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## **GENERAL POLICY STATEMENT**

All students of the Division of Physician Assistant Studies are subject to the rules and regulations of the University, of the Division of Physician Assistant Studies, and all clinical sites in which they practice. The Division of Physician Assistant Studies is committed to producing physician assistants of high moral, ethical, academic and professional caliber. To ensure the integrity of the profession and the University as well as to ensure the safety of all patients, students must comply with all professional and academic standards.

The student who violates these regulations is subject to disciplinary proceedings up to and including dismissal from the Division of Physician Assistant Studies. All students must sign the “Receipt of Guidelines and Policies and Statement of Understanding” form which documents his or her receipt of, understanding of, and adherence to all rules, regulations and procedures of the Division and of the University.

These policies and procedures may be modified or amended at any time by the faculty of the Division of Physician Assistant Studies.

## **INFORMATION ABOUT THE UNIVERSITY AND THE DIVISION**

### **MISSION STATEMENT OF THE LONG ISLAND UNIVERSITY DIVISION OF PHYSICIAN ASSISTANT STUDIES**

The Division of Physician Assistant Studies supports the University’s mission by educating men and women of all ethnic and socioeconomic backgrounds in the art and science of medicine so that they may become highly competent and compassionate physician assistants.

### **WHAT IS A PHYSICIAN ASSISTANT?<sup>1</sup>**

Physician assistants are health care professionals licensed, or in the case of those employed by the federal government they are credentialed, to practice medicine with physician supervision. As part of their comprehensive responsibilities, PAs conduct physical exams, diagnose and treat illnesses, order and interpret tests, counsel on preventive health care, assist in surgery, and write prescriptions. Within the physician-PA relationship, physician assistants exercise autonomy in medical decision making and provide a broad range of diagnostic and therapeutic services. A PA's practice may also include education, research, and administrative services. PAs are trained in intensive education programs accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA). Because of the close working relationship the PAs have with physicians, PAs are educated in the medical model designed to complement physician training. Upon graduation, physician assistants take a national certification

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<sup>1</sup> American Academy of Physician Assistants. Information about PAs and the PA profession: general information. Available at: [www.aapa.org/geninfo1.htm](http://www.aapa.org/geninfo1.htm). Accessed on: August 6, 2007.

examination developed by the National Commission on Certification of PAs in conjunction with the National Board of Medical Examiners. To maintain their national certification, PAs must log 100 hours of continuing medical education every two years and sit for a recertification every six years. Graduation from an accredited physician assistant program and passage of the national certifying exam are required for state licensure.

### **PROGRAM ACCREDITATION**

The Division of Physician Assistant Studies was granted full accreditation in January 2008 by the Accreditation Review Commission on Education of the Physician Assistant, Inc. (ARC-PA). The Division will have another Site Visit in October 2012. Graduates of this program are eligible to sit for the National Certifying Exam for Physician Assistants.

### **ADVANCED STANDING**

The Division of Physician Assistant Studies of Long Island University does not grant advanced placement or accept transfer of credit for Medical Science (MS) or Health Science (HS) courses. Previous experience with direct patient care is required for admission, but no academic credit is granted for such prior experience.

### **NON-DISCRIMINATION POLICY<sup>2</sup>**

Long Island University does not discriminate on the basis of sex, sexual orientation, race, color, creed, national origin, religion, age, handicap, or political belief, in any of its educational programs and activities, including employment practices and its policies relating to recruitment and admission of students. Additionally, Long Island University takes affirmative action to recruit applicants from among women, members of protected minority groups, handicapped individuals and veterans, including disabled veterans and Vietnam-era veterans.

### **THE LIBRARY<sup>3</sup>**

The Brooklyn Campus Library houses a rich collection of books, periodicals, microforms, audio- and videotapes, CDs and DVDs, pamphlets, government documents, and other materials in support of the Campus's numerous educational programs. Online databases, both bibliographic and full-text, are available for searching specific subject areas. Remote access from off-campus is available; students may access the databases and Library catalog through the University website at <http://www.brooklyn.liu.edu/library/>.

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<sup>2</sup> Long Island University. Brooklyn campus. Undergraduate Bulletin, 2007-2009. Policy on nondiscrimination, p. 236.

<sup>3</sup> Long Island University. Brooklyn campus. Undergraduate Bulletin, 2007-2009. The library, p.17.

Research materials not in the collection are provided from other libraries in Brooklyn as well as the larger metropolitan area. Interlibrary loan services are available to locate materials throughout New York State. The Library is a member of several consortia which grant both reading and borrowing privileges to Long Island University students. Reference assistance, information literacy classes and curriculum-integrated instruction are offered by the Library faculty.

The reference collection, Reference Desk, paralegal collection and Technical Services Department are situated on the third floor of the Salena Library Learning Center. Dozens of computer terminals provide Internet access as well as access to the databases and library catalog, all within a few steps of the reference librarians.

The Periodicals Department, with a large collection of both print titles and microforms, is located on the fourth floor. Digital readers/printers and photocopying machines are available. The Special Collections Department and the Library's "smart classroom" are also located on the fourth floor.

The Circulation Desk, Reserve Collection, and the main book stacks are located on the fifth floor. A modern Media Center, housing the multimedia collection, media equipment and group viewing rooms is also on the fifth floor, as is the Library's CyberLab. The CyberLab is equipped with computers that provide Internet searching as well as up-to-date word processing, spreadsheet, and database programs. There are two additional computer labs for the teaching of research skills.

The Library is linked electronically to the libraries at other Long Island University campuses, and shares one catalog-LIUCAT. This resource provides information on all of the more than 2.6 million volumes held by the University.

### **PSYCHOLOGICAL SERVICES**

The physician assistant curriculum is an extremely rigorous course of study. The demands on the PA student are tremendous. During the curriculum, students may find themselves in need of psychological counseling. Such counseling is available at no charge to all LIU students at the University Psychological Services. Services are provided by Ph.D. students in clinical psychology under supervision. All services provided by Long Island University Psychological Services are strictly confidential, unless there is a clear danger to self or others. Unless a clear danger exists, no one in the university outside of the Psychological Services' staff is aware of who uses these services, nor does anyone outside the Psychological Services staff have access to any information that is discussed. The faculty is not made aware of any PA students who have sought assistance from the LIU Psychological Services.

LIU Psychological Services is located in Pharmacy L36 and is open during the following hours:

- Monday, 9 am-4 pm
- Tuesday, 11 am-4 pm
- Thursday, 9 am-4 pm

To make an appointment, stop in or call 718-488-1266

# **THE DIDACTIC YEAR**

## **PROJECTED EXPENSES FOR THE DIDACTIC YEAR**

Tuition and fees listed below are at the projected prevailing rates for the 2012-2013 academic year. Fees noted below do *not* include expenses for room, board, cost of living, and other personal expenses.

Tuition, per credit, @ \$1028.00 @ 60 credits for three semesters	\$61,680.00
University fee, per semester, for students carrying 12 or more credits	690.00
Laboratory fees for: MS 504A/B @ \$65.00 each	130.00
Laboratory fees for: MS 504A/B @ \$65.00 each	130.00
Student activity fee, per semester, for students carrying 12 or more credits	65.00
Health insurance, per annum	450.00
Malpractice insurance, per semester	12.00
Estimated amount for books, equipment, supplies and professional organizational membership fees per annum	2200.00

Total <i>estimated</i> expected fees for the didactic year, not including living and personal expenses, based on 2011-2012 tuition rates	<b>\$65,357</b>
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## **WITHDRAWAL AND REFUNDS**

To withdraw, a student must give a valid reason and obtain an Application for Permission to Withdraw from the Office of the Registrar or from the Division of Physician Assistant Studies, fill it out as indicated, have it approved by the Office of the Dean, and clear his or her financial accounts. Students who withdraw from all classes in the clinical year of the Division of Physician Assistant Studies may appeal to the faculty to decelerate. This will require the student to repeat the entire didactic year, beginning with the next class in August. The decelerating student will also be placed on academic probation.

When a student withdraws from courses, the University refunds tuition according to the following schedule.

<b>Time of withdrawal</b>	<b>Fall/Spring semester</b>	<b>Summer (5 or 6 week session)</b>
Cancellation prior to beginning of semester	Complete refund except for deposit and applicable registration fee	
Cancellation after beginning of semester or session	No refund of Dining Club fee	
During 1 <sup>st</sup> calendar week	90%	60%
During 2 <sup>nd</sup> calendar week	75%	25%
During 3 <sup>rd</sup> calendar week	50%	No refund
During 4 <sup>th</sup> calendar week	25%	
After 4 <sup>th</sup> calendar week	No refund	

## **TEXTBOOKS AND EQUIPMENT**

The following is a list of **REQUIRED** textbooks for the Fall 2012 semester.

1. **Anatomy** - Moore KL et al. Clinically Oriented Anatomy, 6<sup>th</sup> edition. Philadelphia: Lippincott Williams and Wilkins, 2009. ISBN10-0781775256
2. **Anatomy** - Gilroy A et al. Atlas of Anatomy (Thieme Anatomy), 1<sup>st</sup> edition. New York: Thieme, 2008. ISBN13-978-1604060621
3. **Art & Science of Medicine** - Bickley LS et al. Bates Guide to Physical Examination and History Taking, 10<sup>th</sup> edition. Philadelphia: Lippincott Williams and Wilkins, 2008. ISBN10-0781780586
4. **Clinical Medicine I** - Chabner D. Medical Terminology: a short course, 6<sup>th</sup> edition. New York: Elsevier, 2011 ISBN10-1437734405
5. **Art & Science of Medicine** - Gomella LG et al. Clinician's Pocket Reference, 11<sup>th</sup> edition. New York: McGraw-Hill, 2006. ISBN10-0071454284
6. **Clinical Medicine I** - Thaler M. The only EKG book you'll ever need, 6<sup>th</sup> edition. Philadelphia: Lippincott Williams and Wilkins, 2009. ISBN10-1605471402
7. **Clinical Medicine I** - Goldman LS et al. Cecil's Medicine: Expert Consult Premium Edition: Enhanced online features and print, 24<sup>th</sup> edition. Philadelphia: Elsevier, 2011. ISBN13-978-1437727883
8. **Physiology** - Costanzo LS. Physiology, 4th edition with Student Consult Online Access. Philadelphia: Elsevier, 2009. ISBN10-1416062165
9. **Clinical Medicine I** - McPhee SJ et al. Current Medical Diagnosis and Treatment, 51<sup>th</sup> edition. McGraw-Hill, 2011. ISBN10-0071763724
10. **Pathology** - Kumar V et al. Basic pathology, 9th edition. Philadelphia: Saunders, 2012. ISBN: 9781437717815
11. **Pharmacology I** - Katzung, B. Basic and Clinical Pharmacology, 12<sup>th</sup> ed. New York: McGraw-Hill, 2011. ISBN:9780071764018

## MEDICAL EQUIPMENT LIST

You are required to purchase your own set of medical equipment, which must be available for use by the **FIRST** week of classes. Required equipment includes:

- Aneroid sphygmomanometer (blood pressure cuff)
- Penlight
- One 512 cps tuning fork
- Reflex hammer
- Stethoscope with bell AND separate diaphragm. *No single-sided chest piece stethoscopes are permitted!* (You should have the equivalent of a Littmann Classic II or better.)**
- Diagnostic set, including an ophthalmoscope and otoscope. **(You should have the equivalent of the Welch Allyn diagnostic set #97200 or greater.)**
- Wrist watch with a second hand or digital timer
- 5 ½” needle holder (non-disposable for suturing)
- 4 ¾” Adson tissue forceps with teeth (non-disposable for suturing)
- 5 ½” suture scissors (non-disposable for suturing)
- A hand held pocket Snellen (near visual acuity) chart
- Plastic tape measure (metric)  
**2 short** (hip length) white lab coats

### **TECHNICAL STANDARDS**

The technical standards for admission developed by the Division of Physician Assistant Studies have been written so as to establish the qualities needed to develop and achieve the levels of competency required of physician assistants. All students are expected to demonstrate competency in the technical standards that appear below. Every student admitted to the Division of Physician Assistant Studies is expected to be able to meet these standards through both years of the curriculum. In the event that the student is unable to meet these standards, the student may be dismissed from the Division of Physician Assistant Studies.

Candidates for admission to the Division of Physician Assistant Studies must meet the following Technical Standards:

1. **Observation.** The ability to observe is required for demonstrations, visual presentations in lectures and laboratories, laboratory evidence and microbiological cultures, microscopic studies of microorganisms and tissues in normal and pathological states. A candidate must be able to observe patients accurately and completely, both closely and from a distance. Observation requires functional vision and somatic sensation and is enhanced by a sense of smell.

2. **Communication.** A candidate should be able to speak, hear, and observe patients in order to elicit information, perceive non-verbal communications, and describe changes in mood, activity and posture. The candidate must be able to communicate effectively and sensitively with patients including not only through speech but also through reading and writing. Communication in oral and written form with the health care team must be effective and efficient.
3. **Motor.** A candidate should have sufficient motor function to elicit information from patients by palpation, auscultation and percussion, as well as carry out diagnostic maneuvers. A candidate should have motor function sufficient to execute movements reasonably required to provide general care and emergency treatment to patients. Such skills require coordination of gross and fine muscular movements, equilibrium and sensation.
4. **Intellectual-Conceptual, Integrative and Quantitative Abilities.** Problem solving is a critical skill demanded of physician assistants; this skill requires all these abilities. The candidate must also be able to comprehend three-dimensional relationships as well as the spatial relationship of structures.
5. **Behavioral and Social Attributes.** A candidate must have sufficient emotional health to fully use his or her intellectual ability, to exercise good judgment, complete all responsibilities, and attend to the diagnosis and care of patients.

A candidate must be able to develop mature, sensitive and effective relationships with patients and colleagues. A candidate must be able to tolerate physical and emotional stress and continue to function effectively. A candidate must possess qualities of adaptability, flexibility and be able to function in the face of uncertainty. He/She must have a high level of compassion for others, motivation to serve, integrity, and a consciousness of social values. A candidate must possess sufficient interpersonal skills to interact positively with people from all levels of society, all ethnic backgrounds, and all belief systems.

The faculty of the Division of Physician Assistant Studies recognizes its responsibility to present candidates for the PA certificate that have the knowledge and skills to function in a broad variety of clinical situations and to render a wide spectrum of patient care. The responsibility for these technical standards is primarily placed on the Admissions Committee of the Division of Physician Assistant Studies to select entering PA students who will be the candidates for the PA certificate and degree.

## DEMANDS AND REQUIREMENTS OF THE DIDACTIC YEAR STUDENT

Physical demands	<p>Must be able to stand for long periods of time in class and on clinical rotations</p> <p>Must be able to have adequate eye-hand coordination, gross, and fine motor dexterity to perform history, physical exam, and clinical laboratory procedures.</p> <p>Must have normal visual and hearing acuity (with or without correction)</p>
Mental demands	<p>Must be able to comprehend, synthesize and retain a large volume of material related to medicine, surgery, and related fields. Must be able to tolerate long hours of classroom work, lecture, laboratory, clinical experiences, self- or group study, etc. Must be able to accept constructive criticism from core and adjunct faculty and clinical preceptors and respond appropriately. Must be able to communicate appropriately and effectively in written and spoken English and in medical terminology. Must be able to participate appropriately in examinations, practical exams, and the like. Must be able to work appropriately with patients in a compassionate, professional, effective and efficient manner.</p>
Working conditions	<p>Must be able to tolerate difficult and stressful environments, including: potential repeated exposure to hazardous substances, including bloodborne pathogens; difficult, demanding patients. Must be able to work with patients from all cultures, countries, backgrounds, ages, with a variety of medical problems.</p>
Performance requirements	<p>Will be able to perform in the following clinical arenas: inpatient units, Emergency Departments, private practices, outpatient clinics, long-term care facilities. Will be able to perform required and relevant invasive and noninvasive procedures. Will be able to perform at the appropriate level as determined by the faculty. Will participate in community activities as required. Will display an ability to work long hours and to complete required practical examinations. Will display understanding of the appropriate ethical and medicolegal considerations.</p>

## **FUNCTIONS AND TASKS OF THE LIU PHYSICIAN ASSISTANT GRADUATE**

The new graduate will be able to:

1. Take a thorough history and perform a comprehensive physical examination
2. Order and interpret laboratory, radiologic and other studies needed to formulate a working diagnosis
3. Perform relevant clinical laboratory procedures as necessary for ongoing care of the patient
4. Formulate a treatment plan based on history, physical and relevant diagnostic studies obtained.
5. Counsel patients about diagnoses, risk modification and treatment regimens
6. In the hospital, perform all of the above, and also: conduct patient rounds; order consults; perform consultations; assist at surgery; and other tasks as assigned by the supervising physician.
7. Be an advocate for the patient and the community by performing community outreach and other community services so as to ensure the well-being of the community at large
8. Continue to be a lifelong learner by attending continuing medical educational activities, reading journals, and the like.
9. Be a culturally competent practitioner.

## **COMPETENCIES FOR THE PHYSICIAN ASSISTANT PROFESSION<sup>4,5</sup>**

### **Preamble**

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

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<sup>4</sup> In 1999, the Accreditation Council for Graduation Medical Education (ACGME) endorsed a list of general competencies for medical residents. NCCPA's Eligibility Committee, with substantial input from representatives of AAPA, PAEA and ARC-PA, has modified the ACGME's list for physician assistant practice, drawing from several other resources, including the work of Drs. Epstein and Hundert; research conducted by AAPA's EVP/CEO, Dr. Steve Crane; and NCCPA's own examination content blueprint.

<sup>5</sup> American Academy of Physician Assistants. Competencies for the physician assistant profession. Available at: <http://www.aapa.org/policy/competencs.html>. Accessed on: July 10, 2007.

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

### **Introduction**

The purpose of this document is to communicate to the PA profession and the public a set of competencies that all physician assistants regardless of specialty or setting are expected to acquire and maintain throughout their careers. This document serves as a map for the individual PA, the physician-PA team, and organizations that are committed to promoting the development and maintenance of these professional competencies among physician assistants.

The clinical role of PAs includes primary and specialty care in medical and surgical practice settings. Professional competencies for physician assistants include the effective and appropriate application of medical knowledge, interpersonal and communication skills, patient care, professionalism, practice-based learning and improvement, systems-based practice, as well as an unwavering commitment to continual learning and professional growth, and the physician-PA team, for the benefit of patients and the larger community being served. These competencies are demonstrated within the scope of practice, whether medical or surgical, for each individual physician assistant as that scope is defined by the supervising physician and appropriate to the setting.

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

### **Medical knowledge**

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

- Understand etiologies, risk factors, underlying pathologic process, and epidemiology for medical conditions
- Identify signs and symptoms of medical conditions
- Select and interpret appropriate diagnostic or lab studies
- Manage general medical and surgical conditions to include understanding the indications, contraindications, side effects, interactions, and adverse reactions of pharmacologic agents and other relevant treatment modalities
- Identify the appropriate site of care for presenting conditions, including identifying emergent cases and those requiring referral or admission

- Identify appropriate interventions for prevention of conditions
- Identify the appropriate methods to detect conditions in an asymptomatic individual
- Differentiate between the normal and the abnormal in anatomy, physiology, laboratory findings, and other diagnostic data
- Appropriately use history and physical findings and diagnostic studies to formulate a differential diagnosis
- Provide appropriate care to patients with chronic conditions.

### **Interpersonal & communication skills**

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

- Create and sustain a therapeutic and ethically sound relationship with patients
- Use effective listening, nonverbal, explanatory, questioning, and writing skills to elicit and provide information
- Appropriately adapt communication style and messages to the context of the individual patient interaction
- Work effectively with physician and other health care professionals as a member or leader of a health care team or other professional group
- Apply an understanding of human behavior
- Demonstrate emotional resilience and stability, adaptability, flexibility, and tolerance of ambiguity and anxiety
- Accurately and adequately document and record information regarding the care process for medical, legal, quality, and financial purposes.

### **Patient care**

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

- Work effectively with physicians and other health care professionals to provide patient-centered care
- Demonstrate caring and respectful behaviors when interacting with patients and their families
- Gather essential and accurate information about their patients

- Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
- Develop and carry out patient management plans
- Counsel and educate patients and their families
- Competently perform medical and surgical procedures considered essential in the area of practice
- Provide health care services and education aimed at preventing health problems or maintaining health.

### **Professionalism**

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

- Understanding of legal and regulatory requirements, as well as the appropriate role of the physician assistant
- Professional relationships with physician supervisors and other health care providers
- Respect, compassion, and integrity
- Responsiveness to the needs of patients and society
- Accountability to patients, society, and the profession
- Commitment to excellence and ongoing professional development
- Commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- Sensitivity and responsiveness to patients' culture, age, gender, and disabilities
- Self-reflection, critical curiosity, and initiative.

### **Practice-based learning and improvement**

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

- Analyze practice experience and perform practice-based improvement activities using a systematic methodology in concert with other members of the health care delivery team

- Locate, appraise, and integrate evidence from scientific studies related to their patients' health problems
- Obtain and apply information about their own population of patients and the larger population from which their patients are drawn
- Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness
- Apply information technology to manage information, access online medical information, and support their own education
- Facilitate the learning of students and/or other health care professionals
- Recognize and appropriately address gender, cultural, cognitive, emotional, and other biases; gaps in medical knowledge; and physical limitations in themselves and others.

### **Systems-based practice**

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

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

## ACCREDITATION REVIEW COMMISSION ON EDUCATION FOR THE PHYSICIAN ASSISTANT<sup>6</sup>

The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) is the accrediting agency that protects the interests of the public and PA profession by defining the standards for PA education and evaluating PA educational programs within the territorial United States to ensure their compliance with those standards.

The ARC-PA encourages excellence in PA education through its accreditation process by establishing and maintaining minimum standards of quality for educational programs. It awards accreditation to programs through a peer review process that includes documentation and periodic site visit evaluation to substantiate compliance with the Accreditation Standards for Physician Assistant Education. The accreditation process is designed to encourage sound educational practices and innovation by programs and to stimulate continuous self-study and improvement.

In addition to establishing educational standards and fostering excellence in PA programs, the ARC-PA provides information and guidance to individuals and organizations regarding PA program accreditation.

The American Academy of Family Physicians, the American Academy of Pediatrics, the American Academy of Physician Assistants, the American College of Physicians, the American College of Surgeons, the American Medical Association, and the Physician Assistant Education Association (formerly the Association of Physician Assistant Programs) all cooperate with the ARC-PA as collaborating organizations to establish, maintain, and promote appropriate standards of quality for entry level education of physician assistants (PAs) and to provide recognition for educational programs that meet the minimum requirements outlined in these *Standards*. These *Standards* are to be used for the development, evaluation, and self-analysis of physician assistant programs.

The ARC-PA is recognized by the Council for Higher Education Accreditation (CHEA). The CHEA scope of recognition is for *programs preparing individuals for entry-level PA practice located in institutions in the US that are accredited by recognized regional or specialized or professional accrediting bodies*. The CHEA scope does not cover the accreditation of clinical postgraduate PA programs.

The ARC-PA is also a member of the Association of Specialized and Professional Accreditors (ASPA) and, as such, subscribes to its code of ethics, as posted on the ASPA web site.

This web site ([www.arc-pa.org](http://www.arc-pa.org)) has been designed for use by the general public, currently accredited PA programs, those interested in starting PA programs, students and potential students, and ARC-PA site visitors. The ARC-PA welcomes your comments ([webmaster@arc-pa.org](mailto:webmaster@arc-pa.org)) about how the site can be more useful.

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<sup>6</sup> Accreditation Review Commission on Education of the Physician Assistant, Inc. Available at: [www.arc-pa.org](http://www.arc-pa.org). Accessed on: July 10, 2007.

**AMERICAN ACADEMY OF PHYSICIAN ASSISTANTS GUIDELINES FOR  
ETHICAL CONDUCT FOR THE PHYSICIAN ASSISTANT PROFESSION  
(ADOPTED MAY 2000)**

**Introduction**

The physician assistant profession has revised its code of ethics several times since the profession began. Although the fundamental principles underlying the ethical care of patients have not changed, the societal framework in which those principles are applied has. Economic pressures of the health care system, social pressures of church and state, technological advances, and changing patient demographics continually transform the landscape in which PAs practice. Previous codes of the profession were brief lists of tenets for PAs to live by in their professional lives. This document departs from that format by attempting to describe ways in which those tenets apply. Each situation is unique. Individual PAs must use their best judgment in a given situation while considering the preferences of the patient and the supervising physician, clinical information, ethical concepts, and legal obligations. Four main bioethical principles broadly guided the development of these guidelines: autonomy, beneficence, nonmaleficence, and justice.

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

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

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

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

Physician assistants are expected to behave both legally and morally. They should know and understand the laws governing their practice. Likewise, they should understand the ethical responsibilities of being a health care professional. Legal requirements and ethical expectations will not always be in agreement. Generally speaking, the law describes minimum standards of acceptable behavior, and ethical principles delineate the highest moral standards of behavior.

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

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

### **Statement of Values of the Physician Assistant Profession**

- Physician assistants hold as their primary responsibility the health, safety, welfare, and dignity of all human beings.
- Physician assistants uphold the tenets of patient autonomy, beneficence, nonmaleficence, and justice.
- Physician assistants recognize and promote the value of diversity.
- Physician assistants treat equally all persons who seek their care.
- Physician assistants hold in confidence the information shared in the course of practicing medicine.
- Physician assistants assess their personal capabilities and limitations, striving always to improve their medical practice.
- Physician assistants actively seek to expand their knowledge and skills, keeping abreast of advances in medicine.

Physician assistants work with other members of the health care team to provide compassionate and effective care of patients.

- Physician assistants use their knowledge and experience to contribute to an improved community.
- Physician assistants respect their professional relationship with physicians.
- Physician assistants share and expand knowledge within the profession.

## **The PA and Patient**

### **PA Role and Responsibilities**

Physician assistant practice flows out of a unique relationship that involves the PA, the physician, and the patient. The individual patient–PA relationship is based on mutual respect and an agreement to work together regarding medical care. In addition, PAs practice medicine with physician supervision; therefore, the care that a PA provides is an extension of the care of the supervising physician. The patient–PA relationship is also a patient–PA–physician relationship. The principal value of the physician assistant profession is to respect the health, safety, welfare, and dignity of all human beings. This concept is the foundation of the patient–PA relationship. Physician assistants have an ethical obligation to see that each of their patients receives appropriate care. PAs should be sensitive to the beliefs and expectations of the patient. PAs should recognize that each patient is unique and has an ethical right to self-determination. While PAs are not expected to ignore their own personal values, scientific or ethical standards, or the law, they should not allow their personal beliefs to restrict patient access to care. A PA has an ethical duty to offer each patient the full range of information on relevant options for

their health care. If personal moral, religious, or ethical beliefs prevent a PA from offering the full range of treatments available or care the patient desires, the PA has an ethical duty to refer a patient to another qualified provider. That referral should not restrict a patient's access to care. PAs are obligated to care for patients in emergency situations and to responsibly transfer patients if they cannot care for them.

### **Cost Containment**

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

### **The PA and Diversity**

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

### **Discrimination**

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

### **Initiation and Discontinuation of Care**

In the absence of a preexisting patient-PA relationship, the physician assistant is under no ethical obligation to care for a person unless no other provider is available. A PA is morally bound to provide care in emergency situations and to arrange proper follow-up. PAs should keep in mind that contracts with health insurance plans might define a legal obligation to provide care to certain patients. A physician assistant and supervising physician may discontinue their professional relationship with an established patient as long as proper procedures are followed. The PA and physician should provide the patient with adequate notice, offer to transfer records, and arrange for continuity of care if the patient has an ongoing medical condition. Discontinuation of the professional relationship should be undertaken only after a serious attempt has been made to clarify and understand the expectations and concerns of all involved parties. If the patient decides to terminate the relationship, they are entitled to access appropriate information contained within their medical record.

### **Informed Consent**

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

In caring for adolescents, the PA should understand all of the laws and regulations in his or her jurisdiction that are related to the ability of minors to consent to or refuse health care. Adolescents should be encouraged to involve their families in health care decision-making. The PA should also understand consent laws pertaining to emancipated or mature minors. (See the section on *Confidentiality*.)

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

### **Confidentiality**

Physician assistants should maintain confidentiality. By maintaining confidentiality, PAs respect patient privacy and help to prevent discrimination based on medical conditions. If patients are confident that their privacy is protected, they are more likely to seek medical care and more likely to discuss their problems candidly. In cases of adolescent patients, family support is important but should be balanced with the patient's need for confidentiality and the PA's obligation to respect their emerging autonomy. Adolescents may not be of age to make independent decisions about their health, but providers should respect that they soon will be. To the extent they can, PAs should allow these emerging adults to participate as fully as possible in decisions about their care. It is important that PAs be familiar with and understand the laws and regulations in their jurisdictions that relate to the confidentiality rights of adolescent patients. (See the section on *Informed Consent*.) Any communication about a patient conducted in a manner that violates confidentiality is unethical. Because written, electronic, and verbal information may be intercepted or overheard, the PA should always be aware of anyone who might be monitoring communication about a patient. PAs should choose methods of storage and transmission of patient information that minimize the likelihood of data becoming available to unauthorized persons or organizations. Computerized record keeping and electronic data transmission present unique challenges that can make the maintenance of patient confidentiality difficult. PAs should advocate for policies and procedures that secure the confidentiality of patient information.

### **The Patient and the Medical Record**

Physician assistants have an obligation to keep information in the patient's medical record confidential. Information should be released only with the written permission of

the patient or the patient's legally authorized representative. Specific exceptions to this general rule may exist (e.g., workers compensation, communicable disease, HIV, knife/gunshot wounds, abuse, substance abuse). It is important that a PA be familiar with and understand the laws and regulations in his or her jurisdiction that relate to the release of information. For example, stringent legal restrictions on release of genetic test results and mental health records often exist. Both ethically and legally, a patient has certain rights to know the information contained in his or her medical record. While the chart is legally the property of the practice or the institution, the information in the chart is the property of the patient. Most states have laws that provide patients access to their medical records. The PA should know the laws and facilitate patient access to the information.

### **Disclosure**

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

### **Care of Family Members and Co-workers**

Treating oneself, co-workers, close friends, family members, or students whom the physician assistant supervises or teaches may be unethical or create conflicts of interest. For example, it might be ethically acceptable to treat one's own child for a case of otitis media but it probably is not acceptable to treat one's spouse for depression.

PAs should be aware that their judgment might be less than objective in cases involving friends, family members, students, and colleagues and that providing "curbside" care might sway the individual from establishing an ongoing relationship with a provider. If it becomes necessary to treat a family member or close associate, a formal patient-provider relationship should be established, and the PA should consider transferring the patient's care to another provider as soon as it is practical. If a close associate requests care, the PA may wish to assist by helping them find an appropriate provider.

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

### **Genetic Testing**

Evaluating the risk of disease and performing diagnostic genetic tests raise significant ethical concerns. Physician assistants should be informed about the benefits and risks of genetic tests. Testing should be undertaken only after proper informed consent is obtained. If PAs order or conduct the tests, they should assure that appropriate pre- and post-test counseling is provided. PAs should be sure that patients understands the potential consequences of undergoing genetic tests – from impact on patients themselves, possible implications for other family members, and potential use of the information by insurance companies or others who might have access to the information. Because of the potential for discrimination by insurers, employers, or others, PAs should be particularly aware of the need for confidentiality concerning genetic test results.

## **Reproductive Decision Making**

Patients have a right to access the full range of reproductive health care services, including fertility treatments, contraception, sterilization, and abortion. Physician assistants have an ethical obligation to provide balanced and unbiased clinical information about reproductive health care. When the PA's personal values conflict with providing full disclosure or providing certain services such as sterilization or abortion, the PA need not become involved in that aspect of the patient's care. By referring the patient to a qualified provider who is willing to discuss all treatment options and perform those services, the PA fulfills their ethical obligation to ensure the patient's access to all legal options.

## **End of Life**

Among the ethical principles that are fundamental to providing compassionate care at the end of life, the most essential is recognizing that dying is a personal experience and part of the life cycle. Physician Assistants should provide patients with the opportunity to plan for end of life care. Advance directives, living wills, durable power of attorney, and organ donation should be discussed during routine patient visits. PAs should assure terminally ill patients that their dignity is a priority and that relief of physical and mental suffering is paramount. PAs should exhibit non-judgmental attitudes and should assure their terminally ill patients that they will not be abandoned. To the extent possible, patient or surrogate preferences should be honored, using the most appropriate measures consistent with their choices, including alternative and non-traditional treatments. PAs should explain palliative and hospice care and facilitate patient access to those services. End of life care should include assessment and management of psychological, social, and spiritual or religious needs. While respecting patients' wishes for particular treatments when possible, PAs also must weigh their ethical responsibility, in consultation with supervising physicians, to withhold futile treatments and to help patients understand such medical decisions. PAs should involve the physician in all near-death planning. The PA should only withdraw life support with the supervising physician's agreement and in accordance with the policies of the health care institution.

## **The PA and Individual Professionalism**

### **Conflict of Interest**

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

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

### **Professional Identity**

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

### **Competency**

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

### **Sexual Relationships**

It is unethical for physician assistants to become sexually involved with patients. It also may be unethical for PAs to become sexually involved with former patients or key third parties. Key third parties are individuals who have influence over the patient. These might include spouses or partners, parents, guardians, or surrogates. Such relationships generally are unethical because of the PA's position of authority and the inherent imbalance of knowledge, expertise, and status. Issues such as dependence, trust, transference, and inequalities of power may lead to increased vulnerability on the part of the current or former patients or key third parties.

### **Gender Discrimination and Sexual Harassment**

It is unethical for physician assistants to engage in or condone any form of gender discrimination. Gender discrimination is defined as any behavior, action, or policy that adversely affects an individual or group of individuals due to disparate treatment, disparate impact, or the creation of a hostile or intimidating work or learning environment. It is unethical for PAs to engage in or condone any form of sexual harassment. Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature when:

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

## **The PA and Other Professionals**

### **Team Practice**

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

### **Illegal and Unethical Conduct**

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

### **Impairment**

Physician assistants have an ethical responsibility to protect patients and the public by identifying and assisting impaired colleagues. “Impaired” means being unable to practice medicine with reasonable skill and safety because of physical or mental illness, loss of motor skills, or excessive use or abuse of drugs and alcohol. PAs should be able to recognize impairment in physician supervisors, PAs, and other health care providers and should seek assistance from appropriate resources to encourage these individuals to obtain treatment.

### **PA–Physician Relationship**

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

### **Complementary and Alternative Medicine**

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

## **The PA and the Health Care System**

### **Workplace Actions**

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

### **PAs as Educators**

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

### **PAs and Research**

The most important ethical principle in research is honesty. This includes assuring subjects' informed consent, following treatment protocols, and accurately reporting findings. Fraud and dishonesty in research should be reported so that the appropriate authorities can take action. Physician assistants involved in research must be aware of potential conflicts of interest. The patient's welfare takes precedence over the desired research outcome. Any conflict of interest should be disclosed. In scientific writing, PAs should report information honestly and accurately. Sources of funding for the research must be included in the published reports. Plagiarism is unethical. Incorporating the words of others, either verbatim or by paraphrasing, without appropriate attribution is unethical and may have legal consequences. When submitting a document for publication, any previous publication of any portion of the document must be fully disclosed.

### **PAs as Expert Witnesses**

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

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

## **The PA and Society**

### **Lawfulness**

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

### **Executions**

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

### **Access to Care / Resource Allocation**

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

### **Community Well Being**

Physician assistants should work for the health, well being, and the best interest of both the patient and the community. Sometimes there is a dynamic moral tension between the well being of the community in general and the individual patient. Conflict between an individual patient's best interest and the common good is not always easily resolved. In general, PAs should be committed to upholding and enhancing community values, be aware of the needs of the community, and use the knowledge and experience acquired as professionals to contribute to an improved community.

### **Conclusion**

The American Academy of Physician Assistants recognizes its responsibility to aid the PA profession as it strives to provide high quality, accessible health care. Physician assistants wrote these guidelines for themselves and other physician assistants. The ultimate goal is to honor patients and earn their trust while providing the best and most appropriate care possible. At the same time, PAs must understand their personal values and beliefs and recognize the ways in which those values and beliefs can impact the care they provide.<sup>7</sup>

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<sup>7</sup> American Academy of Physician Assistants. Guidelines for ethical conduct for the physician assistant profession. Available at: <http://www.aapa.org/policy/23-EthicalConduct.pdf>. Accessed on: July 17, 2007.

# THE DIDACTIC YEAR CURRICULUM

The first year of the curriculum offered by the Division of Physician Assistant Studies is primarily centered on classroom lectures, laboratories, practice groups, problem- and case-based learning.

Students are responsible for the course learning objectives, attached to course syllabi, whether or not they are covered during lectures. Because the study of medicine is a cumulative process that builds on knowledge learned earlier, each course exam may include course subject matter learned previously.

Below appears a general outline of the didactic year.

## **FALL SEMESTER 2011**

<b>COURSE NUMBER</b>	<b>COURSE TITLE</b>	<b>CREDITS &amp; TYPE</b>	<b>DESCRIPTION</b>
MS 500	Anatomy	4; lecture/lab	The study of the structure of the human body with a clinical emphasis. Lectures and labs will emphasize anatomy and anatomic relationships significant to common clinical medicine topics and surgical procedures. Includes cadaver lab. Prerequisites: admission to the graduate program in Physician Assistant Studies.
MS 501	Physiology	3; lecture	Physiology. A study of organ systems, with presentations emphasizing normal physiology of each system. Lectures will discuss normal function, cellular changes and pathological changes where appropriate. Prerequisites: admission to the graduate program in Physician Assistant Studies.
MS 502A	Pharmacology I	3; lecture	Part one of a two-semester sequence in pharmacology and clinical therapeutics. This course introduces the principles of pharmacokinetics and pharmacodynamics, dosage forms and dose-response relationships. Classes of pharmaceuticals will be studied, with a focus on the mechanisms of drug action in different therapeutic classes, common side effects of prototypic drugs in each category, drug side effects and drug-drug interactions, the interaction of drugs with the disease state under treatment, and polypharmacy.

MS 503A	Art and Science of Medicine I	4; lecture/lab	Part one of a two-semester sequence in the art and science of physical diagnosis. Students learn the principles of patient interviewing, the components and practice of conducting the medical history, and the science and technique of performing a physical examination. Areas of the physical examination considered in this semester include general survey, vital signs, head, ears, eyes, nose and throat, neck, chest and heart. Students also learn the indications, contraindications, equipment, technique, and complications of common clinical procedures. This course contains both lecture and laboratory components.
MS 504A	Clinical Medicine I	4; lecture	Part one of a three-semester sequence in clinical medicine. This course introduces the student to the epidemiology, incidence, pathophysiology, signs, symptoms, pertinent laboratory studies, diagnosis, treatment and prognosis of disease processes affecting the human body. Disciplines considered in this semester include cardiology, pulmonology, otorhinolaryngology, ophthalmology, infectious diseases, HIV medicine, and gastroenterology.
MS 505	Psychosocial aspects of medicine	2; lecture	This course considers the non-medical issues critical to caring for patients. Topics include: cultural competency; medical ethics; <u>substance abuse; end of life care.</u>
MS 506	Pathology	3; lecture	This course considers disease at a cellular, structural and systemic level. Modes of pathophysiology and death are considered in detail.

**SPRING SEMESTER 2012**

<b>COURSE NUMBER</b>	<b>COURSE TITLE</b>	<b>CREDITS &amp; TYPE</b>	<b>DESCRIPTION</b>
MS 502B	Pharmacology II	3; lecture	Part two of a two-semester sequence in pharmacology and clinical therapeutics. This course continues the consideration of the principles of pharmacokinetics and pharmacodynamics, dosage forms and dose-response relationships.
MS 503B	Art and Science of Medicine II	3; lecture	Part two of a two-semester sequence in the art and science of physical diagnosis. Students learn the principles of patient interviewing, the components and practice of conducting the medical history, and the science and technique of performing a physical examination. Areas of the physical examination considered in this semester include general survey, vital signs, head, ears, eyes, nose and throat, neck, chest and heart. Students also learn the indications, contraindications, equipment, technique, and complications of common clinical procedures. This course contains both lecture and laboratory components.
MS 504B	Clinical Medicine II	6; lecture	Part two of a three-semester sequence in clinical medicine. This course introduces the student to the epidemiology, incidence, pathophysiology, signs, symptoms, pertinent laboratory studies, diagnosis, treatment and prognosis of disease processes affecting the human body. Disciplines considered in this semester include rheumatology, radiology, renal medicine, endocrinology, geriatrics, dermatology and hematology. Prerequisites: successful completion of the fall semester of the didactic year of the graduate program in Physician Assistant Studies. Six credits.
MS 507	Role socialization	1; lecture	This course examines the physician assistant profession from its inception in the mid-

			1960s to the present. Topics to be considered include: history of the profession; state licensure and regulation; maintenance of professional license and certification; regulation of physician assistant education; types of reimbursement through health insurance plans; the physician-physician assistant relationship; and professionalism.
MS 508A	Research methods I: Epidemiology	2; lecture	This course is designed to give students an introduction to the fundamentals of clinical epidemiology: measuring health statistics, how vital signs are used in public health research and interventions, concepts of causality and risk. The relevance of epidemiologic concepts to public health and clinical work will be highlighted through the use of case studies and current health research.
MS 509	Preventive medicine	2; lecture	This course examines health promotion and disease prevention; infectious disease control and prevention; prevention of disease resulting from contaminated food sources and from poor nutrition; occupational health; international health; preventable injuries; and the importance of the role of behavior, culture and society in the perception of health.
MS 510	Clinical Laboratory Science	3; lecture	This course is designed to introduce students to the science and application of clinical laboratory medicine. Topics to be considered include: hematologic laboratory studies; chemistries; urinalysis; cardiac enzymes; ABGs, and the ways in which these laboratory tests enhance the understanding of the disease state.

**SUMMER SEMESTER**

<b>COURSE NUMBER</b>	<b>COURSE TITLE</b>	<b>CREDITS &amp; TYPE</b>	<b>DESCRIPTION</b>
MS 504C	Clinical Medicine III	6; lecture	Part three of a three-semester sequence in clinical medicine. This course introduces the student to the epidemiology, incidence, pathophysiology, signs, symptoms, pertinent laboratory studies, diagnosis, treatment and prognosis of disease processes affecting the human body. Disciplines considered in this semester include immunology, psychiatry, neuroanatomy, neurology, obstetrics and gynecology, and pediatrics.
MS 508B	Research Methods II: evidence-based medicine.	2; lecture	Part two of a two-semester sequence in research methodology. This is a course in evidence-based medicine. Topics include: study design, diagnostic and screening tests, assessment of diagnostic studies, and medical practice as seen through the lens of evidence-based medicine.
MS 511	Introduction to medical literature	1; lecture	This course considers methods of conducting medical database searches; the use of a personal computer in clinical medicine for data storage and access to medical databases; the variety of medical databases currently in use; use of medical references; formulation and development of a research topic.
MS 512	Medical informatics	1; lecture	This course considers electronic medical records; medical insurance, including Medicaid and Medicare; E&M coding; health insurance fraud; and health literacy.
MS 513	Surgery	4; lecture	This course considers the approach to the surgical patient. The focus is on clinical diagnoses requiring surgical management. Topics include: anesthesia; preoperative, intra-operative and postoperative care; disorders of cardiovascular, GU, and GI tracts.

MS 514	Emergency medicine	3; lecture	This course considers the approach to the emergency medicine patient. Topics include: patient stabilization; emergency ophthalmology; Chest pain differential diagnosis, Asthma, COPD, SOB differential diagnosis, Abdominal pain differential diagnosis, Acute coronary syndrome; myocardial infarction; heart failure; poisonings; orthopedic emergencies; wound management; animal bites; burns; sexual assault; pneumonia; trauma; and other concerns.
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## **ACADEMIC STANDING**

To maintain satisfactory academic standing in the Division of Physician Assistant Studies, and to progress on to the next semester in the didactic year, a student must:

- ✓ Receive a score of 74% or higher in each course.
- ✓ Maintain standards of professional behavior in all activities in the Division of Physician Assistant Studies;
- ✓ Maintain the academic standards as stipulated in the Long Island University Bulletin.

### **FAILURE OF A DIDACTIC YEAR COURSE**

A student who earns a numerical average of 74 or less in a course during the didactic year will be required to take and pass a comprehensive examination, which will cover all material taught in the course over the entire semester. The comprehensive examination is 75-100 short answer (multiple choice) questions in length. If the student receives a grade of 74 or higher on the comprehensive exam, the student will receive a C for the course and may continue on to the next semester in the Division's curriculum **on academic probation**. If the student fails the comprehensive examination, the student will be academically dismissed from the Division of Physician Assistant Studies. Only one comprehensive examination may be taken during the entire didactic year.

### **ACADEMIC PROBATION**

Students who earn an unsatisfactory grade while on academic probation will be decelerated. This will mean that those students will withdraw from all current or future courses. The student may begin his or her studies in the Division with the next entering class in August.

### **FAILURE OF MORE THAN ONE DIDACTIC YEAR COURSE IN A SEMESTER**

A student who earns a numerical average of 74 or less in more than one course in a given semester during the didactic year will be academically dismissed from the Division of Physician Assistant Studies.

### **FAILURE OF MORE THAN ONE DIDACTIC YEAR COURSE DURING THE DIDACTIC YEAR**

A student may sit for only one comprehensive examination during the entire didactic year. Therefore, any student who earns a numerical average of 74 or less in more than one course during the didactic year will be academically dismissed from the Division of Physician Assistant Studies.

### **COMPREHENSIVE DIDACTIC YEAR EXAM**

Students will take a pass/fail comprehensive didactic year exam at the end of the summer semester of the didactic year. The comprehensive exam contains questions that cover all courses taken during the fall and spring semesters. Students must achieve a 74 or above to pass this exam. If a 74 is not achieved, the student may take up to two remedial comprehensive exams. If the comprehensive exam is not passed on the third attempt, the student will be academically dismissed from the Division of Physician Assistant Studies.

### **ACADEMIC DISMISSAL**

Students who are academically dismissed from the Division of Physician Assistant Studies may apply for deceleration and readmission into the next didactic year class. Applications for deceleration will be considered on an individual basis by the faculty of the Division of Physician Assistant Studies. Students interested in applying for deceleration must request a meeting with the Director of Didactic Education to discuss the details of the deceleration application process. Termination from the Division of Physician Assistant Studies does not necessarily reflect the student's standing with the University. The student may still be eligible for transfer into another major within the University.

### **STUDENTS SUBJECT TO DISMISSAL**

A student is subject to dismissal if:

- ✓ The student earns a GPA of less than 2.0 in a given semester;
- ✓ The student earns an average grade of less than 74 in a given course and fails the comprehensive examination;
- ✓ The student has taken one comprehensive examination during the didactic year, and in a subsequent semester earns an average grade of less than 74 in a given course;
- ✓ The student earns an average grade of less than 74 in more than one course in a given semester;
- ✓ The student earns an average grade of less than 74 in a course while on academic probation;
- ✓ The student fails to comply with the key elements of professionalism as outlined in this Didactic Year Handbook.

## GRADES

<b>NUMERICAL GRADE</b>	<b>LETTER GRADE EQUIVALENT</b>	<b>LETTER GRADE DESCRIPTION</b>
<b>≥93.00</b>	<b>A</b>	<b>Satisfactory</b>
<b>90.00-92.99</b>	<b>A-</b>	<b>Satisfactory</b>
<b>87.00-89.99</b>	<b>B+</b>	<b>Satisfactory</b>
<b>83.00-86.99</b>	<b>B</b>	<b>Satisfactory</b>
<b>80.00-82.99</b>	<b>B-</b>	<b>Satisfactory</b>
<b>77.00-79.99</b>	<b>C+</b>	<b>Satisfactory</b>
<b>74.00-76.99</b>	<b>C</b>	<b>Satisfactory</b>
<b>&lt;74.00</b>	<b>F</b>	<b>Unsatisfactory</b>

## STANDARDS OF PROFESSIONALISM

In addition to the maintenance of satisfactory academic standing, students are also required to adhere to normally accepted standards of professional behavior.

Students must adhere to the standards of professionalism outlined in these Guidelines and Policies to continue in the didactic year of the Division of Physician Assistant Studies. Failure to adhere to the Division's rules and regulations, and all expectations concerning professional behavior, may result in dismissal from the Division of Physician Assistant Studies, even if all other components of the academic and clinical performance criteria have been met.

Examples of unprofessional behavior include but are not limited to:

- ✓ Failure to comply with program rules and regulations, including but not limited to: attendance, punctuality, preparedness, conduct, and performance in the classroom and clinical setting
- ✓ Failure to accept constructive criticism
- ✓ Poor attendance
- ✓ Immature demeanor
- ✓ Unacceptable dress in the clinical arena
- ✓ Personal dishonesty
- ✓ Academic dishonesty
- ✓ Insensitivity to patients; lack of respect for the rights of patients to competent, confidential service
- ✓ Lateness
- ✓ Failure to follow protocol, or directions of supervising physician, physician assistant or program faculty
- ✓ Performing unauthorized procedures or administering services not permitted by the supervisor, the facility, or the Division of Physician Assistant Studies
- ✓ Lack of cooperation
- ✓ Violation of the Health Insurance Portability and Accountability Act (HIPAA)
- ✓ Not respecting the rights of patients
- ✓ Failure to perform all or part of assigned tasks and responsibilities

- ✓ Leaving the clinical setting without permission of supervising physician or physician assistant
- ✓ Performing any activity which is beyond the scope of your role as student
- ✓ Failure to identify yourself as a physician assistant student
- ✓ Failure to inform a patient, staff member or any other individual who addresses or refers to you as “Doctor” of your identity as a physician assistant student
- ✓ Failure to report all observed unethical conduct by other members of the health profession, including other students
- ✓ Associating professionally with those who violate ethical practice
- ✓ Endangering the health and welfare of any patient

In order to assist students in developing proper professional behavior, the faculty of the Division of Physician Assistant Studies at their discretion may bring to your attention areas of deficiency or of particular excellence. To this end, two instruments have been developed. The Breach of Professionalism (BOP) and Professional Accolades and Testimonials (PAT) appear at the back of this handbook. Students should make themselves familiar with these instruments. **If a student receives a PAT or BOP during the didactic or clinical years, a copy of the relevant form will be placed in the student’s permanent record. The presence of PATs or BOPs will be noted in any letters of reference written on a student’s behalf by members of the faculty.**

In addition, the faculty may take disciplinary action against a student if a number of minor infractions are committed or if a serious infraction of professionalism is committed.

### **COURSE EVALUATION**

Throughout the curriculum, students will be asked to evaluate courses and instructors. This allows the student to give constructive feedback regarding the education process, and allows the Division faculty to use these data to assess and meet the students’ needs.

Evaluations may vary in form. The faculty will advise students of the method and schedule for such evaluations, which generally take place at the end of the semester.

### **CLINICAL ASSIGNMENTS**

Each semester students may be assigned to attend clinical experiences in diverse settings. Examples include but are not limited to: emergency departments, hospital-based histories and physical exams, community-based health fairs, etc. Attendance and punctuality are mandatory at such experiences. Performance at these sites is a predictor of professionalism and commitment. It also allows students an opportunity to prepare for the clinical year.

Throughout the didactic year, students will be assigned a date and time to visit patients at The Brooklyn Hospital Center to perform histories and physical examinations. Students must report to the site at the scheduled time in appropriate dress. Students must remain at the clinical site until the completion of the clinical experience.

If a student is unable to report to the assigned site for any reason, the student must call Professor Sharon Verity, Assistant Division Director, before the scheduled reporting time. Students may *not* leave a message with a fellow student. If Professor Verity is not available, the student must leave a message on the Division voicemail or with an Administrative Assistant, including a telephone number where the student may be reached. At the discretion of the faculty, students may be required to make up clinical experiences.

It is expressly prohibited for all students to be present in any patient area (including but not limited to: clinics, emergency departments, patient floors, operating rooms, etc.) unless expressly assigned to such an area by the faculty. In situations in which a student is assigned to a clinical area, he or she is only permitted to be in that area during the time period authorized by the faculty.

In the event that a resident, attending physician or other employee of The Brooklyn Hospital Center or any institution invites a student to observe or participate in any patient related function or activity, the student must first obtain clearance from the Division faculty.

#### **CLINICAL EXPERIENCES AT THE BROOKLYN HOSPITAL CENTER**

All clinical experiences during the didactic year take place only at The Brooklyn Hospital Center. Students will not be permitted to perform similar tasks or duties at other institutions.

# **ATTENDANCE IN THE DIVISION OF PHYSICIAN ASSISTANT STUDIES**

The physician assistant curriculum is by definition intense and rigorous. Students must attend all lectures, practice group experiences, laboratories, and other experiences offered by the Division of Physician Assistant Studies. Students are expected to arrange other activities around the didactic year schedule. If a student will be late or is unable to report to class, lab, or practice group, the student must call Professor Sharon Verity, Assistant Division Director, before the scheduled reporting time. Students may *not*: leave a message with a fellow student. If Professor Verity is not available, the student must leave a message on the Division voicemail or with an Administrative Assistant, including reason for absence or lateness and a telephone number where the student may be reached.

## **SCHEDULE**

The schedule of classes changes weekly. Every effort is made to release the next week's schedule as soon as it is prepared. Generally, it will be released on Thursday of the preceding week. However, there may be times when the schedule is not released before Friday.

Like many other PA Programs, the Division of Physician Assistant Studies relies on practitioners in the field to lecture to students. Such practitioners give greatly of their free time. As a result, lectures must at times be arranged around the practitioner's clinical schedule, which may change with little notice. Changes to the weekly schedule will be made as necessary. Students are responsible for being aware of all schedule changes. In the event that there is a schedule change after students have left for the day, the faculty will email the schedule change to the class.

Classes are generally held between 8 AM and 5 PM, Monday through Friday. However, there may be classes held before or after that time. At least one class will be held during one evening per week in the fall and spring semesters. The Division reserves the right to hold classes during the weekend if necessary.

Due to unforeseen circumstances, a class may be cancelled. This class may be rescheduled in the evening, or on weekends. The Course Coordinator/Instructor will take all conflicts into consideration when rescheduling, however, students are expected to attend any and all rescheduled classes and will be held responsible for the material covered in that class.

## **CLASS ATTENDANCE**

Prompt attendance in all lectures, laboratories, practice groups and other activities in the didactic year is **mandatory**. Instructors may utilize attendance sheets, and students will face disciplinary action if they arrive for class after an attendance sheet has been circulated. Students with a pattern of lateness will be counseled by a faculty member.

## **UNEXCUSED ABSENCES**

Students must inform Division faculty of any truly unavoidable absence from class. Each course is directed by a full-time faculty member. This information is available on course syllabi. This faculty member should be notified of the absence from the particular course lecture. If the individual faculty member is absent or otherwise unavailable, the student is to inform the Director of Didactic Education /Assistant Division Director, or the Division Director, in that order.

The Division faculty reserves the right to take attendance at any given lecture. Students who are absent from lecture without having been excused are subject to disciplinary action as follows. All disciplinary action will be documented in student records.

- ✓ First infraction: written warning with breach of professionalism (BOP)
- ✓ Second infraction: two day suspension from all classes
- ✓ Third infraction: twenty point penalty from final average in course which third infraction occurred.

## **ABSENCE DUE TO DEATH IN THE FAMILY**

In the event that you must attend a funeral for a member of your immediate family, you will be granted up to three days absence from classes. In this case, “immediate family” is defined as: a spouse or partner, children, stepchildren, parents, step-parents, parents-in-law, siblings, grandparents, and grandchildren or step-grandchildren. In the event of such a death, the student must submit the following information to the Director of Didactic Education in writing (electronic mail is acceptable):

- ✓ name of the deceased;
- ✓ name, address, and telephone number of funeral home, church, synagogue, or temple where service is being held;
- ✓ name and telephone number of funeral director or clergyperson officiating at service;
- ✓ funeral date;
- ✓ relationship of the deceased to the student.

The student is responsible for notifying the Director of Didactic Education by telephone in the manner noted above.

## **ABSENCE DUE TO RELIGIOUS OBSERVANCE**

A student may miss time from lectures for religious observance of holy days with permission of the Director of Didactic Education. The faculty has made every effort to avoid scheduling examinations on major religious holidays of the Jewish, Christian and Muslim faiths. However, the faculty recognizes that students may be of different faiths whose practices and traditions are not well known to the faculty. In certain circumstances the Director of Didactic Education may require a note from a clergyperson certifying that the student is known to the clergyperson, and that the particular date is indeed a holy day in the particular religion of the clergyperson and student.

### **ABSENCE DUE TO PERSONAL BUSINESS**

Students are to make every effort to conduct personal business (medical appointments, work done on one's home, automobile service, etc.) at a time when classes are not held. However, if such an appointment is unavoidable, the student must make arrangements with the Director of Didactic Education. Documentation of the appointment may be required.

### **HOLIDAYS AND ACADEMIC CALENDAR**

The Division of Physician Assistant Studies publishes two separate academic calendars each year for didactic and clinical year students. Your tentative didactic year calendar for 2012-2013 is as follows:

#### **Fall 2012**

August 27	Physician Assistant Studies First Day of Class
September 3	Labor Day (no classes)
November 21-23	Thanksgiving Day holiday (Wednesday-Friday, no classes)
December 9	Last day of classes
December 10-21	Final examinations
December 22-Jan. 1	Vacation

#### **Spring 2013**

January 2	First day of classes
January 21	Martin Luther King Day (no classes)
February 18-22	Spring Vacation
April 12	Last day of classes
April 15-26	Final examinations
April 27-May 5	Vacation

#### **Summer 2013**

May 6	First day of classes
May 27	Memorial Day (no classes)
July 4	Independence Day (no classes)
July 26	Last day of classes
July 29-August 9	Final examinations

**THE CALENDAR ABOVE IS SUBJECT TO CHANGE.**

## **WEATHER-RELATED EMERGENCIES**

Students should check the LIU website (www.liu.edu) to determine the status of University events and classes in the event of severe weather or other emergencies. Students may also call the LIU main number at (718)488-1000 to determine if the University is closed. If the University is closed, students are excused from classes.

## **EXAMINATION POLICIES**

Examinations are announced in advance and are listed on the weekly schedule of classes. Some classroom quizzes may be unannounced. Students will take both practical and written examinations throughout the curriculum of the Division of Physician Assistant Studies. The vast majority of written exams will be of the short-answer, multiple-choice question format. However, the Division reserves the right to administer other types of exams, including but not limited to essay or oral examinations.

### **ABSENCE PRECEDING AN EXAMINATION**

Any student who has an unexcused absence from one or more classes on the class day preceding an examination (whether there is a weekend or holiday between the absence and the day of the examination or not) OR on the day of the examination will have 10 points deducted from the student's final grade on the exam.

### **LENGTH OF TIME FOR EXAMINATIONS**

Students will have the following amount of time allotted for short answer, multiple-choice examinations. This standard affords the student slightly longer than one minute per question. This is the amount of time students will generally have for the Physician Assistant National Certifying Examination (PANCE).

<b>NUMBER OF QUESTIONS</b>	<b>LENGTH OF EXAMINATION</b>
50	60'
55	60'
60	70'
65	70'
70	80'

### **EXAMINATION PROCEDURES**

Students will be assigned seats for examinations. Such seating arrangements may be changed without notice. Students are to take assigned seats after having placed all personal belongings in the front of the classroom. Students should have the following objects, and only the following objects, with them at their seats during an examination:

- ✓ Two #2 pencils;
- ✓ Erasers;
- ✓ A black ink pen

Students must not have any of the following items at their desks or on their person during examinations:

- ✓ Two-way pagers;
- ✓ Caps or hats;
- ✓ Cellular telephones;
- ✓ Personal digital assistants (PDAs, Blackberries, etc.)
- ✓ Recording devices of any kind;
- ✓ Other electronic devices;
- ✓ Beverages or food, including water;
- ✓ Notes or books of any kind;
- ✓ Watches with any kind of function other than timekeeping;
- ✓ Notes, formulae, or the like written on the body of the student, on walls, desks, clothing, etc.

### **EXAMINATION ANSWER SHEETS**

Most examinations will use a Scantron answer sheet, which is graded by an optical scanner. Students must complete the top of the form, including: name, date, course number, examination name, and social security number. Students must black in all ovals corresponding to the social security number.

In cases in which a Scantron answer sheet is not used, students are to complete the information at the top of the form.

If a student does not fill in all answer spaces on the answer sheet, the student will lose credit for any questions not answered on the answer sheet. If there is a discrepancy between the answer placed on the exam paper and on the answer sheet (e.g., the student answers A on the exam paper but answers C on the answer sheet), only the answers placed by the student on the answer sheet will be accepted.

### **LEAVING ONE'S SEAT DURING THE EXAMINATION**

A student should only leave the seat without permission when s/he is ready to submit the examination. If a student leaves his or her seat in this case, the exam will be considered submitted and will be taken from the student. The student will not be permitted to continue the examination.

### **LEAVING THE ROOM DURING AN EXAMINATION**

Students will not be permitted to use the restroom during examinations.

### **ASKING QUESTIONS DURING THE EXAMINATION**

No questions related to interpretation of the examination may be asked during the examination. Students may summon the proctor if a page, question, or answer is missing. No questions concerning interpretation will be answered. No definitions of words will be provided during the examination.

### **DECORUM AFTER COMPLETION OF EXAMINATIONS**

When students have completed the exam, they are to leave the testing area immediately with their belongings. Students must sit with their examination for a minimum of 25 minutes. **After submission of exam, students are not permitted to remain on the 5<sup>th</sup> floor of the Metcalf building, as this will disturb other students still taking the examination. Students must leave the 5<sup>th</sup> floor of the Metcalf/Sloan building on completion of their exams.** Students will not be permitted to enter the examination room to collect belongings until the exam is over.

### **STUDENTS WHO ARRIVE LATE TO EXAMINATIONS**

A student who arrives late for an examination will be assigned a seat by the proctor. If a student comes late to an examination, the student will forfeit all time that has already passed. If a student comes after the examination time has expired, or after any student has already been allowed to leave the examination, the student will have missed the examination. Please refer to “Missed Examination Policies” on next page.

### **GRADING OF EXAMINATIONS**

Exams for which Scantron answer sheets have been used are graded using an optical scanner. The likelihood of an error made by the optical scanner and accompanying software is extremely low and has never occurred in the past fifteen years since the software program has been used. The faculty review **all** statistics related to every exam, whether graded by optical scanner or by hand. Students are **not** permitted to review their answer sheets.

### **PROCEDURE FOR REVIEWING GRADES**

Grades may be posted in two different ways. Most often, grades may be accessed by logging into Blackboard and going to the course site. In the event Blackboard is unavailable, grades may also be posted in the locked display case on the southern wall in the waiting area by the 5<sup>th</sup> floor faculty and staff offices. Student grades posted in the locked display case will be posted with a corresponding posting number. Posting numbers are randomly assigned to students during orientation week. They are not related in any way to social security numbers, birth dates, or other numerals associated with the student.

Faculty will post grades for a given exam **within two weeks of the examination date**. In general, grades are posted as soon as the faculty has been able to grade the exam, to ensure that the exam is statistically sound, and to review any issues with adjunct faculty. During final exams, no grades of any kind will be posted for any examination. Grades will only be posted after the last final exam has been administered and after the faculty

has been able to grade the exam, to ensure that the exam is statistically sound, and to review any issues with adjunct faculty.

### **POSTING NUMBERS**

Students are given an individual posting number during orientation. **This number should be kept confidential.** Posting numbers *will not* be changed once assigned during the didactic year.

### **EXAMINATION REVIEW**

Students who have failed an exam may ask to review the examination with the responsible faculty member. Faculty members may choose to review exam answers with the entire class. Such exam reviews may be optional or mandatory at the discretion of the responsible faculty member.

### **MISSED EXAMINATION POLICY**

If a student is absent for a scheduled examination, she/he will receive a grade of zero (0) for that examination. In the event that there are extenuating circumstances, the course director will address the potential for a make-up examination on an individual basis.

In the event that a student's final grade is less than 74 (or C) because of a missed examination, that student may be permitted to sit for the comprehensive course examination, which contains material covered in the entire course. For grading purposes, the comprehensive examination will be equivalent in points or percentage to the missed examination; e.g., if the missed exam was worth 10% of the final course grade, then the student's score on the comprehensive examination would be multiplied by 0.10, and the result would be added to the original final grade.

There are no make-up examinations given for announced or unannounced classroom quizzes.

Any student who has an unexcused absence from any class or classes the day of, or the day preceding, an examination will lose ten (10) points from the grade on that examination, as noted above. However, if the student does not have a passing grade in the course because of the unexcused absence preceding an examination, the student will be allowed to sit for the comprehensive examination, which contains material covered in the entire course. For grading purposes, the comprehensive examination will be equivalent in points or percentage to the missed examination, and the grade earned on the comprehensive examination will replace the originally earned exam grade minus the ten points subtracted for the unexcused absence. The student may **not** choose to take the comprehensive exam and then decide to keep the originally earned grade. If the student chooses to sit for the comprehensive exam, the comprehensive exam grade will replace the originally earned exam grade, whether or not it is a higher grade.

## **EXAM POLICIES FOR COURSES WITH LABORATORIES OR PRACTICE GROUPS**

Students who have an unexcused absence from a mandatory practice group or laboratory, will lose ten (10) points from the next scheduled exam in that course.

Students who are not prepared for a practice group or laboratory (do not have equipment, are not appropriately attired, etc.) will lose ten (10) points from the next scheduled exam in that course

### **MS 504A/504B/504C**

These courses cover the fundamentals of Internal Medicine. The faculty of the Division of Physician Assistant Studies believes that these courses contain many of the components that are most essential to the practice of medicine. To that end, the faculty believes that students must prove proficiency in each discipline contained in MS 504. Therefore, students must pass *each* component of MS 504A/B/C with an average grade of 74 or higher. If the student does not achieve an average grade of 74 or higher in the component, the student must take a remedial examination in that component. In many components, only one examination is given. In this case, the student must achieve a grade of 74 or higher on the one exam given in the component. Students may take only two remedial examinations per semester in MS 504A/B/C. If a student fails more than two components of MS 504A/B/C, the student will fail the course and may be permitted to sit for a comprehensive exam, as per the guidelines noted previously.

### **PHYSICAL DIAGNOSIS EXAMINATIONS IN MS 503A/MS503B**

Students must perform a variety of practical physical examinations in partial fulfillment of the requirements of MS 503A/B. Students will be assigned a date, time and partner for each practical examination. The assignments will be posted on one of the bulletin boards near M518. All practical exams will be conducted at the Division's laboratories. Students must come prepared with all physical diagnosis equipment and appropriate clothing (shorts for men and women, sports bra for women). Students will receive a zero (0) for the practical if any of the following events occurs:

- ✓ Failure to appear for the practical
- ✓ Failure to appear on time for the practical
- ✓ Failure to have all appropriate physical diagnosis equipment for the practical
- ✓ Failure to have appropriate clothing for the practical

### **POLICY REGARDING ADVERSE ACTION**

Students are required to inform the Division faculty of any adverse actions that occur while enrolled in the Division of Physician Assistant Studies, including but not limited to:

- ✓ Suspension or revocation of licenses;
- ✓ Cancellation of malpractice insurance;
- ✓ Arrests and/or misdemeanor/felony convictions, including DUI
- ✓ Notification of legal action in a malpractice case.

## **OTHER DIVISIONAL REGULATIONS**

### **ELECTRONIC MAIL**

It is **required** that you have a **Long Island University email account** and that you check your LIU email account daily for announcements from the Division of PA Studies. You may obtain an LIU email account through Long Island University using your student ID number. All email sent from LIU PA Studies offices will be sent only to your LIU email account beginning the second week of classes. Email you send to the Division of PA Studies faculty from accounts other than your LIU email account will not be acknowledged after the second week of classes.

### **CONTACT INFORMATION**

Students must inform the Division's administrative assistants of any changes in address or in telephone number(s).

### **PRIVACY**

To ensure the safety of the student and the Division, the faculty and staff of the Division will not release any information about a student to any caller (with the exception of: certain departments of the University, such as Admissions, Registrar, Dean's office, etc.; various professional agencies, such as the American Academy of Physician Assistants, the National Commission on Certification of the Physician Assistant, etc.; and state regulatory agencies) without the express permission of the student. The Division cannot accept or deliver messages or allow students to place or receive phone calls from the office, except in an emergency.

### **BULLETIN BOARDS**

Bulletin boards are placed in various areas in the Division offices and laboratories. The glass enclosed bulletin board is used to post grades when blackboard is unavailable. Photography of posted grades IS NOT PERMITTED.

Students may use the bulletin board in the back of M518 for their own use.

### **MAINTENANCE OF LABORATORIES**

Students must keep the laboratories clean. Food and beverages may be consumed in the laboratories, but it is the students' responsibility to dispose of trash appropriately. Students must also clean up after any procedure or after use of exam table paper, etc.

### **ELECTION OF CLASS OFFICIALS**

By the end of the fourth week of the fall semester, the class should elect two student representatives and an Audiovisual student. The class representatives serve as liaisons between the class and the faculty. Their responsibilities are:

- ✓ To hold class meetings as necessary;
- ✓ to meet with the Director of Didactic Education as necessary;
- ✓ to report back to the class about meetings held with the Director of Didactic Education or other faculty members

The Audiovisual Assistant is responsible for setting up the AV cart for the needs of each lecturer.

### **FACULTY OFFICE HOURS**

Each faculty member has office hours posted on his or her door. Students may meet with any faculty member during office hours or by appointment. Students may not enter Division offices without permission.

### **LEAVES OF ABSENCE**

Students may apply for leaves of absence due to medical or personal reasons by speaking with the Director of Didactic Education. Depending on the nature of the request, students may need to speak with the Division Director or, in rare cases, with the Dean of the School of Health Professions.

### **WORK POLICIES**

In order to maximize the clinical learning environment and to adhere to the Accreditation Review Commission on Education for the Physician Assistant, Inc. (ARC-PA) Accreditation Standards for Physician Assistant Education Guidelines, students must not be used to substitute for regular clinical or administrative staff while at clinical sites, nor may they be used to accept payment for services rendered in connection with the performance at such sites.

Students must notify the Division office immediately if they are put in such a position, or if they have any questions or other concerns regarding this policy.

In addition, any student considering in engaging in gainful employment, or who is already doing so during his or her time in the Program, must make the Program Director aware of his or her employment. The appropriateness of such employment will be reviewed by the Division Director with the student in light of the student's personal academic history.

### **STUDENT CERTIFICATION**

Each student must have a valid American Heart Association Basic Life Support for Healthcare Providers card while enrolled in the Division of Physician Assistant Studies. Recertification must be maintained during the complete course of the program and is required for the clinical year.

### **STUDENT RECORDS**

In accordance with University policy and the Family Educational Rights and Privacy Act of 1974, the University and Division of Physician Assistant Studies provide students access to their records.

## **FACULTY ADVISORS**

Students will be assigned a faculty advisor. This faculty member will be responsible for advising the student throughout the curriculum. In particular, advisors meet with student advisees each semester in the didactic year to consult with the student about his or her progress in the curriculum. The advisees of a particular faculty member form an advisory group.

## **HEALTH INSURANCE**

All physician assistant students in both the didactic and clinical years are required to carry health insurance. This is a policy of the University. Please contact the Bursar's office about all such policies and inquiries regarding this matter.

## **STUDENT HEALTH FORMS**

Students must complete student health forms as required by the University and by the Division of Physician Assistant Studies. The Division's immunization requirements are in accordance with those of the Centers for Disease Control and Prevention (CDC) for health care workers. Thus, they are subject to change.

<b>TEST</b>	<b>REQUIRED BY</b>	<b>FREQUENCY</b>
Measles titer	University & Division	Once (at entry to curriculum)
Mumps titer	University & Division	Once (at entry)
Rubella titer	University & Division	Once (at entry)
Varicella titer	University & Division	Once (at entry)
Hepatitis B surface antibody	Division	Once after completion of hepatitis B series
Purified protein derivative (PPD)	Division	Yearly
Physical examination	Division	Yearly

Students who do not have the required tests submitted to the Division will not be permitted to engage in clinical experiences. Students who fail to participate in clinical experiences will receive a grade of zero (0) for associated coursework. As it may be difficult to obtain medical appointments, and as clinical laboratory results may take several days to be received, students should be prudent when arranging to complete all health requirements of the Division and University.

It is the responsibility of the student to ensure that s/he is in full compliance with the health policies of the Division, the University, and the State of New York. Students who have not met these regulations will not be able to participate in clinical activities. A student will lose credit for clinical assignments if the student is unable to attend due to an incomplete health form. The student may be required to make up the clinical assignment after the health form has been completed.

Forms are given to all students directly. Additional copies are available from the Division of Physician Assistant Studies.

### **INFLUENZA VACCINATION**

As PA students are exposed to patients throughout the curriculum, it is crucial that they take all the necessary measures to reduce the risk of transmitting illness to patients and to reduce the risk of personal illness. Influenza is responsible for over 30,000 deaths in the United States annually, and the influenza vaccine is 90% effective against this potentially deadly viral illness. To that end, all PA students must provide documentation to the faculty of **annual influenza vaccination by November 30 of each year** unless the student has any of the following:

- A religious or philosophical conviction that prohibits such vaccination;
- A history of anaphylaxis with exposure to eggs;
- A history of Guillain–Barré syndrome.

Any such student who meets the criteria above must sign a statement regarding his or her ability to comply with his policy. Students who do not provide documentation of vaccination or who do not provide the contraindication/refusal statement noted above will face disciplinary action. Clinical year students will not be able to attend clinical rotation until vaccination has been documented or until the contraindication/refusal statement has been completed. If a clinical year student has missed time from clinical rotation because of noncompliance with his policy, the student will make up two (2) days for each day missed from rotation. **Any student who does not receive the influenza vaccine must wear a face mask whenever assigned to patient care for the duration of influenza season.**

### **HEALTH PRACTITIONERS**

It is a policy of the Accreditation Review Commission on Education of the Physician Assistant, Inc. (ARC-PA) that members of the core (full-time) faculty may not participate as health care providers for students in the program. Additionally, health screening and immunization of students must not be conducted by Program personnel.

### **BACKGROUND CHECKS, CRIMINAL RECORDS AND DRUG TESTING**

Many of our clinical/field experience affiliates now require the completion of criminal background checks and/or drug testing for employees, volunteers and students affiliated with the site. Therefore, LIU students who will participate in a clinical/field experience may be asked to undergo a criminal background check, and/or a drug screen. A criminal conviction and/or the use of illegal drugs may impede your progress in your chosen field of study. Students desiring to enroll and remain the School of Health Professions should be aware that our clinical/field affiliates can reject or remove a student from the site if a criminal record is discovered or if a drug test is positive. In the event that a student is rejected from a clinical/field site due to information contained in the criminal background

check, or drug screen, you may be unable to complete a required clinical/field experience. If you are unable to complete program requirements, you may be advised to withdraw from the program.

In addition, students seeking to enter into and remain in health and human service professions should be aware that the presence of a criminal record can result in the refusal of licensing/certification/registration agencies to issue the credential needed to practice in that field of study. Students are urged to contact the pertinent state and/or federal licensing board to inquire whether a criminal record will have an impact on your eligibility to obtain licensure or certification.

### **MALPRACTICE INSURANCE**

Malpractice insurance is provided to students by Long Island University. Didactic year students are responsible for the performance of clinical work only at The Brooklyn Hospital Center during the fall and spring semesters. In this case, the malpractice insurance provided by the University fully covers all students in their clinical experiences.

### **NATIONAL AND STATE ORGANIZATIONS**

Physician Assistant students are required to belong to both NYSSPA and AAPA during their two year tenure with the LIU Division of Physician Assistant Studies. It is mandatory that the student join NYSSPA and the AAPA at the beginning of the didactic year and then renew their membership at the beginning of their clinical year. NYSSPA and the AAPA provide access to advocacy, low cost continuing medical education, a guaranteed subscription to JAAPA and more. In 2012, the annual student NYSSPA membership fee was \$60.00 and the annual student AAPA membership was \$75.00. You can learn more about joining NYSSPA and the AAPA by visiting their websites at [www.nysspa.org](http://www.nysspa.org) and [www.aapa.org](http://www.aapa.org).

# **CLASSROOM DEMEANOR**

## **ELECTRONIC DEVICES**

Laptop computers and handheld devices (tablets, personal digital assistants), cellular telephones with and without Internet or electronic mail access (BlackBerry, Treo, iPhone, etc.) may be used for legitimate classroom use, e.g., for taking notes or for activities explicitly approved by the instructor. Activities such as text messaging, Internet surfing, writing or reading electronic mail, and the like are not permitted during didactic year classroom activities, including: lectures, laboratory exercises, practice groups, examinations, etc. Students engaging in such behavior will face disciplinary action.

## **BREAKS**

In most cases, lecturers will permit students to take a brief (10-15 minutes) break after 60-90 minutes of lecture. Students should use such breaks appropriately. Only rarely should a student need to leave the room during a lecture.

## **PUNCTUALITY**

Students must arrive on time for classes, clinical activities, laboratory exercises, practice groups, and all other didactic year activities. Students must abide by the policies governing lateness and absence. If a student knows that s/he must leave a class before it is scheduled to end, the student should inform the course director and the lecturer. The student should take a seat near the door so as not to disrupt the class unnecessarily.

## **DISCUSSIONS BETWEEN STUDENTS DURING LECTURES**

If a student has a question during a class, the student should ask the question of the instructor at an appropriate time during the lecture. Students should not ask another student what the instructor said or meant, because to do so will mean that both students will miss hearing material, and their conversation will be disruptive to the class and to the lecturer. Students who frequently talk to others during lectures will face disciplinary action.

## **CELLULAR TELEPHONES AND PAGERS**

Students must keep cellular telephones and pagers on a silent or vibrate mode. **The use of cellular telephones, including text messaging, is not permitted in the classroom.** Students who frequently violate this policy will face disciplinary action.

## **VISITORS**

Guests are not permitted to attend lectures, laboratories, practice groups, clinical activities and other didactic year activities. Long Island University students who are not enrolled for a particular course may not attend classes unless particular arrangements have been made for the student to audit a specific course.

## **INTELLECTUAL PROPERTY**

Many lecturers will use PowerPoint to present materials during classes. Lecturers may choose to permit students to have copies of such lectures (see the Division's policies on handouts, which appear above). Students are not permitted to ask for or to accept any electronic version of any lecture, PowerPoint presentation, or other material from any lecturer. Students are also prohibited from intentionally or unintentionally securing, copying, or distributing any electronic version of such material from any lecturer. All Division adjunct faculty members have been made aware of this policy. Students who violate the intellectual property policy are subject to disciplinary action.

## **ACADEMIC DISHONESTY**

Academic dishonesty is grounds for suspension or dismissal from Long Island University. Academic dishonesty includes but is not limited to:

- Receipt or exchange of information by any means prior to, during or after any examination, whether written, oral or practical;
- Soliciting for or obtaining information or knowledge of test items prior to, during, or after the administration of examinations;
- Preparing written materials, such as examination notes, copies of test items, topic item lists, etc. prior to, during or following the administration of examinations;
- Submission of written assignments as original writing without proper attribution to sources via footnotes, end notes, or the like;
- Submission of any other person's work as your own;
- Reporting data which were not actually collected or performed (e.g., fabrication of histories and physical examinations, clinical experiences, procedures, etc.);
- Taking any intellectual property without specific permission from the other party, or in such a way that violates the Division's policies governing intellectual property (see above).

## **LECTURE NOTES**

At the discretion of the lecturer, lecture notes or copies of PowerPoint presentations may be made available to students either before, during or after the class. Some lecturers have particular personal preferences concerning distribution of such materials, and the Division honors such preferences.

The Division uses BlackBoard to make such materials available to students. Students will be provided with all necessary passwords, etc. to gain access to these systems. In most cases, students are not required to print out the lecture notes. If a student chooses to print the notes, the student will bear the cost of the printer, paper, and ink to do so.

When a lecturer chooses to make a handout available to students for use during the class, the Division will usually provide students with the handout. Students are not permitted to use the Division's office equipment, including the photocopier, to make copies of any lecture notes.

## **RESEARCH PAPERS**

Research papers will be written during the didactic and clinical years. Students who are unsure of how to research the chosen topic may consult the lecturer for that component of the course, the course director, and/or the reference librarians of the Long Island University Library.

The research paper margins must be set at 1.5 inches in a font equal to or less than 12 point. A certain number of references may be required. References must be from peer-reviewed journal articles or from standard medical textbooks. Lay materials should not be used as references unless explicitly accepted by the lecturer. Footnotes and bibliographic citations should follow American Medical Association guidelines. These guidelines are available in:

Iverson C et al. American Medical Association manual of style, 9<sup>th</sup> edition. Philadelphia: Lippincott Williams and Wilkins, 1998.

The research paper will be graded by the faculty based on content and clarity as well as the proper use of basic grammar, syntax and spelling. All papers may be screened by the faculty for evidence of plagiarism using search engines such as Google and/or special programs, such as Turn It In, designed to search for plagiarism.

## **REGARDING PLAGIARISM**

Plagiarism is defined as “the unauthorized use or close imitation of the language and thoughts of another author and the representation of them as one’s own original work.”<sup>8</sup> Plagiarism is considered a form of academic dishonesty, and as such is grounds for punishment up to and including suspension from the Division of Physician Assistant Studies or expulsion from the University.

## **GRIEVANCES**

### **Didactic Year Grievance Procedure**

Students at the Brooklyn Campus may expect a scrupulous regard for their rights as students and individuals and should expect to be treated fairly and with courtesy by all members of the academic community. In any matter in which students feel that their rights have been violated, or in matters of serious dispute with members of the administration or faculty, students may avail themselves of the following formal grievance procedure:

1. The student will notify the Instructor in person or via electronic mail within ten (10) days of the event, and will include a written statement that clearly describes the event and grievance.
2. The student will receive a response from the Instructor within a reasonable amount of time. This will include a time and date during which the Instructor will meet with the student. Following this meeting, the Instructor will render a decision regarding the event

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<sup>8</sup> Flexner SB et al., editors. The Random House dictionary of the English language, 2<sup>nd</sup> edition, unabridged. New York: Random House, 1987, p. 1479.

within a reasonable amount of time via electronic mail and via overnight courier (Federal Express, UPS or similar courier).

3. In the event that the Instructor is on vacation or is otherwise on leave from the University, the student will be aware of the faculty member's absence or will be notified by electronic mail that the Instructor is unavailable. In this case, the student will notify the Division Director of the event and grievance via electronic mail.

4. If the student is not satisfied with the response received from the Instructor, the student may appeal the decision to the Division Director. The student will notify the Division Director in person or via electronic mail within ten (10) days of the meeting with the Instructor, and will include a written statement that clearly describes the event and grievance.

5. The student will receive a response from the Division Director within a reasonable amount of time. This will include a time and date during which the Division Director will meet with the student. Following this meeting, the Division Director will render a decision regarding the event within a reasonable amount of time via electronic mail and via overnight courier (Federal Express, UPS or similar courier).

6. If the student is not satisfied with the response received from the Division Director, the student may appeal the decision to the Appeals Committee of the Division of Physician Assistant Studies. This committee is made up of Professors Masterson, Compte, and Kiefer. If necessary, additional members may serve *ad hoc* if these faculty members are unable to do so.

6. In the event that the student has exhausted all opportunities to appeal to the faculty of the Division, the student may appeal through the Associate Dean of the School of Health Professions. The Associate Dean will review the matter and will follow the following procedure:

**Dean's Office Appeal Process**  
**School of Health Professions**

The following process will be used for all appeals that students choose to bring to the Dean as part of the University appeal process. This process will not supersede program or Division procedures and will only be followed after appeals at the Division level are exhausted.

1. The student MUST have first followed departmental appeal processes including but not limited to the appeal to the instructor and to the Division director.
2. Appeals to the Dean must be submitted in writing and must be submitted within 10 business days of receipt of the decision letter from the Division. This written appeal will be transmitted to the Appeal Board for review and will be a factor in the final decision made by the Dean. The appeal must be accompanied by a completed Appeal Checklist.

3. If deemed necessary by the Dean, the Associate Dean will serve as a hearing officer and will appoint an ad hoc Appeal Board. The Appeal Board will consist of three faculty members from the School of Health Professions, who may be tenure track, non-tenure track, or have administrative roles. One of these faculty members will be from the program from which the appeal has originated. The Dean will be present at the hearing, but will not contribute to the discussion.
4. The hearing will be scheduled as expeditiously as possible.
5. At the hearing (with all parties present):
  - a. The hearing may be recorded for future reference.
  - b. The student will present his/her appeal including justifications, circumstances and anything else s/he wishes the Board to consider. The maximum time allowed is 30 minutes.
  - c. The course instructor, or other appropriate faculty member, will present the circumstances and evidence leading to the decision being appealed. The maximum time allowed is 30 minutes.
  - d. Student and faculty will not engage in debate of the circumstances with each other but will answer questions posed by the Board for the purpose of clarification.
  - e. Upon completion of the presentations and any questioning by the Board, the student and faculty will be excused.
  - f. The Board will discuss the facts of the appeal and reach consensus, or vote, on a recommendation to the Dean. If a vote is taken, the Associate Dean will not vote.
6. Within 24 hours of the hearing, the Associate Dean will prepare a written report that contains:
  - a. A summary of the information presented by both sides at the hearing;
  - b. A summary of the discussion of the Board after the parties were dismissed;
  - c. A recommendation for action by the Dean.
7. The Dean will then reach a decision based upon the report from the Board, the written appeal submitted by the student and any other information relevant to the case, and will notify the student by certified mail. This decision will normally be made within 48 hours unless further investigation is necessary or the Dean is unavailable within that time frame. If the decision will be delayed longer than 48 hours, the student will be notified by the Dean's office of that delay.

The foregoing procedure shall be a formal grievance procedure for the resolution of all student grievances, including those alleging actions prohibited by legislation.

## **PHOTOGRAPHY**

Students are **NOT PERMITTED** to take photographs of anything related to academic or clinical experiences including, but not limited to, bulletin boards, examinations, practice labs, cadaver lab, patient encounters, etc. Unauthorized photography is grounds for dismissal from the Division of Physician Assistant Studies.

## **SUCCESSFUL COMPLETION OF THE DIDACTIC YEAR**

To complete the didactic year, the student must meet all of the aforementioned academic performance criteria, maintain standards of professional behavior, and satisfactorily complete the following:

- ✓ All didactic year courses with a grade of at least C and a GPA of at least 2.0;
- ✓ All prerequisite courses required by the Division of Physician Assistant Studies;
- ✓ All financial obligations to the University;
- ✓ All health forms required by the Division of Physician Assistant Studies and the University Health Service;
- ✓ Successful Professionalism evaluation by the faculty.
- ✓ Successful completion of the Comprehensive Didactic Year written exam

## **COMPREHENSIVE EXAM**

A Didactic year comprehensive written exam is given at the end of the summer semester. Students must pass the comprehensive exam with a score of 74% or better within three attempts. A student who cannot pass the exam after three attempts must apply to decelerate in the curriculum. This will require the student to repeat the entire didactic year, beginning with the next class in August. The decelerating student will also be placed on academic probation.

## **ACLS (ADVANCED CARDIAC LIFE SUPPORT)**

Prior to the end of the summer semester of the didactic year, all students must be certified in ACLS. ACLS courses must be taken independently by each student, either on weekend or vacation days. If a student fails to successfully complete an ACLS course prior to the end of the didactic year summer session, he/she will not be permitted to begin clinical rotations.

## **GUIDELINES FOR STUDENT-PATIENT INTERACTION**

In any of the following circumstances, the student must not engage in any patient care activity, and must immediately contact the Director of Didactic Education.

- ✓ There is reason to believe that the procedure may be harmful to the patient;
- ✓ The authorized preceptor or his or her delegate is not on the immediate premises;
- ✓ The student has not received adequate instruction, or is not knowledgeable or proficient enough about the care s/he is asked to deliver;
- ✓ There is no appropriate supervision available at the time the student is expected to carry out the assignment;
- ✓ The student decides that a particular procedure is indicated and decides to perform it himself/herself;
- ✓ The procedure or assigned task is beyond the scope of the role of the physician assistant student.

## **PREGNANCY**

From time to time, students may become pregnant in the course of their studies. Pregnant didactic year students should notify the Director of Didactic Education as soon as possible so that the student may avoid working in potentially hazardous environments.

## **LETTERS OF REFERENCE**

Students may request a letter of reference from the faculty. The following policies govern such letters of reference:

- ✓ In general, it is best to request a letter of reference via electronic mail or in writing
- ✓ All requests must include the full name, address and title of the person to whom the letter is to be written
- ✓ No letters will be sent to “Whom It May Concern”
- ✓ The student will not be given a copy of the letter
- ✓ Letters will be written within two weeks from the time the request is submitted by the student.
- ✓ In general, letters of reference will not be written after the first postgraduate year, except to confirm that the student completed the curriculum.

# **EMERGENCIES, PUBLIC SAFETY, ALCOHOL AND DRUG USE, AND SEXUAL HARASSMENT**

## **EXPOSURE TO BLOODBORNE PATHOGENS**

It is possible for students to be exposed to hazardous substances, including bloodborne pathogens, in the course of clinical work. If such exposure occurs, students should *immediately* undertake the following steps:

- Remove soiled clothing
- Wash exposed skin
- If eyes were exposed, remove contact lenses and flush eyes for 10-15 minutes
- Notify your clinical preceptor immediately
- Obtain name and medical record number of patient, if known
- Immediately seek care at the appropriate clinical department. During regular business hours, this site is probably the Employee Health Service. After regular business hours, or on weekends, it is probably the Emergency Department. You will be offered testing for HIV and hepatitis C, and may be offered post-exposure prophylaxis depending on the nature of the exposure and the serostatus of the patient. Updated guidelines on post-exposure prophylaxis are available from the Centers for Disease Control and Prevention at:  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm>.

## **REPORTING INCIDENTS**

After seeking care for any exposures or other incidents in which the student is involved while on clinical rotation, the student should inform the Director of Clinical Education of the event. The student should obtain copies of all relevant paperwork regarding the exposure and all treatment offered and/or administered to the student and send them to the Director of Clinical Education.

## **PUBLIC SAFETY**

No part of our society can be kept completely safe at all times, especially places and institutions that are open to the public. This is particularly true of hospitals and other health care facilities that serve persons who are ill, in pain, in a state of uncertainty or anxiety, or who are suffering from mental illness. Students must recognize the potential for patients to become hostile and even violent. Students will be educated in ways to anticipate and manage a difficult and violent patient during the didactic year.

Should the student encounter *any type of emergency* while on the University campus, the student should immediately contact the Public Safety office by calling 55. The Public Safety office is located on the campus level just east of the campus entrance to the Sloan Wing building, where the Division of Physician Assistants is located. Additionally,

public safety officers are stationed at the Flatbush Avenue gate, the DeKalb Avenue gate, and at the Metcalfe Building entrance.

While on clinical rotations, students should be certain to learn how to call the Security Department in the event of any type of emergency. In private practices and outpatient facilities, staff may have various codes to report via intercom if a particular emergency occurs.

### **POLICY ON DRUG AND ALCOHOL USE ON CAMPUS AND ON ROTATION**

Students are absolutely forbidden from knowingly using any type of recreational drug or alcohol while on clinical rotation. Attending clinical rotations under the influence of recreational drugs or alcohol is grounds for immediate dismissal from the Division of Physician Assistant Studies. Students may face more severe consequences, such as suspension or expulsion from the University, as well.

Students are also held to the regulations of the Long Island University Student Handbook, which is prepared and edited by the Office of Student Activities of the Brooklyn campus. Relevant portions of the regulations regarding alcohol use on campus appear below.

“The consumption of alcoholic beverages is not permitted on campus property except in areas or at functions approved by the Dean of Students or designee. No open containers of alcoholic beverages are permitted in public areas with the exception of approved locations and/or functions. No persons under 21 years of age may acquire, possess, and/or consume any alcoholic beverage on the campus. Alcoholic beverages will not be served at any student function except with the approval of the Dean of Students or designee.

Outside organizations or groups using campus facilities must secure permission to serve alcoholic beverages from the Office of Student Activities and the Special Events Coordinator. Arrangements for the serving of alcoholic beverages must be made through the above offices. Failure to comply with any provision of the Alcohol Policy and Regulations will constitute a violation of campus regulations. Individuals or organizations that violate the alcohol policies will be subject to appropriate disciplinary action including possible suspension from the Campus.”<sup>9</sup>

### **SEXUAL HARASSMENT**

It is the policy of Long Island University to promote a cooperative work and academic environment in which there exists mutual respect for all University students, faculty and staff. Sexual harassment is inconsistent with this objective and contrary to the University policy of equal employment and academic opportunity without regard to age, sex, sexual orientation, alienage or citizenship, race, religion, color, national or ethnic origin, disability, and veteran status. Sexual harassment is illegal under Federal, State and City laws, and will not be tolerated within the University. It is a violation of University policy for any member of the University community to engage in sexual harassment or to retaliate against any member of the University community for raising an allegation of

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<sup>9</sup> Long Island University. Office of Student Activities. Long Island University student handbook, 2006-2007. Lafayette, IN: School Datebooks, 2006, pp. 37-38.

sexual harassment, for filing a complaint alleging sexual harassment, or for participating in any proceeding to determine if sexual harassment has occurred.

### **DEFINITION**

For purposes of this policy, sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, and other oral or written communications or physical conduct of a sexual nature when:

1. submission to such conduct is made either explicitly or implicitly a term or condition of any individual's employment or academic standing;
2. submission to or rejection of such conduct by an individual is used as a basis for employment or academic decisions affecting such individual; OR
3. such conduct has the purpose or effect of unreasonably interfering with an individual's work or academic performance or creating an intimidating, hostile or abusive work or academic environment.

### **EXAMPLES**

Examples of sexual harassment include, but are not limited to, the following:

- requesting or demanding factors in exchange for employment or academic opportunities (such as hiring, promotions, grades or recommendations)
- submitting unfair or inaccurate job or academic evaluations or grades, or denying training, or academic opportunity, because sexual advances have been rejected;
- sexual comments, teasing or jokes;
- sexual slurs, demeaning epithets, derogatory statements, or other verbal abuse;
- graphic or sexually suggestive comments about an individual's attire or body;
- inquiries or discussions about sexual activities;
- pressure to accept social invitations, to meet privately, to date, or to have sexual relations;
- sexually suggestive letters or other written materials;
- sexual touching, brushing up against another in a sexual manner, graphic or sexually suggestive gestures, cornering, pinching, grabbing, kissing or fondling;
- coerced sexual intercourse or sexual assault.

### **CONSENSUAL RELATIONSHIPS**

Amorous, dating, or sexual relationships that might be appropriate in other circumstances have inherent dangers when they occur between a faculty member, community and any person for whom she or he has a professional responsibility. These dangers can include: that a student or employee may feel coerced into an unwanted relationship because he or she fears the refusal to enter into the relationship will adversely affect his or her education or employment; that conflicts of interest may arise when a faculty member, supervisor, or other member of the University community is required to evaluate the work or make personnel or academic decisions with respect to an individual with whom he or she is having a romantic relationship; that students or employees may perceive that a fellow student or co-worker who is involved in a romantic relationship may have received an unfair advantage; and that if the relationship ends in a way that is not amicable, either or both of the parties may wish to take action to injure the other party.

Faculty members, supervisors and other members of the University community who have professional responsibility for other individuals, accordingly, should be aware that any romantic or sexual involvement with a student or employee for whom they have such a responsibility may raise questions as to the mutuality of the relationship and may lead to charge of sexual harassment. For the reasons stated above, such relationships are not permitted.

### **ACADEMIC FREEDOM**

This policy shall not be interpreted so as to constitute interference with academic freedom.

### **FALSE AND MALICIOUS ACCUSATIONS**

Members of the University community who make false and malicious complaints of sexual harassment, as opposed to complaints which, even if erroneous, are made in good faith, will be subject to disciplinary action.

### **PROCEDURES**

The University has developed procedures to implement this policy. The Provost of each residential campus or the chief operating officer of each nonresidential campus has ultimate responsibility for overseeing compliance with this policy. In addition, each dean, director, department chairperson, administrator, or other person with supervisory responsibility is required to report any complaint of sexual harassment to an individual or individuals to be designated in the procedures. All members of the University community are required to cooperate in any investigation of a sexual harassment complaint. Please be advised that if any employee fails to report any incident of a sexual harassment and/or refuses to participate in the investigation, said employee may effectively waive and/or forfeit any available remedies at law.

### **INVESTIGATION**

The representative/investigator will schedule a meeting with the person making the complaint. Thereafter, the University will thoroughly investigate the complaint, which will include an interview with the alleged harasser and any potential witnesses. Upon completion of the investigation, the person making the complaint will be contacted and advised of the outcome of the investigation. The University will conduct the investigation as expeditiously as possible given the nature of the academic calendar, which includes summer vacation and intersession periods.

### **ENFORCEMENT**

There is a range of corrective and penalties available to the University for the Violations of this policy. Employees who are found to have violated this policy are subject to various penalties, up to and including termination of employment. All such disciplinary actions will be subject to the provisions of the relevant collective bargaining agreement, if applicable.

## **CAMPUS CONTACT PERSONS**

Complaints may be filed with the Campus Provost or Chief Operating Officer or a Dean. In addition, the University has retained Prefix to accept sexual harassment complaints 24 hours a day, seven days a week by calling (888)LIU-5559.

## **PROFESSIONALISM**

### **DRESS AND APPEARANCE IN THE CLASSROOM SETTING**

There is no dress code for didactic year students except when such students are assigned to a clinical site. While on a clinical assignment, all students are required to conform to the Divisional policies for dress and appearance while at a clinical site, which appears below.

### **PROFESSIONAL DRESS AND APPEARANCE IN THE CLINICAL SETTING**

While at a clinical site, students should wear clothing that is suitable for those in a professional capacity. If particular attire interferes with the policies of the Division of Physician Assistant Studies but is required for religious observance, the student should speak with the Director of Didactic Education.

### **ATTIRE FOR THE CLINICAL SETTING**

For women:   Pants or skirt and blouse, or dress  
                  Stockings or socks  
                  Shoes with heel less than 2"  
                  Short white uniform jacket

For men:       Slacks  
                  Dress shirt with tie  
                  Shoes and socks  
                  Short white uniform jacket

Unacceptable clothing for the clinical setting includes:

- Failure to wear short white uniform jacket at all times
- Low cut, revealing blouses for women
- Sandals or open-toed shoes
- Failure to wear hose
- Short skirts (more than 2" above the knee)
- Stirrup pants or leggings
- T-shirts, sweatshirts or sweatpants
- Any clothing made of denim
- Clothing that exposes the mid-abdomen
- Clothing that is soiled, in poor repair, or not well maintained

Students may wear scrubs only while on the following experiences:

- On Surgery rotation;
- On Labor and Delivery or Gynecology;
- On call.

Students may wear sneakers only while wearing scrubs as listed above. Students may not wear scrubs while outside the hospital, or while traveling to or from the hospital.

## **THE FOLLOWING POLICIES REFER TO CLINICAL EXPERIENCES ONLY:**

### **HAIR**

Hair must be pulled back away from the face if it is longer than shoulder length. This regulation is to avoid contamination or interference during medical procedures.

### **FINGERNAILS**

Fingernails must be less than ¼" long. Nail polish should not be worn while on Surgery or Obstetrics and Gynecology rotations. During other rotations, if nail polish must be worn, it should be kept neat. No artificial nails, wraps, multicolored or designer nail polish or paintings are permitted.

### **FRAGRANCES**

Some patients may be particularly sensitive to fragrances when ill. Students should be sensitive to the needs of patients and should avoid wearing fragrances, or at least should use fragrances sparingly.

### **SHOES**

Shoes must be clean and in good condition. Heels may not be higher than 2 inches. Open toed shoes, sandals, sneakers, or shoes that will slip off the feet and pose a safety hazard are unacceptable and may not be worn in any setting. Sneakers may only be worn while scrubs are permitted during the clinical year. Hose must always be worn.

### **TATTOOS AND PIERCINGS**

One earring in each ear is permitted. All tattoos should be concealed. Other body piercings should not be worn during rotations.

### **JEWELRY**

Students may wear two rings per hand and two neck chains, as long as the chains are worn within clothing. Bracelets are not permitted on clinical rotations. Each student should wear a watch with a second hand. Pins are not permitted except for purposes of identification. Students should avoid wearing insignia, buttons or decals of a political nature while on clinical rotation.

**PROTECTIVE EYEWEAR**

Students should carry protective goggles on rotation. These are available in the hospital. Students must apply standard precautions on all clinical experiences, including wearing face shields or goggles if a splash is likely to occur. Students who wear corrective glasses may wear face shields or goggles in the Operating Room, or alternatively may have protective sidepieces placed on their glasses by their opticians.

**IDENTIFICATION BADGES**

While on the LIU campus, students should carry their identification cards; they are required for entry onto the campus. Students may be issued identification cards at various clinical sites. When these are issued, students should wear them prominently.



**DIVISION OF PHYSICIAN ASSISTANT STUDIES  
BREACHES OF PROFESSIONALISM FORM**

**Student name:**

**Class of:**

**Date:**

**Faculty member:**

The student exhibited one or more of the following behaviors requiring improvement (circle all that apply):

<b>RELIABILITY AND RESPONSIBILITY</b>	<b>SELF IMPROVEMENT AND ADAPTABILITY</b>	<b>RELATIONSHIPS WITH PEERS, SUPERVISORS AND PATIENTS</b>	<b>UPHOLDING PRECEPTS OF INTEGRITY AND HONESTY</b>
Student does not complete tasks in a timely manner	Student resists constructive comments	Student has insensitive rapport with patients and families	Student is dishonest
Needs continual reminders in order to fulfill responsibilities	Student remains unaware of inadequacies	Student is insensitive to individual or family needs	Student does not contribute to a good learning environment
Student cannot be relied upon to complete tasks	Student lacks respect for peers or faculty	Student uses his/her position to engage in inappropriate relationships	Student shows insensitivity to cultural concerns, race, gender, religion, age, sexual orientation, disability or socioeconomic status
Student misrepresents or falsifies information	Student does not accept responsibility for errors	Student lacks empathy	Student does not maintain patient confidentiality
	Student is abusive, angry or overly critical	Student demonstrates inadequate commitment to honoring the wishes of a patient or family member	Student does not present himself or herself in a professional manner by dress or demeanor
	Student is arrogant	Student does not function as a team member	Student communicates inappropriately verbally or in writing
		Student does not relate well to staff or faculty in the learning environment	

Explain the specific problem that requires improvement:

Define the plan for remediation:



**DIVISION OF PHYSICIAN ASSISTANT STUDIES  
PROFESSIONAL ACCOLADES AND TESTIMONIALS FORM**

**Student name:**

**Class of:**

**Date:**

**Faculty member:**

The student exhibited one or more of the following behaviors that are to be commended (circle all that apply):

<b>RELIABILITY AND RESPONSIBILITY</b>	<b>SELF IMPROVEMENT AND ADAPTABILITY</b>	<b>RELATIONSHIPS WITH PEERS, SUPERVISORS AND PATIENTS</b>	<b>UPHOLDING PRECEPTS OF INTEGRITY AND HONESTY</b>
Student consistently completes tasks in a timely manner	Student seeks and incorporates constructive comments	Student has outstanding rapport with patients and families	Student is honest and shows great integrity
Student can be relied upon consistently to exceed expectations	Student recognizes difficulties and makes efforts toward self-improvement	Student is remarkably sensitive to individual or family needs	Student is an integral part of a good learning environment
	Student demonstrates exceeding respect for faculty and peers	Student demonstrates great empathy	Student shows unusual sensitivity to cultural concerns, race, gender, religion, age, sexual orientation, disability or socioeconomic status
	Student recognizes and accepts responsibility for errors and mistakes and makes a great effort to correct them	Student demonstrates an unusually strong commitment to honoring the wishes of a patient or family member	Student is able to resolve conflict unusually well
		Student functions as an invaluable team member	Student demonstrates exceptional communication skills in writing or verbally

Explain the specific problems that are deserving of special recognition: