

PA

Albany Medical College
PHYSICIAN ASSISTANT
PROGRAM
1972

Student Handbook

2015

Class of 2017

Center for Physician Assistant Studies

Mail:

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www.amc.edu/pa

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PERSONNEL

FACULTY

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Christopher Carlin, M.Div, PA-C	Associate Director
Wilson Crone, MD, PhD	Basic Science Instructor
Thomas Lahut, DHSc, PA-C	Clinical Coordinator
Brian H. Glick, MS, PA-C	Clinical Coordinator
Kimberly Bachta, MS, PA-C	Clinical Instructor
Mark Stoddart, DHSc, PA-C	Clinical Instructor
Deborah Wright, MS, PA-C	Clinical Instructor
Patricia Pulver, MPH, PA-C	Clinical Instructor

ADJUNCT FACULTY

Sandee Diaz-Parker, PA-C	Richard Dalaba, PA-C	John A. Fairbank, PA-C
Allan Filler, MS, MPH	Richard W. Keller, Jr. PhD	Kathleen Lill, MS, PA-C
	Shannon Thompson, MS, PA-C	

STAFF

Rosalyn Green	Kathy Stelman	Marianne Harrington
Admissions Coordinator	Administrative Assistant	Receptionist / Secretary

Main Line: 518-262-5251

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Vice Dean, Academic Administration	Dr. Henry Pohl	262-5919

Medical Emergency 911

Our Mission

The Center for Physician Assistant Studies, in support of Albany Medical Center's mission as an academic health sciences center, has a responsibility to educate Physician Assistant students from demographically diverse backgrounds to meet the future primary and specialty health care needs of the region and the country by providing highly skilled, cost-effective, patient-centered care in a variety of settings.

This mission will be advanced through commitment to the values of Quality and Excellence, Collaboration, Confidentiality, Respect and Compassion, Integrity, Responsibility, Diversity, and Community Service.

Our Vision

The Center for Physician Assistant Studies will continue to develop as a nationally recognized leader in Physician Assistant education through innovation and excellence.

The Center will provide the community with a diverse cadre of highly-trained professionals capable of performing in a wide variety of clinical settings.

Graduates will be prepared for and encouraged to provide culturally-competent care in rural and medically underserved areas.

Faculty and graduates will contribute to the profession through scholarly efforts, participation in the profession's legislative and social agenda, and peer review.

Faculty and graduates will contribute to the community by being active in political, social, and educational endeavors that promote the health and well-being of the community.

Our Values

Quality and Excellence

- Commit to excellence in all that we do.
- Achieve it through continuous quality improvement.

Collaboration

- Collaborate with clinical sites, preceptors, departments, committees, alumni, consortia, and professional organizations.
- Utilize feedback from collaborators as a basis for program improvement.
- Emphasize a team approach to patient-centered care.

Confidentiality

- Protect the privacy of our students and student records.
- Comply with HIPAA and respect patient confidentiality as a minimum expectation for students, staff, and faculty.

Respect and Compassion

- Show total unconditional regard for all patients.
- Demonstrate respect for each patient's person, privacy, culture, beliefs, and rights.
- Exhibit compassion for those entrusted to our care.
- Treat other members of the health care team in a professional manner.

Integrity

- Maintain the highest standards of ethical and professional conduct.
- Assure that all relationships are open, honest, and fair.

Responsibility

- Act responsibly in implementing the delegated practice of the supervising physician.
- Utilize resources in a cost-effective manner.

Diversity

- a. Value diversity in the profession and promote it through recruitment, admissions, and retention.

Community Service

- a. Encourage community service through the admissions process, by example, and through collaboration.
- b. Instill a sense of responsibility for protecting and promoting health in the community.

I. General Information

Albany Medical College Center for Physician Studies

Introduction

The Albany Medical Center Policy and Procedure Manual, the Environmental Hazards and Safety Manual, and the Infection Control Manual are located in the program office.

The Albany Medical College Graduate Studies Program Administration General Rules and Information document is located on the AMC Intranet for the most up-to-date version.

This student handbook reflects the Center for Physician Assistant Studies' additional standards and requirements. This handbook is subject to change without notice. An up-to-date version is posted on the academic resource system (Sakai) and in the program office, and linked to the public website www.amc.edu/pa.

A. Accreditation Status

(A3.07h, A3.14a)

The Center for Physician Studies is accredited by the Accreditation Review Commission on Physician Assistant Education (ARC-PA), a specialized accrediting body recognized by the U.S. Department of Education, and the Council for Higher Education Accreditation.

It has been continuously accredited since its inception, and in 2010 the Program received full reaccreditation for seven years. Further information on accreditation is available at www.arc-pa.org.

B. Rules and Regulations of Governing Institutions

Students are expected to adhere to the rules, regulations, and policies of this and any other institution to which they are assigned for learning experiences.

C. Tuition, Fees and Expenses

All tuition, fees, and any other outstanding indebtedness to Albany Medical College (AMC) or affiliated institutions must be paid before students will be allowed to begin clinical rotations or to receive diplomas, recommendations, transcripts, or verification of attendance.

D. Tuition Refund Policy for PA and Graduate Students

(A3.07k, A3.14g)

Return of Federal Financial Aid Due to Student Withdrawal and Tuition Refund Policy

In accordance with rules established by the U.S. Department of Education, schools must adhere to new provisions regarding the treatment of Federal Title IV Financial Aid for students that withdraw from school completely for any term. These rules govern all federal loan and grant programs and the regulations assume that a student must "earn" federal financial aid awards directly in proportion to the number of days of the term attended. In other words, a student earns financial assistance as they attend class. If a student completely withdraws from all classes during a term, the College must calculate the portion of the total scheduled financial assistance earned. If the student received (or the school received on behalf of the student) more assistance than was earned, the unearned excess funds must be returned to the federal programs. Institutional charges at the school that are no longer covered by financial assistance immediately become the responsibility of the student and the student is also responsible for return of unearned federal financial funds that were disbursed directly to him/her. The portion of federal loans and grants the student earned, is calculated on a percentage basis comparing the total number of calendar days in the semester to the number of days completed before withdrawal. All Title IV aid is considered earned after the student has completed 60% of that semester.

Tuition Refund Policy for MD, PA, NA and Graduate Students* Students who withdraw officially or who are dismissed from the College for any reason after the beginning of a term may be entitled to a partial refund in accordance with the schedule show below:

Effective Date of Withdrawal	Tuition Credited %	Tuition Liability
Prior to term start	100	0
Day 1-7	100	0

Day 8-14	80	20
Day 15-21	70	30
Day 22-28	60	40
Day 29-35	50	50
Day 36-42	40	60
Day 43-49	30	70
Day 50-56	20	80
Day 57-63	10	90
Day 64+	0	100

E. Contact Information

It is the student's responsibility to check their AMC e-mail **daily** and, the appropriate Sakai site for any schedule or other program changes. Students may call the Program Office Staff at 518/262-5251 with inquiries between 8 a.m. and 4 p.m. daily. **Any/all e-mail communications with the Center or with its faculty are to be through the AMC e-mail only.**

F. Telephone Usage

Cell phones and pagers must be off or in "silent mode" when in the classroom. In addition, text messaging during class is disruptive to faculty and fellow students and should only be done during breaks. Cellphones and all other devices, except laptops, must be placed in lockers during testing sessions.

Students are permitted to use the telephone located in the student lounge or monitor room for short internal calls only.

If you need to make an outside call, there are pay phones located throughout the institution. All emergency phone calls should be directed to the program at 518/262-5251.

G. Facsimile Usage

Students are permitted to use the FAX machine located in the Program Office for academic purposes only. The FAX number is 518/262-0484. Please ask program staff for assistance with all Faxes.

H. Copier Usage

- a) Students are not allowed to use the copier on their own. Due to the processing of confidential materials the copy room is **off-limits** to students.
- b) **All** requests for copies must be submitted to and be approved by the appropriate faculty member who will then either make the copies or request program staff to do so.
- c) Faculty will only approve necessary course-related copies that cannot be provided by electronic means. Examples include copies of notes for absent students and handouts not available electronically.

I. Printing in the Library

All students with an AMC ID can use their badge for printing in the library. The ID's will be pre-loaded with a balance each year and allow students to print at the discounted printing rate (\$.05 for black and white copying and \$0.30 for color copying). Printers automatically default to double-sided documents. Any questions can be answered at the library service desk.

In addition, a new-service, a Book Scan device, has been installed in the library allowing scan to print, email or USB; there will be *no* charge for email or USB.

J. Personal Computer

The Center for Physician Assistant Studies provides most of its curriculum in a web based environment. Exams will be administered online and other assessments, including course evaluations, are also completed via the web. Students will be required to have a laptop computer that meets AMC requirements, and high-speed internet access.

2014 Student Laptop Specifications: The Lenovo Yoga Student S100 Ultra book is a PC, a tablet, and more. Its super-high resolution QHD+ multi-touch display flips back 360 degrees to offer four different usage modes: Laptop, Tablet, Stand, and Tent.

- Intel Core i5 Processor
- 8GB RAM
- 500 GB Hard Drive
- 12.5" QHD+ LED Glossy Multi-touch Display
- 8 Cell 54 Watt Hour Lithium-Ion Battery
- Intel Wireless WLAN
- Bluetooth 4.0
- 2 USB 3.0 Ports
- 720p HD webcam
- Windows 7 Professional 64-bit
- Microsoft Office Home & Student 2013 Edition
- 3 Year On-Site Warranty + Accidental Damage Protection.

Note: Due to HIPPA Privacy rules, patient's protected health information may not be held on personal laptops or PDAs.

Also, while computers will be allowed for course work, online assignments and note taking during class, students should not be doing personal work during class time as it is disruptive to speakers and fellow students.

K. Computers, Electronic Equipment (AMC Policies)

All desktop and portable (e.g., laptop, PDA, tablet) computing devices, electronic and telephonic documents, and communications transmitted by, received from or stored in Albany Medical Center equipment are the property of Albany Med and must be secured from unauthorized access and distribution at all times.

You are required to use your Albany Med issued email accounts (e.g., amc.edu), Albany Med approved software and hardware, and Albany Med networks when transacting Albany Med business. The use of personal email accounts or email accounts and networks belonging to non-Albany Med entities for Albany Med business is prohibited (except where that account or network is provided as an approved service to support Albany Med business).

- You should not use Albany Med owned desktop and portable (e.g., laptop, PDA, tablet) computing devices, software, network, remote computing, and other business equipment, including without limitation fax machines, copy machines, telephones and other electronic equipment, for your personal needs, correspondence, messages, personal business or any form of substantial personal benefit.
- Access to Albany Med computer systems will only be granted for approved Albany Med business activities and limited to the minimum necessary to complete that activity.
- All computing devices that access or contain Albany Med confidential information require two levels of authentication (logon/password consistent with Albany Med password standards) to gain access to that information. Account logins and passwords will be provided to you by your manager after assignment by Information Services.
- You will not share or publicly post your account passwords (e.g., don't post it on your desk, computer monitor, wall, note board, etc.) Information Services will never ask for your account password.
- You are required to change your passwords every 90 days. Select passwords that are not obvious for someone to guess (i.e., don't pick your name), is at least 8 characters long and includes at least one number or other functional character (such as !, @, #, \$).
- You must secure access to Albany Med's electronic and printed data by logging off your account and applications upon completion of use and securing printed materials when not actively in use. Applications utilizing Protected Health Information (PHI) may not be left open on electronic device screens when unattended for any material length of time in areas visible to patients, visitors or employees lacking authorization.
- You will not access applications or data that is not directly needed to complete an approved Albany Med activity within the scope of your duties.

- You are responsible for all activities that take place under your account.
- Albany Med reserves the right to monitor and audit the activity and content of any account, including without limitation electronically stored or transmitted files, internet use or access, emails, telephone conversations and fax transmissions.
- Information may only be exchanged with other members of Albany Med's workforce and external entities or interests for approved Albany Med business activities. The information exchanged must be limited to the minimum necessary to complete that activity and may not be used in violation of Albany Med policy or any state or federal law or government regulation.
- In the event it is necessary, and approval is obtained, to send email communications containing PHI or confidential business information to a non-Albany Med entity, the email must be protected with encryption. Please contact Information Services so they may assess your specific need and provide a custom encryption solution for your use.
- Albany Med data stored on transportable media or equipment (e.g., CD-ROM, laptop computer) are the property of Albany Med and may only be used as described above. You must take appropriate measures to keep Albany Med data secure and private (e.g., encrypted wireless network security, virus and spyware protection kept up-to-date, password protection, data encryption, physical security of the device such as cable lock or locked storage container).
- You may not view, download or transmit material on Albany Med's equipment in violation of any Albany Med policy, state or federal law or government regulation (e.g., copyrighted materials).
- You may not use Albany Med's equipment to view, download or transmit any material which may be reasonably regarded as profane or derogatory, or as offensive or insensitive by reason of gender, race, ethnic background, age, religion, disability, sexual orientation or other protected status or personal category.
- You may not knowingly download or install software without prior written approval from Information Services.
- You may not modify or otherwise disable virus protection software on Albany Med's equipment without prior written approval from Information Services.
- You may not download, copy or remove from any Albany Medical Center entity any Albany Med owned information, except as necessary to perform your duties at Albany Med and only after obtaining appropriate approval.
- Upon termination of employment or contract with Albany Med, or upon termination of authorization to access Albany Med-owned information, you must return to Albany Med all Albany Med-owned data in your possession or under your control, and not retain any such information, or any copy or transcription of such information, unless authorized to do so by Albany Med.
- Albany Medical Center reserves the right to review and remove all Albany Med proprietary data and PHI residing on hardware devices belonging to workforce members or contractors whose relationship with Albany Med is being terminated.
- You are responsible for documents and databases created on Albany Med's equipment and should periodically create duplicate (i.e., backup) copies of data and store them in a secure location at Albany Med with the approval of your manager. Please consult with Information Systems regarding sound storage practices as necessary.
- Albany Med PHI should not be stored on personally owned devices.
- You are not to relocate or connect computer equipment to Albany Med's network without prior written consent from Information Services.
- Remote access to Albany Med equipment must be approved by Information Services.
- Wireless technology installations must be approved by Information Services.
- Members of the Albany Med workforce who are authorized by their manager to utilize equipment (e.g., computer, PDA) away from Albany Med's premises for Albany Med business are to use caution to protect their equipment and its contents as well as the Albany Med data stored on the equipment from damage or theft by using appropriate security measures consistent with Albany Med's Computer Home Use Standard (posted to Albany Med's Intranet site).

Information Services is responsible for and must be contacted to dispose of all computer hardware. Contact the IS Help Desk at 25000 and you will be provided with instruction on rendering data useless.

Prior to disposal of computing devices, you are responsible for rendering data contained on electronic storage media reasonably useless (i.e., left unusable by means possessed by an average person and not subject to restoration by use of readily available programs or technical capacities) prior to disposal. If further clarification or assistance is needed, please contact the IS Help Desk. Examples of electronic storage media includes, but is not limited to, the following:

- Floppy Disks and Tapes
- Deletion via delete/format procedure
- Physical damage to disk media via cutting/disassembly
- Other media (MOD, CD, DVD, etc.)
- Physical damage to media via permanent masking or cutting.
- Disassembly of media.

For Notebooks or other portable electronic devices with storage media and which contain or at any time contained PHI which are being removed from Albany Med operation but which remain usable, you will be responsible for rendering all data containing PHI or other Albany Med records reasonably useless in accordance with Albany Med's standards. This applies to Albany Med data whether or not the device was Albany Med property, personally owned or assigned an asset tag by Albany Med.

You are responsible for ensuring that the appropriate software licenses have been obtained for applications on non-AMC computers used away from Center premises for the purpose of Albany Med business.

If you use home computers for Center related business you must take appropriate measures to keep Center data secure and private (e.g., wireless network security, virus protection, password protection).

Violations of this policy:

- May result in corrective action, up to and including termination of employment, staff credentials, enrollment in academic programs or other forms of membership in or association with the Albany Med workforce; or
- May warrant penalties and/or contract termination for business affiliate(s).

ALBANY MEDICAL CENTER Policy and Procedure Manual Albany Medical Center Policy and Procedures Reviewed: INFORMATION TECHNOLOGY POLICY SUBJECT: INFORMATION TECHNOLOGY POLICY

POLICY:

The Albany Medical Center (AMC) Information Technology Policy has been developed to provide direction on technology standards that support our computer systems and network infrastructure. These standards are updated on a periodic basis to reflect advances in computer hardware and software, modifications to AMC procedures, and changes to State and Federal law.

PROCEDURE:

This policy applies to any and all AMC representative(s) (such as employees, contractors, consultants, students, temporary employees, third party contractors, and business partners) who utilize information technology equipment that is owned or leased by AMC.

Established information technology standards are published on the AMC intranet. Information technology standards are developed to provide guidance and direction to AMC representative(s) on the acquisition, uses, and support of information systems technology. These standards detail current hardware or software approved for use in the AMC information technology environment.

It is the responsibility of all AMC representative(s) to familiarize themselves with, and abide by the information technology standards as published on the AMC intranet.

All access to information contained within the AMC information technology environment is subject to the Confidentiality of Computerized Information, Use of Computer Equipment, and Disposal of Electronic Storage Media and/or Hardware Containing Protected Health Information provisions of Human Resources Policy number 6.006.

Access to AMC information technology systems and related information is granted to AMC representative(s) as needed for approved AMC business activities as defined in Human resources Policy and Procedure Manual Policy Number 6.006.1. AMC representative(s) are accountable for their access to and use of AMC information technology resources, and may be sanctioned for violations of this access up to and including dismissal from employment.

It is the responsibility of all AMC representative(s) to familiarize themselves with, and abide by the Confidentiality of Computerized Information, Use of Computer Equipment, and Disposal of Storage Media and/or Hardware Containing Protected Health Information provisions as published in Human Resources Policy number 6.006.

Any and all data created by AMC representative(s) on AMC information technology systems is the property of AMC. As new technology standards are introduced, AMC management will contemplate the impacts and costs of change to the new standards. Exceptions to standards may occur from time to time, especially given the freedom to act in the research domain. As additional needs for support emerge, the needs will be examined on a business case basis as requested by the business unit leaders.

AUDIT OF USE

AMC reserves the right to review and conduct audits on a periodic basis to assure compliance with this policy. Policy and/or procedure violations of this policy are subject to corrective actions as described below.

ENFORCEMENT

Violations of this policy:

- May result in corrective action, up to and including termination of employment, staff credentials or other form of membership in the AMC workforce; or
- May warrant penalties and/or contract termination for business affiliate(s).

References:

- AMC Computers, Electronic Equipment, Confidentiality of Computerized Information Access Rights Policy 6.006.1

- AMC Computers, Electronic Equipment, Use of Computer Equipment Policy 6.006.2
- AMC Computers, Electronic Equipment, Disposal of Electronic Storage Media and/or Hardware Containing Protected Health Information Policy 6.006.3

L. Food Regulations

It is expected that the student will not eat or snack during lectures or conferences throughout the institution. There may also be individual room restrictions on beverages, such as **no food in the classroom**. Additionally, students are responsible for cleaning up after using the classroom and lounge.

M. Smoking Policy

The smoking policy at Albany Medical Center applies to all students and will be strictly enforced. Any student who is reported to be smoking on campus in an area other than a designated smoking area will be reported to the Dean's Committee composed of: The Vice Dean for Academic Administration, The Associate Dean for Medical Education, the Associate Dean for Academic and Student Services, the Associate Dean for Graduate Medical Education and the Assistant Dean for Graduate Community Outreach and Medical Education and the Assistant Dean for Graduate Studies. The student will be interviewed and given a warning for the first offense. If reported a second time the students will be recommended for non-academic probation after being presented to the appropriate progress or promotions committee. If the student violates the policy a third time, the student will be recommended to the appropriate progress or promotions committee for dismissal.

N. Student Lounge

The lounge area in the department is available to all students to make coffee and tea and to use the microwave oven. Students may use the refrigerator and are responsible for keeping it clean.

O. Mailboxes and Lockers

At the end of the didactic term, students must empty their lockers and remove their lock. Prior to graduation, students must empty their mailboxes and turn their key into the Admissions Coordinator. If a student's key is lost, he/she will be charged a \$5.00 replacement fee.

P. Dress and Identification

(A3.01, B3.01)

Students and faculty of the Center for Physician Assistant Studies have developed standards for dress for both classroom and patient care activities. They are found on the CPAS Homesite on Sakai at:

Classroom Professional Image Standards and Patient Care Professional Image Standards: Sakai/CPAS Homesite/Resources/ All Students/Professional Image Standards. <https://sakai.amc.edu/portal/site/c3858561-f256-4db2-00b3-951ce7065f12/page/693681b0-fcf5-44c7-00d8-ed60406a088b>.

Students must wear their AMC ID badge at all times on the AMC campus, or when in any clinical facility as a CPAS student.

Professional Image Standards for Patient Care apply when working with patients whether "simulated" or "real". Students must wear a short white lab coat with the PA Program patch, an approved name pin that indicates their status as "Physician Assistant Student" and their AMC ID badge. This includes, but is not limited to, physical assessment labs, nursing home or residential visits, clinical competency examinations, and Grand Rounds presentations.

Students must introduce themselves to patients and other health providers by name and identify themselves as a "Physician Assistant Student". The student should be certain that neither patients nor other health providers infer that they are present or acting in any capacity other than as a Physician Assistant student.

Any electronic or written communication from students to patients or patients' families must clearly identify the source as a Physician Assistant student.

Additional requirements for the clinical phase are described separately in the *Clinical Rotation Handbook* provided during orientation to the clinical phase.

Q. Health Requirements (A3.07)

Entering students must complete/document meeting AMC Immunization requirements which meet CDC and NYS requirements (see Appendix 4). Upon enrollment and each subsequent January, students must have a PPD, N-95 fit test, and self-assessment completed at Employee Health Services. Call extension 2-3871 if you have any questions. (To avoid needing PPD's read on the weekend, do not go on a Thursday).

EHS policy for what constitutes acceptable PPD documentation includes:

- The placement and reading must be done by a licensed clinician. The name, title, and license number must be readable. Medical Assistants are not licensed in NYS.
- The original signature of the place and reader must be on the document.
- The result must be documented in mm induration, not just "negative" or "positive"
- AMC employees who are not listed on the Tb form cannot place or read PPDs. This includes ED staff and house staff. Only Health Service, IMG, WHC, Latham Med/Ped, Clara Barton Peds, and the Transfer Center staff can read. Any licensed clinician who is not employed by AMC can place or read.

See Rotation Manual for health requirements during clinical year.

R. Bereavement Policy

The student is given up to five days of leave for the death of a spouse, child, dependent of the student (stepson, stepdaughter, grandson, granddaughter), or domestic partner. In the case of the death of any member of the immediate family, which is defined as a parent, grandparent, brother, sister, stepfather, stepmother, grandchild, in-laws, or a relative not listed above with whom the student lives, students are given three days of leave.

If additional time is required, arrangements must be approved by the Program Director.

S. Snow Emergency

Generally speaking Albany Medical College does not close due to poor weather conditions. Students should expect that classes will be held unless notified otherwise.

In the case of severe weather conditions requiring delays or cancellations, the Director will post an announcement on the CPAS Sakai Homesite which will be emailed to all students, staff and faculty.

T. Outside Employment

(A3.071, A3.14h)

- The Physician Assistant curriculum is intensive and designed to be a continuum of integrated courses. Students are expected to obtain the maximum amount of knowledge and experience possible rather than merely meet minimum standards. For these reasons, outside employment is **strongly discouraged** and requires prior approval of the Program Director.
- If a student must obtain income from outside employment, he/she must understand the following:
 - a) Such employment may in no way conflict with any class, clinical assignment, or availability for weekend or emergency on-call duty. Job conflict is not an acceptable excuse for any absence. Clinical schedules **will not** be altered in order to accommodate employment needs.
 - b) Conflicts or interference with studying due to employment demands are not acceptable excuses for less than optimal performance.
 - c) In no manner, shall a student in a job setting utilize his/her status as a Physician Assistant student or allow patients to infer that he/she is a graduate Physician Assistant.

U. Parking

Parking Administration is located at 22 New Scotland Ave., across from the Emergency Room entrance.

If you have any questions, please feel free to contact the parking office at 262-4444 or email: parkingservices@mail.amc.edu.

V. Bike Corrals

Students who ride their bikes can lock their bikes at various bike corrals. There is a corral at the 60 New Scotland Ave. parking garage, one on the corner of 16 New Scotland Ave. and another located at the corner of 22 New Scotland Ave. Student must register with Security if locking their bike at any of these corrals.

W. Policy on Reference Textbooks

The textbooks located in the PA Program Administrative Assistants office are reference textbooks for student use.

Each term, students are sent a list of required textbooks and recommended textbooks. It is the expectation that required textbooks be purchased by the students. You may sign out book(s) to bring to the classroom for a few hours, however, not in lieu of purchasing the books.

Textbooks may only be signed out of the office on weekends and must be returned the next class day, except the Current Medical Diagnosis and Treatment book, which cannot leave CPAS.

X. Student Records

The Albany Medical College designates the following items as Directory Information:

- Student Name
- Dates of Attendance
- Degree(s) Conferred/Anticipated
- Program of Study
- Enrollment Status (full time/part time)
- Graduation Date (actual/anticipated)
- Address (local/permanent)*
- Phone Number (local/permanent)*
- E-mail Address*
- Pager Number*
- Home City and State

Albany Medical College may disclose any of the above-listed items without prior written consent, unless notified in writing to the contrary within one week of registering. Such written notification should be addressed to the Assistant Dean for Admissions and Student Records.

**Please note: Permission to release a student's address, phone number, e-mail address and pager number is solicited during the yearly registration process. If a student chooses not to disclose their address (local/permanent), phone number (local/permanent), e-mail address, and/or pager number for the student directory, then it will not be considered Directory Information. Certain information will need to be released for the program to set up the student on NCCPA's site for Board Testing and the AAPA Roster for credentialing purposes. (See appendix 11)*

It is the aim of the Albany Medical College to comply with both the intent and the letter of the General Education Provisions Act, Section 438, as amended by Section 513 of Public Law 93380 and Section 2 of Public Law 94-568. A copy of the legislation is on file in the Office of Student Records and may be obtained upon request.

This statement is to inform you of your basic rights under the law and to outline the procedures provided in order for the College to come into compliance. This information is not meant to be a complete interpretation of the Act.

1. Who has access to records?

The parents of students who are or have been in attendance at a school, agency, or institution have the right to inspect and review the educational records of their children. (For our purposes, whenever a student has attained eighteen years of age, or is attending an institution of post-secondary education, the permission or consent required of the right accorded to the parents of the student shall thereafter only be required of and accorded to the student.)

2. Procedure for gaining access

In order to implement access, an individual must make a formal, written request to the proper person designated above who will then arrange a mutually convenient time for the review. By law, a meeting will be scheduled within 45 days of the office receiving a request for access.

3. What records may be reviewed?

Educational records are defined as those records, files, documents and other materials which (1) contain information directly related to a student and (2) are maintained by an educational agency or institution or by a person acting for such an agency or institution.

4. Types of records maintained by AMC, their location and individual to be contacted for possible review?

<u>Type</u>	<u>Location</u>	<u>Contact</u>
Academic	CPAS (active records) Student Records Office	Director, CPAS Assistant Dean for Admissions and Student Records
Financial	Business Office	Supervisor, Accounts Receivable
Financial Aid	Financial Aid Office	Assistant Dean for Academic Affairs, Student and Minority Affairs and Financial Services
Disciplinary	President and Dean's Office	Dean

5. Limitations

The law does place limitations on the right to inspect and review education records at the post-secondary level. These specific restrictions are available in the Office of Student Records.

6. Amendment of education records

Request to amend education records.

- a An eligible student who believes that information contained in the education records of the student is inaccurate or misleading or violates the privacy or other rights of the student may request in writing that the educational agency or institution which maintains the records amend them.
- b The educational agency or institution shall decide whether to amend the education records of the student in accordance with the request within a reasonable period of time of receipt of the request.
- c If the educational agency or institution decides to refuse to amend the education records of the student in accordance with the request, it shall so inform the student of the refusal and advise the eligible student of the right to a hearing.

7. Right to a hearing

- a An educational agency or institution shall, on request, provide an opportunity for a hearing in order to challenge the content of a student's education records to insure that information in the education records of the student is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of students.

- b If, as a result of the hearing, the educational agency or institution decides that the information is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of students, it shall inform the student of the right to place in the education records of the student a statement commenting upon the information in the education records and/or setting forth any reasons for disagreeing with the decision of the agency or institution.

8. Disclosure of personally identifiable information

The student has the right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that the law authorizes disclosure without consent. One exception which permits disclosure without consent is disclosure to school officials with legitimate educational interests. A school official is a person employed by the College in an administrative, supervisory, academic or research, or support staff position (including law enforcement unit personnel and health staff); an emeritus professor of the college; a person or company with whom the College has contracted (such as the National Student Loan Clearinghouse, I-trax, Inc., an attorney, auditor, or collection agent); a person serving on the Board of Trustees; or a student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

9. Filing a complaint

The student has the right to file a complaint with the U.S. Department of Education concerning alleged failures by Albany Medical College to comply with the requirements of the law. Concerns should be addressed to: Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Avenue, S.W., Washington, DC, 20202-4605

Should any question arise or if further information is required, please contact the Office of Student Records.

Y. Medical Treatment of Students (A3.09)

It is our policy that no core faculty member is permitted to offer medical treatment or medical advice to any student enrolled in the PA program. When you have medical issues, you must seek care from your primary physician, Student Health Services, or seek emergency services if necessary.

Z. Evacuation Procedures (A1.06e, A1.03g)

Evacuation Plan for 16 New Scotland Ave., 3rd floor

This plan will be initiated in the event of an emergency within the confines of the 3rd floor of 16 New Scotland Ave. building or within any adjacent area where faculty, staff, students and/or visitors are in imminent danger. Evacuating staff and visitors is considered to be a major event. The Administrator on call must be notified in order to determine whether a "Code D" or Administrative Standby should be initiated if one is not already in progress.

Any evacuation of personnel from the third floor of 16 New Scotland Ave. building will require coordination and direction. Should evacuation be needed, the Floor Warden(s) David Irvine and Rosalyn Green will be contacted. The Floor Warden will designate to available individuals any duties that need to be carried out.

If help is needed or evacuation cannot be completed the Floor Warden will request assistance once outside by calling the Command Center if the AMC EP plan is in effect.

Note: if an evacuation is needed outside normal working hours, a floor search will be conducted by Security to alert any staff working and assure that they leave the area.

After evacuation, the Floor Warden(s) and student leaders will account for people from their floor to the best of his/her ability and advise staff if or when they may return to their work areas.

General Principles in Case of an Event

- **This area is not built to defend in place so you will evacuate to the established meeting place (OB/GYN Parking Lot, corner of Morris and New Scotland Ave.) upon activation of the fire alarm system** (with the following exceptions).

- Bomb Threat – decision to evacuate made by Administration
- Hostage situation – decision to evacuate made by Albany Police
- Fire/Structural Collapse – decision to evacuate made by AMC Fire Marshal/Albany Fire Department
- In the event of a Code E in any area, floor wardens will return to their work areas or, if not possible, go to your designated meeting area.
- This evacuation plan is intended to provide direction for a temporary area until you are directed to return to your home unit or are told to take other action.
- The Floor Warden is responsible for directing evacuation in conjunction with the AMC Fire Marshal/Fire and/or Police Departments for assuring that all visitors and staff have left the area and that all have arrived at the meeting place/evacuation site. That person will also provide progress reports to Command Center.
- **CLOSE DOORS AS YOU EXIT THE AREA.**
- **NO ONE WILL RETURN TO THE AREA UNTIL INSTRUCTED THAT IT IS SAFE TO DO SO BY THE AMC FIRE MARSHALL, ALBANY FIRE OR POLICE DEPARTMENTS.**
- As always, staff should cordially refer all inquiries from the media to Public Relations, Members of the media are not permitted to move around the institution without a Public Relations or Security escort. These media relations policies are institutional responses to reporter’s questions.

In the event of a fire alarm or other evacuation of the building students and faculty are expected to promptly exit the building via the back stairs and to congregate in the parking lot at Morris and New Scotland Ave.

If unable to access the back stairs, use the front stairs. The elevator should not be used for emergency evacuation.

The Center Director will be the designated floor warden for CPAS students and personnel. **The class president(s) will be responsible to take attendance to assure that all students are accounted for and report this to the Director.** The Director will account for staff and faculty.

All instructions of emergency personnel are to be followed promptly and courteously.

(Students must complete annual safety training per AMC policies.)

AA. Safety (A3.08)

The safety of students is a priority for CPAS and multiple, sequential activities are required of all students before being exposed to potential infectious or environmental hazards. These include:

- AMC Annual Safety training during Orientation and each subsequent January while enrolled in CPAS.
- Orientation to PAP 550 Anatomy Lab
- NY State’s Mandatory Infection Control Training Program as part of PAP 565 Immunology and Microbial Disease prior to their first patient encounters in the nursing homes
- Instructional video: “Needle stick Injury Prevention and Training Video” during PAP 595 Clinical Skills Lab
- Orientation to Clinical Year including post exposure and needle stick protocols for AMC and other sites near end of didactic phase.
- Code Silver (see Appendix 10)

Students who are pregnant may obtain a consultation with Employee Health Service to determine any potential reproductive health hazards and/or the need to modify their participation in the program. (See AMC policy appended).

II. Academic Policies

(See also Part IV – Student Counseling)

A. CPAS Attendance Policy

1. Didactic Terms (B1.03)
 - a. Attendance is mandatory for all classes.
 - b. Final grades may be reduced for unexcused absences.
 - c. Absences may be excused at the sole discretion of the Center Director.
 - I. Anticipated Absences generally may be approved only for compelling reasons. To be excused, the student must have:
 - Notified the Center Director as need is identified and at least 24 hours in advance if the absence could be anticipated, **and**
 - Submitted the written absence form (See Sakai Appendix 1) to *each* instructor of a class missed **and**
 - Completed any make-up work assigned by the instructor **and**
 - **Been for a compelling reason acceptable to the Center Director.**
 - II. Unanticipated absences (e.g. illness) require that the student:
 - Call the program office the day of the absence
 - Submit the written absence form (see Appendix 1 in Sakai)
 - Complete any make-up work assigned by the instructor.
 - III. Return to rotation after an absence of three days or more due to health reasons requires a statement from the student's health care provider.
 - d. Tardiness of more than 15 minutes on two occasions will be considered an unexcused absence.
 - e. Students must be available Monday through Friday, 8 a.m. through 5 p.m., throughout the year, barring holidays and scheduled vacations. Unscheduled blocks of time allow for self-study during the week. However, the Center for Physician Assistant Studies reserves the right to schedule missed lectures and other classroom activities during these time frames as the need arises. Therefore, outside work (which is strongly discouraged AND requires Program Director approval) and other personal appointments should not be planned during these unscheduled time blocks.
2. Clinical Year (B3.02)
 - a. Students will be assigned to the Center for Physician Assistant Studies identified sites by the designated Clinical Coordinator. Students are specifically enjoined from soliciting any site/preceptor for clinical rotations. (A3.04, A3.06, B3.02)
 - b. Students are expected to maximize the resources available to them during each rotation. This entails getting as much clinical time as possible during each rotation week. Please note that **each rotation week starts on a Monday and ends on a Sunday**. You may be working the same hours as your Preceptor or you may also be assigned to other providers at the discretion of your Preceptor.
 - Most rotations tend to average between 40 – 50 hours per week; typically 40 hours per week represents the minimum allowable work load. If you are working less than 40 hours a week or more than 60 hours a week, please contact your Clinical Coordinator.
 - Holidays are given at the discretion of the Preceptor.
 - Hours cannot be built up over time in order to provide a “mini-vacation” during any part of the rotation
 - Be on time. Know how to get where you are going before you need to be there.
 - c. Students are expected to work the same schedule as their preceptor and/or the schedule they assign you. This may entail overnight shift work, night or weekend call, and holidays. Be sure to obtain your schedule for the rotation from your preceptor early on in the rotation.
 - d. In the event of illness or an emergency, students are required to notify their preceptor and the Program. Make-up work/time may be required in some instances. Please refer to the attendance policy below.
 - e. If a student needs to be excused for other reasons (conferences, interviews, etc.) the Clinical Coordinator and your preceptor must be made aware of this. Make-up work/time will be required in most instances. Please refer to the details within “CPAS Attendance Policy,” l.c. above.

- f. Unexcused absences will be reflected in your rotation evaluation from your preceptor. Time missed from unexcused absences must be made up.
- g. Any discovered unexcused absence or multiple unexcused absences may be sufficient cause for placing a student on professional probation and/or grounds for dismissal from the Program.

B. Jury Duty

Students called in for jury duty must consult their advisor immediately upon receipt of the summons. It is generally acceptable to most jurisdictions to postpone service until a regularly scheduled break. Every effort must be made to avoid conflicts with didactic/rotation schedules.

C. Assignments

1. All written assignments are due on the date specified.
2. Assignments are to be completed on a word processor unless otherwise directed.
3. All assignments are to be free of grammatical and spelling errors.
4. Late assignments will receive a 10% grade reduction for each calendar day late.
5. Missing assignment(s) may result in a grade of “I” (incomplete) for the course.

D. Collaborative Work

1. Even the appearance of impropriety is to be avoided in the training of health care professionals.
2. All written assignments are to be completed individually unless otherwise specified by the instructor in advance.
3. Collaboration on an individual assignment is considered academic dishonesty (see “Academic Honesty Policy Statement”) and will be treated as such.

E. Constraints on Clinical Activity

1. When given an order by a practitioner, the student has the following three options:
 - a. Follow the order exactly as directed.
 - b. Discuss issues of disagreement with the preceptor and agree on a course of action.
 - c. Inform the practitioner that he/she does not feel qualified to carry out the order. At no time is a Physician Assistant student to act independently to change an order.
2. A member of the Program faculty may summarily suspend a student for any action that (in the faculty member’s opinion) may adversely affect patient care. All situations resulting in such actions will be examined by the Program’s Promotions and Graduation Committee.

F. Course Evaluation

Students are required to complete course evaluations on-line at the end of each academic term or as otherwise directed by the faculty.

G. Examinations

Student concerns relating to the content of course examinations must be submitted to the course Instructor, in writing, on a “Test Question Inquiry Form.” (See Appendix 2). No electronic devices are to be utilized in the classroom during testing (exceptions are laptops for online testing). No personal items are allowed in un-proctored exams rooms.

H. Disability Accommodations

Albany Medical College is committed to the academic, social, and cultural integration of individuals with disabilities. Students with physical, learning, or other disabilities as defined by law will receive reasonable accommodation to help them attain the necessary level of achievement. Auxiliary aids such as sign language interpreters or readers may be available on a case-by-case basis. Other accommodations such as course materials in alternative format or extended time on examinations may be available. Individuals requesting any such accommodation may be required to present and/or cooperate in the collection of medical and other reasonable documentation deemed by the College to be necessary for that purpose.

Due to the rigor of the program, students meeting technical standards but with learning disabilities are encouraged to request the appropriate accommodations. The Graduate Studies Office will provide documentation of your rights and responsibilities. Interested students should see Dr. Richard Keller, Jr., Assistant Dean, Graduate Studies Office, MS- 134, Extension 2-5253. (see Appendix 9)

I. Maternity Leave Policy

Maternity Leave (6 weeks for a non-surgical delivery or up to 8 weeks for a surgical delivery) is available to graduate students. Additional leave will be at the discretion of the Center Director according to the Graduate Studies Program Leave Policy.

Recognizing that certain reproductive health hazards may be associated with continued exposure to the laboratory, to patients, or to the clinical setting, any graduate student desiring to have children and concerned about exposure should consult the Employee Health Service (Extension 2-3871). Those who become pregnant must notify the Center Director immediately and adhere to the AMC Environmental Health and Safety Policy and Procedure No. 1.704.130: Potential Reproductive Health Hazards. (See Appendix 3)

In the Center for Physician Assistant Studies, due to education requirements mandated by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), all time missed must be made up as a pre-requisite for graduation. Additionally, because MPAS courses are sequential and offered only once each year, graduate students who are absent due to Maternity Leave may be asked to repeat courses or re-enter the program the following year.

J. Graduation Criteria (B1.05, A3.17c)

The following requirements must be successfully completed in order for you to graduate from the program.

1. All didactic phase courses (prerequisite to enter the clinical phase of the program)
2. All Clinical Competency Examinations in the didactic phase.
3. All clinical rotations.
4. Portfolio for the Clinical MS.
5. Summative Clinical Competency Examinations (history-taking/physical examination and history-taking/patient counseling or education) in the clinical phase.
6. Computerized comprehensive examination in the clinical phase.
7. Students must complete checkout procedures verifying that all P.A. Program, institutional, library or educational supplies are returned, and that expenses and fees have been paid prior to awarding of any degree, issuing letter(s) of recommendation, verification of attendance, or release of official transcripts.

K. Pi Alpha Honor Society

The Center for Physician Assistant Studies sponsors a chapter of the National Honor Society for Physician Assistant students (Phi Alpha). Details of eligibility and nomination procedures will be provided during orientation to the clinical year.

L. Grading Scheme for CPAS

The minimum passing grade for all CPAS courses is C (74%).

Grading Scheme for CPAS		
% Average	Grade	Quality Points
94-100	A	4.0
90-93	A-	3.7
87-89	B+	3.3
84-86	B	3.0
80-83	B-	2.7
77-79	C+	2.3
74-76	C	2.0
70-73	C-*	1.7
60-69	D*	1.0
<60	F*	0.0

*Grades of C-, D or F are not acceptable for course credit toward a graduate degree but will be used in calculating the GPA

M. Patient Exposure During Physical Assessment Practice (PAP) and Clinical Competency Exams (CCE)

Exposure of a patient's body during physical examination requires a careful balance between what must be visualized and the patient's modesty. The clinician must consider the clinical importance of the data obtained in the context of the patient's presentation. For example, a patient in respiratory distress would require more exposure and detailed respiratory examination than one undergoing a routine physical and more patient modesty would necessarily be sacrificed in the interests of a good exam.

During PAP and CCE the balance of visualization and modesty is further complicated by the fact that the patient does not need the examination. However, in order to become competent providers students must practice their exams in the manner they would be performed with a real patient. That is, more exposure for detailed exams and less for limited exams.

For any exposure, patient consent/cooperation is mandatory. Thus, PAP patients and CCE patients *must* be asked and agree to the procedure. The preferred procedures for detailed examination/draping are described below based upon NBME recommendations. These may be modified at the specific request of the patient- who should also discuss any concerns with the course instructor. Exposure should be limited to the time necessary and the examiner should re-cover the patient as soon as possible.

Abdominal Exam -with the patient supine the gown is raised to the level of the xiphoid and the drape is lowered to the anterior superior iliac spines.

Respiratory Exam*- gown is untied but not removed for the posterior thorax exam. Gown is lowered to the waist with the patient seated or supine for examining the anterior/lateral thorax.

Cardiac Exam*- gown is lowered to the waist with the patient seated or supine.

Back Exam- gown is held open in the back by examiner during inspection and ROM as needed

*Note: Female PAP/CCE patients must wear modest bathing suit tops for this exam.

III. Student Responsibilities

A. Statement on Professional Behavior (B1.05, B2.16)

Medicine is a profession that requires the mastery of a large body of knowledge, the acquisition of clinical skills, as well as high standards of ethical behavior and appropriate attitudes. The Center for Physician Assistant Studies (CPAS) is required by Accreditation Standards for Physician Assistant Education (ARC-PA), our accrediting body, to assess and document “student demonstration of defined professional behaviors” (Standard C3.02). In addition to fulfilling all academic requirements, students are required to display attitudes, personal characteristics, and behaviors consistent with accepted standards of professional conduct. Students are referred to the Albany Medical Center Code of Conduct, the Competencies for the Physician Assistant Profession, and other policies contained in this handbook for detailed descriptions of these standards.

During the didactic phase, students will be expected to submit a self-assessment of their professionalism periodically. Faculty will review these and provide feedback individually at the routine midterm advisors meetings.

During the clinical rotations, an evaluation of professionalism is included in the grading criteria. Preceptor evaluations of professionalism include, but are not limited to: attendance, meeting published deadlines, participation in course and program evaluations, and compliance with CPAS policies. Faculty members will also evaluate professionalism.

Personal characteristics and attitudes of professionalism which are observed and evaluated by the program include, but are not limited to the following:

Integrity: Displays honesty in all situations and interactions; is able to identify information that is confidential and maintain its confidentiality. (PROF3, PROF6, ICS1)

Tolerance: Demonstrates ability to accept people and situations. Acknowledges his/her biases and does not allow them to affect patient care or contribute to threatening or harassing interactions with others. (ICS1, ICS2, ICS3, ICS5, PC2, PROF3, PROF4, PROF7, PBL15, SBP8, SBP9)

Interpersonal relationships: Provides support and is empathetic in interactions with peers, patients, and their families. Interacts effectively with difficult individuals. Demonstrates respect for and complements the roles of other professionals to include administrators, faculty, staff, lecturers and fellow learners. Follows the chain of command. Is cooperative, supportive and reassuring to others. (ICS1, ICS3, ICS4, ICS5, PC1, PC2, PC3, PC7, PROF 2, PROF3, PROF6, PBL15, SBP1, SBP5)

Initiative: Independently identifies tasks to be performed and makes sure that tasks are completed satisfactorily. Performs duties promptly and efficiently. Is willing to spend additional time and to take advantage of learning opportunities. Demonstrates a motivation to learn. Shows enthusiasm for learning and improvement. (PC1, PC3, PC4, PC8, PROF1, PROF5, PROF8, PROF10, PBL1, PBL4, SBP5)

Dependability: Completes tasks and assignments on time. Consistently punctual and in attendance for all class sessions and laboratory activities. Actively participates in clinical and didactic activities. Follows through on tasks and is reliable. (ICS5, PROF3, PROF4, PROF5, PROF8, PROF9, PROF10)

Attitudes: Maintains a positive outlook toward assigned tasks. Recognizes and admits mistakes. Seeks and accepts feedback in a positive manner and uses it to improve performance. Provides constructive feedback on course and program evaluations in a timely manner. (ICS2, ICS3, ICS4, ICS5, PROF2, PROF3, PROF4, PROF5, PROF8, PROF9, PROF10, SBD5)

Function under stress: Demonstrates emotional maturity in managing tensions and conflicts that arise with professional, personal, and family responsibilities. Exhibits sound personal and clinical judgment in stressful situations. (ICS2, OCS3, ICS4, ICS5, PC2, PROF2, PROF3, PROF4, PROF7, PROF8, PROF9, PROF10)

Personal Responsibility: Identifies unprofessional conduct in others in the didactic or clinical setting and takes appropriate actions. Volunteers for additional responsibilities (student government, community service, etc.). Strives to address and correct personal limitations. (ICS5, PROF1, PROF2, PROF3, PROF4, PROF5, PROF6, PROF8, PROF9)

Appearance: Exhibits good personal hygiene and grooming; Clothing is appropriate, neat, clean and well maintained, and conforms to Center, program, or local dress code policies. (PROF1, PROF2, PROF3, PROF4, PROF5, PROF8, PROF9)

Self-Assessment: Demonstrates an awareness of strengths and limitations (intellectual, physical, or emotional). Recognizes when help is required and when to ask for guidance. (ICS2, ICS4, ICS5, PC1, PROF1, PROF2, PROF3, PROF4, PROF8, PROF9, PBL15)

Teamwork: Helps and supports other team members; shows respect for all team members; pools resources and works efficiently within a group; remains flexible and open to change and communicates with others to resolve problems. (ICS2, OCS3, OCS4, OCS5, PC1, PC2, PC3, PC7, PROF1, PROF2, PROF3, PROF4, PROF5, PROF7, PROF8, PROF9, PROF10, PBL15, SBP1, SBP5)

Students are expected to demonstrate these characteristics, both in their academic and personal pursuits.

Student behavior is expected to reflect the values of the Center and tenets of the Physician Assistant Oath at all times. Students exhibiting breaches of this standard will be subject to “CPAS Internal Warning Procedures” and/or “Interim Actions” in egregious cases.

The Center may require that a student seek professional counseling or administrative psychological evaluation. Counseling needs for P.A. students are provided through the Albany Medical College Psychological Services at 262-5511. (See brochure from AMC Counseling Services distributed in the Orientation package.)

B. CPAS Internal Warning Procedures

In the event a student is identified as having Professionalism deficiencies of a nature not usually requiring action by the Graduate Studies Program, the student will:

- Be counseled by the course instructor or faculty member identifying the deficiency.

If the deficiency is not remediated, or recurs, the student will:

- Attend a counseling session with the course instructor or faculty member identifying the deficiency as well as the student’s academic advisor (or Clinical Coordinator for students on rotation). If the academic advisor or Clinical Coordinator is the initiating faculty, then the Center Director or his designee will participate. At this time a **Verbal Warning Notification** will be signed by the student and the advisors and placed in the student’s file. And,
- Attend a re-evaluation conference scheduled at an appropriate interval. If the problem is resolved the **Verbal Warning Notification** will be removed.

If upon re-evaluation the problem remains unresolved, the student will:

- Attend a second counseling session as above. At this time a **Professionalism Concern Feedback Sheet** will be signed by the student and the advisors and placed in the student’s file. And,
- Attend a re-evaluation conference scheduled at an appropriate interval.

If upon re-evaluation the problem remains unresolved:

- The Center Promotions and Graduation (P & G) Committee will meet with the student.
- The Center Promotions and Graduation Committee may:
 - Refer the matter to the Graduate Studies Progress Committee with a recommendation for probation, dismissal, or other action.
 - Refer the matter to the Student Honor Committee, if appropriate.

If student’s actions are of an egregious nature, then they may be referred directly to Promotions and Graduation Committee without prior verbal or written warnings.

C. Reporting Unfavorable Incidents

It is the obligation of each student to report any incident of which he/she is cognizant that is unethical or otherwise of a questionable nature. Failure to do so is a violation of the AMC Student Honor Code.

D. Interim Actions

At any time the Director of the Center for Physician Assistant Studies or the Director’s designee may suspend or remove a student from normal academic activities if their behavior, in an academic or non-academic environment, does not comport with the values of the Center, the profession, or the tenets of the P.A. Oath.

Such suspension or removal shall automatically be reviewed by the Promotions and Graduation Committee, and a recommendation for its continuation or termination made to the Director.

Under such extreme circumstances, the Center Promotions and Graduation Committee may refer a student immediately to the Graduate Studies Progress Committee or the Student Honor Committee for action without the benefit of the CPAS internal procedures above. Such actions may include probation, dismissal, or other sanction as deemed appropriate.

E. Student Rights

As a student in the Albany Medical College in the Center for Physician Assistant Studies, you have the right to:

1. Fair and equal treatment by the program faculty and department personnel in all aspects of the program without discrimination.
2. Seek counseling from the faculty.
3. Review your academic and/or clinical progress.
4. Evaluate the faculty.
5. Confidentiality regarding your program records.

F. Student Grievances

(A1.06e, B1.03g; A3.07m, A3.17d; A3.09a, A3.17d)

Students within the CPAS may access the following procedures to resolve conflicts not related to harassment* with faculty or administration:

1. Issues should be discussed first between the parties (e.g., student and faculty) if satisfactory resolution is not reached;
2. The parties should meet with the Director, CPAS, if still unresolved;
3. The issue should be addressed with the Dean of the Graduate School.

*In situations of alleged harassment students should follow Harassment policy.

This policy refers to internal processes to resolve conflicts and does not limit/replace any procedures available to students in the GSP Handbook.

G. Student Appeals of Grades

1. Assignments
 - a. Students within the CPAS may access the following procedures to resolve conflicts with grades that they receive on assignments, examinations, or any other type of evaluation in their didactic courses:
 1. Issues should be discussed first between the parties (e.g., student and faculty).
 2. If satisfactory resolution is not reached, the parties should meet with the Director, CPAS.
 - b. Students with concerns regarding *passing* evaluations from Clinical Preceptors should meet with the Clinical Coordinator for a discussion of the situation. The Student is not to contact the Preceptor. If satisfactory resolution is not reached, the student and the Clinical Coordinator should meet with the Director, CPAS.
2. Course Grades

Students receiving a failing grade for a course/rotation may appeal this grade to the Course Director for didactic courses or the Clinical Coordinator for rotations. Students are not to contact clinical preceptors directly. This appeal must be initiated, in writing, by the student within two weeks of receipt of the grade. The written appeal is prepared in consultation with the student's advisor who will act as his/her advocate through the process. If the student is dissatisfied with the results of discussions with the Course Director or Clinical Coordinator the matter will be addressed by the CPAS Promotions and Graduation Committee.

The written appeal, detailing the reason(s) for the appeal, will be forwarded to the Committee by the advisor. The Committee will meet with the student, advisor, and instructor of record issuing the grade as soon as possible but no later than two weeks of receiving the appeal. Neither the instructor nor advisor will participate as committee members. (In the event that the advisor is the instructor of record the Program Director will appoint an alternative advisor).

The decision of the P&G Committee will be communicated in writing by the Chair via email upon completion of deliberations. Appeals of P&G actions are directed in writing to the Vice Dean for Academic Administration with a copy to the Assistant Dean for Graduate Studies for processing under the Rules and Regulations of the Graduate Studies Program as outlined in the "Graduate Studies Rules" found at: <http://intranet.amc.edu/pages/viewpage.action?pageId=5473747>

This policy refers to internal processes to resolve conflicts and does not limit/replace any procedures available to students in the GSP Handbook.

H. Albany Medical College's Nondiscrimination and Harassment Policy and Complaint Procedure (A3.17g)

POLICY OBJECTIVE:

Albany Medical College ("College") and Albany Medical Center ("Center") has adopted this policy and the accompanying procedures to promote and maintain an environment that is free of discrimination and harassment, that encourages respect for the dignity of each individual and that complies with applicable federal, state or local laws.

SCOPE:

This policy applies to complaints of discrimination in any College program or activity filed by students against College employees, other students, and third parties who are not College employees but who are on the College's or Center's premises or who are doing business with or for the College. Note, should a complaint be made against a member of the Albany Medical Center workforce other than students covered by this policy, Human Resources will assist in the process and the Center's Human Resource Personal Conduct / Harassment Policy pertaining to other members of the Albany Medical Center workforce may also be implicated.

POLICY:

Definitions

"Student" includes an individual who has paid tuition, registered for classes, or otherwise entered into any other contractual relationship with the College to take instruction. It further includes persons who are eligible to receive any of the rights and privileges afforded a person who is enrolled at the College, including, but not limited to, those individuals admitted to the College. Student status lasts until an individual graduates or is dismissed.

"Workforce" refers to all employees, members of the medical staff and their associates, affiliates to the medical staff, medical or other students, trainees, residents, interns, volunteers, consultants, contractors, subcontractors and temporary personnel whose conduct in the performance of work for AMC is under AMC's direct control, at any AMC entity.

"Harassment" includes communicating, sharing or displaying written or visual material or making verbal comments or engaging in any other conduct which is demeaning or derogatory to a student, an employee, applicant, or patient or visitor because of his or her gender, race, color, religion, national origin, ancestry, age, marital status, sexual orientation, pregnancy, physical or mental disability, physical attributes, genetic predisposition or carrier status, citizenship, military or veteran status, domestic violence victim status, or any other class protected by applicable federal, state or local laws, including material, comments or conduct intended as humor. The use of College or Center facilities, property or equipment to disseminate, duplicate or display such materials is prohibited (see Human Resources Policy #6.005).

The following is a partial list of behavior that could be considered harassment:

- Verbal conduct such as threats, epithets, derogatory comments, or slurs;
- Visual conduct such as derogatory posters, photographs, cartoons, drawings, or gestures; and
- Physical conduct such as assault, unwanted touching, or blocking normal movement.
- "**Sexual Harassment**" includes making unwelcome and unwanted sexual advances, requesting sexual favors in exchange for favorable treatment, continued employment, avoidance of retribution, engaging in gender based verbal or physical conduct which is made a term or condition of education or employment, or which is used as the basis for education or employment decisions. "Sexual Harassment" also includes any type of unwelcome sexually-oriented conduct, including unwelcome sexual jokes or intimate physical contact that has the purpose or effect of unreasonably interfering with a student's educational or work performance or creating an educational or work environment that is intimidating, hostile, offensive or coercive to a reasonable person. "Sexual Harassment" is not limited to male-female interaction but may be male-male or female-female interaction.

The following is a partial list of behavior, which could be considered sexual harassment:

- Threats or insinuations, either explicit or implicit, that an individual's refusal to submit to, acquiesce in or rejection of sexual advances or sexual conduct will adversely affect his or her education, employment, evaluation, wages, advancement, assigned duties, benefits or any other aspect of education, employment or career advancement;
- Favoring any student, applicant or employee because that person has performed or shown a willingness to perform sexual favors for a professor, supervisor or manager;
- Unwelcome, profane or offensive sexual jokes, language, epithets, advances or propositions, whether in person, by memorandum, e-mail or voice-mail messages;
- Written or oral abuse of a sexual nature or use of sexually degrading or sexually vulgar words to describe an individual;

- Display of sexually suggestive objects, pictures, computer images, drawings, posters or cartoons;
- Graphic, degrading or unwelcome comments about an individual's body, sexual prowess or sexual deficiencies;
- Asking questions about sexual conduct or relationships;
- Unwelcome touching, grabbing, leering, whistling, pinching, brushing against the body, impeding or blocking movements, or suggestive, insulting or obscene comments or gestures; and
- Assault or coerced sexual acts.

“**Discrimination**” includes disparate treatment directed toward an individual or group of individuals based on gender, race, color, religion, national origin, ancestry, age, marital status, sexual orientation, pregnancy, physical or mental disability, genetic predisposition or carrier status, citizenship, military or veteran status, domestic violence victim status, or any other class protected by federal, state or local laws, that adversely affects them.

“**Retaliation**” includes any conduct, whether or not education, workplace, employment related, directed at someone because he or she opposed a discriminatory practice, made a complaint of discrimination, or participated in such an investigation, which might deter a reasonable student or worker from making or supporting a charge of harassment or discrimination.

Prohibition of Discrimination and Harassment

The College and Center are committed to maintaining a discrimination- and harassment-free environment that encourages respect for the dignity of each individual.

Discrimination in the educational environment and workplace is prohibited. The College and the Center endeavor to maintain an education and work environment free from unlawful discrimination.

This policy applies to the educational environment and workplace during school and business hours, to all school- and work-related social functions, whether on or off College or Center premises, to school and business related travel, and to all classrooms and student areas. Should such discrimination or harassment occur, the College and/or Center will take appropriate remedial action to prevent its continuation or recurrence and to correct its discriminatory effects on the complainant and others, if appropriate.

Discrimination against patients is also prohibited. Patients will receive treatment without being subject to discrimination as to gender, race, color, religion, national origin, ancestry, age, marital status, sexual orientation, pregnancy, physical or mental disability, genetic predisposition or carrier status, citizenship, military or veteran status, domestic violence victim status, source of payment or any other protected status recognized by applicable law for which the patient may qualify.

Harassment is unlawful and will not be tolerated. Any individual found to have engaged in harassment will be subject to disciplinary action, up to and including termination of employment or discipline under the Student Honor Code, up to and including expulsion.

Prohibition of Retaliation

The College and the Center will not permit retaliation of any kind against anyone who, acting in good faith, opposes a discriminatory practice, complains about discrimination or harassment, furnishes information or participates in any manner in an investigation of such a complaint. Such retaliation is unlawful and will not be tolerated. Any individual found to have engaged in retaliation will be subject to disciplinary action, up to and including termination of employment or discipline under the Student Honor Code, including expulsion.

Students alleging discrimination or harassment and students furnishing information or participating in any manner in an investigation of such an allegation will be assured that retaliation will not be tolerated and asked to report any conduct they experience or witness that may be considered retaliatory. In addition, students or employees who are the subject of an allegation of discrimination or harassment will be reminded that retaliation will not be tolerated and warned that engaging in retaliation will result in disciplinary action, up to an including expulsion or termination of employment. However, any student found to have made an intentionally dishonest or malicious complaint of discrimination, harassment, or retaliation will be subject to disciplinary action under the Student Honor Code, up to and including expulsion.

Responsibility of Individual Students

The line between acceptable social conduct and harassment is not always clear. For that reason, the College encourages students who feel they are being or have been harassed to communicate politely, clearly, and firmly to the offending party that the conduct is unwelcome, unwanted, offensive, intimidating or embarrassing; to explain how the offensive behavior affects the student's work; and to ask that the conduct stop.

If the student is uncomfortable with this approach or has done so but the perceived harassment has not stopped, the student is expected to use the procedures described below to address and resolve the problem.

Responsibility of Professors, Chairpersons and Other Administrators

It is the responsibility of each professor, chair, and administrator to ensure that the students are provided a harassment-free educational environment. At the direction of the Dean, the Vice Dean of Academic Administration is responsible for coordinating the College's efforts to comply with and carry out its Title IX responsibilities. The Vice Dean of Academic Administration is also responsible for overall coordination and oversight of all harassment complaints to ensure consistent practices and standards in handling complaints.

COMPLAINT AND REPORTING PROCEDURE FOR DISCRIMINATION, HARASSMENT OR RETALIATION

Any student who believes he or she is being discriminated against, harassed or subject to retaliation, or, who witnesses or becomes aware of what he or she believes is discrimination, harassment or retaliation has an obligation to report such. A student may make such a complaint to his or her Clerkship Director, Advising Dean, Center Director, Department Chair, or Vice Dean of Academic Administration promptly of such incident, who each in turn is required to report all complaints without exception to the Senior Vice President / Chief Compliance Officer at Albany Medical Center. A student, if he or she desires to do so, may also make such a complaint directly to the Senior Vice President / Chief Compliance Officer at Albany Medical Center promptly of such incident. To aid the College in conducting an effective investigation, students are strongly encouraged to make complaints of discrimination, harassment and retaliation as soon as possible.

The Senior Vice President / Chief Compliance Office at Albany Medical Center or his/her designee will serve in an investigator role to review these matters in an impartial manner on a consistent basis. The names, office address and telephone number of the Clerkship Director, Center Director, Department Chair, Vice-Dean of Academic Administration and Senior Vice President / Chief Compliance Officer can be found on Attachment A to this policy.

At no time will the College force the accuser to face the accused in the reporting, investigation or resolution of a complaint involving discrimination, harassment or retaliation.

The College will conduct a prompt and thorough investigation of all complaints, either formal or informal. The investigation will include:

- Interviewing the reporting student and/or the student who was subject to the offending behavior as well as the student who is the subject of the complaint, and providing them with the opportunity to identify witnesses and provide other evidence;
- Interviewing all relevant witnesses and reviewing relevant education and work records;
- Reminding the reporting student, the student who was the subject of the offending behavior, the subject of the complaint and all witnesses of confidentiality expectations and the College's prohibition of retaliation;
- Taking remedial action where necessary to stop the offending behavior;
- Documenting findings; and
- Periodically informing the reporting student and/or the student who was the subject of the offending behavior of the status of the investigation.

The time necessary to complete an investigation will vary depending upon the facts of a particular case. The College will complete its investigation as promptly as possible given the nature and scope of the investigation with a general goal of twenty (20) business days of receipt of the initial complaint. When extraordinary circumstances require deviation from this time frame, the College will notify the reporting student as well as the student who is the subject of the complaint.

When the College completes its investigation, it will communicate a summary of the relevant findings to the reporting student and/or the student who was the subject of the offending behavior as well as the student who is the subject of the complaint. If it is found that a student has violated this policy, a referral to the Dean may be made for discipline in accordance with the Student Honor Code. If an employee or other member of AMC's workforce member is found to have harassed or discriminated against a student, the wrongdoer will be subject to discipline up to and including termination of employment or contract or exclusion from campus.

The College will take steps to prevent recurrence of any harassment and to correct its discriminatory effects on the student who was the subject of the offending behavior and others, if appropriate.

CONFIDENTIALITY

All persons involved in the complaint and the investigation will keep all information related to the complaint and the investigation confidential to the maximum extent possible. This means all persons involved will share such information only with persons who have a need to know. However, the College cannot guarantee the anonymity of complainants or respondents.

ATTACHMENT A

Clerkship/Department	Director	Office Phone #	Office Location
<u>AMC III Clerkships/Directors</u>			
Family & Community Medicine	Carlos Elguero, M.D.	25506	TS101
Medicine	Joseph Wayne, M.D.	25313	TS108
Obstetrics & Gynecology	Steven Pinheiro, M.D.	25026	16 NS Avenue
Pediatrics	Jennifer Pearce, M.D.	20501	A507
Psychiatry	Steven Sandler, M.D.	25511	SCC
Surgery	Todd Beyer, M.D.	25733	A361
HCS	Shield Otto	26299	R2
<u>AMC IV Course Directors</u>			
Critical Care	Heidi DeBlock, M.D.	23991	M828
Emergency Medicine	Kathryn Hogan, M.D.	23773	P Bldg
Neurology	Matthew Murnane, M.D.	26488	A1
Ophthalmology	Rob Schultze, M.D.	475-1515	1220 NS Ave.
Primary Care (Family Medicine)	Carlos Elguero, M.D.	25506	TS101
Primary Care (Medicine)	Joseph Wayne, M.D.	25313	TS108
Primary Care (Pediatrics)	David Clark, M.D.	25333	C614
Surgery	Todd Beyer, M.D.	25733	A361
HCS	Liva Jacoby	26299	R203
<u>Center Directors</u>			
Cell Biology & Cancer Research	Paula McKeown-Longo, PhD. & Paul Higgins, PhD.	25651	MS341
Immunology & Microbial Disease	Dennis Metzger, PhD.	25165	ME205
Neuropharmacology & NSI	Stan Glick, M.D.,PhD.	25303	MS512
Cardiovascular Science	Harold Singer, M.D.	28102	MS419
Center for Physician Assistant Studies	David Irvine, DHSc, RPA-C	25251	16 NS Avenue
Center for Nurse Anesthesiology	Eileen Falcone, CRNA, MS	24303	16 NS Avenue
Center for Bioethics	John Kaplan, PhD.	22639	TS216
<u>Department Chairman</u>			
Anesthesiology	Kevin Roberts, M.D.	24305	U317
Emergency Medicine (Interim)	Vincent Verdile, M.D.	26008	MS131
Family & Community Medicine	Neil Mitnick, DO	213-0345	Clara Barton Dr.
Medicine	Richard Blinkhorn, M.D.	28797	R312
Neurology	Michael Gruenthal, M.D., PhD.	22754	A1
Obstetrics & Gynecology	Kevin Kiley, M.D.	25013	16 NS Avenue
Ophthalmology	John Simon, M.D.	22520	1220 NS Avenue
Pathology	Jeff Ross, M.D.	25461	C121
Pediatrics	David Clark, M.D.	25333	C614
Physical Medicine & Rehabilitation	George Forrest, M.D.	29042	E121
Psychiatry	Victoria Balkoski, M.D.	25511	SCC
Radiology	Gary Siskin, M.D.	23277	AB121
Surgery	Steven Stain, M.D.	22919	A316
<u>Vice Dean of Academic Admin.</u>	Henry Pohl, M.D.	25919	MS141
<u>Senior Vice President / Chief Compliance Officer</u>	Noel Hogan	24692	22 NS 450

I. Albany Medical Center Code of Conduct

(B1.08, B1.05)

(Approved by the AMC Board of Directors 7/5/06)

Introduction from Mr. Barba

Date: July, 2006

Dear Colleagues,

As the only academic health sciences center serving a population of nearly 3 million people in a 25 county region surrounding the Capital District, Albany Medical Center enjoys tremendous respect for the professionalism of its staff, students and volunteers. Evidence of this professionalism is visible to all daily in our patient care, research, and educational achievements. This document, the Albany Medical Center Code of Conduct, will serve as a reference for our staff (both paid and unpaid), students and volunteers in maintaining our professionalism in a variety of situations. The core elements of professionalism required of all staff, students and volunteers are: - A commitment to the highest standards of excellence in the practice of medicine and in the generation and dissemination of knowledge.- A commitment to sustain the interests and welfare of patients. - A commitment to be responsive to the health needs of society. There are many source documents from which this Code of Conduct was created, including the AMC Student Honor Code, the AMC Employee Manual, and the American Medical Association's Code of Ethics. This Code of Conduct does not replace any of these sources. Nothing in this Code of Conduct or AMC policies is intended to restrict an employee's rights under any federal, state or local law. Because this document is a guide, rather than an all-inclusive document, we must continue to rely on our personal integrity, on the guidance of appropriate AMC policies, and on the expertise of our internal resources when carrying out our responsibilities related to the Center. This is a living document that will be reviewed and refined as changes occur in the dynamic field of healthcare.

Sincerely,

James J. Barba
President and Chief Executive Officer

QUALITY AND EXCELLENCE

AMC is committed to the continuous improvement of quality in all aspects of medical education, research and patient care. To achieve the highest level of quality, excellence must be present in all activities. We expect a personal commitment to excellence from the entire Medical Center community.

- **Safety:** *Safety is always first!*
- **Credentials:** *All employment and privileging decisions at Albany Medical Center are based on institutional need, individual merit, personal qualifications and ability of the applicant to perform his or her duties.*
- **Patient Bill of Rights:** *The New York State Department of Health's Patient Bill of Rights guides our behavior toward patients and their families.*
- **Patient Confidentiality:** *Each patient's right to privacy, dignity and confidentiality is respected.*
- **Single High Standard of Care:** *Patients with the same healthcare needs will receive the same quality of care.*
- **Informed Consent:** *Patients have the right to receive complete, understandable information regarding their medical options, and the right to consent to or refuse treatment.*
- **Patient Care Decisions:** *The integrity of a care provider's decisions to order appropriate tests, treatments and other reasonable interventions based on the assessed needs of the patient is protected.*
- **Patient Care Records:** *Patient records are completed in a timely manner, are legible, and are organized in a manner that communicates accurate information to all providers.*
- **Emergency Care and Patient Discharge:** *AMC will not deny available urgent or emergent care to a patient based on the patient's ability to pay for the care.*

SERVICE

AMC is committed to providing excellent service to patients, students, staff and all others who use, work in, or visit our facility. We recognize and value the contributions and potential of our employees, medical staff, and volunteers in creating and maintaining a positive, supportive and friendly environment. We will seek and be sensitive to the advice of our constituents.

- **Customer Needs and Expectations:** *Customer needs and expectations will influence all our decisions.*
- **Responsiveness to Customer Concerns:** *Patients, family members, visitors, staff, students and volunteers have the right to register comments about care and services in an appropriate forum without fear of reprisal.*
- **Impression on Others:** *Our appearance and demeanor make an overall professional and positive first impression on patients' and visitors' opinions of Albany Medical Center. We do not share our professional and personal concerns with our customers while on duty or in patient care areas.*

COLLABORATION

AMC is committed to collaboration that will ultimately lead to services which enhance the well-being of residents of the region.

- **Communication:** *Direct, open and candid dialogue assures decisions are based on complete information and is essential for accomplishing AMC's mission.*
- **Patient-centered Care:** *The patient and, where possible, the patient's family are included in the development of the plan of care.*
- **Sharing:** *Information, resources, and ideas are responsibly shared with appropriate staff members, students, volunteers and others.*
- **External Collaboration:** *We collaborate with other health care institutions and government agencies to promote the public health and well-being of the community and region through outreach programs, education, research and resource allocation.*

INTEGRITY

Albany Medical Center is committed to the highest standards of ethical and professional conduct. All of our relationships must be open, honest and fair.

Personal Integrity

- **Honesty:** *We are truthful.*
- **Performance of Duties:** *We exercise judgment, care and diligence in all matters relating to our duties and responsibilities.*

Institutional Integrity

- **Fair Decision-making:** *All institutional decisions are made fairly and objectively, solely to promote the best interest of Albany Medical Center and its patients, staff, students, volunteers and community.*
- **Reporting and Disclosure:** *Financial, administrative and regulatory reporting will be a truthful representation of our organization. If there is a mistake or misunderstanding, it will be promptly corrected and reported.*
- **Gifts:** *We do not give or accept from third parties any gifts (including entertainment) or favors of more than nominal value in circumstances creating the appearance that influence over decisions or actions related to the Center is intended or achieved. Nor do we give or receive anything that is intended to influence decisions or actions related to the Center.*
- **Avoiding and Disclosing Conflicts:** *In performing our duties to Albany Medical Center, we do not let our judgment become influenced by or even appear to be influenced by outside personal or financial interests.*
- **Safeguarding Information:** *The confidentiality of patient information and non-public Albany Medical Center information is protected.*
- **Political Activity:** *As a tax-exempt corporation, Albany Medical Center is prohibited from engaging in political activity on behalf of any candidate for public office.*

- **Lobbying and Procurement:** *Activities on behalf of any organization which attempt to influence the passage or defeat of legislation, or, the approval or disapproval of legislation, or, the outcome of a rule, regulation or rate making proceeding, are conducted only by members of our staff who have been authorized for these activities by Albany Medical Center. Procurement activities for competitive state grants will be conducted by authorized staff and within the bounds established for such activities.*
- **Relationships with Vendors, Contractors and Other Third Parties:** *Individuals representing AMC must ensure that suppliers and independent contractors are selected and managed fairly and for the benefit of AMC, and that actions creating the appearance of impropriety are avoided.*

Integrity in Interactions with Staff, Students and Volunteers:

- **Equal Opportunity:** *Albany Medical Center does not unlawfully discriminate in any employment (e.g., hiring, promotion, etc.), credentialing or admission decisions.*
- **Harassment:** *Albany Medical Center provides a working and learning environment that enables everyone to work and learn with security and dignity, free from unwelcome, insulting, degrading or exploitive treatment or harassment.*
- **Unbiased, Non-exploitive Supervision:** *Supervision and evaluation of staff, students and volunteers are conducted objectively and judgments about performance are made fairly and without personal bias.*

Billing and Financial Integrity:

- **Accurate and Timely Registration:** *Complete and accurate patient registration information is collected and recorded for all patients in a timely manner.*
- **Documentation, Coding and Billing:** *Billing, coding and reimbursement procedures are performed in accordance with contracts with third-party payers and all legal requirements.*
- **Billing Compliance Concerns:** *We have an obligation to report any billing compliance concerns to appropriate individuals within AMC.*
- **Accurate Cost Reporting:** *Albany Medical Center's cost reports are prepared in compliance with contracts with third-party payers and legal requirements.*
- **Referrals, Inducements:** *Kickbacks or improper inducements to influence any party's decisions regarding purchases of health care services or supplies or regarding patient referrals are never offered or accepted.*

COMPASSION

AMC is committed to a compassionate approach to care that recognizes an individual's basic rights to respect, privacy, dignity and understanding, as well as spiritual guidance when requested.

- **Respect for Patient Cultural Values, Religious Beliefs, and Freedom of Choice:** *Each patient is a person with individual values and beliefs, and their right to exercise those values and beliefs regarding their care is respected.*
- **Ethics Consult Service:** *Patients and their families are assisted in resolving ethical dilemmas.*
- **Pastoral Care:** *Spiritual resources are available at AMC for patients, families, staff, students and volunteers.*
- **Charity Care:** *AMC provides a financial assistance program to eligible uninsured and underinsured patients for the coverage of healthcare expense.*
- **Respect for Student and Staff Cultural Values and Religious Beliefs:** *Albany Medical Center acknowledges that aspects of patient care may conflict with a student's or staff member's cultural values, ethics or religious beliefs.*
- **Employee Assistance Program:** *Resources are available to employees and students experiencing personal difficulties.*

FISCAL RESPONSIBILITY

AMC is committed to managing all resources in a fiscally responsible manner. All financial, human and physical resources will be used in the best interest of AMC.

- **Responsibility and Authority to Act:** *Employees act within the scope of their legal, financial and personnel authority assigned by AMC.*
- **Appropriateness of Expenditures:** *Individuals expending AMC funds should determine that the amount and use are reasonable and necessary.*
- **Preservation of Assets:** *Staff, students and volunteers at AMC have an obligation to protect the organization's resources.*

WHAT TO DO

- **For Questions on the Code of Conduct:** If you have any questions about the Code, please contact your supervisor. If for any reason you are not comfortable doing that, contact the appropriate department listed in the Contacts section at the back of this Code.
- **Reporting of Concerns:** If you become aware of any actual or potential violations of the Code, you should immediately tell your supervisor, your Human Resources representative or the appropriate department listed in the Contacts section of this document. Any employee who has concerns about the safety or quality of care provided in the Albany Medical Center may report these concerns to the NYS Department of Health or to the Joint Commission on Accreditation of Healthcare Organizations (Joint Commission). The Center will take no disciplinary action because an employee reports safety or quality concerns to the NYS Department of Health or to the Joint Commission.
- **Corporate Compliance Hotline:** Albany Medical Center has established a dedicated phone line for individuals who have any concerns regarding the topics listed below. Calls to the Hotline may be made on an anonymous basis.
 - ❖ Possible fraudulent or abusive billing practices
 - ❖ Business ethics issues
 - ❖ Potentially illegal or inappropriate financial transactions

The Hotline number is 518-264-TIPP

- **Consult Policies for Guidance:** For additional guidance regarding Albany Medical Center policies and procedures, the appropriate manuals should be consulted.
- **Duty to Report:** It is the duty of every staff member, student and volunteer to report any actual or suspected violations of the Code and to cooperate with investigations of reported violations.
- **Protection of Reporters:** Retaliation against any staff member, student or volunteer for reporting something he or she sincerely believes may be a violation, or for participating in good faith in an investigation of suspected misconduct, is prohibited. Acts of retaliation should be reported immediately and will be disciplined appropriately. If you ask questions about the Code or report suspected misconduct in good faith, you will be protected even if the report of misconduct is mistaken. However, deliberately and knowingly making a false report is prohibited and will result in appropriate discipline.
 - ❖ Self-reporting a staff members, students or volunteers own violation will not prevent disciplinary action from being taken, but appropriate leniency will be considered when the discipline is determined.

CONTACTS

Topic	Contact/Resource
<ul style="list-style-type: none"> • Billing, Coding, Documentation Questions and Concerns • Conflict of Interest • Corporate Compliance Program • Retaliation for Reporting 	Corporate Compliance and Audit 518-262-4692
Corporate Compliance Hotline	518-264-TIPP or 518-264-8477
Employee Assistance Program	Employee Assistance (HR) 518-262-3324
Harassment	Center Director 518-262-5251 or CPAS Harassment Policy
Safety	Environmental Health and Safety 518-262-8700
<ul style="list-style-type: none"> • Employment Matters • Equal Opportunity • Harassment 	Human Resources 518-262-8414
<ul style="list-style-type: none"> • Business Transactions • Referrals and Anti-kickback Issues 	Legal Department 518-262-3828
Ethics Consult Service	Medical Ethics 518-262-6082
Pastoral Care	Pastoral Care 518-262-3176
Patient Rights	Patient Relations 518-262-3499
<ul style="list-style-type: none"> • Property Disposal • Vendor Relations 	Purchasing Department 518-262-9550
Clinical Research Issues	Research Compliance & Oversight 518-262-6965
<ul style="list-style-type: none"> • Property Losses • Risk Management Issues 	Risk Management and Insurance 518-262-3577
<ul style="list-style-type: none"> • ID Badges • Security 	Security Department 518-262-3777
Student Honor Code Issues	Student Honor Code Committee - See Student Handbook

J. Academic Honesty Policy Statement (B1308, B1.05)

The Center for Physician Assistant Studies (CPAS) considers academic honesty one of its highest values. A student who obtains academic credit for work that is not the product of his or her own effort is being dishonest and undermines the academic integrity of the Center. CPAS faculty, students, and staff all share the responsibility to protect this value and to report any potential violation promptly.

Students are expected to be the sole authors of their work. Use of another's ideas must be accompanied by specific citation and reference. In addition, a student may not submit the same work for credit in more than one course. Similarly, due to the ease of accessing information via the Internet and the integration of learning concepts with practical application expected at the graduate level of study, the CPAS extends the concept of academic integrity to include issues of copyright and trademark violation.

Copying documentation from another student or from any other source without proper citation is a form of academic dishonesty, as is deriving a final work product substantially from the work of another. Students must assume that collaboration in the completion of written assignments is prohibited unless explicitly permitted by the instructor. Students must acknowledge any collaboration and its extent in all submitted course work. Students are subject to disciplinary action if they submit as their own work a paper purchased from a term paper company or downloaded from the Internet. State and Federal governments have enacted laws providing for criminal penalties for use, sale, or other distribution of such materials.

Before, during or after testing, disclosing or receiving test content, questions, and/or answers to questions, to or from other students or outside sources is a breach of academic honesty (unless specifically authorized by the responsible instructor).

The disciplinary consequences of plagiarism and other forms of academic dishonesty may include one or more of the following: non-acceptance of work submitted, a failing grade in the course, written reprimands or other disciplinary action, and possible dismissal.

This policy statement is provided in addition to the guidelines in the Student Honor Code of Albany Medical College.

Definitions

Academic Honesty – Academic honesty provides protection for intellectual property by giving proper credit for the academic work of other scholars and practitioners. In addition, the policy definition covers any violations of policies and procedures governing authenticity of student work, including but not limited to, submission of work in the name of another student, intentional misuse of quantitative data, plagiarism, or cheating on tests and assessments.

Plagiarism – Plagiarism is representing someone else's ideas and work as your own. Plagiarism includes not only copying verbatim, but also rephrasing the ideas of another without properly acknowledging the source. As they prepare and submit work to meet course requirements, whether a draft or a final version of a paper or project, students must take great care to distinguish their own ideas and language from information derived from sources. Sources include published primary and secondary materials, electronic media, and information and opinions gained directly from other people.

K. Student Honor Code (B1.08, B1.05)

Article 1 - Purpose

Medicine is, at its center, a moral enterprise grounded in a covenant of trust. By its traditions and very nature, it is a special kind of human activity – one that cannot be pursued effectively without the virtues of humility, honesty, intellectual integrity, compassion, and effacement of excessive self-interest. These traits mark physicians as members of a moral community dedicated to something other than its own self-interest.

Excerpted from the Patient-Physician Covenant

Ralph Cramshaw, M.D.

As students of medicine and of the medical sciences, we embrace the foregoing physician statement and hereby acknowledge the confidence that has been bestowed upon us along with all the responsibilities attendant with this privilege. As future physicians, teachers and scientific investigators, we recognize the importance of conducting ourselves at the highest level of professional ethics and our duty to serve our mentors, our colleagues and ultimately our patients.

It is in this spirit that we affirm the Student Honor Code of the Albany Medical College and agree to abide by the principles and requirements as set forth in the following document.

Article II - Signature

Section 1. Applicants who have been accepted by the Albany Medical College (hereafter, “the College”) shall be required to forward with their letter of intent and tuition deposit, a signed statement to the effect that they have read the “Student Honor Code of the Albany Medical College” (hereafter, “the Honor Code”) included in the College’s notification of acceptance, and that they pledge to abide by that code and its procedures.

Section 2. All incoming students shall be required to participate in an introduction to the Honor Code seminar during which time the philosophy and operational requirements of the Honor Code will be presented and discussed. The seminar will conclude with a ceremonial signing of the Honor Code.

Section 3. The promise to uphold the Honor Code shall remain a continuing obligation which extends throughout the years of medical and graduate training. From this it follows that the rules and tenets of the Honor Code shall apply with equal force in the classroom, the hospital, the laboratory, and the community. In every instance that the student affixes a signature to any piece of academic, clinical or research work, that student is reaffirming this commitment to the Honor Code.

Article III - Violations

Section 1. Students who through their actions or inactions exhibit a lack of moral judgment which calls into question their fitness for the practice of medicine or scientific research shall be considered to be in potential violation of the Honor Code. In determining whether a potential violation of the Honor Code has occurred, students should be guided by principles of professional ethics, a commitment to fairness and by common sense.

Section 2. The establishment of an Honor Code violation by the Honor Committee shall be based upon a careful consideration of the circumstances of each particular case. As such, it is neither possible nor desirable to compile an exhaustive list of all such infractions. However, the following acts shall serve as illustrations and as a partial listing of presumptive Honor Code violations:

- A. Attempting to transmit or receive unauthorized information during any examination or otherwise submitting another student’s course work as one’s own
- B. Intentionally falsifying or misrepresenting any entry into a patient’s clinical record or into a researcher’s laboratory notebook
- C. Acting in a flagrantly disrespectful or disruptive manner towards patients, faculty or peers
- D. Plagiarizing, misappropriating or otherwise failing to properly acknowledge the use of another person’s words, ideas, or research
- E. Performing clinical or research activities with gross negligence
- F. Lying to faculty members, College or hospital administrators, or College committees or councils
- G. Engaging in acts of vandalism or theft of College, hospital or private property
- H. Failing to promptly report, in accordance with Article IV of this document, any apparently substantive violation of the Honor Code that is based either on direct eyewitness observations or upon a good faith and reasonable belief that a potential violation has occurred

Article IV - Procedures

Section 1. Whenever a student believes that the Honor Code has been violated, that person is obliged to personally provide a signed, written report describing the offense and naming the offending student or students. The Honor Committee further reserves the right to accept reports of alleged violations from members of the community at large. Reports shall be delivered to a member of the Honor Committee who will present the report in confidence to the Honor Committee no later than the next regularly scheduled meeting. Any further discussion of the alleged violation(s) is prohibited outside the proceedings of the Honor Committee.

Section 2. When the above mentioned signed statement is reported to the Honor Committee by the receiving member, the Honor Committee shall meet in confidence to determine by a majority vote of all of the members, a quorum being present, whether the events described therein would be a violation of the Honor Code if the events did in fact take place. If it is determined that the events would not constitute a violation of the Honor Code, the accuser(s) shall be notified that the matter shall be dropped entirely by the Honor Committee, and all documents concerning the event possessed by the Honor Committee shall be destroyed. If it is determined that the events would constitute a violation of the Honor Code, the Honor Committee shall meet in confidence with the accuser(s), the accused, and with all individuals whose statements are deemed potentially relevant by the Honor Committee. This hearing shall take place no later than the next regularly scheduled Honor Committee meeting.

Section 3. At least forty-eight (48) hours prior to the time designated in accordance with Article IV, Section 2 herein, for the accused to meet with the Honor Committee, the accused shall be advised in writing of the allegation(s) made against him or her (along with the identity of the individual(s) making the accusation). The document containing the allegation(s) shall be personally delivered to the accused. In the event that the accused cannot be located with due diligence, the requirement of this section shall be deemed met when the aforementioned document is placed in the message (mail) box of the accused at the College. Should the accused be absent

from the College for good reason (i.e., leave of absence, clinical elective, etc.), the accusation shall be forwarded to the accused and the proceedings delayed until such time as the accused can be present.

Section 4. Should the accused decline to meet with the Honor Committee on the appointed date, the Honor Committee shall be empowered to proceed in accordance with Article IV, Section 5, without the accused.

Section 5. During a hearing of the accusations and their defense, the Honor Committee shall collect and weigh the facts and decide whether or not the evidence is sufficient to warrant further action.

- A. If the Honor Committee decides there is not substantiation of the charge(s), or that the charge(s) is(are) of a frivolous nature or based upon misunderstanding, the matter shall be dropped entirely and the Honor Committee shall destroy all records in its possession which relate to the case. The Honor Committee shall inform the Dean's Hearing Committee of the decision in a manner which maintains the confidentiality of the involved parties.
- B. If the Honor Committee decides that there appears to be substantiation of the charge(s) and that the charge(s) is(are) not frivolous or based upon misunderstanding, the Chairman of the Honor Committee shall report to the Dean's Hearing Committee on the next working day in accordance with Article IV, Sections 6 & 7.

Section 6. The Honor Committee's report to the Dean's Hearing Committee shall include a description of the charges heard by the Honor Committee as well as recommendations for further procedure or sanction. Such recommendations will be forwarded from only those members present at the hearing of the case. The report to the Dean's Hearing Committee shall include a taped recording of testimony given during the Honor Committee hearing if one was made in accordance with the Honor Committee By-laws, together with all documents received and relied upon by the Honor Committee.

Section 7. The Honor Committee, in its entirety or representatives thereof, shall stand ready to discuss the facts of the case as gathered by the Honor Committee with the Dean's Hearing Committee, or designated members thereof.

Article V – Honor Committee

Section 1. The Honor Committee shall be composed of two members from each of the four medical school classes and two members from the graduate student body attending the Albany Medical College. Quorum will be a simple majority of the whole Honor Committee.

- A. Medical College Representatives: The first year class will elect two members for a one-year term at the beginning of their school year. At the end of the first year, the first year class will elect one member for a two-year term and one member for a one-year term, and then each succeeding year will elect one member to serve for a two-year term or until graduation.
- B. Graduate School Representatives: The graduate student body will elect two students each year to serve one-year terms as Honor Committee Representatives.

Section 2. The Honor Committee shall explain the philosophy and mechanics of the Honor Code to the entering first-year class and graduate students and all others newly subject to this code in accordance with Article II, Section 2.

Section 3. The Honor Committee shall function as a strictly fact-finding body, making no judgments of culpability or recommendations for discipline except as described and required by the Honor Code.

Section 4. The Honor Committee shall schedule meetings regularly at a frequency of no less than once per month. It will be the Honor Committee Chairman's prerogative to cancel a meeting for which there is pending business.

Section 5. The Honor Committee may survey examination procedures as they pertain to the Honor Code and make recommendations to the Dean's Hearing Committee or designated members thereof.

Section 6. The Honor Committee shall meet annually prior to the graduation of the fourth year students to elect a Chairman and Co-Chairman for the following year.

Section 7. Actions taken by the Dean of the College as a result of the Honor Committee findings shall be posted as provided for in the Honor Committee By-Laws. Individuals involved shall not be named.

Section 8. The Chairman or a designated member of the Honor Committee shall appear at the Student Council meeting following the Honor Committee's January and May meetings to provide a summary of the year's activities, preserving the anonymity of the involved persons as well as to discuss problems that have arisen with the mechanics of the Honor Code. The student body will be invited to attend these meetings. A copy of this report and the recommendations of the Student Council shall be forwarded to the Dean's Hearing Committee, which shall maintain its availability for student review.

Section 9. The Honor Committee shall invite two (2) members of the rank of Associate Professor or above to sit with the Committee at all proceedings in a non-voting advisory capacity. One advisor shall be invited from the clinical and the other from the pre-clinical/research faculty. The term of each faculty advisor shall be three years.

Section 10. The Honor Committee shall have legal counsel available upon request, but such counsel shall not be present at inquiry proceedings of the Honor Committee.

Section 11. A member of the Student Council shall be invited to attend meetings during which no confidential information is to be discussed for the purpose of fostering better communication with the student body at large.

Article VI – Dean’s Hearing Committee

Section 1. The Dean’s Hearing Committee shall serve as an advisory panel to the Dean of the College and shall be composed of the Executive Associate Dean of the College, the Honor Committee Chairman, and those members of the faculty or administration that the Dean of the College shall choose to appoint. The Honor Committee and the Student Body affirming this document recommend that the Dean’s Hearing Committee also include the Senior Associate Dean for Education Programs and the Associate Dean for Graduate Studies.

Section 2. The Dean’s Hearing Committee, or designated members thereof, shall review the report and recommendations of the Honor Committee and report to the Dean of the College the recommendations of the Honor Committee along with the final recommendations of the Dean’s Hearing Committee as to what sanctions, if any, should be administered.

Section 3. The Dean of the College shall have the authority to impose sanctions against students found to be in violation of the Honor Code by the Honor Committee and the Dean’s Hearing Committee. Sanctions imposed by the Dean may include, but are not limited to the following:

- A. Ethical Counseling: Those found to be in violation of the Honor Code may be assigned to work with members of the Ethics faculty in a manner to be prescribed by the Dean’s Hearing Committee. Failure to comply with this remediation may result in further sanctions.
- B. Closed Letter: A letter describing the events which constituted the Honor Code violation shall be placed in a sealed envelope and kept in a closed file in the Executive Associate Dean’s office. If no further violations of the Honor Code are committed, the contents of the Closed Letter shall be destroyed upon graduation (or transfer) from the College. The Closed Letter shall convert to an Open Letter (see below) if the student is subsequently found to be in violation of the Honor Code.
- C. Open Letter: A letter describing the events which constituted the Honor Code violation shall be added to the student’s College file. This Open Letter shall be made available to all parties with a legitimate claim to the information (e.g. residency program directors) at the discretion of the Dean’s Hearing Committee as composed at the time disclosure is sought.
- D. Suspension/Expulsion: Egregious violations of the Honor Code which clearly indicate a lack of fitness for participation in the medical or medical sciences profession may result in Suspension or Expulsion from the College.

Section 4. In order to assure the sound administration of the College, the Board of Trustees and the Dean of the College reserve the right to take immediate or other actions with respect to illegal or unethical conduct by Students of the College apart from the Honor Code and its procedures.

Article VII - Amendments

Section 1. Amendments to the Honor Code may be proposed by any member of the College Student Body, Faculty or Administration by presenting the proposed Amendment to an Honor Committee Representative.

Section 2. Proposed amendments which are approved by a three-fourths majority of the Honor Committee shall be forwarded by the Honor Committee to the Office of the Dean for the purpose of obtaining institutional governance approval from the Academic Governing Council. Revisions to proposed amendments made during this process must be approved by a three-fourths majority of the Honor Committee.

Section 3. Amendments to the Honor Code which meet the requirements of Article VII, Section 2 must be affirmed by a simple majority of the registered medical and graduate students of the Albany Medical College in a referendum administered by the Honor Committee.

Section 4. Honor Code amendments affirmed by the Student Body shall take effect immediately after being approved by the Academic Governing Council and the Board of Trustees of the College.

L. Minimum Technical Standards

(A3.07d, A3.15d,e)

Introduction

Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. Section 794) prohibits a recipient of federal assistance from denying benefits to an "otherwise qualified" handicapped person solely because of his or her handicap. Albany Medical College is a recipient of federal assistance and also, on principle opposes discrimination. No qualified handicapped person shall be excluded from participation, admission, matriculation, or denied benefits or subjected to discrimination solely by reason of his or her handicap. Pursuant to federal regulation for post-secondary educational institutions, a handicapped person can be required to meet the institution's "academic and technical standards." The Admission Committee and Promotions and Graduations Committee will not discriminate against qualified handicapped individuals but will expect applicants and students to meet minimum academic and technical standards.

Technical Standards

The holder of a Physician Assistant Degree must have the knowledge and the skills to function in a broad variety of clinical situations and to render a wide spectrum of patient care. In order to carry out the activities described below, candidates for the Physician Assistant degree must be able to consistently, quickly and accurately learn, integrate, analyze, and synthesize data.

A candidate for the Physician Assistant degree must have abilities, attributes and skills in five major areas: observation; communication; motor; intellectual, including conceptual, integrative and quantitative abilities; and behavioral and social. Technological compensation and reasonable accommodations can be made for some handicaps in certain of these areas but a candidate must be able to perform in a reasonably independent manner.

1. Observation: Candidates and students must have sufficient vision to be able to observe demonstrations, experiments, and laboratory exercises in the basic sciences. They must be able to observe a patient accurately at close range and at a distance.
2. Communication: Candidates and students should be able to speak, hear, and observe patients in order to elicit information, examine patients, describe changes in moods and posture and perceive nonverbal communications. They must be able to communicate effectively and sensitively with patients. Communication includes not only speech but also reading and writing in English. They must be able to communicate effectively and efficiently in oral and written form with all members of the health care team.
3. Motor: Candidates and students should have sufficient motor function to execute movements reasonably required to perform a physical examination and to provide general care or emergency treatment to patients. Examples of emergency treatment reasonably required of Physician Assistants include cardiopulmonary resuscitation, application of pressure to stop bleeding, and suturing of simple wounds.
4. Intellectual: conceptual, integrative, and quantitative abilities: These abilities include measurement, calculation, reasoning, analysis and synthesis. Problem-solving, the critical skill demanded of Physician Assistants, requires all of these intellectual abilities. In addition, candidates and students should be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures.
5. Behavioral and Social Attributes: Candidates and students must possess the emotional health required for full utilization of their intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients, and the development of mature, sensitive and effective relationships with patients. Candidates and students must be able to tolerate physically taxing workloads, adapt to changing environments, display flexibility, and learn to function in the face of uncertainties

Candidates should possess compassion, integrity, effective interpersonal skills, interest and motivation.

Conclusion

The Center for Physician Assistant Studies will attempt to develop creative ways of working with competitive, qualified individuals with handicaps. In doing so, however, the Center and Albany Medical College must maintain the integrity of the curriculum and preserve those elements deemed essential to the education of a Physician Assistant. The Center cannot compromise the health and safety of patients. It is inevitable that adherence to minimum requirements will disqualify some applicants and students, including some persons with handicaps. Exclusion of such an individual, however, does not constitute unlawful discrimination. The Rehabilitation Act of 1973 prohibits discrimination against an "otherwise qualified" person with a handicap. An applicant or student who is unable to meet the minimum academic and technical standards is not qualified for the practice of the profession.

Functions and Tasks of Physician Assistant Graduates

(B1.05, A3.17c)

(Parenthetical notes indicate the corresponding “Competencies for the Physician Assistant Profession” modified 2012
<http://www.aapa.org/WorkArea/DownloadAsset.aspx?id=2178>)

CPAS graduates will be able to perform the following functions and tasks at entry level or a greater level of competence. They will be able to:

- 1) Obtain a comprehensive, detailed, and accurate history from patients of any age and either gender in a variety of settings. (MK3, MK4, ICS3, ICS6, PC3)
- 2) Collect other data, as necessary, from previous medical records, family, friends, providers, and other sources, for diagnostic work-up. (MK3, MK9, ICS2, PC9, PBLI4, SBP7)
- 3) Perform an appropriate comprehensive or problem-oriented physical examination of a patient of any age and gender in a variety of settings. (MK1, MK3, MK4, MK8, MK9, PC3)
- 4) Formulate a differential diagnosis in accordance with their assessment of the patient. (MK9)
- 5) Identify, order, and perform appropriate cost-effective diagnostic studies based upon the patient’s history and physical examination findings. (MK1, MK2, MK3, MK4, MK5, MK8, MK9, PC3, PC4, SBP3)
- 6) Analyze pertinent medical and laboratory data for the formation of diagnostic and/or management plans. (MK1, MK2, MK3, MK4, MK5, MK6, MK8, PC4, PC5, SBP7)
- 7) Perform therapeutic procedures associated with the management of medical and minor surgical conditions. (MK6, MK9, PC4, PC5, PC7, SBP3)
- 8) As authorized by the supervising physician under existing laws, implement and monitor health management plans, and recommend or prescribe medications or other therapies for the treatment of medical/surgical problems. (MK1, ICS1, PC1, PC4, PC5, PC7, PROF1, PROF2, SBP3, SBP7)
- 9) Monitor patients with acute or chronic illness for compliance and response to therapy. Modify treatment regimens as needed. Know the indications for, and provide referrals, as needed. (MK1, MK3, MK4, MK6, ICS1, ICS4, PC1, PC4, PC5, PROF1, PROF2, SBP1, SBP3, SBP4)
- 10) Educate and counsel individual patients and members of the community at an appropriate level of comprehension, with sensitivity and cultural competence. (MK3, ICS1, ICS2, ICS3, ICS5, PC2, PC6, PROF3, PROF4, PROF7, PBLI5, SBP9)
- 11) Implement effective strategies for incorporating health promotion and disease prevention into practice. (MK7, MK8, ICS2, ICS3, PC6, PC8, PC9, PROF7, PROF9, SBP1, SBP4, SBP8, SBP9)
- 12) Respond to patient needs which go beyond the scope of the immediate presenting complaint to include the social, emotional, spiritual, economic, and environmental aspects of the patient’s problem. (ICS1, ICS2, ICS3, PC1, PROF1, PROF3, PROF4, SBP1, SBP4)
- 13) Provide clear, concise, situation-appropriate medical records. (ICS2, ICS6, PBLI4)
- 14) Perform succinct, complete, and well-organized case presentations to supervising physicians, consultants, peers, and coworkers. (ICS2, ICS3, ICS4)
- 15) Provide life support and emergency evaluation/care in response to life-threatening situations. (MK3, MK4, MK5, MK6, ICS4, ICS5, PC1, PC4, PC5, PC7, PROF1)
- 16) Function effectively as a member of the interdisciplinary health care team. (PC1, PC2, PROF1, PROF2, PBLI1, SBP5)
- 17) Demonstrate the positive professional attitudes of a health care provider. (PROF4, SBP5)
- 18) Document a commitment to continuing medical education and ongoing professional development. (PROF1, PROF4, PROF8, PBLI1, PBLI4, PBLI5)

- 19) Use evidence-based medicine processes to review current medical literature on a continuing basis. (MK1, PBLI1, BPLI2, PBLI3, PBLI4)
- 20) Participate in the scholarly activity of the profession. (PROF10, PBLI1)
- 21) Demonstrate ethical behavior and professional responsibility in clinical situations. (PROF4, PROF6)

Revised 4/14, 12/14

IV. Student Counseling

A. Academic (A3.07d, A3.15d,e)

Students who demonstrate a lack of progress in the academic portion of the Program are counseled accordingly. Any student failing to achieve a minimum of a B grade* in any didactic or clinical course work, any student failing to achieve a minimum GPA of 2.5**, or any student exhibiting a steady decline in academic achievement is counseled by their faculty advisor, Clinical Coordinator, or the Program Director as indicated.

Academic advisors hold mandatory conferences with each student near the middle and end of each term, and as necessary as indicated by their progress. Students who are failing to progress are counseled immediately.

Any faculty member, faculty advisor, Clinical Coordinator, or the Program Director may convene a conference at any time a lack of progress in either the didactic or clinical area is perceived.

Students may (and are encouraged to) request a conference whenever they feel it is indicated, e.g., lack of progress or difficulty with course materials.

* Any student receiving a C-/D/F in a course or clinical rotation or an unsatisfactory in Master's Portfolio work will be referred to the Graduate Studies Program Progress Committee with a recommendation for probation and/or other appropriate actions, which may include dismissal from the program.

** Students not meeting the Graduate Studies Program's minimum GPA of 2.5 will be subject to the actions of the Graduate Student Progress Committee as described in the *Albany Medical College Graduate Studies Program, Organization, Administration, General Rules, Forms and Information.* (Please see the Intranet for latest version.)

B. Clinical

Students having difficulty on clinical rotations as identified by preceptors, by faculty during site visits, or at a Call Back Day conference will be referred to the Clinical Coordinator.

Students having difficulty on clinical rotations are highly encouraged to contact the Clinical Coordinator immediately.

C. CPAS Internal Warning Procedures

In the event a student is identified as having academic deficiencies of a nature not usually requiring action by the Graduate Studies Program, the student will:

- Be counseled by the course instructor or faculty member identifying the deficiency.

If the deficiency is not remediated, or recurs, the student will:

- Attend a counseling session with the course instructor or faculty member identifying the deficiency as well as the student's academic advisor (or Clinical Coordinator for students on rotation). If the academic advisor or Clinical Coordinator is the initiating faculty, then the Center Director or his designee will participate. At this time a **Verbal Warning Notification** will be signed by the student and the advisors and placed in the student's file. And,
- Attend a re-evaluation conference scheduled at an appropriate interval. If the problem is resolved the **Verbal Warning Notification** will be removed.

If upon re-evaluation the problem remains unresolved, the student will:

- Attend a second counseling session as above. At this time a **Written Warning** will be signed by the student and the advisors and placed in the student's file. And,
- Attend a re-evaluation conference scheduled at an appropriate interval.

If upon re-evaluation the problem remains unresolved:

- The Center Promotions and Graduation (P & G) Committee will meet with the student and review the student's didactic and clinical records.

- The Center Promotions and Graduation Committee may:
 - Refer the matter to the Graduate Studies Progress Committee with a recommendation for probation, dismissal, or other action.
 - Refer the matter to the Student Honor Committee, if appropriate.

D. Probation

Probation status is intended to communicate to the student that they are in serious academic difficulty and that without significant improvement, or with continued sub-standard performance, there may be a need for further action by the Progress Committee.

Probation status may be imposed by the GSP Progress Committee based upon a student's GPA alone. The procedures for this are in the GSP Handbook. (It should be noted that the duration of this probation is intended to be one term only). The Center may request an additional term on probation, in lieu of further GSP action, if the student has not remediated the GPA during the probationary term. However, this request is at the discretion of the CPAS Promotion and Graduation Committee.

The Center may recommend probation status be imposed for students failing a course (including rotations) or receiving an unsatisfactory in portfolio components. This probation status will continue until such time as the student has completed all remedial work and has demonstrated acceptable performance in the program. Acceptable performance is defined as two terms with full academic loads with passing (or acceptable for portfolio courses) grades in all registered courses.

E. CPAS Withdrawal Policy (A.3.075, A3.17e)

As all coursework is required and sequenced students may not electively add or withdraw from individual courses. The CPAS Progress and Graduation Committee, with the approval of the Graduate Studies Progress Committee, may assign an individualized, decelerated remedial schedule in certain circumstances. Tuition for students on decelerated schedules will be based upon the current per credit tuition.

Students electively withdrawing from the program with incomplete coursework will be assigned grades as described below. Exceptions may be made if a health or emergency reason exists. The Associate Dean for Graduate Studies, in consultation with the Center and Course Directors, will decide on the validity of any requested exception.

Grading

A student withdrawing from a course:

Less than 30% completed will receive a W.

After 30% of the course has been completed will receive a grade of W/P (withdrawn/ passing) or W/F (withdrawn/failing) at the discretion of the Course Director. The determination of 30% is based upon total contact hours.

W, W/P, and W/F are not used to calculate the GPA and a course in which a student has received one of these grades does not count in the determination of credits for fulltime student status.

Tuition Refund Schedule, please see page 7.

Leave of Absence (LOA)

Students requesting a LOA (Medical or Academic) must consult with their Advisor and submit a written request (Appendix 8).

F. Faculty Availability

Faculty members are available to students during business hours for informal counseling as needed in the clinical and didactic areas. Students should see the CPAS Receptionist to check faculty availability and/or schedule an appointment if the faculty member is not available.

G. Drug and Alcohol Abuse

For issues related to drug and alcohol abuse, see "Drug and Alcohol Abuse Policy".

H. Amendment

Rules, regulations, and policies may be amended or revised without formal notice at any time by the Center for Physician Assistant Studies.

V. Student Government

A. The Stuart M. Cooper Society

Preamble

We the students of the Albany Medical College Center for Physician Assistant Studies realize that only through formal organization can we best fulfill purposes of mutual benefit to ourselves, our academic institution, and the communities in which we live and work. For this reason, we establish the Stuart W. Cooper Physician Assistant Student Society.

The purpose of the Society is to provide a framework in which to perform while in the Program. The sub-objective within this framework is to encourage academic achievement and clinical excellence in the Physician Assistant student by involving the student in the educational process while establishing the Physician Assistant as a new health professional. As a student society we hope to promote professional attitudes, awareness and high medical standards of education which will continue long after we have graduated.

Article I: Name

The name of this organization shall be the Stuart W. Cooper Physician Assistant Student Society (hereafter to be referred to as the Cooper Society).

This name has been chosen to honor the first director of the Albany-Hudson Valley Physician's Assistant Program. Dr. Cooper began to research the PA concept in the late 1960's. He considered the establishment of a P.A. program in the Albany area. He later learned that Dr. James Fitzgibbons of Hudson Valley Community College had also been considering such a program. The machinery was then put in motion to establish the Albany-Hudson Valley Program. Dr. Cooper served as a Director of the Program until 1974 when he returned to private medical practice in Hillsdale, New York.

Article II: Purposes

- Section 1 To serve as the official organization of the students at the Albany Medical College Center for Physician Assistant Studies.
- Section 2 To promote unity amongst students in the Program.
- Section 3 To serve as a forum in which we as a class and as individuals can discuss issues which affect us as students and future professionals.

Article III: Membership

- Section 1 Every matriculated student in the Albany Medical College Center for Physician Assistant Studies is a member of the Cooper Society.
- Section 2 Honorary membership of faculty members and graduates shall be encouraged at the discretion of the Cooper Society membership.

Article IV: Finances

The Cooper Society treasury will consist of monies from the following sources:

- a) class dues as determined annually by Society members;
- b) monies obtained from other sources, e.g., fund raising events, donations, etc.

Article V: Executive Board: Election and Functions

- Section 1 The Executive Board shall consist of the following Society Officers:
- a) Second and First Year Class Presidents (vote annually from first year class)
 - b) Second and First Year Vice Presidents (vote annually from first year class).
 - c) Second and First Year Secretaries (vote annually from first year class).
 - d) Second and First Year Treasurers (vote every year from first year class).
 - e) State Constituent Student Representative (vote every year from first year class)
 - f) Outreach Chairperson (vote every year from first year class)
 - g) AOR representative (vote every year from first year class)
 - h) HOD representative (former AOR serves this role during as Second Year student)

If any officer resigns, an election will be held to appoint a new first year student within 2 weeks of resignation.

- Section 2 The Executive Board shall be student members of the American Academy of Physician's Assistants (AAPA) within 4 weeks of elections. In order to comply with this standard, the AAPA Student Identification number must be provided to the AOR representative within 4 weeks of election. Failure to provide the requested information will be considered a resignation of the position and a new election will be held for that position.
- Section 3 First year class officers entering the second term will assume the Executive Board responsibilities respectively unless they so decline. If a class officer resigns, an election will be held by the class as soon as possible to fill the vacancy.
- Section 4 A vote of approval for the Executive Board Officers shall be conducted at the February meeting of the SCS. Members may vote in person or by proxy ballot if unable to attend the meeting. Those desiring to run for a Class Office Position must announce their intention at least 2 weeks prior to the planned election.
- Section 5 The Class Presidents of the Cooper Society shall:
- call and preside over the meetings of the Cooper Society and other committees which are chaired;
 - represent the Cooper Society in all matters pertaining to the Society as a whole;
 - present to the incoming freshman the role and goals of the Cooper Society;
 - designate another Society member to function as a representative in his/her absence; and,
 - appoint representatives for various committees within Albany Medical College
- Section 6 The Vice Presidents shall:
- take over the class president's responsibilities should the class presidents so choose, or be unable, or fail to do so;
 - head any committees deemed necessary by the presidents; and,
 - represent the Society in matters relating to professional equipment and publications from trade and educational organizations.
 - report student issues / concerns at executive board meetings
- Section 7 The Secretaries shall:
- record proceedings of each meeting;
 - meet with the presidents to prepare the agenda for the forthcoming meeting;
 - prepare copies of the minutes and agenda for distribution to the Cooper Society membership at least one week before the next regularly scheduled meeting;
 - notify Cooper Society members of any emergency meetings called by the presidents; and,
 - be responsible for Society correspondence.
- Section 8 The Treasurers shall:
- keep accounts and permanent records of expenses incurred by the Cooper Society or class;
 - submit a financial report to the membership at each meeting;
 - collect dues and other monies from fund-raisers, etc., and deposit them in the Class account; and,
 - write and sign checks from their respective class' funds for disbursements as needed.
- Section 9 The Faculty Advisor to the SCS will;
- provide insight into the proper moral and ethical standards of the P.A. profession;
 - assist in clarification of issues involving policies and procedures of the Program and Faculty;
 - be available to indirectly assist in the planning of activities and providing recommendations on additional resources and,
 - assist the society in maintaining all records required (request forms, financial statements, minutes, etc.).
- Section 10 The State Constituent Chapter Student Representative shall:
- serve as representative for the SCS to the NYSSPA state chapter and attend the annual conference during didactic term 3.
 - assist in organizing a PA Medical Jeopardy team for the annual conference should the class choose to participate
 - should increase interaction between the student society, constituent chapter, SAAAPA, and AAPA.
- Section 11 The Outreach Chairperson shall:

- a) coordinate activities and public relations efforts between the student society and external groups, which can include but are not limited to: student community at Albany Medical College, other medical professionals (MD, DO, PT, OT, nurses, speech, etc.), city/county organizations, state organizations, national organizations, and other community-related organizations.
- b) promotes the PA profession and seeks out ways to work with other organizations in their community.
- c) disseminates information to students regarding diversity issues that may affect the delivery of health care to people of various backgrounds,
- d) coordinates local activities and community outreach projects
- e) serves as a liaison between his or her student society and the SAAAPA director of diversity (DOD)
- f) communicates with the DOD and other SDCRs around the country about diversity issues.
- g) coordinates and oversees philanthropic outreach and fundraising efforts.

Section 12 The Assembly of Representatives (AOR) Representative shall:

- a) be responsible for the distribution of all Student Academy information to his/her program.
- b) be responsible for collecting the AAPA Student Identification numbers of the Executive Board within four weeks of elections.
- c) will also serve as point of contact for the SAAAPA Student Academy Board of Directors and committees.
- d) if possible, the AOR representative shall also attend the annual AOR meeting at the AAPA annual conference to elect new officers of the Student Academy, to establish and amend policy of the Student Academy, and to conduct business as necessary

*An AOR alternate may be elected from the student society, however, the AOR alternate will not be allowed on the floor to introduce new business, make a motion or vote unless the seated representative to the AOR relinquishes their seat either temporarily or permanently at the AAPA annual conference. The AOR alternate must leave the floor once the seated AOR returns. All Academy materials will be sent only to the seated AOR who has the responsibility of distributing copies of said information on to the alternate and other students within the program

Section 13 The House of Delegates (HOD) Student Representative:

- a) shall be responsible for the distribution of all HOD information to his/her program.
- b) will also serve as point of contact for the SAAAPA and AAPA.
- c) If possible, the HOD representative shall also attend the AAPA annual conference and be seated as either a SAAAPA delegate or alternate in the formal meetings of the AAPA House of Delegates.

Section 14 Impeachment:

The following additional procedures shall be specified for impeachment of an Executive Board member or any representative to the Physician Assistant Program:

- a) A Stuart Cooper meeting shall be called.
 - 1. If the President is the member in question, any member of the Executive Board can call the impeachment meeting.
- b) A motion to impeach a given member must occur at a Stuart Cooper meeting.
 - 1. Quorum must be met.
- c) An open-forum should be conducted to determine the reason for impeachment.
- d) The specified Class Officer may elect to proceed with either option detailed below to allow his/her respective class to proceed on a vote for impeachment or, if desired, provide a written plan for improvement to be implemented during the subsequent two weeks.
 - 1. The Class Officer may elect to allow his/her respective class to proceed with a vote to determine impeachment.
 - i. Such a vote shall be conducted within one week with the procedures outlined in Section d, 3.
 - 2. The Class Officer may elect to provide a written plan for improvement to be implemented over the subsequent two weeks.
 - 3. At the conclusion of the two-week period, a Stuart Cooper meeting shall be held with the intent to vote on impeachment as the subject of this meeting, and roll shall be taken.
 - i. 50% of the affected class must be present.
 - ii. An open-forum shall be conducted to discuss the effectiveness of the improvement plan.
 - iii. At the conclusion of discussions, votes shall be written on paper and collected by the affected class' Secretary.

- iv. A proxy ballot shall be provided for those absent that wish to vote (See Article VII, Section 4).
 - v. The Class Secretary shall count all votes and announce the results. In the event that the Class Secretary is the member in question, the Class President shall tally the votes.
 - vi. A simple majority vote shall determine either impeachment or continuation of duties of the Class Officer.
 - vii. In the event of a tie, the Class President should be the tie-breaker.
 - viii. In the event that the Class President is the position in question, the Vice President shall be the tie-breaker.
 - ix. In the event that the Class President and Vice President are both involved, the Secretary shall be the tie-breaker.
- e) A new Class Officer shall be elected within two weeks of impeachment.
- 1. In the event of vacancy of the position of President, the Vice President shall act as interim President.
 - 2. In the event that both President and Vice President are impeached or choose to resign simultaneously, the Secretary shall be the interim President.

Article VI: Meetings

- Section 1 All business meetings shall be called by the presiding officer designated by the Class presidents.
- Section 2 The membership shall meet once a semester or as needed. (It is recommended that meetings be held on a regularly scheduled basis, such as the first Monday of each month. This will facilitate attendance.)
- Section 3 Emergency meetings to conduct official business may be called as such upon 24 hour notice.
- Section 4 Officers of the Executive Board and all Committee representatives shall report at each meeting, or shall give the contents of their report to any member who will be in attendance to be presented by that member.
- Section 5 Minutes of the preceding Cooper Society meeting and the agenda for the forthcoming Society meeting will be submitted to the membership at least one week before the next regularly scheduled meeting. Items for the agenda may be submitted by any member to the Secretary for inclusion prior to this time.

Article VII: Voting

- Section 1 A quorum shall be defined as 10% of the membership including one executive board member for each class, unless the business at the meeting only pertains to one class. In such an instance, quorum shall be set as 10% of the affected class and one or more of that class' officers
- Section 2 All motions must be followed by a second. There will then be a period for discussion of that motion
- Section 3 For a motion to pass a simple majority is required. For constitutional amendments see Article X, Section 2.
- Section 4 Proxy ballots shall be made available for elections and for those matters deemed important by the membership. The proxy ballots shall be distributed early and returned to a member of the Executive Board prior to the date of the meeting at which a vote will take place.
- Section 5 Standing committee members shall be appointed by their respective class if necessary. A vote of approval shall be conducted at the February meeting of the SCS general membership.

Article VIII: Committees and Representatives

- Section 1 Committees shall be established and/or dissolved by vote of the Cooper Society membership.
- Section 2 Standing committees shall include the following:
- a) Alumni and P.A. Relations
 - b) Curriculum and Program Evaluation
 - c) Financial Aid
 - d) Fundraising Committee
 - e) GSO and AMC Student Council Liaison
 - f) P.A. Awareness
 - g) Social and Educational Programs

- h) Student Health
- i) The Records Committee

- Section 3* Ad-Hoc Committees shall be established with a designated function to perform and with an established time for dissolution. Ad-Hoc committees might include tutoring, placement/preceptorship, loan/scholarship committees, etc.
- Section 4 The Alumni and P.A. Relations Committee shall be responsible for maintaining communications with the Alumni of the Albany Hudson Valley P.A. Program or any of its following forms, as well as the AMC Alumni Association. The committee will also act as a liaison between current students and community P.A.s, including those who are not alumni of this program.
- Section 5 The Curriculum and Program Evaluation Committee shall be composed of three representatives from each class of P.A. students. One representative from each class may participate in one of the subcommittees of the Program's Curriculum Committee. The Society's committee will also be responsible for collecting and reporting student evaluations of the curriculum when not done through the faculty.
- Section 6 The Financial Aid Committee shall be responsible for having two (2) committee members serving on the College's Financial Aid Committee, as well as the following guidelines, as directed by the College:

a) Purpose

The purpose of the Financial Aid Committee is to act as a liaison with students, faculty and administration regarding financial aid issues and to fulfill the duties assigned to the committee on behalf of the Albany Medical College student body.

b) Membership

Members include:

- 1 – First year M.D. student (Chosen by the Financial Aid Office)
- 1 – First year M.D. student alternate chosen by the class representative
- 1 – Second year M.D. student
- 1 – Second year M.D. student alternate chosen by the class representative
- 1 – Third year M.D. student
- 1 – Third year M.D. student alternate chosen by the class representative
- 1 – Fourth year M.D. student
- 1 – Fourth year M.D. student alternate chosen by the class representative
- 1 – Basic Science Graduate Student (elected by the Graduate Student Organization)
- 1 – Basic Science Graduate Student alternate chosen by the class representative
- 1 – Nurse Anesthesiology student (chosen by Nurse Anesthesiology students)
- 1 – Nurse Anesthesiology student alternate chosen by the class representative
- 1 – Coordinator Dean for Admissions and Students Records
- 1 – Coordinator Dean for Student and Minority Affairs
- 1 – Representative from Corporate Finance
- 1 – Coordinator, Vice President for College Operations
- 2 – Faculty members
- 1 – Coordinator Dean for Academic and Financial Affairs
- 1 – Graduate Studies Program Coordinator
- 1 – Director of Graduate Medical Education
- 1 - Executive Director of Alumni Relations
- 1 – Director of Donor Relations and Research
- 1 – Vice Dean for Academic Administration
- 1 – Associate Dean for Student Affairs
- 2 – First –Year **Physician Assistant students** (chosen by the first-year P.A. Students)

Total members: 19, of which one administrative person is Chair. The Chair will vote only if needed to break a tie.

Others by invitation: the Dean (Ex-officio), the Financial Aid Office staff, and other appropriate individuals as needed.

Each member will designate an alternate who is welcome to attend meetings as an observer. The alternate will have voting privileges only when the representative is absent.

- 1. Each Committee Member has one vote.

2. A quorum constitutes one half plus one. If a quorum is not present, discussion may be held, but may not be acted on.

3. Each Committee Member will serve for one year. If a member cannot serve, a replacement will be designated by the initial means of selection.

4. If a Committee Member misses two consecutive meetings during an academic year, steps will be taken to ascertain his/her interest in remaining on the Committee.

1. The Financial Aid Committee is responsible for the following:

- a) Review and approval of annual cost of attendance guidelines (usually held in October or November).
- b) Review and nomination of an applicant for the Joseph Collins Scholarship (usually held in January). A subcommittee of 5 members and the Chair (3 students and 2 committee members of which one is a member of the faculty) will handle the decision on the nominee for this scholarship.
- c) Annual review of the publication, "Guide to Financial Aid."
- d) Liaison to students, faculty, and administration regarding financial aid issues.
- e) Review of individual student financial aid files, as needed.
- f) Committee Members are responsible for reporting to their representative groups, as well as relating to the full Committee any questions, concerns, and needs that their constituents may have.
- g) The student representatives will provide a brief report at each meeting on communications with their classmates.
- h) *Annual Meetings*

The Financial Aid Committee will meet four times per year. Additional meetings will be called as needed.

- Section 7 The fundraising committee shall be responsible for planning and organizing events to raise money to support the class activities.
- Section 8 The Graduate Student Organization (GSO) and Student Council Liaison is responsible for attending meetings of the GSO and Student Council, representing the needs and desires of the Physician Assistant students, then reporting back to the members of the Society. The Liaison has a position on the Executive Board of the GSO. Only one such position is needed, and therefore the liaison shall be elected annually from the first-year class.
- Section 9 The P.A. Awareness Committee shall be responsible for the promotion of the P.A. profession in the region and nationally through participation and/or organization of events.
- Section 10 The Social and Educational Programs Committee shall be composed of at least two representatives from each class. These representatives may be responsible for planning a variety of programs, such as parties, speakers, panel discussion, and films.
- Section 11 The Student Health Committee shall be responsible for having two (2) committee members serving on the College's Student Health Committee, to maintain communication with the Student Health Coordinator, to be a resource for information about health issues, care options, and Employee Health services, as well as the following guidelines, as directed by the College:

a) Purpose

The purpose of the Student Health Committee is to serve as liaison to students, faculty and administration regarding student health issues and to fulfill the duties assigned to the committee from the Albany Medical College student body.

b) Duties

The Student Health Committee is responsible for the following:

1. Review and approve the annual cost of student insurance
2. Review additional policies form coverage and costs (as presented to Student Health Coordinator)
3. Review and discuss the concerns and issues from the different classes and programs
4. Serve as a liaison to students, faculty, and administration regarding student health issues
5. Student representatives will provide a brief report at each meeting on communications with their classmates

c) Meetings

The Student Health Committee will meet every six weeks. Additional meetings will be called as needed.

*d) Membership**

- Students from each medical class; a total of 8 students.
- One student from Cytotechnology
- Two students from Graduate School
- Two students from the Center for Physician Assistant Studies
- One student from the Nurse Anesthesiology Program
- Vice Dean for Administration
- Associate Dean for Student and Minority Affairs
- Coordinator Dean for Student and Minority Affairs
- Coordinator of Student Health Program

Total members: 17, of which one administrative person is chair.

Section 12 The Records Committee shall be responsible for taking pictures and otherwise recording events sponsored by the Stuart Cooper Society. These pictures will be compiled and submitted for inclusion into the Albany Medical College year book annually.

* Subject to revision. A representation from the Center for Physician Assistant Studies to be determined.

Article IX: Conventions and Conferences

Section 1 One representative from each class shall be encouraged to attend the American Academy of Physician Assistants (AAPA) National Convention and the New York State Society of Physician Assistants (NYSSPA) State Conventions.

The Albany Medical College Center for Physician Assistant Studies will send at least one student to attend the national conference, and if feasible, the state conference.

A mandatory report will be submitted to the general membership by the official representatives.

Section 2 Other Society members shall be encouraged to attend the above-named conventions. Should monies be required, a vote of the membership shall determine the amount of support, if any, to be provided.

Section 3 Society representatives to other conferences and conventions shall be voted on by the membership. Financial aid shall be decided on by a vote of the membership.

Article X: Amendments

Section 1 Any member of the Cooper Society may submit for a vote an amendment to this constitution. The amendment must be written and given to the Secretary for inclusion in the forthcoming meeting's agenda. Voting will take place as discussed in Article VII, Sections 1-4. Proxy ballots will be made available to students unable to attend the meeting.

Section 2 Amendments must be approved by at least two-thirds of the ballots cast by those present when there is quorum, or voting by proxy.

Section 3 Approved amendments become effective immediately.

Section 4 The Society Secretaries shall be responsible for maintaining an up-to-date copy of this constitution.

Article XI: Activities

Section 1 Each year, prior to graduation, the middle class (the one just finishing the didactic year) will sponsor a party to celebrate graduation and moving on to the clinical year.

B. Center Committees

1. Advisory Committee
2. Curriculum Committee

C. Center for Physician Assistant Studies (CPAS) Sponsorship to SAAAPA

In concordance with the Vision of the Center for Physician Assistant Studies, CPAS will encourage participation of graduates in the profession's legislative agenda by supporting attendance at, and participation in, the annual Student Academy meeting.

CPAS will support one student of each enrolled class to represent the Stuart Cooper Student Society. Selection of the representative is the responsibility of the Class (with the approval of the Program Director). Should a class not appoint a representative a second member of the other class may be designated. Selection must be made by March 15th each year to allow for early registration and booking of flights.

Support for the representatives includes: (as budget constraints allow*):

- Airfare (coach)
- Hotel Room (shared if two, same gender representatives)
- Conference Registration

Student representative's responsibilities include:

- Confer with instructors and/or Clinical Coordinator prior to attendance to develop a plan for completing work missed.
- Represent CPAS students in all SAAAPA student government activities (AOR)
- Observe as able the operations of the AAPA House of Delegates
- Attend designated student activities at the conference
- Report actions of the AOR and HOD to class represented
- Complete all missed assignments and activities as planned

* Every effort will be made to ensure these funds are budgeted annually. In the event of a contingency budget travel funds may be reduced or eliminated.

D. NYSSPA Support

CPAS support for student attendance will be evaluated annually dependent upon student interest, provision of student activities, scheduling and available funds.

For 2015, due to limited student activities, students will not be released from classes or rotations on Friday of the conference.

CPAS will support up to 4 students (2 from each class) to attend student government and Medical Jeopardy. This support will include:

- Mileage for one vehicle round trip
- Two hotel rooms for Saturday night
- Conference registration fee at the early rate (\$150)

Students attending must be NYSSPA members (including the student reps) and are responsible for their membership fees.

Interested students should contact faculty member, Brian Glick, PA-C.

VI: Drug and Alcohol Policy

ALBANY MEDICAL CENTER

Behavior Guidelines on Alcohol and Drugs

From the AMC Intranet

ALCOHOL AND DRUGS IN THE WORKPLACE/CLASSROOM

The unlawful or unauthorized manufacture, distribution, sale, dispensation, possession or illegal use of drugs, or the use of alcohol or drugs in a manner which impairs the ability of the employee to perform the essential functions of his/her job is prohibited in the workplace. All staff must not report for duty under such influence of a drug or alcoholic beverage.

Depending on the individual facts and circumstances of each case, off-site drug or alcohol use, or off-site drug or alcohol related arrests or criminal convictions, may violate Albany Medical Center's policies and could possibly lead to corrective action up to and including termination of employment.

As a condition of continued employment by Albany Med, an employee must notify their manager in writing of any drug or alcohol statute conviction for a violation occurring in the workplace or off-site no later than five (5) calendar days after such a conviction.

If a representative of Albany Med has reason to believe that you are unable to perform the duties of your job in a safe and effective manner, or, if in your manager's opinion, your presence on the job creates a risk to the safety and well-being of yourself, other employees, the public or to Albany Med's property, you will be suspended from the workplace immediately.

Staff may be asked to submit to a "For Cause" drug screen based on reasonable suspicion such as observed unusual/erratic behavior or for failure to follow Albany Med's policy with regard to controlled substance administration and documentation. Failure to comply with a "for cause" drug screening request will result in corrective action up to and including termination of employment.

Albany Med has an Employee Assistance Program (EAP). Drug counseling and rehabilitation referrals are available to employees through the EAP.

Alcoholic beverages may be served at Albany Med-sponsored functions (on and off-site) only after the form designated for that purpose by Albany Med has been submitted to the Risk Management Department and all necessary approvals obtained.

Any employee who violates this policy is subject to corrective action, up to and including termination of employment.

VII. Competencies for the Physician Assistant Profession

Competencies for the Physician Assistant Profession (Originally adopted 2005; revised 2012)

PREAMBLE

Between 2003-2004, the National Commission on Certification of Physician Assistants (NCCPA) led an effort with three other national PA organizations (Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), American Academy of Physician Assistants (AAPA), and Physician Assistant Education Association (PAEA) -- formerly Association of Physician Assistant Programs (APAP)) to define PA competencies in response to similar efforts conducted within other health care professions and the growing demand for accountability and assessment in clinical practice. The resultant document, Competencies for the Physician Assistant Profession, provided a foundation from which physician assistant organizations and individual physician assistants could chart a course for advancing the competencies of the PA profession.

In 2011, representatives from the same four national PA organizations convened to review and revise the document. The revised manuscript was then reviewed and approved by the leadership of the four organizations in 2012.

INTRODUCTION

This document serves as a map for the individual PA, the physician-PA team, and organizations committed to promoting the development and maintenance of professional competencies among physician assistants. While some competencies will be acquired during formal PA education, others will be developed and mastered as physician assistants progress through their careers. The PA profession defines the specific knowledge, skills, attitudes, and educational experiences requisite for physician assistants to acquire and demonstrate these competencies.

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, and systems-based practice.

Patient-centered, physician assistant practice reflects a number of overarching themes. These include an unwavering commitment to patient safety, cultural competence, quality health care, lifelong learning, and professional growth. Furthermore, the profession's dedication to the physician-physician assistant team benefits patients and the larger community.

PHYSICIAN ASSISTANT COMPETENCIES

Medical Knowledge (MK)

Medical knowledge includes the synthesis 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 investigative and analytic thinking approach to clinical situations. Physician assistants are expected to understand, evaluate, and apply the following to clinical scenarios:

- MK-1) evidence-based medicine
- MK-2) scientific principles related to patient care
- MK-3) etiologies, risk factors, underlying pathologic process, and epidemiology for medical conditions
- MK-4) signs and symptoms of medical and surgical conditions
- MK-5) appropriate diagnostic studies
- MK-6) management of general medical and surgical conditions to include pharmacologic and other treatment modalities
- MK-7) interventions for prevention of disease and health promotion/maintenance
- MK-8) screening methods to detect conditions in an asymptomatic individual
- MK-9) history and physical findings and diagnostic studies to formulate differential diagnoses

Interpersonal & Communications Skills (ICS)

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

- ICS-1) create and sustain a therapeutic and ethically sound relationship with patients
- ICS-2) use effective communication skills to elicit and provide information
- ICS-3) adapt communication style and messages to the context of the interaction
- ICS-4) work effectively with physicians and other health care professionals as a member or leader of a health care team or other professional group
- ICS-5) demonstrate emotional resilience and stability, adaptability, flexibility, and tolerance of ambiguity and anxiety
- ICS-6) accurately and adequately document information regarding care for medical, legal, quality, and financial purposes

Patient Care (PC)

Patient care includes patient- and setting-specific assessment, evaluation, and management. Physician assistants must demonstrate care that is effective, safe, high quality, and equitable. Physician assistants are expected to:

- PC-1) work effectively with physicians and other health care professionals to provide patient-centered care
- PC-2) demonstrate compassionate and respectful behaviors when interacting with patients and their families
- PC-3) obtain essential and accurate information about their patients
- PC-4) make decisions about diagnostic and therapeutic interventions based on patient information and preferences, current scientific evidence, and informed clinical judgment
- PC-5) develop and implement patient management plans
- PC-6) counsel and educate patients and their families
- PC-7) perform medical and surgical procedures essential to their area of practice
- PC-8) provide health care services and education aimed at disease prevention and health maintenance
- PC-9) use information technology to support patient care decisions and patient education

Professionalism (PROF)

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 acknowledge 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:

- PROF-1) understanding of legal and regulatory requirements, as well as the appropriate role of the physician assistant
- PROF-2) professional relationships with physician supervisors and other health care providers
- PROF-3) respect, compassion, and integrity
- PROF-4) accountability to patients, society, and the profession
- PROF-5) commitment to excellence and on-going professional development
- PROF-6) commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- PROF-7) sensitivity and responsiveness to patients' culture, age, gender, and abilities
- PROF-8) self-reflection, critical curiosity, and initiative
- PROF-9) healthy behaviors and life balance
- PROF-10) commitment to the education of students and other health care professionals

Practice-based Learning & Improvement (PBLI)

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

- PBLI-1) analyze practice experience and perform practice-based improvement activities using a systematic methodology in concert with other members of the health care delivery team
- PBLI-2) locate, appraise, and integrate evidence from scientific studies related to their patients' health
- PBLI-3) apply knowledge of study designs and statistical methods to the appraisal of clinical literature and other information on diagnostic and therapeutic effectiveness
- PBLI-4) utilize information technology to manage information, access medical information, and support their own education
- PBLI-5) recognize and appropriately address personal biases, gaps in medical knowledge, and physical limitations in themselves and others

Systems-based Practice (SBP)

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 balances quality and cost, while maintaining the primacy of the individual patient. PAs should work to improve the health care system of which their practices are a part. Physician assistants are expected to:

- SBP-1) effectively interact with different types of medical practice and delivery systems
- SBP-2) understand the funding sources and payment systems that provide coverage for patient care and use the systems effectively
- SBP-3) practice cost-effective health care and resource allocation that does not compromise quality of care
- SBP-4) advocate for quality patient care and assist patients in dealing with system complexities
- SBP-5) partner with supervising physicians, health care managers, and other health care providers to assess, coordinate, and improve the delivery and effectiveness of health care and patient outcomes

- SBP-6) accept responsibility for promoting a safe environment for patient care and recognizing and correcting systems-based factors that negatively impact patient care
- SBP-7) apply medical information and clinical data systems to provide effective, efficient patient care
- SBP-8) recognize and appropriately address system biases that contribute to health care disparities
- SBP-9) apply the concepts of population health to patient care

Adopted 2012 by AAPA, ARC-PA, NCCPA, and PAEA

VIII. Guidelines for Ethical Conduct for the Physician Assistant Profession

Guidelines for Ethical Conduct for the Physician Assistant Profession

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

Introduction

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

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

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

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

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

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

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

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

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

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

Statement of Values of the Physician Assistant Profession

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

The PA and Patient

PA Role and Responsibilities

Physician assistant practice flows out of a unique relationship that involves the PA, the physician, and the patient. The individual patient–PA relationship is based on mutual respect and an agreement to work together regarding medical care. In addition, PAs practice medicine with physician supervision; therefore, the care that a PA provides is an extension of the care of the supervising physician. The patient–PA relationship is also a patient–PA–physician relationship.

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

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

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

The PA and Diversity

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

Nondiscrimination

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

Initiation and Discontinuation of Care

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

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

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

Informed Consent

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

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

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

Confidentiality

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

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

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

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

The Patient and the Medical Record

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

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

Disclosure

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

Care of Family Members and Co-workers

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

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

Genetic Testing

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

PAs should be sure that patients understand the potential consequences of undergoing genetic tests – from impact on patients themselves, possible implications for other family members, and potential use of the information by insurance companies or others who might have access to the information. Because of the potential for discrimination by insurers, employers, or others, PAs should be particularly aware of the need for confidentiality concerning genetic test results.

Reproductive Decision Making

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

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

End of Life

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

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

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

While respecting patients' wishes for particular treatments when possible, PAs also must weigh their ethical responsibility, in consultation with supervising physicians, to withhold futile treatments and to help patients understand such medical decisions. PAs should involve the physician in all near-death planning. The PA should only withdraw life support with the supervising physician's agreement and in accordance with the policies of the health care institution.

The PA and Individual Professionalism

Conflict of Interest

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

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

Professional Identity

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

Competency

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

Sexual Relationships

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

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

Gender Discrimination and Sexual Harassment

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

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

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

The PA and Other Professionals

Team Practice

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

Illegal and Unethical Conduct

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

Impairment

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

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

PA–Physician Relationship

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

Complementary and Alternative Medicine

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

The PA and the Health Care System

Workplace Actions

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

PAs as Educators

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

PAs and Research

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

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

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

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

PAs as Expert Witnesses

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

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

The PA and Society

Lawfulness

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

Executions

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

Access to Care / Resource Allocation

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

Community Well Being

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

Conclusion

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

IX. Appendices

Center for Physician Assistant Studies
Class Absence

Student Name: _____ **Date:** _____

TO: Instructor Name: _____

RE: Absence from (Course Title) _____

I (was/will be) absent from class on: _____

Reason for absence: _____

This is an:

_____ anticipated absence*

**Anticipated absence requires prior approval of Program Director*

_____ *Date:* _____

(PD Signature)

_____ unanticipated absence

Plan(s) for making up work missed: _____

Signature of Student

Date

Signature of Instructor

Date

Office use only:

_____ Reviewed

_____ File

_____ Discussed w/student

_____ Student phoned program

Center for Physician Assistant Studies Test Question Inquiry Form

The purpose of this form is to review questionable items on an examination, and bring concerns as well as possible solutions to the instructor in such a manner as to improve the quality of all exams.

Students must submit the inquiry in writing within 24 hours of reviewing the exam. All inquiries will be evaluated, and a final decision made by the instructor. Feedback will be provided to the student.

Name _____ Date _____ Exam _____

1. Question number _____

Comment _____

Reference: _____

Suggestion for changing the question or answers: _____

2. Question number _____

Comment _____

Reference: _____

Suggestion for changing the question or answers: _____

3. Question number _____

Comment _____

Reference: _____

Suggestion for changing the question or answers: _____

Appendix 3: Potential Reproductive Health Hazards



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Environmental Health and Safety
Policy and Procedure Manual

Albany Medical Center
Environmental Health & Safety
Policy and Procedures
File No. 1.704.610
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Revised: 6/22/92 Reviewed: 03/04
Reviewed: 4/95 Reviewed: 08/07
Reviewed: 3/97 Reviewed: 5/11
Reviewed: 3/00
Revised: 3/01

SUBJECT: POTENTIAL REPRODUCTIVE HEALTH HAZARDS

I. POLICY:

AMC Employees are to be informed of potential reproductive health hazards present in their work area. Reproductive health hazards may include hazardous chemicals, radiation and infectious diseases. AMC will provide evaluation, monitoring and job modifications to reduce the risks of reproductive health hazards as appropriate and in accordance with this policy.

II. INFORMATION

All employees are to be afforded information concerning potential risks related to reproductive health hazards. This information is to be provided during department orientation by the department manager or designee.

1. Chemical Hazards:

- a. Chemical reproductive health hazards present at AMC include, among others: Ethylene Oxide, heavy metals (i.e. lead, cadmium, mercury), cancer treatment drugs (e.g. methotrexate), and certain ethylene glycol ethers
- b. Employees who work with hazardous chemicals should review available information, such as MSDSs and labels, on the chemicals they are handling to determine if any are listed as reproductive hazards. Those reproductive hazards considered to be particularly dangerous to use may require additional safety precautions and their use restricted to regulated/designated areas only.
- c. Any employee, supervisor or Principle Investigator may contact the Chemical Hygiene Officer at 2-8700 option 3, to determine if any reproductive health hazard is present in their work area.

2. Ionizing Radiation

- a. Exposure to radiation constitutes a reproductive health hazards, especially during pregnancy.
- b. All employees who work with radioactive materials are required to attend Radiation Safety Training which addresses the reproductive hazards of exposure to radiation
- c. Exposure limits: New York State Department of Health regulation 10 NYCRR 16.6(h) requires that the radiation dose to the embryo/fetus for a declared pregnant worker be limited to 0.5 rem (5 mSv) during the entire gestation period (9 months).

3. Biological agents

- a. AMC employees may be exposed to certain biological agents which may be considered reproductive hazards. These include, but are not limited to the following: Chickenpox or shingles, Rubella, Cytomegalovirus (CMV), Hepatitis A, Hepatitis B,



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Hepatitis C, Herpes simplex, HIV, Influenza, Toxoplasmosis, Tuberculosis, Measles and Parvovirus B19.

- b. Protection against these biological agents is provided by immunizations and by using Standard Precautions or transmission-based precautions.

III. DECLARATION OF PREGNANCY

AMC employees are encouraged to inform their supervisor of their pregnancy as soon as they know they are pregnant.

RADIATION: A pregnant radiation worker may exercise her option to declare her pregnancy to the Radiation Safety Department (See Appendix A).

1.1 This declaration is voluntary.

1.2 This declaration must be in writing (HP-DSF-2 is provided for the purpose).

1.3 You can withdraw the pregnancy declaration (in writing) at any time.

- a. Once the declaration is made, the limit for fetal exposure is 5 mSv (500 mrem) for the pregnancy.

IV. EVALUATION OF WORK AREA

CHEMICAL HAZARDS: Upon request the Department of Environmental Health will perform an assessment of the work area, including environmental monitoring as appropriate, to evaluate exposure, if any, to reproductive health hazards. The intent of the evaluation is to provide recommendations on engineering or work practice controls to reduce potential exposure.

RADIATION: If appropriate, additional radiation exposure monitoring will be conducted. The monitoring may include additional bioassay, additional external monitors, or other monitoring as necessary

V. RISKS DURING PREGNANCY

Upon request, Employee Health Service will arrange to provide a reproductive consultation for any employee or student with reproductive hazard concerns related to exposure to a hazardous chemical or agent. This consultation may consist of a referral to an outside health care provider. This consultation will consist of a review of any potential health risks (physical, chemical, biological), which employees might encounter that may have an adverse effect on the development of the fetus. A written statement will be signed by the employee/student indicating that consultation has occurred and a summary of the contents discussed will be supplied to the employee/student.

The reproductive consultation provider will make a recommendation concerning the potential risks to the fetus and employee/student. This recommendation will be provided to Human Resources and placed in the employee/student's health record.



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Revised: 3/01

RADIATION: The radiation worker should review the risks of radiation exposure during pregnancy. The employee/student is to meet with the Radiation Safety Officer (ext. 23389) to review hazards and protective measures.

VI. WORK ASSIGNMENT GUIDELINES

BIOLOGICAL AGENTS:

No reassignment necessary as protection is provided by Standard Precautions or transmission-based precautions for the following:

- a. Cytomegalovirus (CMV)
- b. Hepatitis A virus
- c. Hepatitis B virus
- d. Hepatitis C virus
- e. Herpes simplex virus
- f. Human Immunodeficiency virus (HIV)
- g. Influenza virus
- h. Parvovirus B19 (Fifth disease)
- i. Toxoplasma gondii (Toxoplasmosis)
- j. Mycobacterium tuberculosis (TB)

Reassignment until immune status is determined by history, immunization record or titer for the following:

- a. Chickenpox or shingles - Reassign only if health care worker, is susceptible to varicella. Immune worker may safely provide care using transmission based precautions.
- b. Rubella - Reassign only if health care worker, is susceptible. Immune status must be documented by positive titer or date of administered vaccine. Immune health care workers may safely provide care.
- c. Rubeolla (Measles) - Reassign only if health care worker, is susceptible. Immune status must be documented by positive titer or date of administered vaccine. Immune health care workers may safely provide care using transmission based precautions.

CHEMICAL HAZARDS:

Recommendations for work restriction or modification will be based on the findings of the workplace evaluation, recommendations from reproductive consultation and the department manager/supervisor.



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Revised: 3/01

Human Resources may offer to temporarily reassign employees/students who have a potential for significant exposure to a chemical reproductive health hazard(s) in their present position.

Risk Management will assist in situations where the employee/student remains in a hazardous area or position (i.e. an employee chooses to remain in a position where the reproductive consultation provider has recommended a transfer to an alternate area or position).

ASSOCIATED REFERENCES: Occupational Safety and Health Administration Standards, Albany Medical Center's Hazardous Communication Policy (1.704.150) and Laboratory Safety - Chemical Hygiene Policy 1.704.160. References: CDC Guideline for Infection Control in Health Care Personnel, 1998 ,American Academy of Pediatrics, Red Book, 2003 Reviewed/Revised: 10/03, Epidemiology QIT Policy Subgroup Approved: 6/98, 09/00, 08/01, 11/03 , Executive Management Approval: 11/03 ,Executive Committee of the Medical Staff Approved: 09/98, 01/04



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Reviewed: 3/00
Revised: 3/01

Appendix A

Occupational Radiation Exposure

Declared Pregnancy Form

Albany Medical Center

*New York State Department of Health regulation 10 NYCRR 16.6(h) requires that the radiation dose to the embryo/fetus for a declared pregnant worker be limited to 0.5 rem (5 mSv) during the entire gestation period (9 months). The decision to provide this disclosure is **voluntary** and must be initiated by you. Albany Medical Center will provide fetal monitoring when you formally declare your pregnancy in **writing**. **Monitoring may include an additional film badge or TLD and may require thyroid or urine bioassay, as appropriate.** It is to your benefit to make this disclosure as soon as you know you are pregnant. Questions can be directed through your supervisor to the Radiation Safety Officer. A pregnancy declaration may be withdrawn, in writing, at any time. If withdrawn, Albany Medical Center will discontinue the additional embryo/fetal monitoring.*

I declare that I am pregnant.
Date of last menstrual period: ____/____/____. (Required for estimation of fetal dose from time of conception.)

I officially withdraw my declaration of pregnancy, understanding that Albany Medical Center will discontinue embryo/fetal monitoring.

Signature: _____

Name (PLEASE PRINT): _____

Date: _____

Department: _____

Return this signed copy to:

Radiation Safety Office – HUN 204

MC-94

Appendix 4: AMC Immunization Requirements
ALBANY MEDICAL CENTER - --- EMPLOYEE HEALTH SERVICE
Immunization Requirements

Name: _____ DOB: _____ Dept: _____

Rubella: Vaccine or positive titer required.

1 vaccine after '67, on or after the 1 st birthday: 1.	Titer Date: Result:
--	----------------------------

Measles: Vaccine or positive titer required.

2 vaccines after '67, 1 st on or after the 1 st birthday, 2 nd after 15 months, at least 28 days apart: 1. 2.	Titer Date: Result:	Born before '57 – One vaccine required if no titer: 1.
--	----------------------------	---

Mumps: Vaccine or positive titer required

2 vaccines after '67, 1 st on or after the 1 st birthday, 2 nd after 15 months, at least 28 days apart: 1. 2.	Titer Date: Result:	Born before '57 – One vaccine required if no titer: 1.
--	----------------------------	---

Varicella: Vaccine, titer, or history of disease required

2 vaccines 4-8 weeks apart: 1. 2.	Titer Date: Result:	History of disease
---	----------------------------	--------------------

Hep B: Series of 3 and titer or waiver required

1 st vaccine	2 nd vaccine	3 rd vaccine	Titer Result:
1 st of second series	2 nd of second series	3 rd of second series	Titer Result:
NAE (BBP Cat 3)	Signed Declination	Not an AMC employee	

Tetanus/TDAP required within 10 years /Meningococcal vaccine: offered to all students - voluntary

Date of last vaccine: Td: TDAP:	Meningococcal vaccine:
---	------------------------

Influenza: seasonal vaccine or declination required (combined vaccine for 2010/2011)

Date of last vaccine: Seasonal Flu: 09/10 10/11 11/12 12/13	
--	--

Albany Medical Center Employee Health Service Mail Code 51 22 New Scotland Avenue Albany, NY 12208 518-262-3874	Clinician Signature: _____ Print or Stamp:
--	---

Albany Medical College
Center for Physician Assistant Studies

Professionalism Commendation Feedback Sheet

Student Name: _____ Date of Observation: _____

Faculty/ Staff: _____ Course / Setting: _____

All students and faculty at Albany Medical College are expected to exhibit and demonstrate the highest professional behaviors at all times. Occasionally a student demonstrates behavior that is exemplary in this regard. This form gives a faculty member, administrator, or staff the chance to give positive feedback to a student who has demonstrated exemplary behavior, or has maintained professional behavior under unusually difficult circumstances. Realms of such behavior might include:

- 1. Reliability and responsibility
- 2. Self-improvement and adaptability
- 3. Relationships with students, faculty, staff and patients

Description / Comments:

(This section is to be completed by the student.)

I have read this evaluation and discussed it with the faculty/staff member. My comments are: (optional)

Student Signature: _____ Date: _____

(The faculty member should forward this form to the Promotions and Graduation Committee of CPAS)

Appendix 6: Professionalism Concern Feedback Sheet
Albany Medical College
Center for Physician Assistant Studies

Professionalism Concern Feedback Sheet

Student Name: _____ Date of Incident: _____

Faculty/ Staff: _____ Course / Setting: _____

A concern about this student's behavior was raised. This form is intended to be used in giving a student feedback regarding the specific behavior or incident. The realm of concern would be best categorized by the following (circle one or more):

1. Reliability and responsibility

- a. Fulfilling responsibilities in a reliable manner
- b. Learning how to complete assigned tasks
- c. Crediting source material appropriately
- d. Working independently when it is expected

2. Self-improvement and adaptability

- a. Accepting constructive feedback
- b. Recognizing limitations and seeking help
- c. Incorporating feedback in order to make changes in behavior
- d. Accepting the expectations of the learning environment

3. Relationships with students, faculty, staff and patients

- a. Being sensitive to the needs of patients
- b. Establishing and maintaining appropriate boundaries in work and learning situations
- c. Relating well to fellow students in a learning environment
- d. Relating well to staff in a learning environment
- e. Relating well to faculty in a learning environment
- f. Maintaining honesty
- g. Contributing to an atmosphere conducive to learning
- h. Respecting the diversity of race, gender, religion, sexual orientation, age, disability or socioeconomic status
- i. Resolving conflicts in a manner that respects the dignity of every person involved
- j. Using professional language and being mindful of the environment, including verbal, written and electronic communication
- k. Protecting patient confidentiality
- l. Dressing in a professional manner

4. Other: _____

Description / Comments & Suggestions for Change:

(This section is to be completed by the student.)

I have read this evaluation and discussed it with the faculty/staff member. My comments are: (optional)

Student Signature: _____ Date: _____

(The faculty member should forward this form to the Promotions and Graduation Committee of CPAS)

**ALBANY MEDICAL CENTER
ONLINE COMMUNICATION/SOCIAL MEDIA POLICY
July 13, 2010**

Our organizational standards are established to convey a positive and professional image to internal and external customers. Professional means we exhibit a responsible, courteous, conscientious and businesslike manner in the workplace and learning environment. How we address and speak with customers and colleagues, how we conduct ourselves in the workplace, learning environment and public areas, including public online communication forums such as blogs, social media/networking platforms, online discussion forums, internet postings including image (photo sharing, video sharing, podcast) and enterprise social software sites (for example, Skype, Yammer) etc, convey important messages to patients, visitors, fellow students and co-workers.

This policy addresses specific expectations and general standards for online communications - both at and outside of work - so that you understand how existing institutional policies apply to these newer technologies for communication, and, you can participate responsibly and within appropriate parameters.

Failure to follow the standards outlined in this policy will result in corrective action up to and including termination of employment. Nothing in this policy is intended to interfere with rights under the National Labor Relations Act or other applicable law.

Follow all Center policies. You must never share confidential or proprietary information about the Center. The Center has also established code of conduct, discrimination, harassment and computer use policies, including use of Center equipment during business hours for non-business purposes that you must follow. Personal use of social media (as distinguished from use in support of the Center's business objectives) – whether such use occurs using the Center's or your personal electronic devices -- is permitted only during breaks, meal periods and before and after the start of your shift and must never interfere with your work or the work of others at the Center. You cannot use online communications to harass, threaten, discriminate against or disparage employees or others associated with the Center. Personal arguments and disputes that are brought into and affect the workplace or learning environment will result in corrective action. If you become aware of or suspect a violation of this policy by another member of the Center workforce, you are expected to promptly report it to Corporate Compliance, Public Relations or the Human Resources Department.

Example of a code of conduct and harassment policy violation: An employee makes a video and posts it on YouTube without permission of the individuals in the video. The video features coworkers and Center students making derogatory remarks about one another's ethnicity, sexual orientation and age.

Maintain employee confidentiality and patient privacy. Writing about or displaying information about a workforce member or patient, including photos, videos, etc., without written permission of the workforce member or patient may be a breach of the Center's privacy and confidentiality policies. If in doubt, do not disclose the information. Failure to follow the Center's policies will result in corrective action.

Special caution must be exercised to protect patient privacy on blogs and other social media. For example, a medical professional updating a patient's authorized representative about the patient via a blog such as CarePages must be sure to manually check the box that allows him to submit a message viewable only by the patient's representative (who is acting as the CarePages "manager") and not the broader social network.

Example of a privacy breach: A workforce member posts heartfelt concern for a patient he/she is caring for on their Facebook page. The patient is not identified by name, MR number or date of birth. However, the type of treatment, prognosis and the time of treatment is provided and personal characteristics of the patient are described making the patient identifiable.

Example of a confidentiality breach: A Center manager posts on his/her Facebook page their frustration over the reaction of one of his/her employees shortly after the manager places the employee on final warning. The employee is not identified by name, but is identified by title (my admin coordinator) and the corrective action taken (final warning) is disclosed.

Follow all legal requirements. As media use becomes common, more laws and regulations are expected to be enacted to protect on line users and govern on line communication behaviors. You will need to be aware of these as they become effective and guide your behavior accordingly.

Disclose Your Center relationship. Some Center staff may be interested in engaging in online internet conversations for work-related purposes in support of the Center's business objectives. You must be transparent and disclose your relationship to the Center, particularly when discussing the Center's programs and services. If you circulate a posting you know is written by another Center

employee, you must also inform the recipient(s) that the author of the posting is a Center employee. You should never falsely represent your identity or status.

Online communications and postings should reflect your personal point of view, not necessarily the point of view of the Center. ***When using online communications,*** you must include the following disclaimer: *“The views expressed on this [blog/website] are my own and do not reflect the views of my employer.”* Consider adding this language in an “About me” section of your personal blog or social networking profile. Writing in the first person (e.g., I, me, my) will further help to assure that the reader understands you are speaking for yourself and not the Center.

Just as you would not use Center stationary for a letter expressing your personal views, do not use your Center e-mail address (your “amc.edu” address) for personal views. Use a personal email address as your primary means of identification. Because you are legally responsible for your postings, you may be subject to liability if your posts are found to be defamatory, harassing, disparaging toward the Center, a member of its workforce or a competitor, or, in violation of any other applicable law such as confidential or copyrighted information (music, videos, text, etc). The Center may request that staff avoid certain subjects or withdraw certain posts from a social media site or a blog if it believes that doing so will help ensure compliance with applicable laws. Again, failure to follow the Center’s policies will result in corrective action. Employment references, performance evaluations and other employment-related documents prepared by Center managers may not be posted to online communication sites such as Facebook, LinkedIn, etc.

Post accurately. Errors and omissions reflect poorly on the Center, and may result in liability for you or the Center. If you are uncertain that the information you want to post is accurate, please speak with your manager or the Public Relations Department. If you receive or view a posting on a public site regarding the Center that you believe is not accurate, please contact the Public Relations Department. If errors are found, the Center will acknowledge and make immediate corrections.

Contact Public Relations Department before speaking with the Media or responding to critical or negative comments about the Center. If you are contacted by a member of the media about posts you have made in online forums that relate to the Center in any way, you must advise your manager and contact the Public Relations Department before responding. Similarly, if you see unfavorable opinions, negative comments or criticism about the Center, do not try to have the post removed or send/post a written reply. Instead, forward this information to the Public Relations Department who will take appropriate action.

Establishing official online Center sites or pages (including You Tube, Facebook, Twitter, etc.). These are developed by or through the Center’s Policy, Planning and Communication departments. The Center’s Policy, Planning and Communications departments reserve the right to remove or require implementing additional privacy safeguards for any existing sites or pages that have been posted without the Center’s approval (see Section B below).

Use of Center name, logo or trademarks. Avoid using the Center’s name in any manner that may be prohibited by policy. Use of the Center’s logo or other trademarks is prohibited without the approval of the Center’s Policy, Planning and Communications departments. Vendor, contractor or contracted employees who wish to use the Center’s name in social media must also secure permission from the Center’s Policy, Planning and Communications departments.

No Expectation of Privacy. You should have no expectation of privacy while using online communications as postings may be viewed by anyone, including the Center. To the extent permitted by law, the Center reserves the right to monitor comments or discussions posted on the Internet by anyone, including applicants and members of the Center workforce.

The Center reserves the right to endorse (e.g., CarePages) or create social media sites or blogs, remove any posted comments from a Center endorsed /created blog, and/or suspend, modify or withdraw this Online Communication/Social Media Policy.



Albany Medical College

GRADUATE STUDIES STUDENT STATUS CHANGE REQUEST FORM

Student Name: (Print) _____ **Student ID:** _____ **Center:** _____

Reason for Request: (Check one) LOA-Medical LOA-Academic Deceleration Other: _____

Academic Status Start Date: _____ **Academic Status End Date:** _____ **Last day of Academic Activity:** _____

Class Year: Status change will result in the student moving into a different class: No Yes – New Class Year: _____

Termination of LOA/Change of Status: No later than **30 days prior to the Status End Date or 60 days prior to the start of a new academic year**, you must submit a **written request** to the Office of Graduate Studies at: Albany Medical College/Graduate Studies Program MC16/47 New Scotland Avenue/Albany, NY 12208 or via e-mail at: cornweij@mail.amc.edu

Extension of Status: After **Status End Date** expires, in order to extend your status, you must meet with the Assistant Dean of Graduate Studies to have a new Status Change Request form completed.

Failure to notify the Office of Graduate Studies during the above time periods can result in Administrative Withdrawal from AMC.

Health Insurance: Meet with Student Affairs Office Staff

- | | | |
|---|--|--|
| <input type="checkbox"/> Discontinue my AMC health insurance. I understand that returning from an LOA does not meet the definition of a "qualifying event" for resuming AMC health insurance. | <input type="checkbox"/> Continue my AMC health insurance. I understand that I will be billed for this insurance coverage and it will not be covered by financial aid. | <input type="checkbox"/> I am covered by a non-AMC health insurance policy |
|---|--|--|

Financial Aid: Meet with Financial Aid Office Staff

- | | |
|--|--|
| <input type="checkbox"/> Student has no financial aid at AMC | <input type="checkbox"/> Student has received financial aid at AMC |
|--|--|

Deceleration/Other: _____ FA Notes:

- For financial aid purposes, you are considered to be withdrawn from AMC. (LOA/Other: _____)
- You are required to complete online "Federal Exit Loan Counseling" at http://www.nslsds.ed.gov/nslsds_SA/
 - The Registrar's Office will notify your loan holder(s) of the change in your enrollment
 - Repayment terms mandated in the student's promissory note(s) will take effect, including the exhaustion of some or all of your grace period.
 - When you return to AMC, you are not guaranteed continuation of the identical financial aid loans, scholarships, grants and/or work assignments.
 - You must complete the required financial aid forms by the March 15th deadline date to be considered for financial aid when you return from your withdrawal.
 - A Federal Return of Title IV Funds Calculation (ROFC) and tuition review is required.
 - The portion of federal loans and grants the student earned is calculated on a percentage basis comparing the total number of calendar days in the semester to the number of days completed before withdrawal.
 - All Title IV aid is considered earned after the student has completed 60% of that payment period.

Students who withdraw or who are dismissed from the College for any reason after the beginning of a term may be entitled to a partial refund in accordance with the schedule below:

Tuition Refund Policy for MD, PA, NA and Graduate Students		
Effective Date of Withdrawal	Tuition Credited %	Tuition Liability %
Prior to term start	100	0
Day 1-7	100	0
Day 8-14	80	20
Day 15-21	70	30
Day 22-28	60	40
Day 29-35	50	50
Day 36-42	40	60
Day 43-49	30	70
Day 50-56	20	80
Day 57-63	10	90
Day 64+	0	100

* Bioethics – 100% tuition refunded. However, after the first day of class, the student is assessed a \$150 per course drop fee.

Tuition Charges			
Year	Fall	Spring	Summer
13-14	Standard or Other:	Standard or Other:	Standard or Other:
14-15	Standard or Other:	Standard or Other:	Standard or Other:
15-16	Standard or Other:	Standard or Other:	Standard or Other:
16-17	Standard or Other:	Standard or Other:	Standard or Other:
17-18	Standard or Other:	Standard or Other:	Standard or Other:

Standard = full time tuition.

Student Health Fee Waiver

Academic Stipulations for Return:

- _____
- _____
- _____

Other Stipulations for Return/Effects on Basic Science Stipend:

- _____
- _____
- _____

Student Contact During Leave:

Address: _____

Phone: _____

E-mail: _____

While on leave you are welcome to utilize the Albany Medical College library and other facilities.

Please collect signatures in the order listed below.

When complete please go to the Office of Student Records (R-109) for Registrar signature:

Student Health: Sandra Moses/Rachel Ricks _____
Date Comments:

Financial Aid: Ann Loughman _____
Date Comments:

International Students ONLY: Marianne Williams _____
Date Comments:

Center Graduate Director _____
Date Comments:

Student Signature _____
Date

Basic Science Student ONLY: Mentor: _____
Date Comments:

Graduate Studies Approval: Richard Keller, PhD _____
Date Comments:

Registrar: Len Schlegel _____
Date Comments:

Treatment of Title IV Aid When a Student Withdraws

The law specifies how the College must determine the amount of Title IV program assistance that you earn if you withdraw from school. The Title IV programs at Albany Medical College that are covered by this law are: Federal Direct Stafford Loans, Federal Direct Graduate PLUS Loans, and Federal Perkins Loans.

When you withdraw for any reason during your payment period or period of enrollment, the amount of Title IV program assistance that you have earned up to that point is determined by a specific formula. If you or the College received less assistance than the amount that you earned, you may be able to receive those additional funds. If you received more assistance than you earned, the excess funds must be returned by the school and/or you. The amount of assistance that you have earned is determined on a pro rata basis. For example, if you completed 30% of your payment period or period of enrollment, you earn 30% of the assistance you were originally scheduled to receive. Once you have completed more than 60% of the payment period or period of enrollment, you earn all the assistance that you were scheduled to receive for that period.

If you did not receive all of the funds that you earned, you may be due a post-withdrawal disbursement. The College must get your permission before it can disburse them. You may choose to decline some or all of the loan funds so that you don't incur additional debt. If you receive excess Title IV program funds that must be returned, your school must return a portion of the excess equal to the lesser of 1) your institutional charges multiplied by the unearned percentage of your funds, or 2) the entire amount of excess funds.

The school must return this amount even if it didn't keep this amount of your Title IV program funds. If your school is not required to return all of the excess funds, you must return the remaining amount. Any loan funds that you must return, you repay in accordance with the terms of the promissory note. That is, you make scheduled payments to the holder of the loan over a period of time.

The requirements for Title IV program funds when you withdraw are separate from Albany Medical College's tuition refund policy. Therefore, you may still owe funds to the school to cover unpaid institutional charges. Your school may also charge you for any Title IV program funds that the school was required to return. If you have further questions about the treatment of Title IV funds when a student withdraws you may contact the Financial Aid Office or the Federal Student Aid Information Center at 1.800.4.FED.AID. TTY users may call 1.800.730.8913. Information is also available on Sakai.

Post-Withdrawal Disbursement

A post-withdrawal disbursement of Federal Title IV aid occurs when the amount of Title IV earned by the student is greater than the amount of the Title IV disbursed for the semester. A student eligible for a post-withdrawal disbursement will receive written notification from the College within thirty days of the student's withdrawal. Students have the right to accept or decline some or all of the post-withdrawal disbursement funds being offered. Since the post-withdrawal disbursement will be comprised of loan funds which must be repaid with interest, students are strongly encouraged to seriously consider whether it is beneficial to accept a post-withdrawal disbursement. Federal Direct Loan or Perkins Loan must be repaid under the terms of the appropriate promissory note. Additionally, a disbursement received from Title IV funds will reduce award eligibility for the corresponding award(s) at Albany Medical College, or another college attended during the same award year. Any opportunity to keep loan debt at a minimum should be considered.

STUDENTS WITH DISABILITIES

AMC Graduate Studies Program

August 13, 2014

The Americans with Disabilities Act (ADA) guarantees that colleges and universities make their programs accessible to qualified students with disabilities and that they are not discriminated against on the basis of their disability (physical or mental impairment). Dependent upon the nature of their disability, they and their physician may request reasonable, special, no-cost accommodations. While the nature of their disability is confidential and should only be disclosed on a “need to know” basis; if accommodations are requested, their disability does need to be reported to the Graduate Studies Office which will forward the information to the Student Affairs Office. Furthermore, their disability and their approved accommodations need to be recorded in the Student Affairs section of their AMC record (Datatel) for tracking for compliance according to the ADA. This information is monitored by both state and federal authorities to insure that we admit students with disabilities and make special provisions for them.

For accommodations, the disability needs to be brought to the attention of the appropriate Center Graduate Director or Center Director who should bring this to the attention of Dr. Richard Keller, Associate Dean for Graduate Studies.

In order to receive special accommodations for a disability, the student needs to acknowledge the disability in either a letter or an email and request (in consultation with their physician) accommodations to help mitigate the effects of the disability. [In the form of: I have the following disability and thus I am requesting the following accommodations.....] In general, the testing that confirms the need for special accommodations must have occurred in the last three (3) years. If new testing needs to be done it can be arranged through the Student Affairs Office. The student should also note in their letter or email if they have been given accommodations previously at other institutions or in other settings. The student will be informed if the requested accommodations are reasonable and possible at AMC and have been granted. Lastly, as noted above, the disability and approved special accommodations will be listed in the Student Affairs section of the student’s AMC record as required by the ADA.

Some of the most common forms of accommodation are allowing the student to take exams in a quiet room rather than with other students and also allowing additional time. Obviously, in this case the person responsible for the testing (presumably the course director) would need to be made aware of the accommodations but NOT the student’s disability. The student should be reminded that they must be their own advocate. For instance, if the person normally administering the exam is not available, they must make the person administering the exam aware of their special accommodations at the time of the exam. Questions regarding the appropriateness of special accommodations can be referred to either the Graduate Studies Office or the Student Affairs Office for confirmation. It is NOT appropriate to discuss the reasons for the special accommodations with other students in the class.

Students with disabilities should also be reminded that they may need to request special accommodations for Board exams and other qualifying exams beyond the control of AMC. These special requests frequently require significant extra time to process, so students should request them accordingly.

Attached is an article by the Pacer Center on the ADA and postsecondary education which provides additional information. Any further questions regarding these issues should be forwarded to either the Graduate Studies Office or the Student Affairs Office.

ADA Q&A...The ADA, Section 504 & Postsecondary Education

Many parents of students with disabilities have learned the basics of the Individuals with Disabilities Education Act (IDEA). However, as students and their families prepare for the transition from secondary school to postsecondary options they often find they are less familiar with the protections provided by the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act.

It is crucial that students and their advocates become knowledgeable about their rights and responsibilities in postsecondary education because, although protections exist, the student has considerably more responsibility to request and design their own accommodations. And this responsibility is ongoing. For many students with disabilities, good self-advocacy skills will be key to success, and knowing your rights is one essential element of effective self-advocacy.

The following questions reflect those most commonly asked of PACER staff regarding the ADA and postsecondary institutions.

Q. How does the ADA affect postsecondary schools?

A. Title II of the ADA covers state funded schools such as universities, community colleges and vocational schools. Title III of the ADA covers private colleges and vocational schools. If a school receives federal dollars—regardless of whether it is private or public—it is also covered by the regulations of Section 504 of the Rehabilitation Act requiring schools to make their programs accessible to qualified students with disabilities.

Q. What are the differences between the ADA and Section 504?

A. For most postsecondary schools, there are not many practical differences. Although Section 504 only applies to schools that receive federal financial assistance, the reality is that most postsecondary schools do receive federal dollars. In addition, the ADA Title II requirements affecting state funded schools were modeled on Section 504. Only private postsecondary institutions that do not receive government funds are not covered by the broader 504 or ADA Title II requirements. Under Title III of the ADA these schools have a lower standard of burden—in other words, assuming their resources are less, they wouldn't have to do as much as government funded schools. But they are still required to accommodate students with disabilities in similar ways.

Q. How does the ADA and Section 504 affect admissions requirements?

A. The postsecondary program cannot have eligibility requirements that screen out people with physical or mental disabilities. Application forms cannot ask applicants if they have a history of mental illness or any other disability. Institutions may impose criteria that relate to safety risks but these criteria must be based on actual risk and not on stereotypes or assumptions. It is also illegal for an institution to serve students with disabilities differently because it believes its insurance costs will be increased. (It is illegal for insurance companies to refuse to insure, continue to insure, or limit the amount of insurance solely because individuals with disabilities are to be included in a program—unless the practice is based on sound actuarial principles or actual experience.)

Q. What do postsecondary programs generally have to do for students with disabilities?

A. A school may not discriminate on the basis of disability. It must insure that the programs it offers, including extracurricular activities, are accessible to students with disabilities. Postsecondary schools can do this in a number of ways: by providing architectural access, providing aids and services necessary for effective communication, and by modifying policies, practices and procedures.

Q. What are the architectural accessibility requirements that affect postsecondary educational programs?

A. Buildings constructed or altered after June 3, 1977, must comply with the relevant accessibility code required by Section 504 and, after Jan. 26, 1992, the ADA. Buildings constructed before the 1977 date need not be made accessible if the college or school can ensure that its students with disabilities enjoy the full range of its programs through other means—such as relocating classes to an accessible building. All programs and services, however, must be provided in an integrated setting. In some instances, architectural access may be the only way to make a program accessible.

Q. Does the college that accepted me into its program have to provide me with an accessible dorm room?

A. Yes, if that is what they provide to students without disabilities. A school that provides housing to its students must provide comparable accessible housing to students with disabilities at the same cost as to others. This housing should be available in sufficient quantity and variety so that the housing options available to students with disabilities are equivalent to those without disabilities.

Q. What kinds of aids and services must postsecondary institutions provide to insure effective communication?

A. Qualified interpreters, assistive listening systems, captioning, TTYs, qualified readers, audio recordings, taped texts, Braille materials, large print materials, materials on computer disk, and adapted computer terminals are examples of auxiliary aids and services that provide effective communication. Such services must be provided unless doing so would result in a fundamental alteration of the program or would result in undue financial or administrative burdens. [Note: According to a 1992 publication on the ADA and postsecondary education by the Association on Higher Education and Disability (AHEAD), the Department of Education has never accepted an argument for undue financial burden under Section 504.] Public entities must give primary consideration to the individual with a disability's preferred form of communication unless it can be demonstrated that another equally effective means of communication exists.

Q. How would postsecondary programs modify their policies, practices or procedures to make programs accessible?

A. The most challenging aspect of modifying classroom policies or practices for students with disabilities is that it requires thought and some prior preparation. The difficulty lies in the need to anticipate needs and be prepared in advance. The actual modifications themselves are rarely substantive or expensive. Some examples are rescheduling classes to an accessible location; early enrollment options for students with disabilities to allow time to arrange accommodations; substitution of specific courses required for completion of degree requirements; allowing service animals in the classroom; providing students with disabilities with a syllabus prior to the beginning of class; clearly communicating course requirements, assignments, due dates, grading criteria both orally and in written form; providing written outlines or summaries of class lectures, or integrating this information into comments at the beginning and end of class; and allowing students to use note takers or tape record lectures. Modifications will always vary based on the individual student's needs. Modifications of policies and practices are not required when it would fundamentally alter the nature of the service, program, or activity.

Q. I am planning to attend a college that provides transportation to classes on the campuses of other colleges in a local consortium. Do they have to provide me with wheelchair accessible transportation?

A. Yes. Under the ADA, the college is obligated to provide equivalent transportation for its students with disabilities.

Q. Can a school charge me for the cost of providing an accommodation?

A. No.

Q. Do I have to provide documentation of my disability to request accommodations?

A. Schools may request current documentation of a disability. If a person obviously uses a wheelchair or is blind or deaf, no further documentation may be necessary. For those with hidden disabilities, however, such as learning disabilities, psychiatric disabilities or a chronic health impairment, it is reasonable and appropriate for a school to request documentation to establish the validity of the request for accommodations, and to help identify what accommodations are required.

Q. What kind of documentation might be necessary?

A. Documentation should be completed and signed by a professional familiar with the applicant and the applicant's disability—such as a physician, psychologist or rehabilitation counselor. It should verify the disability and suggest appropriate accommodations. If previous documentation exists, it will likely be sufficient unless it is not current (usually no more than three years old). If no current documentation is available, it is the responsibility of the student to have new documentation prepared. This can mean paying to have an appropriate professional conduct a new evaluation. It would be prudent to get an evaluation the year before you leave high school. This information is confidential and not a part of the student's permanent record.

Q. Are students with disabilities required to disclose their disability?

A. If you do not require any accommodations, you can choose to keep this information private. If you do need accommodations because of your disability, however, you must disclose in order to receive them. A school cannot provide any service, modification or accommodation when it does not know one is required. It is a student's responsibility to make their needs known in advance. This process is often facilitated by an Office for Students with Disabilities. It is then the school's responsibility to work with the student to make reasonable modifications or provide appropriate services in a timely way.

Q. Are schools required to make testing accommodations for students with disabilities?

A. Yes. Schools must establish a process for making their tests accessible to people with disabilities. Schools can do this by providing appropriate accommodations to students with disabilities. Remember, each student's needs are individual, but examples of accommodations include allowing a student extended time to complete a test or providing a distraction free space, sign language interpreters, readers, or alternative test formats. [Note: Testing accommodations are also required of agencies which administer college entrance exams, the agencies or businesses that administer licensure and certification.]
2003, 1997 PACER Center I ACTION Sheet: PHP-c51g

CODE SILVER Response at Albany Medical Center

- If you witness a shooting or assault with a weapon (typically a gun or knife), leave the area or seek cover immediately
- Dial 911 from an AMC telephone and advise of Code Silver with specific location. For off-site locations with 911 calls to local law enforcement, advise dispatcher of specific incident (shooting or stabbing)
- Call AMC Security at 2-3777. Provide the following information, if known:
 - Specific location
 - Number of armed suspects
 - Physical description of armed suspect(s)
 - Number and type(s) of weapon(s)
 - Number of potential victims and their locations
- If a Code Silver is announced, immediately seek cover in a secure area and advise/assist any other people in the area
- Lock your door and close any blinds
- Turn off lights and computer monitors, silence cell phone and remain quiet. Avoid use of telephone/cell phone
- ALL corridor movement is suspended, including response teams such as Code Blue, Rapid Response, etc.
- Do not leave the area, even for a fire alarm, unless a fire is seen or until instructed to do so by a uniformed law enforcement or AMC Security officer
- Upon law enforcement arrival:
 - Remain as calm as possible and follow officers' instructions
 - When instructed by a uniformed law enforcement officer to evacuate, do not stop to ask questions or request assistance
- Remain secure until "**Code Silver all clear**" is announced or until advised by a uniformed AMC Security or law enforcement officer

Student Release of Information

Dear MPAS 2015 Student,

In preparation for graduation, we wish to obtain the following consent for the release of information to the NCCPA as they *require* us to report it to them for you to be entered into their system to take the PANCE.

NCCPA Enrollment for PANCE:

Name: _____

Anticipated Graduation Date: 5/21/2015

Date of Birth: ____/____/____

The AAPA requests the following information for their database. This is reported to the AMA under an agreement between the two organizations for the purpose of use in the AMA Credentialing Service. The AMA Credentialing Service is used by many hospitals and other organizations to verify your graduation. It is in your best interests to have the information on file in the event an employer uses this service. However, it is your decision to release this information or not.

AAPA Roster for purposes of credentialing:

Name: _____

Anticipated Graduation Date: 5/21/2015

Birthdate: ____/____/____

Email: _____

I hereby consent to the release of the information provided above to the NCCPA or AAPA respectively.

Signature: _____ Date: _____

This information will not be shared with other organizations without your consent.

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