimum requirements. Going above and beyond these will better ensure student success.

It is expected that a single patient interaction will likely meet the criteria for several domains. For example, a 40-year-old patient may present acutely to the outpatient clinic for a behavioral medicine complaint to the student who is currently on a family medicine rotation. In this scenario, the student will be able to log an encounter that counts towards A, B, C, E, and F.

Clinical students should only log interactions where they played a partial or full role in the care of the patient. Interactions that only involve observations or shadowing, while valuable, should not be logged towards these minimums.

#### *IV. Direct Observation of Procedural Skills (DOPS)*

- A. "Procedures" in this section will generally relate to critical analysis or hands on activities as it relates to the patient interaction.
- B. Procedures may be logged at any time during the clinical phase when they occur and need not be relegated to a particular rotation.
- C. Logged procedures should include those where the student played an active role and performed at least part of the activity personally. Observational learning should produce no more than about 30% of procedures logged.
- D. Each student must complete a Direct Observation of Procedural Skills (DOPS) form. Competency in procedural skills is evaluated by the clinical preceptors.

# Springfield College Physician Assistant Program Yearly Patient Encounter Minimum Competencies

A - Rotation	Minimum Competency
Family Medicine	200
Internal (Inpatient) Medicine	120
General Surgery	60
Pediatrics	70
OB/GYN (Women's Health)	60
Psychiatry (Behavioral Health)	60
Emergency Medicine	100
Preceptorship (Elective)	140

B - Setting	Minimum Competency
Outpatient	300
Emergency Department	100
Inpatient	150
Operating Room	20

C - Encounter Type	Minimum Competency
Preventative	100
Emergent	100
Acute	250
Chronic	250

D - Surgical Management	Minimum Competency
Pre-op	20
Intra-operative	20
Post-op	20

E - Age Group	Minimum Competency
Infant (< 1 year of age)	10
Child (age 1-11)	45
Adolescent (age 12-21)	25
Adult (age 22-65)	300
Elderly (>65 years of age)	200

F - Specialty Visit	Minimum Competency
Prenatal	15
Gynecologic	60
Behavioral Health	60

G - Procedural Skills	Minimum Competency
ET Tube Placement	Knows How
Lumbar Puncture	Knows How
NG Tube Placement	Knows How
Apply a Splint/cast	Shows How
EKG Interpretation	Shows How
Foley Catheter Placement	Shows How
IM Injection	Shows How
Incision & Drainage	Shows How
IV Catheter Placement	Shows How
Pelvic Examination	Shows How
Well-child Check	Shows How
Wound Closure (Emergent)	Shows How
Wound Closure (Surgical)	Shows How
Aseptic Technique	Does

## Procedural Skills Grading Terminology

**Does Not Know:** The student does not have knowledge of how to perform the task

**Knows:** The student has knowledge of how to perform the task. The student needs extensive intervention. Sometimes the instructor must complete the task.

**Knows How:** The student can apply knowledge to perform the task. The student needs some intervention. The instructor must provide directed questioning in a problem-solving manner.

**Shows How:** The student can perform the task in a supervised situation. The student requires no intervention. The student performs within expectations.

**Does:** The student can perform the task in an independent manner. The student requires no intervention. The student performs within expectations.