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August 11, 2016
INTRODUCTION

Welcome to the clinical year of your PA training. This is a very exciting time for each of you as you will be working full-time with preceptors in a variety of discipline, work on individualized research projects and attend grand rounds, seminars, and other learning venues during clinical rotations.

Your core rotations are directed toward the student developing clinical competence and confidence in a variety of domains: knowledge, procedure/skills, clinical problem-solving, cultural intelligence, patient safety and quality assurance, social determinants of health, and professional attitudes and behaviors in the diagnosis and management of fundamental medical problems associated with the particular medical discipline.

All clinical preceptors and/or their PA designee serve as volunteers of their time and talents to participate in the medical model of learning in the clinical setting. All preceptors and clinical site rotations have been vetted by the USA PA program and selected based on a number of criteria including, but not limited to, expertise, enthusiasm for teaching, willingness to teach and student safety. Combined with your enthusiasm, thirst for clinical and social knowledge, and dedication to interprofessional collaborative patient-centered care, the 2016-2017 clinical year will be a major success.

This revised Clinical Manual offers general guidelines and details regarding the clinical education experience for physician assistant students. This manual serves only as a guide. You are encouraged and expected to become familiar with all the information contained within this manual. If you should experience any problems or have further questions, please contact the Department of Physician Assistant Studies Clinical Assistant Ms. Natasha Edwards at 251-460-6289, nedwards@southalabama.edu.

Please contact the Program Director regarding issues not addressed in this manual.

Students are responsible for maintaining close communication with the Director of Clinical Education and the Program Director throughout the clinical phase. Checking your USA jagmail account DAILY is required! We will use this method to communicate important deadlines, changes to assignments and updates that occur on a regular basis.

Strive not to be a success, but rather to be of value. Albert Einstein

August 11, 2016
CONTACT INFORMATION

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Susan Gordon-Hickey, Au.D., Ph.D.  
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Fax: (251) 445-9336

Coordinator, PA Clinical Rotations  
Natasha Edwards  
edwards@southalabama.edu  
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Fax: (251) 445-9336

Educational Outreach Specialist  
Cheryl Nicholls, BA  
cherylnicholls@southalabama.edu  
Office: (251) 445-9520  
Fax: (251) 445-9336

Admissions Coordinator:  
Nancy Dunn, BA  
nndunn@southalabama.edu  
Office: (251) 445-9345  
Fax: (251) 445-9336

Departmental Secretary:  
Ginny Harris  
gharris@southalabama.edu  
Office: (251) 445-9345  
Fax: (251) 445-9336

Program Office:  
University of South Alabama  
Department of Physician Assistant Studies  
5721 USA Drive North, Room 3124  
Mobile, AL  36688-0002  
Phone: (251) 445-9334  
Fax: (251) 445-9336  
www.southalabama.edu/alliedhealth/pa

USAMC Call Room:  
Mastin Building Medical Student Call Rooms  
Follow enclosed policy

USACW Call Room:  
Medical Student Call Rooms

USA Computer Systems:  
Claudette Lee  (251) 471-7679
MISSION, VISION AND GOALS
Department of Physician Assistant Studies
Master of Health Sciences

Mission

The mission of the University of South Alabama Physician Assistant Program is to educate compassionate and competent individuals from diverse backgrounds to become highly qualified physician assistants in accordance with the highest professional standards to provide a broad spectrum of preventative and curative healthcare to patients in various communities and clinical settings with physician supervision. The emphasis of the program is one of primary care, including a broad foundation in the medical and surgical specialties.

Vision

The Physician Assistant Studies program curriculum is closely related to the goals of the University of South Alabama as well as to the degree. The program fosters an environment that promotes the acquisition and application of culturally sensitive, patient-oriented clinical knowledge and skills to produce a diverse workforce of primary care physician assistants who practice medicine with competence, professionalism, and compassion driven by academic excellence and a spirit of service to the community.

Goals

1. Emphasize primary care and a desire among physician assistants toward service in rural and medically underserved communities;
2. Promote excellence in healthcare by preparing competent physician assistants to practice evidence-based medicine in all clinical settings;
3. Ensure opportunities for placement of qualified military veterans through participation as a PAEA Member Program offering assistance for veteran entry into physician assistant programs;
4. To recruit, select, and educate a highly qualified diverse student body, (i.e., underrepresented minorities), and provide fair and equitable admission criteria;
5. Prepare physician assistant students to provide patient-centered healthcare services as part of an inter-professional, collaborative team in a variety of clinical settings;
6. Charge physician assistant students to become graduates who reflect high standards of legal, ethical, and moral conduct;
7. Foster the growth and development of PA education by preparing physician assistant graduates who possess depth of knowledge, clinical skills and abilities for excellence in practice;
8. Promote in our physician assistant students the importance of life-long learning skills and ongoing professional development to meet and/or exceed contemporary performance standards within their area(s) of clinical practice.

August 11, 2016
CLINICAL YEAR GOALS

The clinical phase of the program is a full-time commitment. Non-rotation activities (employment interviews, vacation, weddings, etc.) may not supersede or conflict with your clinical duties and academic assignments.

A. Apply knowledge gained during the didactic year to supervised patient management.

B. Employ a variety of learning strategies and resources to broaden clinical & social science knowledge, interpersonal and communication skills, cultural intelligence & professionalism.

C. Develop interprofessional collaborative patient care skills while functioning within a multi-disciplinary team.

D. Evaluate different styles of practice and specialties with a focus toward future employment. Construct a professional CV.

E. Develop a strategic plan of study for preparation for the National Certification for the Commission of Physician Assistants (NCCPA) board exam (PANCE).

F. Construct a CME quality Capstone project (PowerPoint or Poster) research project appropriate for peer review.

G. Demonstrate the role of a physician assistant in the healthcare system, to include interprofessional collaborative patient-centered care.

H. Develop and demonstrate a professional demeanor and attitude.

I. Develop and demonstrate an appreciation for the diversity of the health care team and patient populations. Assess communication skills for appropriate populations, including the low-health literacy population.

J. Contact the appropriate attending when you have questions.

K. Comply with all rotation protocols.

L. Comply with all rotation requirements (patient logging, EOR examinations, student course evaluations, rotation assignments, course registration, deadlines, etc.)

M. Attend all end of rotation class sessions, 8am-5pm. No exceptions!

N. Develop and Demonstrate pro-active learning skills.

O. Seek advanced permission (for ANY reason) from the Director of Clinical Education (DCE) and/or Program Director (PD) to be absent from a rotation.

P. Maintain maintenance with all rotation requirements such as immunizations, ACLS, BBP, influenza vaccination, etc.

August 11, 2016
The clinical rotation schedule is subject to change. Therefore, students should have in place a 12 month backup plan for family and pet care needs. No personal commitments should be made during the clinical year.

The clinical year is divided into eleven (11) 4-week blocks.

A. There are two (2) required 8-week rotations (Primary Care and Pediatrics). Each of these rotations will be completed during two consecutive 4-week blocks with no exceptions.

B. There are five (5) required 4-week rotations (General Surgery, Emergency Medicine, Internal Medicine, Psychiatry, and Obstetrics/Gynecology).

C. There are two (2) 4-week elective rotations in any specialty approved by the Program Director. The first elective will be completed in conjunction with the Emergency Medicine rotation. All students will complete elective #2 as their last rotation. It is recommended that elective #2 be completed in the field that will enhance the student’s potential to pass PANCE on the first take. Secondarily, in a field in which the student expects to seek employment and/or with the physician with whom the student expects to work.

PLEASE NOTE: For all rotations, requests for clinical sites are due 3 months prior to the beginning of the rotation. If the rotation incorporates a surgical and/or hospital component, requests for NEW sites are due 6 months prior to the rotation. The final decision on ALL rotations is at the discretion of the Program Director and/or faculty.

Approval for requests for NEW clinical sites for the clinical year is not guaranteed.

The rotation dates and block schedules are on the following pages. Please note that each rotation begins on a Monday and ends on a Friday. However, the last day at the clinical site will be a Wednesday. Although your preceptor has been made aware of this fact, please professionally remind him/her as the end of the rotation approaches. It is mandatory for the student to be at the program office on the last scheduled day of the rotation (Friday) to complete a rotation evaluation, end-of-rotation examination, and other learning activities as planned. Additionally, Thursday should be available per the rotation syllabi for rotation specific assignments. Students should expect the Friday End-of-Rotation day to last from 8am to 5pm. Attendance is mandatory! Please do not schedule any external appointments, airline/travel plans, weddings, health appointments, etc. within the 8-5 pm time frame.
Dress Code for USA Clinical Students:
The below dress code is to be followed while in Clinics, Hospitals, Clerkships and during clinical skills sessions with patients. Professional appearance is important. Students working in the USA Hospitals and Health Systems are expected to maintain high standards of professional appearance in all locations.

### Business Attire Guidelines

<table>
<thead>
<tr>
<th>Allowed</th>
<th>Business Casual</th>
<th>NOT Allowed:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pants/Bottoms/Dress/Skirts</strong></td>
<td><strong>Male students:</strong> wear dress slacks or khakis and a dress shirt with regular tie/bow tie and white coat. <strong>Female students:</strong> may wear dress slacks, skirt/dress of appropriate length &amp; white coat.</td>
<td><strong>Men's polo style shirts, sweat shirts, t-shirts, Jeans (any color or any style)</strong> <strong>Sweat pants, Stretch pants, Yoga pants</strong> <strong>Leggings in any style or color</strong> <strong>Capri pant or shorts</strong> <strong>Sleeveless Tops</strong> <strong>Plunging necklines or any tops that expose chest hair or cleavage</strong> <strong>Sandals or opened-toed shoes</strong></td>
</tr>
</tbody>
</table>

### Clinical Uniform Guidelines

<table>
<thead>
<tr>
<th>Allowed</th>
<th>Allowed Tops</th>
<th>NOT Allowed:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pants/Bottoms</strong></td>
<td><strong>Official Burgundy Scrub Tops</strong> **No plunging necklines or shirts that expose chest hair or cleavage. Scrub tops must be tucked in. <strong>Solid (white - ONLY) crew neck t-shirts (short or long-sleeved) under the scrub tops</strong></td>
<td><strong>All Denim type clothes, hospital issued scrubs, Jeans (any color or any style)</strong> <strong>Leggings, yoga pants, capris</strong>, <strong>Opened-toed shoes, sandals or boots. Sleeveless tops</strong> <strong>Undershirts with visible logos</strong> <strong>White crew neck t-shirts under scrub tops must not hang out under the scrubs at the waist and all others layers must be tucked in and not visible below the uniform top. Thermal underwear, henley's any waffle type material that is worn as a visible layer. All Microfleece jackets are strictly prohibited from invasive procedural areas where a sterile field is required.</strong></td>
</tr>
</tbody>
</table>

**SCRUB Uniforms:** Students are responsible for purchase, laundry and maintenance of scrub uniforms and may wear scrubs only when required for their clinical duties. Students in direct patient care areas may wear hospital issued scrubs if their own uniform set of scrubs has been heavily soiled in the line of duty. Supervisory approval must be obtained prior to changing.
FINGERNAILS: Nails should be neat and clean. No artificial nails or extenders nails; natural nails must not be longer than ¼ inch long and polish is NOT allowed.

GROOMING/ FRAGRANCE: Due to close contact with patients, guests and other members of the healthcare team, all students must be clean and maintain appropriate personal hygiene with regard to their body, hair and nails. Scented body lotions, fragrances and colognes should not be used to excess and may not be worn in patient areas. Cosmetics, if worn, must be modest. Students must exhibit good personal hygiene at all times.

HAIR: Hair must be neat and not distracting (not, for example, fluorescent or neon colors or stripes.) Hair must not interfere with an employee’s ability to provide patient care. When providing patient care, Hair longer than shoulder length must be contained and pulled back. Short neatly trimmed beards no longer than 1 inch below the chin and mustaches are acceptable. Head coverings accepted when associated with professional, medical or religious rationale or are required for reasons related to practice or Board of Health Regulations.

TATTOOS: Visible tattoos must be covered.

JEWELRY: Rings are limited to two fingers per hand. Only two piercings per ear are allowed. Earrings no more than 1 inch below earlobe. Jewelry should be small and in good taste and not interfere with job performance. Jewelry may not be worn in any other facial/tongue piercings during duty hours.

TOBACCO: The University of South Alabama and USA Health System are Tobacco-Free campuses.

Identification: USA Medical Center ID badge & white coat are to be worn at all times while on duty.

Questions? Contact The Main Building office of Student Affairs 251-471-7145

Failure to follow the dress code will be grounds for disciplinary action.

NOTE: Other USA Hospitals Scrub Uniform colors by department

(Color is determined by primary function)

Registered Nurses: Landau Royal Blue with white jacket
LPNs and MAs: Landau Cell Blue with white jacket
Radiology/U/S/EKG/EEG Techs: Landau Navy Blue with coordinating jacket
Laboratory (Lab Corp): Landau Black with coordinating jacket
Therapy: Landau Hunter Green with coordinating jacket
Pediatric Caregivers: Coordinating cartoon jackets
Front Office Clinical Staff: Landau Steel Grey with coordinating jacket
Mammography Techs: Landau Pink with Steel Grey jacket
PA students: Burgundy scrubs & short white coat

rev. by k. braswell Jun. 17, 16
# Clinical Rotation Schedule
## Class of 2017

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Rotation period begins</th>
<th>Rotation period ends</th>
<th>Weeks Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>August 22, 2016</td>
<td>September 16, 2016</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>September 19, 2016</td>
<td>October 14, 2016</td>
<td>8</td>
</tr>
<tr>
<td>3</td>
<td>October 17, 2016</td>
<td>November 11, 2016</td>
<td>12</td>
</tr>
<tr>
<td>4</td>
<td>November 14, 2016</td>
<td>December 9, 2016 **</td>
<td>16</td>
</tr>
<tr>
<td>5</td>
<td>January 9, 2017</td>
<td>February 3, 2017</td>
<td>20</td>
</tr>
<tr>
<td>6</td>
<td>February 6, 2017</td>
<td>March 3, 2017 **</td>
<td>24</td>
</tr>
<tr>
<td>7</td>
<td>March 6, 2017</td>
<td>March 31, 2017</td>
<td>28</td>
</tr>
<tr>
<td>8</td>
<td>April 3, 2017</td>
<td>April 28, 2017 **</td>
<td>32</td>
</tr>
<tr>
<td>9</td>
<td>May 1, 2017</td>
<td>May 26, 2017</td>
<td>36</td>
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<tr>
<td>10</td>
<td>May 29, 2017</td>
<td>June 24, 2017</td>
<td>40</td>
</tr>
<tr>
<td>11</td>
<td>June 26, 2017</td>
<td>July 21, 2017</td>
<td>44</td>
</tr>
<tr>
<td>***</td>
<td><strong>Holiday break</strong></td>
<td>12/10/16 – 01/08/17 <strong>advising</strong></td>
<td></td>
</tr>
</tbody>
</table>

Scrub class (one hour lecture followed by two hour class on scrubbing, gowning and gloving). See schedule p.10

Student need to apply for graduation by this date: February 1, 2017 estimated

Please book M&A Studios to take pictures for composite: March 3, 2017

Request for new clinical sites DUE:
Hospital component due:

Practice PANCE will be required prior to **December** and **April** advising sessions

**Notes to above:** Graduation ceremony: July 28, 2017
Completion date: July 29, 2017

August 11, 2016
The following dates MUST be reserved – attendance is mandatory!

Tuesday, August 16 – Friday, August 19, 2017  Orientation Days

End of Rotation Exams: Mandatory Attendance

<table>
<thead>
<tr>
<th>Date</th>
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<tbody>
<tr>
<td>September 16, 2016</td>
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<td>October 14, 2016</td>
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<tr>
<td>November 11, 2016</td>
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<tr>
<td>December 9, 2016</td>
<td>**</td>
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<tr>
<td>February 3, 2017</td>
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<tr>
<td>March 3, 2017</td>
<td>**</td>
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<tr>
<td>March 31, 2017</td>
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<tr>
<td>April 28, 2017</td>
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<tr>
<td>May 26, 2017</td>
<td></td>
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<tr>
<td>June 24, 2017</td>
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<tr>
<td>July 21, 2017</td>
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** Advising dates **

Standardized Patient OSCE: to be determined

Comprehensive Review Week: to be determined

Comprehensive Exam: Friday, July 21, 2017; 8:00 a.m.

Capstone Project Presentations: July 24 – 26, 2017; beginning at 8:00 a.m. each day

PACKRAT and Exit Survey: July 27, 2017, 8:00 a.m.

Graduation ceremony: Friday, July 28, 2017; 6:00 p.m. Laidlaw Performing Arts Center. Students must be present at 5:00 p.m.
# SCHEDULE FOR SCRUB CLASS

Meet Mastin Room 209 at 12:30 - 3:30 P.M.
Syndey Smith or Nicole Neese 471-7164

## Thursday, August 18, 2016:

<table>
<thead>
<tr>
<th>Eric Ponder</th>
<th>Sara-Kate Lambert</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bennett Smith</td>
<td>Allie Alford</td>
</tr>
<tr>
<td>Mary Payton Noah</td>
<td>Heather Alexander</td>
</tr>
<tr>
<td>Megan Wakefield</td>
<td>Eddie Nguyen</td>
</tr>
<tr>
<td>Wesley B. Smith</td>
<td>Carolyn Lyon</td>
</tr>
<tr>
<td>Jodi Brown</td>
<td>Alanna McCafferty</td>
</tr>
<tr>
<td>Leigh Williams</td>
<td>Melanie Chorvat</td>
</tr>
<tr>
<td>Jordon Peacock</td>
<td>Ede Voorheis</td>
</tr>
<tr>
<td>David Myette</td>
<td>Kaylee Perkins</td>
</tr>
<tr>
<td>Randi Irby</td>
<td>Brandon Conway</td>
</tr>
</tbody>
</table>

## Friday, October 14, 2016:

<table>
<thead>
<tr>
<th>Jessica Casey</th>
<th>Nicole Bailey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jessica Howard</td>
<td>Andrea Buery</td>
</tr>
<tr>
<td>Amanda Wolford</td>
<td>Alejandra Diaz</td>
</tr>
<tr>
<td>David Bailey</td>
<td>Kortni Kilgore</td>
</tr>
<tr>
<td>Angela Martinsen</td>
<td>Jahid Wahabzai</td>
</tr>
<tr>
<td>Tyler Sawyer</td>
<td>Caleb Knight</td>
</tr>
<tr>
<td>Nate Stuck</td>
<td>Brooke Guerra</td>
</tr>
<tr>
<td>Josh Martin</td>
<td>Christie Adams</td>
</tr>
</tbody>
</table>

## Friday, December 09, 2016:

<table>
<thead>
<tr>
<th>Krystal Simpraphone</th>
<th>Sara Beth Sewak</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teddy Childers</td>
<td>Kristen Seidel</td>
</tr>
</tbody>
</table>

August 11, 2016
# PROFESSIONALISM SEMINARS PA STUDENTS

Held in Health Sciences Building – Nursing Auditorium 1<sup>st</sup> floor
Lobby, Health Sciences Building

## August 31, 2016 – PA faculty member

<table>
<thead>
<tr>
<th>Time</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>3:00 P.M.</td>
<td>Brown, Jodi</td>
</tr>
<tr>
<td></td>
<td>Noah, Mary Payton</td>
</tr>
<tr>
<td></td>
<td>Peacock, Jordan</td>
</tr>
<tr>
<td></td>
<td>Ponder, Eric</td>
</tr>
<tr>
<td></td>
<td>Smith, Bennett</td>
</tr>
<tr>
<td>4:30 P.M.</td>
<td>Smith, Wesley B</td>
</tr>
<tr>
<td></td>
<td>Wakefield, Megan</td>
</tr>
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<td></td>
<td>Williams, Leigh</td>
</tr>
<tr>
<td></td>
<td>Bailey, David</td>
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<td></td>
<td>Casey, Jessica</td>
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</table>

## October 5 or 19, 2016 – PA faculty member

<table>
<thead>
<tr>
<th>Time</th>
<th>Name</th>
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</thead>
<tbody>
<tr>
<td>3:00 P.M.</td>
<td>Adams, Christy</td>
</tr>
<tr>
<td></td>
<td>Bailey, Nicole</td>
</tr>
<tr>
<td></td>
<td>Buery, Andrea</td>
</tr>
<tr>
<td></td>
<td>Martinsen, Angela</td>
</tr>
<tr>
<td></td>
<td>Diaz, Alejandra</td>
</tr>
<tr>
<td>4:30 P.M.</td>
<td>Kilgore, Kortni</td>
</tr>
<tr>
<td></td>
<td>Knight, Caleb</td>
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<td></td>
<td>Wahabzai, Jahid</td>
</tr>
<tr>
<td></td>
<td>Guerra, Brooke</td>
</tr>
<tr>
<td></td>
<td>Howard, Jessica</td>
</tr>
</tbody>
</table>

## February 8 or 22, 2017 – PA faculty member

<table>
<thead>
<tr>
<th>Time</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>3:00 P.M.</td>
<td>Alexander, Heather</td>
</tr>
<tr>
<td></td>
<td>Alford, Allie</td>
</tr>
<tr>
<td></td>
<td>Chorvat, Melanie</td>
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<tr>
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<td>Lambert, Sara Kate</td>
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<td>Lyon, Carolyn</td>
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<td>4:30 P.M.</td>
<td>McCafferty, Alanna</td>
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<td>Nguyen, Eddie</td>
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<td>Voorheis, Ede</td>
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<td>Martin, Josh</td>
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<td>Sawyer, Tyler</td>
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## April 19 or 26, 2017 – PA faculty member

<table>
<thead>
<tr>
<th>Time</th>
<th>Name</th>
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<tbody>
<tr>
<td>3:00 P.M.</td>
<td>Childers, Teddy</td>
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<td>Conway, Brandon</td>
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<td>Irby, Randi</td>
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<td>Myette, David</td>
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<td>Perkins, Kaylee</td>
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<td>4:30 P.M.</td>
<td>Seidel, Kristen</td>
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<td>Sewak, Sarah-Beth</td>
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<td>Simpraphone, Krystal</td>
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<td>Stuck, Nate</td>
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<td>Wolford, Amanda</td>
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**Mastin Call & Study Room Rules**

1. **Security installed ID BADGE swipe lock boxes** are on the outside wall entrance of the Mastin bld. facing the larger parking lot and the smaller set of doors facing the back smaller parking lot. Both entrances will be locked after hours (5:30pm – 5:30am). You will need your current ID badge to swipe in after hours.

2. **Access Code:** You will need to contact Karen Braswell for the code. The codes will change in June/July of every year. Do not give the code out to any faculty/staff or former students. All students should contact Karen Braswell 471-7145 in Mastin #202 for the new code.

3. **MASTIN “Sleep” CALL ROOM LOG SHEET:** A Log Sheet is hanging on the wall just inside the entrance. You MUST sign in and sign out every time you use a “Sleep” Call Room –DAY OR NIGHT-- so that we may accurately keep up with the use of the bed sheets for washing and cleaning of these four rooms. When you are using a Sleep Call Room – be sure to place the DO NOT DISTURB sign on the outside door handle. The 4 Call Rooms have working in-house phones with individual extension numbers on them (highlighted in yellow). You will be able to call the Medical Center front desk and any other in-house lines from these phones. These phones are not for personal use and cannot call long distance numbers.

4. There are 2 “Quiet Study Rooms” with comfortable chairs, 4 “Group Study Rooms” with a table with outlets to plug in your laptops. You do not need to sign in on the Log Sheet when you use these rooms. Please always clean up after yourself. Also, keep in mind that when Call Rooms are in use – students in the study room areas should be courteous and keep all noise levels down.

5. **USA PA Students** on call during their Surgery rotation may use these rooms in Mastin only AFTER the PA student comes by Student Affairs in Mastin #202 to meet with Karen Braswell. She will need to make a copy of your ID badge and collect your cell phone number. Once this is complete we will release the code. PA students are not to request the code from a medical student. Karen also has allotted 2 of their medical student lockers on the Mastin 2nd floor for PA students. She will assign them and give out the combination when the PA student meets with her in Mastin #202.

   **All rules are to insure safety for our students**

   Report any problems to Karen Braswell at (251) 471-7145 – kbraswell@southalabama.edu
# GENERAL STUDENT HOUSING FOR OUT-OF-TOWN ROTATIONS

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
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<tbody>
<tr>
<td>Washington County Hospital</td>
<td>Students will be staying in either a hospital room or nursing home room if available. If offsite housing is available students will be emailed instructions.</td>
</tr>
<tr>
<td>Lower Alabama Pediatrics – Brewton, AL</td>
<td>Students will be issued a key and staying in Dr. Raulerson’s apartment by her house. It is 1BR with queen bed. Sheets, towels and toilet paper are provided.</td>
</tr>
<tr>
<td>Monroe County Hospital – Monroeville, AL</td>
<td>Students will be staying in a 2 bedroom apartment within the hospital. It is secured with keypad entry. Bed linens and towels provided. Lunch provided with PA student nametag.</td>
</tr>
<tr>
<td>Greene County Health System – Eutaw, AL</td>
<td>Students will be staying in a 4 bedroom, 1 bath mobile home. Students will be provided with a key at the beginning of their rotation and will need to turn it in at the end of their rotation. There is a kitchen to prepare meals or students can order meals in the hospital for $5, including a beverage. Students will need to bring twin sheets, a pillow and pillow case. Towels and wash cloths are provided and will be cleaned by the facility owners, all other laundry will be the student’s responsibility.</td>
</tr>
<tr>
<td>Pine Apple Healthcare – Pineapple, AL</td>
<td>Students may be staying in a 2 bedroom, 1 bath mobile home behind the clinic. Students will be provided a key at the beginning of the rotation. There is a kitchen to prepare meals. Other housing may include a bed and breakfast in Camden (20 miles from clinic).</td>
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STUDENT RESOURCES

INCIDENT REPORTS
Occasionally, accidents will occur on clinical sites or in the laboratory. Should a student, patient, or other staff member be injured as a result of an accident involving a student, the student must comply with all accident and injury protocols established at the institution. The student may be required to follow-up with his/her private primary care provider for further evaluation and/or treatment. A “Department of Physician Assistant Program Incident Report” should be completed immediately and filed with the director of clinical education, if the student is in the clinical phase of the program; or the director of didactic education, if the student is in the didactic phase of the program, no later than the Friday of the week following the incident. Additionally, students must notify the director of clinical education or faculty member by telephone and/or e-mail of any such incident as soon as possible. To protect the privacy of all involved parties, health information regarding the student or patient should not be included in the documentation. Further, the form should not contain any patient identifying data. A printed e-mail and the incident report placed in the student’s file will suffice as appropriate documentation. A copy of the form is enclosed in the back of this handbook and should be reviewed carefully (see Appendix B) and http://www.southalabama.edu/alliedhealth/biomedical/Ravine/CAHP_Biosafety.htm

Should any expense be incurred as a result of an exposure, the student is responsible for all costs related to the incident.

UNIVERSAL PRECAUTIONS
Upon matriculation students are required to participate in the University’s Blood borne Pathogens Training Module. Participation in the training course is mandatory. The course is typically taught during the first week of classes by a faculty member. At the completion of the training module, students are required to take an examination. Students have a total of three attempts to score 80% or above to successfully complete the module training.

PERFORMANCE OF INVASIVE PROCEDURES
Pursuant to Section 22-11A-62 of the Alabama Code, Alabama law provides that "no health care workers, which include students in the healing arts, having knowledge that he/she is infected with either HIV or HBV shall perform or assist in the performance of an invasive procedure unless and until he or she has notified the State Health Officer, as provided in Section 22-11A-61 [of the Alabama Code], and agrees to cooperate with any investigation authorized in Section 22-11A-63 [of the Alabama Code] and any necessary practice modifications." Therefore, upon enrolling in the Physician Assistant program, any student infected with HIV or HBV must contact the State Health Officer of the Alabama Department of Public Health (334-206-5364), or his or her designee. An investigation and subsequent report will be completed to determine practice modifications and limitations.

When received by the student, the final report must be presented to the director of clinical education who will then work with the student and Special Student Services in the planning and determination of what accommodations may be reasonably made with the parameters of the educational program. Clinical Preceptors will be made aware of the student's practice limitations and restrictions in a confidential manner. Failure to adhere to this policy will result in dismissal from the Program.

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FIRE/EVACUATION
In the event of a building evacuation, students, faculty and staff should exit via stairwells, utilizing emergency exits and meet in designated departmental location south of the HAHN building in front of Alpha Hall East (AHE), between AHE and University Boulevard. Students are required to review the Emergency Evacuation Plan in Appendix A of this document carefully and participate in any scheduled practice drills.

STUDENT SAFETY & SECURITY
The University of South Alabama Police Department is committed to the promoting and providing a safe living, learning, and working environment for all members and guest of the University. The USA Police Department offers numerous services to include Bicycle Registration, Fingerprinting, Crime Reports Mapping, My Force, Operation Identification, Risk Reduction Tips and the Silent Witness Program. Students are highly encouraged to visit the USA Police Department webpage at http://www.southalabama.edu/police/index.html to become familiar with the many services offered. Students should exercise caution at all times and report any suspicious activities.

WEATHER EMERGENCIES
The University of South Alabama closely monitors hazardous or potentially dangerous weather conditions. Weather related closure or bulletins are made available from the following sources:
- USA Weather line: 251.460.5999 (toll free 866.288.2139)
- USA Website: www.southalabama.edu
- Campus-wide email sent by the Office of Public Relations

STUDENT PARKING
All motor vehicles used on campus by students, faculty, or staff must be registered with the University Student Accounting Office. Students will receive university related traffic regulation and a numbered hang tag at the time of vehicle registration. Students must display their traffic hang-tag on the rear view mirror with the front of the permit visible from the outside of the vehicle. Anyone driving a car to the campus without a current hang-tag should obtain a temporary permit from the University Police, and visitors should obtain visitor permits.

ACADEMIC RESOURCES
Students are highly encouraged to have a laptop, netbook, IPad, etc. The University provides a wireless internet environment with desk plug-ins. Students should make sure they have the Microsoft 2010 software package.

University Writing Center
http://www.southalabama.edu/writing/
The University Writing Center (230 Alpha Hall East), 460.6283 is available to all USA students. Students may receive help on any type of writing task at any stage of the writing process. The Center’s writing consultants focus on teaching the writers. Consulting sessions are held in the Center.

Student Health Services
http://www.southalabama.edu/studenthealth/
The Student Health Center (650 Clinic Drive, Suite 1200 of the Research Park Building III, 460-7151) provides efficient and cost effective health care services relevant to the needs of the University Community. The Center strives to accomplish this mission through health education, health promotion and primary health care.

August 11, 2016
USA Counseling and Testing Center (CTS)
http://www.southalabama.edu/counseling/
The USA CTS is located at 326 Alpha Hall East, 555 University Blvd N, M-F, 8am-5pm, closed during holidays, 460-7051. The mission of the Counseling and Testing Services (CTS) is to provide high quality counseling, testing and consultative services to the University community. CTS strive to facilitate the academic, emotional, social and career development of students. A variety of services are offered including substance abuse programs, mental health emergency care, group counseling, testing services, private counseling, etc.

USA Libraries
http://www.southalabama.edu/libraries/index.html
The University of South Alabama has an excellent network of library services to meet the needs of students, faculty, staff and visitors. Students in the PA program will most often utilize the services of the Biomedical Library (http://biomedicallibrary.southalabama.edu/library/)

Psychological Clinic
http://www.southalabama.edu/psychology/clinic.html
2000 University Commons Building (UCOM), 307 University Blvd No.
Appointments and information 460-7149
The USA Psychological Clinic provides professional services for the USA community. Graduate students in psychology provide most of the direct client services. In all cases, student clinicians are supervised by faculty members who are Clinical or Counseling Psychologists and are licensed in the State of Alabama.
Some psychological services are provided directly by licensed Clinical and Counseling Psychologists.

USA Veterans Affairs Office
http://www.southalabama.edu/registrar/veterans.htm
390 Alumni Circle
Meisler Hall, Suite 2300
460-6016
All veterans, veterans’ dependents, and active duty personnel may utilize services provided by the Office of Veterans Affairs. All degree programs are approved for the education of veterans, service members, and dependents of veterans eligible for benefits under the programs of the state and federal Department of Veterans Affairs.
New veteran students should report to the Office of Veterans Affairs at the time of application to the university. Certification for benefits must be requested in writing and signed by an advisor for each term.

Because of the recent changes in benefit allowances and VA policies students using VA benefits should regularly visit the VA home page at www.gibill.va.gov. Students should also maintain regular contact with the Office of Veterans Affairs at (251) 460-6230 or vets@southalabama.edu.

Office of Multicultural Student Affairs
http://www.southalabama.edu/omsa/
Student Center, Room 110
460-6895
The office serves to:
- Coordinates efforts to increase the retention of African American Students
- Provides programming for cultural awareness and communication among the University Community

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• Encouraging students to participate in all aspects of campus life
• To assist with the transition to the university environment, Big Brother, Big Sister was created. Big Brother, Big Sister is a mentoring program that was established to increase the retention of African American Students. Mentors are upperclassmen and faculty/staff members who volunteer their time to guide and support the incoming students, and provide leadership opportunities for aspiring student leaders.

Address/Telephone Changes
It is the responsibility of each student to maintain a current local address, telephone number and assigned USA Jagmail email address with the PA program. The CAHP and the PA program will not be held responsible for consequences incurred due to address changes that are not reported.

BLS/ACLS
The PA program requires all students to be certified in Basic Life Support (BLS). All students must provide the program with a copy of the BLS card upon enrollment. Re-certification must be maintained during the complete 27 month educational program. ACLS certification and maintenance is required for the 12-month clinical phase of the program. The program offers BLS/ACLS during the student’s second summer semester as part of the Clinical Medicine IV course.

Financial Aid
http://www.southalabama.edu/finaid/
390 Alumni circle
Meisler Hall Suite 1200
1-800-305-6828 (financial aid inquiries only)

Students are encouraged to obtain financial aid, if needed, rather than seek employment during their professional education.
GENERAL GUIDELINES FOR THE PA STUDENT
COMPETENCIES AND OBJECTIVES

Outlined below are the general objectives in which proficiency is expected at the end of the clinical year. This list is also given to the preceptor as a guide for recognizing trouble areas that may need supplementary training. Typically, during the first three months of clinical training, students are beginning to develop the basic skills listed below. During the fourth through sixth months, students should be gaining confidence in, and improving, their clinical skills. From the seventh month to the end of the clinical year, refining the clinical skills is the main emphasis. Students are required to be fully engaged during the clinical year to improve their history taking, diagnostic, therapeutic, communication, critical-thinking and decision-making skills.

The Medical Interview:
• Maintains a professional attitude/relationship with the patient.
• Introduces self as a Physician Assistant Student.
• Asks appropriate questions to elicit comprehensive or focused medical/psychosocial history.
• Uses non-verbal communication skills appropriately.
• Uses common language, cultural competency and sensitivity to aid in patient care.
• Case presentations are articulate and demonstrate clear sense of medical problem.

Writing Skills:
• Writes focused SOAP format notes with clarity.
• Writes full HPI with clarity. Writes orders with understanding of treatment rationale, writes discharge summaries with clarity.
• Proper charting and documentation is demonstrated on all charts, is able to chart using electronic medical records appropriately.
• Understands the legalities of improper writing/documentation, including confidentiality.

Physical Examination Skills:
• Can perform a full examination, demonstrating correct technique.
• Can perform a focused examination, demonstrating correct technique.
• Can recognize pertinent findings.

Critical Thinking:
• Can form a differential diagnosis, incorporating clinical studies and other information.
• Can form and implement a management plan, including indications for referral.
• Discriminate between diagnostic modalities with consideration given to validity, usefulness, reliability, cost effectiveness and patient accessibility.

Knowledge Base:
• Understands pathophysiology of disease, anatomy in relation to disease and disease processes.
• Understands pharmacotherapeutics and treatment rationale.
• Understands and interprets lab tests, to include appropriate uses. Provides cost-effective use of resources to patients.
• Understands how to utilize technology to manage information and access online medical information to improve current knowledge base and to achieve life-long learning.

Patient Education:
• Understands informed consent. Educates patient of illness and risks/benefits of treatment.
• Provides counseling to patient on health promotion and disease prevention.
• Provides proper documentation of patient education in chart.
• Understands about funding sources and payment systems.
• Uses knowledge to advocate for patients and improve the larger healthcare system.
OVERALL OBJECTIVES FOR ROTATIONS

Given available resources and patient population, the student physician assistant will be able to:

1. Develop and summarize a medical history database appropriate to the presenting patient populations.

2. Construct, present and explain a differential diagnosis from the medical history database.

3. Document the patient medical record in an appropriate, legal format.

4. Demonstrate abilities to order, perform, and interpret appropriate diagnostic studies and procedures.

5. Identify and explain indications for medical/surgical intervention based on patient diagnosis.

6. Demonstrate and accurately perform the technical skills and/or procedures pertinent to a given clinical discipline.

7. With preceptor guidance, formulate and explain an appropriate patient management plan for therapy and management of common medical/surgical problems based on individual patient needs and circumstances.

8. Demonstrate knowledge of the importance of patient safety and quality assurance in patient care.

9. Demonstrate counseling and health education appropriate to the patient’s and/or family’s level of comprehension, while recognizing and appropriately addressing the gender, race, cultural, cognitive, and other biases; patient literacy, health literacy, social determinants of health care and patient belief systems.

10. Identify, describe and construct an appropriate response to the link between patient medical and socioeconomic problems. Using an interprofessional healthcare team approach, utilize community resources to make appropriate referrals within the community.

SPECIFIC OBJECTIVES

(I) At the completion of the clinical year, students will be able to:

A. Construct, perform and document a complete history. The complete history shall include:

   1. Informant and reliability
   2. Chief complaint
   3. Present Illness
   4. Past medical history
      a. medical
      b. surgical
      c. allergies
      d. current medication
   5. Social history
6. Sexual history
7. Family history
8. Review of systems

B. Perform and document a comprehensive physical examination. The comprehensive physical examination shall include:

1. General condition
2. Vital signs
3. Skin
4. HEENT
5. Neck
6. Breast and chest wall
7. Cardiovascular
8. Pulmonary
9. Abdomen
10. Genito-urinary
11. Rectal
12. Musculoskeletal
13. Neurological
14. Mental status

C. Devise and explain pertinent positive and negative findings to the preceptor and/or the medical/surgical team in an appropriate, clear, and concise manner.

(III) After generating a thorough database the student shall write a succinct problem list with appropriate discussion of clinical rationale, diagnostic strategies and therapeutic considerations.

A. The student will demonstrate and document the following in an appropriate format:

1. Admission history and physical
2. Orders
   a. admission
   b. pre-operative
   c. post-operative
   d. discharge
3. Notes
   a. admission
   b. on-service
   c. off-service
   d. delivery
   e. pre-operative
   f. post-operative
   g. intensive care unit
   h. procedure
4. Discharge summary

All medical documentation **MUST** be reviewed, approved and countersigned by the preceptor.

B. The student will demonstrate the ability to explain the socioeconomic, health literacy and cultural needs of the patient, and their family appropriately to help maximize available resources within the community. Students will also practice the appropriate protocol for referring patients and families to services available in the community (speech therapy, occupational therapy, physical therapy, counseling, and other medical/surgical specialties).

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During a given rotation the student will:

A. Construct a thorough history and physical data using either formal or bullet style as appropriate.

B. Utilize an online computer-based patient tracking system (Typhon System) to document and categorize ALL patient encounters assigned to the student during the rotation. Information logged for each patient should include, at a minimum, the chief complaint and/or primary diagnoses, patient age and gender, and all procedures performed on the patient.
ROTATION-SPECIFIC SYLLABI AND OBJECTIVES

The following pages contain specific syllabi for required rotations. These syllabi contain additional objectives to be used as GUIDELINES. These objectives are neither all inclusive nor do they represent the full body of knowledge available in any given discipline area. It is the student’s responsibility to perform in-depth reading and research beyond the stated objectives. Examinations throughout the year are used as a teaching/learning tool that not only measure knowledge acquisition, but also indicate potential gaps in understanding. It is incumbent upon the student to recognize these gaps and seek help from the faculty and/or preceptor if warranted.

These objectives are intended as supplements for the objectives provided in the Clinical Medicine series during the didactic year. Please refer to the Clinical Medicine Objectives for details.

Furthermore, it is recognized that all practice settings differ and clinical experiences may not reflect all problems listed. Thus, clinical experience should be directed to those situations most commonly encountered in each individual practice setting. However, it is noted that seasonal variations in diseases processes occur. Students are responsible for learning all the material outlined in the objectives, irrespective of whether the actual diagnosis was seen during the rotation.

Independent, life-long learning is required of all health care providers. These behaviors are essential for success in the clinical year and as a life-long healthcare provider!
UNIVERSITY OF SOUTH ALABAMA
DEPARTMENT OF PHYSICIAN ASSISTANT STUDIES
INTERNAL MEDICINE ROTATION – REQUIRED
COURSE SYLLABUS 2016 - 2017
PA 550, 4 credit hours, 4 weeks Web-enhanced

GRADUATE BULLITEN COURSE DESCRIPTION: The student is assigned to a clinical setting, often in the inpatient setting, to obtain knowledge, skills and attitudinal/behavioral professional components pertaining to general internal medicine. These competencies are to be obtained while engaging in all aspects of patient care through: the medical interview, history and physical exam, critical thinking, knowledge base, diagnosis and treatment plan, patient education, as well as appropriate health maintenance and disease prevention.

ROTATION DESCRIPTION: The internal medicine rotation is a 4-week rotation, designed to provide the student with an interactive, problem-based learning opportunity. Students will acquire clinical experience through evaluation and management of general internal medicine patients under direct supervision by attending physicians and PAs in both inpatient and outpatient settings. The team approach to patient care and safety is emphasized while students participate in the work-up, diagnosis, treatment and education of the general internal medicine patient and their family.

COURSE OVERVIEW: While under the supervision of the preceptor, students will work independently to evaluate patients and formulate potential treatment plans, present the assessment and plan for discussion, and participate in the required patient management activities and clinical procedures. By the conclusion of the rotation, the student will demonstrate competence in the basic clinical knowledge and skills needed to manage common diseases encountered in the internal medicine patient. While on this rotation the student is expected to:

1. Formulate a focused admitting history and perform an appropriate physical exam.
2. Participate in daily patient assessment and medical management over the course of the patient’s hospital/outpatient stay.
3. Participate as part of an interprofessional team providing patient-centered care for the internal medicine patient.
4. Demonstrate the required skills and competencies when performing various inpatient and outpatient medical procedures and techniques while on the Internal Medicine rotation.
5. Formulate and participate in patient education, discharge planning and discharge summaries.
6. Attend hospital conferences, lectures and all patient-care team meetings.
7. Assume overnight call as assigned by the preceptor but not more often than once every third night.

Students should anticipate spending several hours per week reviewing pertinent anatomy, disease processes, and treatments for the hospitalized, adult, internal medicine patient. Additionally, students should refer to suggested readings and participate in independent

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learning to obtain a breadth and depth of knowledge concerning adult inpatient/outpatient experiences unique to general internal medicine.

The student will report to the Physician Assistant Program for administrative meetings and examinations at the end of the rotation. The end-of-rotation examination includes all learning objectives stated below.

**COURSE GOALS:** The goal of PA 550 is to provide practical experience in the discipline of Internal Medicine that will foster translation of knowledge gained in the didactic curriculum to the care of the internal medicine patients in the hospital and outpatient settings. The essential knowledge gained from the preclinical courses to be applied in the internal medicine rotation includes:

1. Clinical manifestations of the most common emergent, urgent, medical conditions requiring internal medicine management.
2. Basic anatomical structures and their neurovascular relationships relevant to common medically managed diseases.
3. Physiological principles of fluid and electrolyte balance, their management and replacement.
5. Hemodynamic and hematological principles associated with blood loss, replacement, and cardiac function.
7. Normal and abnormal endocrine function related to the internal medicine patient.
8. Cardiovascular, pulmonary and gastrointestinal pathophysiology related to the diagnosis and treatment of common medical disorders encountered in the medical patient.

By the end of this course, the student will:

1. Formulate a complete and accurately focused patient history including belief systems, spiritual and cultural issues and incorporate these into the comprehensive care of an internal medicine patient.
2. Determine appropriate physical examination techniques, laboratory tests, radiologic, and other clinical studies based on a presenting history and physical examination, and interpret the results.
3. Formulate appropriate differential diagnoses for the internal medicine patient based on presenting history, physical examination, and investigative studies.
4. Synthesize and present to the preceptor, PA faculty and PA students a written and oral description of the patient's clinical condition based upon the information obtained from the patient and other resources.
5. Differentiate the medical presentation of common disease processes, and plan and manage their appropriate pre-admission work-up, hospital stay, and post-hospitalization care.
6. Create and maintain clear and accurate patient record documentation over the course of the patient’s illness.
7. Demonstrate competency in basic procedures and technical skills utilized in the care of the internal medicine patient.
8. Illustrate clear and accurate patient education.
9. Display appropriate professional and ethical behaviors and skills required of Physician Assistants in the inpatient/outpatient environment.

**INTERNAL MEDICINE ROTATION COURSE GRADE:**

- Preceptor evaluation (Patient based learning) – 40% of grade
- Multiple-choice Internal Medicine examination – 30% of grade
- **Written History & Physical Examination (provided to advisor)** – 15% of grade (56 POINTS)
- Computer based Typhon Group patient tracking – 10% of grade
- Clinical Coordinator Evaluation – 5% of grade

*Please see page 121 for other rotation grading information.*

**PAEA EOR Exam Topic List Posted on Course Sakai Site**

**STUDENT EXPECTATIONS**

**INPATIENT DUTIES:**

1. On the first day of inpatient wards, the student should ask the preceptor to provide an orientation to the hospital/clinic/emergency department. This orientation should include fire and safety protocol.
2. Each student will be assigned new patients upon admission for whom he or she is expected to perform a complete evaluation.
   a. The history and physical examination should be performed and recorded according to the supervising physician and/or site expectation.
   b. The initial work-up should include a detailed problem list, discussion of the differential diagnosis, and initial management plan.
   c. Review all pertinent physical examination, laboratory and diagnostic findings with the supervising physician. Record these findings in the medical record.
   d. The above information should be presented in an oral case presentation to the supervising physician.
3. The student should collaborate with the supervising physician to construct or update a problem list for each of their patients.
4. Daily progress notes on the student’s patients should be written using a problem-oriented approach.
   a. All notes must be dated, timed and signed by the student.
   b. All notes must be countersigned by the supervising physician.
5. The student has a unique opportunity to impact the emotional well-being of the patient. Addressing non-medical aspects of patient care are essential.
   a. Students should be aware of consultation for social services in the hospital.
   b. Students should be aware of social services available within the community.

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c. Students should recognize cultural and socioeconomic differences in patients/families that may influence perceptions of wellness, disease, and treatment modalities.

d. Students should adhere to programmatic standards of professional interactions between patients, other members of the healthcare team and staff.

6. Students should attend all educational conferences, meetings, and lectures offered at the clinical site.

7. Students are expected to take call at least one night a week if it is available on their service.

8. The student is responsible for maintaining a patient log in Typhon Group, to include data (at a minimum) of: rotation type, rotation site, preceptor, date, age, gender, diagnoses (ICD-9 codes) and procedures (CPT codes).

OUTPATIENT DUTIES:

1. When assigned to internal medicine outpatient services, the student is expected to work the same hours as that of the supervising physician or clinic.

2. On the first day of clinic, the student should ask the preceptor or office manager to provide an orientation to the clinic. This orientation should include fire and safety protocol.

3. If the preceptor is taking call during the weekend, the student is expected to take call as well.

4. The student is responsible for asking the supervising physician for feedback.

5. The student is responsible for reading medical literature/textbooks regarding the objectives and diagnoses listed in this syllabus. Furthermore, the student is responsible for making oral presentations to the supervising physician and asking pertinent questions regarding these objectives on a regular basis.

SPECIFIC ROTATION OBJECTIVES

I. Medical Knowledge

A. As they relate to commonly seen medically managed diseases, at the completion of the rotation the physician assistant student will be able to describe, identify, describe, formulate, create, explain, construct and distinguish the following:

1. Definition and overview

2. Etiology

3. Epidemiology, pathogenesis/pathophysiology and clinical presentation of disease(s)

4. Diagnosis

5. Management: plan based on appropriate use and interpretation of diagnostic test, medications, and other medical interventions

6. Complications of the disease diagnosed, medical treatments, and comorbid disease states

7. Prognosis including the outcomes of treatment versus no treatment versus “watchful waiting”

8. Appropriate patient education and discharge planning

9. Secondary and tertiary prevention

B. Explain and summarize the indications, contraindications, mechanism of action, side effects, interactions and adverse reactions for the following pharmacologic agents.
1. analgesics
2. anti-arrhythmic drugs
3. antacids, acid pump inhibitors
4. antibiotics
5. antiretroviral meds
6. antifungals
7. bronchodilators
8. anti-hypertensive drugs
9. anti-diabetic medications including insulin
10. anticoagulants
11. corticosteroids

II. Skills

A. By the completion of this rotation it is expected that the Physician Assistant student will be able to competently demonstrate, perform, elicit, formulate, interpret, synthesize, and document the following general patient management skills:

1. historical information for the presenting chief complaint
2. appropriate physical exam for the presenting chief complaint
3. appropriate laboratory and radiologic diagnostic studies
4. appropriate differential diagnosis and treatment plan, including consideration of risks, costs, and efficacy
5. pertinent laboratory studies and imaging modalities
6. diagnosis with differential
7. plan of treatment

B. Construct, demonstrate and document in written or EMR format the following:

1. Appropriately focused general medical admission history and physical examination
2. Admission orders
3. Brief and Full procedure notes
4. Progress notes
5. Discharge summaries to include appropriately written prescriptions

C. Diagnostic Data and Interpretation

1. Perform the following supervised procedures (based upon site/preceptor preferences and availability):
   • lumbar puncture
   • gastric lavage
   • chest tube insertion
   • arterial/venous blood collection
   • intravenous line placement
   • performance of CPR
   • Foley catheter insertion

August 11, 2016
• administration of parenteral medications

2. Interpret the following diagnostic studies:
   a. EKGs
   b. X-ray studies including:
      • Flat and upright abdomen x-ray
      • Sonograms
      • CT/with and without contrast
      • MRIs
   c. Laboratory tests including, but not limited to:
      • CBC with differential
      • Chemistry panel
      • Coagulation panel
      • Liver function tests
      • Thyroid panel
      • CSF studies
      • Urinalysis with microscopic
      • Urine C & S
      • Pulmonary function tests

D. Patient education

   1. Formulate patient education for hospitalized patients regarding their specific conditions, treatment plans, and measures to maintain their health
   2. Summarize and provide clear discharge planning and follow-up care instructions

III. PROFESSIONAL AND ETHICAL BEHAVIORS AND SKILLS

A. The Physician Assistant student will exhibit the following professional and ethical behaviors:

   1. Adhere to all HIPPA and confidentiality rules
   2. Document patient information accurately and honestly
   3. Critique written medical documentation for errors, assume responsibility and correct any medical errors in a timely and appropriate manner
   4. Support patient safety measures at all times in the clinical setting
   5. Demonstrate professionalism at all times when working with patients, staff and other members of the health care team
   6. Assume responsibility at all times in areas of preparedness, attendance, demeanor and dress
   7. Demonstrate a willingness to help any member of the team until the task is completed (duty)
   8. Demonstrate evidence of independent student learning relating to problems encountered in the clinical setting

B. The Physician Assistant student will demonstrate the following professional attitudes:
1. Considerations of to the emotional and social backgrounds of patients and their families
2. Commitment to caring for all patients regardless of gender, race, socioeconomic status, intellect, sexual orientation, or ability to pay
3. Willingness to ask for help from healthcare staff when appropriate and to utilize ancillary resources
4. Openness to recognize limitations by using resource referrals and consultation with supervising preceptor when appropriate
5. Openness to receiving constructive criticism
6. Considerations of patients’ perceptions of health and illness as they relate to patient care

IV. PRACTICE-BASED LEARNING

The successful PA student will demonstrate the ability to:

1. Continuously evaluate patient care practices, and appraise and assimilate scientific evidence, in order to improve the practice of medicine and ensure the safety and quality of patient care
2. Apply medical standards, clinical practice guidelines, and practice algorithms appropriately for individual patients or populations
3. Apply reflection and feedback to incorporate lessons learned into future practice
4. Critically appraise the effectiveness of diagnostic and therapeutic interventions

V. SYSTEMS-BASED PRACTICE

The successful PA student will demonstrate:

1. Effective interaction with a variety of medical practices and delivery systems
2. Effectively use information technology to support patient care decisions and patient education
3. Quality patient care
4. Knowledge of dealing with healthcare system complexities as appropriate
4. Interprofessional collaboration by partnering with supervising physicians, healthcare managers and other healthcare providers to assess, coordinate, and improve the delivery of health care and patient outcomes as appropriate
5. Cost-effective healthcare practices
A holistic assessment of all factors affecting a patient's health status, including information about social, cultural, familial, and economic aspects of the patient's life as well as any other component of the patient's life style that affects health and well-being. The health history is designed to aid in establishing a medical diagnosis, assess the effects of health care deviations on the patient and the family, evaluate teaching needs, and serve as the basis of an individualized plan for addressing wellness.

B. Requirements

The written history and physical will count for 15% of the final rotation grade. The assignment should be emailed to your faculty advisor no later than 5:00 pm on the Friday prior to the end of the Internal Medicine rotation.

The written H&P should be consistent with the style and format provided in: *Bates Guide to Physical Examination and History Taking*. All necessary and pertinent information regarding the patient and his/her condition must be included or points will be deducted.
### C. Grading Rubric: (56 possible points)

<table>
<thead>
<tr>
<th>Categories</th>
<th>Above Average (7 points)</th>
<th>Average (5 points)</th>
<th>Below Average (3 points)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifying Data</td>
<td>Includes all categories</td>
<td>Includes most categories</td>
<td>Failure to include major categories</td>
</tr>
<tr>
<td>CC, History of Present Illness</td>
<td>Includes all categories, Story effectively communicates the major problems with thoroughness and diligent attention to pertinent review of systems. Evidence of extensive patient and/or chart review.</td>
<td>Includes most categories, Story communicates the major problem but lacks adequate resolution of complaints. The pertinent review of systems is sparse. Inadequate evidence of patient and/or chart review.</td>
<td>Failure to include all categories, Story fails to communicate the major problem, and pertinent review of system is not included. There is no evidence of sufficient patient and/or chart review.</td>
</tr>
<tr>
<td>PMH, Social and Family History</td>
<td>Includes vocational history, current living situation, tobacco/alcohol/drug history, &amp; medical history of first degree relatives.</td>
<td>Includes only a cursory family and social history.</td>
<td>Includes some but not all pertinent history.</td>
</tr>
<tr>
<td>Review of Systems</td>
<td>Includes all systems</td>
<td>Includes a majority of systems</td>
<td>Does not include a majority of systems</td>
</tr>
<tr>
<td>Laboratory Evaluation</td>
<td>Includes all pertinent labs, or references what should have been drawn. Circles all abnormal values.</td>
<td>Includes a majority of appropriate labs. Identifies some abnormalities.</td>
<td>Fails to identify and report the major laboratory findings.</td>
</tr>
<tr>
<td>Physical Examinations</td>
<td>Thorough and complete; utilizes the objectives for the observed physical examination</td>
<td>Includes a majority of the physical exam</td>
<td>Fails to include major systems or pertinent findings for the HPI</td>
</tr>
<tr>
<td>Assessment and Plan</td>
<td>Each problem is addressed, either separately or as a constellation of problems, and a differential diagnosis is provided for each problem or problem constellation. Use of tests is discussed for each major problem. A complete, reasonable plan for each problem is suggested.</td>
<td>Most problems are listed with an adequate differential diagnosis. Tests are incompletely discussed. Suggested plan lacks completeness.</td>
<td>Fails to address major problems or the majority. Fails to provide a broad differential diagnosis. Fails to discuss tests. The plan is cursory.</td>
</tr>
<tr>
<td>Structure</td>
<td>No spelling and/or grammar errors</td>
<td>Few spelling and/or grammar errors</td>
<td>Many spelling and/or grammar errors</td>
</tr>
</tbody>
</table>
UNIVERSITY OF SOUTH ALABAMA
DEPARTMENT OF PHYSICIAN ASSISTANT STUDIES
PSYCHIATRY ROTATION – REQUIRED
COURSE SYLLABUS 2016 - 2017
PA 555, 4 credit hours, 4 weeks Web-enhanced

GRADUATE BULLETIN COURSE DESCRIPTION: The student is assigned to a clinical setting, often in the inpatient setting, to obtain knowledge, skills and attitudinal/behavioral professional components pertaining to general psychiatric. These competencies are to be obtained while engaging in all aspects of patient care through: the medical interview, history and physical exam, critical thinking, knowledge base, diagnosis and treatment plan, patient education. Students will also be expected to interact on an interdisciplinary team to provide care to patients with Psychiatric needs, including awareness of social and community services.

ROTATION DESCRIPTION: The Psychiatry rotation is a 4-week rotation, designed to provide the student with an interactive, problem-based learning opportunity in the discipline of behavioral medicine. Students will acquire practical experience through evaluation and management of patients with psychosocial issues as well as behavioral diagnoses under direct supervision by attending physicians and PAs in both inpatient and outpatient settings. The team approach to patient and family care and safety is emphasized during the complete evaluation and treatment of patients with psychiatric illness.

COURSE OVERVIEW: While under the supervision of the preceptor, students will work independently to evaluate patients and formulate potential treatment plans, present the assessment and plan for discussion, and participate in the required patient management activities and clinical procedures. By the conclusion of the rotation, the student will demonstrate competence in the basic clinical knowledge and skills needed to manage common diseases encountered in the psychiatric patient. While on this rotation the student is expected to:

1. Formulate a focused admitting history and perform an appropriate physical exam.
2. Participate in daily patient assessment and medical management over the course of the patient’s hospital/outpatient stay.
3. Participate as part of an interprofessional team providing patient-centered care for the psychiatric patient.
4. Demonstrate the required skills and competencies when performing various psychology tests, and any medical procedures and techniques while on the Psychiatry rotation.
5. Formulate and participate in patient education, mental health counseling, referrals, discharge-planning and discharge summaries.
6. Attend hospital conferences, lectures and all patient-care team meetings.
7. Assume overnight call as assigned by the preceptor but not more often than once every third night.

August 11, 2016
Students should anticipate spending several hours per week reviewing patient counseling techniques and coping mechanisms, the multi-axial evaluation/classification system (DSM-IV), disease processes, and treatments for the psychiatric patient. Additionally, students should refer to suggested readings and participate in independent learning to obtain a breadth and depth of knowledge concerning inpatient/outpatient experiences unique to psychiatric medicine.

The student will report to the Physician Assistant Program for administrative meetings and examinations at the end of the rotation. The end-of-rotation examination includes all learning objectives stated below.

**COURSE GOALS:** The goal of PA 555 is to provide practical experience in the recognition and management of the patient with pathologic Psychiatric/ Behavioral Medicine that will foster translation of knowledge gained in the didactic curriculum to the care of the psychiatric patients in the hospital and outpatient settings. The essential knowledge gained from the preclinical courses to be applied in the psychiatry rotation includes:

1. Clinical manifestations of the most common emergent, urgent, conditions requiring psychiatric management.
2. Principles of pharmacologic treatment related to psychiatric and therapeutic patient management.
3. Care, support and education of the patient and the patient’s family members and significant others.
4. Apply and reinforce basic and more advanced psychiatric concepts to properly treat future patients competently; independent of practice setting.

By the end of this course, the student will:

1. Perform an adequate mental status examination including a complete medical, psychiatric, and social history.
2. Formulate a complete and accurately focused age-appropriate patient history including belief systems, spiritual and cultural issues and incorporate these into the comprehensive care of a psychiatric patient.
3. Determine and interpret finding from appropriate psychological testing and other clinical studies based on presenting history.
4. Perform appropriate physical examination techniques, laboratory tests and radiologic studies as pertinent, and interpret the results.
5. Formulate age-appropriate differential diagnoses for the psychiatric patient based on presenting history, and investigative studies.
6. Synthesize and present to their preceptor, a written and oral description of the patient's clinical condition based upon the information obtained from the patient and other resources.
7. Differentiate the presentation of common psychiatric disease processes.
8. Demonstrate a working knowledge of treatment plan development for inpatient and outpatient treatment in child, adolescent, adult, and geriatric populations.
9. Demonstrate awareness of complications of both medication management and psychotherapy.

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10. Demonstrate an ability to determine the least restrictive, but most therapeutically beneficial treatment setting based on various degrees of patient acuity.
11. Create and maintain clear and accurate patient record documentation over the course of the patient’s illness.
12. Demonstrate competency in basic procedures and technical skills utilized in the care of the psychiatric patient.
13. Illustrate clear and accurate patient education.
14. Demonstrate an understanding of patient restraints and limitations imposed on the physician and patient due to financial, insurance, and medico-legal issues.
15. Display appropriate professional and ethical behaviors and skills required of Physician Assistants in the Psychiatric/Behavioral Medicine setting.

**PSYCHIATRY COURSE GRADE:**

- Preceptor evaluation – 40% of grade
- Multiple-choice Psychiatric examination – 30% of grade
- Quizzes/TBL provided by Altapointe faculty – 10% of grade
- Oral case presentation to Altapointe preceptor – 5% of grade
- Computer based Typhon Group patient tracking – 10% of grade
- Clinical Coordinator Evaluation – 5% of grade

*Please see page 121 for other rotation grading information.*

**PAEA EOR Exam Topic List Posted on Course Sakai Site**

- **Quizzes/TBLs will be given by the Altapointe faculty during the rotation.** The overall average of these exercises will count for 10% of the final rotation grade. If only a quiz is given the score will 10% of the grade. If only a TBL is given the score will be 10% of the grade. The responsibility of writing and grading these quizzes is at the discretion of Altapointe faculty and will be based on specific objectives, lectures and material provided by Altapointe faculty during the rotation.

- **Oral case presentation.** The student will be required to make a formal, oral case presentation to their preceptor and will count for 5% of the final rotation grade. Students will be graded based on a scale of 0 (failure) – 4 (excellent). There will be 7 graded categories with 28 possible points. **YOU ARE RESPONSIBLE FOR SECURING AND TURNING IN YOUR ORAL EXAM FORM ON THE END OF ROTATION EXAM DAY**

**STUDENT EXPECTATIONS:**

**INPATIENT DUTIES:**

1. On the first day of the rotation, the student should ask the preceptor to provide an orientation to the facility. This orientation should include fire and safety protocol.

2. Each student will be assigned new patients upon admission for whom he or she is expected to perform a complete evaluation.

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a. The history and physical examination should be performed and recorded according to the supervising physician and/or site expectation.
b. The initial work-up should include a detailed problem list, discussion of the differential diagnosis, and initial management plan.
c. Review any pertinent prior counseling and treatment plans, physical examination, laboratory and diagnostic findings with the supervising physician. Record these findings in the medical record.
d. The above information should be presented in an oral case presentation to the supervising physician.

3. The student should collaborate with the supervising physician to construct or update a problem list for each of their patients.

4. Daily progress notes on the student’s patients should be written using a problem-oriented approach.
   a. All notes must be dated, timed and signed by the student.
   b. All notes must be countersigned by the supervising physician.

5. The student has a unique opportunity to impact the emotional wellbeing of the patient. Addressing non-medical aspects of patient care are essential.
   a. Students should be aware of consultation for social services in the hospital.
   b. Students should be aware of social services available within the community.
   c. Students should recognize cultural and socioeconomic differences in patients/families that may influence perceptions of wellness, disease, and treatment modalities.
   d. Students should adhere to programmatic standards of professional interactions between patients and other members of the healthcare team and staff.
   e. Students should demonstrate an appropriate attitude toward mental and emotional illness, the patient, family, nursing, therapy staff, and other members of the treatment team.
   f. Students should adhere to the principles of confidentiality and informed consent.

6. Students should attend all educational conferences, meetings, and lectures offered at the clinical site.

7. The student is responsible for asking the supervising physician for feedback regarding his/her progress at mid-rotation.

8. Students should demonstrate respect for and recognition of skill sets of the interprofessional healthcare team.

9. Students are expected to take call at least one night a week if it is available on their service.

10. The student is responsible for maintaining a patient log in Typhon Group, to include data (at a minimum) of: rotation type, rotation site, preceptor, date, age, gender, diagnoses (ICD-9 codes) and procedures (CPT codes).
OUTPATIENT DUTIES:

1. When assigned to psychiatric outpatient services, the student is expected to work the same hours as that of the supervising physician or clinic.

2. On the first day of clinic, the student should ask the preceptor or office manager to provide an orientation to the clinic. This orientation should include fire and safety protocol.

3. If the preceptor is taking call during the weekend, the student is expected to take call as well.

4. The student is responsible for asking the supervising physician for feedback regarding his/her progress at mid-rotation.

5. The student is responsible for reading medical literature/textbooks regarding the objectives and diagnoses listed in this syllabus. Furthermore, the student is responsible for making oral presentations to the supervising physician and asking pertinent questions regarding these objectives on a regular basis.

SPECIFIC ROTATION OBJECTIVES:

I. Behavioral Medicine/Psychiatric Knowledge

A. At the completion of this rotation, the physician assistant student will successfully demonstrate clinical skills and when appropriate provide the rationale needed to diagnose and treat diseases seen in the psychiatric discipline in the hospital, clinic, and outpatient settings across the lifespan of patients (childhood, adolescent, adult, and elderly). The student will be able to discuss and explain the following aspects of any given psychiatric diagnosis as listed above:

1. Explain the appropriate definition and overview
2. Discuss the etiology
3. Discuss the epidemiology
4. Explain the pathogenesis and pathophysiology
5. Construct and explain examples of patient clinical presentations
6. Diagnosis: provide explanation and rationale as to how the differential diagnosis was formulated
7. Management: provide rationale and explain the appropriate use and interpretation of diagnostic test, medications, and other medical interventions
8. Explain and summarize complications of the disease diagnosed, medical treatments, and potential comorbid disease states
9. Explain the prognosis of a given diagnosis including the outcomes of treatment versus no treatment versus “watchful waiting”
10. Explain pertinent patient education and discharge planning per patient diagnosis (es)
11. Summarize secondary and tertiary disease/relapse prevention
12. Understand the development and categorization of multiaxial diagnosis as outlined by the DSM V
13. Describe the mechanisms of psychiatric/behavioral illnesses
14. Demonstrate the ability to utilize the DSM-V criteria to diagnose a given psychiatric illnesses
15. Summarize and explain maintenance of mental health disorders

II. Skills

A. By the completion of this rotation it is expected that the Physician Assistant student will be able to competently demonstrate, perform, elicit, formulate, interpret, synthesize and document the following general patient management skills:

1. Historical information for the presenting chief complaint.
2. Appropriate physical exam for the presenting chief complaint, if pertinent
3. Appropriate laboratory and radiologic diagnostic studies, if pertinent
4. Appropriate differential diagnosis and treatment plan, including consideration of risks, costs, and efficacy.
5. Pertinent laboratory students and imaging modalities
6. Diagnosis with differential
7. Plan of treatment

B. Demonstrate, explain, justify, and document in written or EMR format the following:

1. Appropriately focused general medical admission history and physical examination
2. Admission orders
3. Brief and Full procedure notes
4. Progress notes
5. Discharge summaries, to include appropriately written prescriptions

C. Diagnostic Data and Interpretation:

1. Interpretation of the following studies:
   d. EKGS
   e. X-ray studies including:
      a. CT/with and without contrast
      b. MRIs
   f. Laboratory tests including, but not limited to:
      a. CBC with differential
      b. Chemistry panel
      c. Liver function tests
      d. CSF studies where appropriate
      e. Urine and serum drug screens
      f. Urine and serum pregnancy testing where appropriate
      g. Therapeutic drug level monitoring
D. Patient education

1. Formulate patient education for patients regarding their specific conditions, treatment plans, and measures to maintain or improve mental health.
2. Anticipate and provide clear discharge planning and follow-up care instructions

III. PROFESSIONAL AND ETHICAL BEHAVIORS AND SKILLS

A. The Physician Assistant student will exhibit the following professional and ethical behaviors:

1. Comply with HIPAA and confidentiality rules
2. Construct and document patient information accurately and honestly
3. Identify errors, assume responsibility and correct any errors in an appropriate manner
4. Demonstrate professionalism at all times when working with patients, staff and other members of the health care team
5. Assume responsibility at all times in areas of preparedness, attendance, demeanor and dress
6. Display a willingness to help any member of the team until the task is completed (duty)
7. Demonstrate evidence of independent student learning relating to problems encountered in the clinical setting

B. The Physician Assistant student will demonstrate the following professional attitudes:

1. Considerations of to the emotional and social backgrounds of patients and their families
2. Commitment to caring for all patients regardless of gender, race, socioeconomic status, intellect, sexual orientation, or ability to pay.
3. Willingness to ask for help from healthcare staff when appropriate and to utilize ancillary resources
4. Openness to recognize limitations by using resource referrals and consultation with supervising preceptor when appropriate
5. Openness to receiving constructive criticism
6. Considerations of patient perceptions of health and illness as they relate to patient care.

IV. PRACTICE BASED LEARNING

The successful PA student will demonstrate the ability to:

1. Continuously evaluate patient care practices, and appraise and assimilate scientific evidence, in order to improve the practice of medicine and ensure the safety and quality of patient care
2. Apply medical standards, clinical practice guidelines, and practice algorithms appropriately for individual patients or populations.
3. Apply reflection and feedback to incorporate lessons learned into future practice.
4. Critically appraise the effectiveness of diagnostic and therapeutic interventions.

V. SYSTEMS BASED PRACTICE

The successful PA student will demonstrate:
1. Effective interaction with a variety of medical practices and delivery systems
2. Effective use information technology to support patient care decisions and patient education
3. Quality patient care
4. Knowledge of dealing with dealing with healthcare system and insurance complexities as appropriate
5. Interprofessional collaboration by partnering with supervising physicians, healthcare managers and other healthcare providers to assess, coordinate, and improve the delivery of health care and patient outcomes as appropriate
6. Cost-effective healthcare in practice

ORAL EXAM CATEGORIES

1. Introduction/Establishing Rapport

The student should introduce herself/himself to the patient and briefly state the purpose of the interview. Some mention should be made to the patient of the time limits involved in this particular interview. In addition the student should obtain identifying information from the patient, minimally to include the patient's name and age. The student should evidence both respect for the patient and support for the difficulties the patient may be having both due to her/his pathology and due to the peculiarities of the interviewing situation. There should be evidence of empathy on the part of the student, specifically noted through explicit statement(s) conveying understanding of patient's feelings. There should be evidence of developing rapport, or in the case of particularly negative or belligerent patients, evidence of an active attempt on the part of the student to be supportive, reassuring, and empathetic.

2. Eliciting Historical Information

The student should elicit the pertinent information about the patient's presenting complaints and relevant mental status information associated with the present illness, including both significant positives and negatives.

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3. Mental Status Examination

At some point during the interview, the student should perform a structured mental status examination. Data specifically asked for should include: a) Mood; b) Suicidal and/or homicidal thoughts or plans; c) Abnormal perceptual experiences, minimally to include hallucinations; d) Questions aimed at assessing both stream and content of thought, specifically and minimally to include evidence of delusions, abstract thinking ability, and concentration ability; e) Orientation; f) Memory; g) Judgment; h) some question(s) aimed at determining insight. Although these mental status questions may be reserved until the end of the interview, and then asked in sequence, it is preferable that they be woven into the fabric of the interview and raised by the student when most appropriate within the context of the interview situation.

4. Language/Facilitation

The student should demonstrate the use of open-ended questions, with sparing use of direct questions. There should be no leading or biased questions. The student's voice should be clear and audible. She/he should use minimal "jargon". Additionally, the student should make use of both verbal, and non-verbal cues to encourage the participation of the patient. Clarifying statements used to keep the patient on task are positive signs of a skillful interview.

5. Clarity and Organization of Presentation

The student should present a clear, concise, and organized outline of a patient which is easy to follow and includes all data necessary to justify the diagnosis given. The student should avoid repeating data, or including data that has no immediate relevance to the case.

6. Differential Diagnosis/Formulation

The student should be able to discuss a complete DSM-IV differential diagnosis of the patient's problem and provide justification for the diagnosis given. The student should be able to discuss the biopsychosocial factors pertinent to the patient's problem. She/he should be able to discuss both predisposing and precipitating factors to the patient's episode of illness.

7. Treatment Plan

The student should be able to discuss a basic treatment plan for the patient including biological, social, and psychological interventions.
UNIVERSITY OF SOUTH ALABAMA  
DEPARTMENT OF PHYSICIAN ASSISTANT STUDIES  
PEDIATRIC ROTATION – REQUIRED  
COURSE SYLLABUS 2016 – 2017  
PA 560, 8 credit hours, 8 weeks Web-enhanced  

GRADUATE BULLITEN COURSE DESCRIPTION: The student is assigned to a pediatric setting in order to obtain knowledge, skills and attitudinal/behavioral professional components pertaining to general pediatric medicine. These competencies are to be obtained while engaging in all aspects of patient care through: the medical interview, history and physical exam, critical thinking, knowledge base, diagnosis and treatment plan, patient and family education, anticipatory guidance, as well as appropriate health maintenance and disease prevention measures.

ROTATION DESCRIPTION: The Pediatric rotation is an eight week rotation addressing issues unique to childhood and adolescents. The rotation will focus on childhood human development and the impact of family, community and society on the health and well-being of children. The rotation includes four weeks of training in the outpatient office setting, two weeks in the inpatient setting caring for acute and chronic illnesses, as well as, newborn nursery care for neonates in the first days of life, and two weeks in the children’s emergency room. Students should review specific site instructions for a more detailed description of the specific practice setting in their Clinical Rotation Manual. Students should be prepared to have a schedule that may include overnight call, early mornings, late evenings and weekend responsibilities.

COURSE OVERVIEW: PA students will rotate in a pediatric setting for a total of eight weeks, to include ambulatory care, inpatient care, and pediatric emergency medicine under the supervision of a physician preceptor or his or her PA designee. However, the majority of the rotation is in the outpatient setting. During ambulatory rotations, students will see a broad spectrum of pediatric patients. The variability of ambulatory pediatrics provides a wide variety of clinical experiences with opportunities to develop excellent clinical, diagnostic, and interviewing skills.

Under direct supervision of board certified pediatric intensivists, the student will serve as a vital component to the healthcare team. The student will gain valuable hands-on experience in patient management and procedural skills, and enhance their knowledge gained during the preclinical phase regarding the pathophysiology and management of the critically ill child. Working closely with the interprofessional team, the student is exposed to a diversity of challenging inpatient pediatric cases.

During newborn nursery care, students are exposed to an array of clinical experiences, including, procedures, history-taking, diagnostics, and clinical management. The pediatric emergency rotation prepares the student in comprehensive emergency care to patients less than age 21 years in consultation with medical and surgical specialties. This clinical experience allows the student to expand their knowledge base, critical-thinking skills, and clinical decision making.

August 11, 2016
Students should anticipate spending several hours per week reviewing pertinent disease states and treatments for the pediatric patient. Students should demonstrate independent learning to augment their clinical knowledge regarding common pediatric diseases, diagnosis, and management, pediatric normal and abnormal growth and development, and principles of health supervision.

While on this rotation the student is expected to:

1. Conduct an age-appropriate history
2. Perform an age appropriate physical examination
3. Recognize ramifications of the parent as historian in obtaining a medical history in a pediatric patient
4. Assess pediatric chief complaint(s)
5. Develop appropriate differential diagnosis of illness
6. Demonstrate clinical skill and competency in medical diagnosis and management of pediatric patients in ambulatory, inpatient, and emergency settings
7. Perform and interpret diagnostic tests and procedures
8. Explain appropriate anticipatory guidance
9. Provide appropriate follow-up care

COURSE GOALS: The goal of PA 560 is to provide the student with practical experience in the general pediatric field, while also exposing students to consultations in various subspecialties of pediatrics medicine, which will allow them to demonstrate knowledge of established and evolving biomedical, clinical and social sciences, and the application of their knowledge to pediatric patient care, which includes health promotion and disease prevention

The essential knowledge gained from the preclinical courses to be applied in the pediatric rotation includes:

1. Knowledge and skills in pediatric history-taking and physical examination skills.
2. Ability to develop appropriate differential diagnoses for the pediatric patient based on patient history, physical examination, and diagnostic tests.
3. Knowledge of the components of a health supervision visit for the pediatric patient, to include age-appropriate anticipatory guidance about nutrition, behavior, immunizations, developmental milestones, injury prevention, pubertal development, sexuality and substance use and abuse.
4. Psychosocial, language, physical maturation, and motor development in pediatric patients.
5. Drug dosages and prescription writing in pediatrics and calculating intravenous fluid requirements for a pediatric patient.
6. Pediatric pharmacological and non-pharmacological plans, appropriate patient counseling and follow-up plan.
7. Criterion for appropriate referral services.
8. Appropriate interpersonal and communication skills
9. Appropriate cultural intelligence and patient care
By the end of this course, the student will:

1. Formulate a complete and accurately focused pediatric patient history including belief systems, spiritual and cultural issues and incorporate these into the comprehensive care of a pediatric patient, to include newborns, children and adolescents.
2. Determine appropriate physical examination techniques, laboratory tests, radiologic, and other clinical studies based on a presenting history and physical examination, and interpret the results.
3. Formulate age appropriate differential diagnoses for the pediatric patient based on presenting history, physical examination, and investigative studies.
4. Synthesize and present an oral and written description of the patient's clinical condition based upon the information obtained from the patient, parents and/or caregiver, and other resources.
5. Differentiate the medical presentation of common disease processes, and plan and manage their appropriate ambulatory, pre-admission work-up, hospital stay, and post-hospitalization care.
6. Describe the importance of preventive pediatrics, including the roles of nutrition, environmental influences, safety, immunizations, and anticipatory guidance in improving child health.
7. Describe the importance of maternal complications on pediatric well being, for example, extent of prenatal care, exposure to drugs, alcohol or medication.
8. Create and maintain clear and accurate patient record documentation over the course of the patient's illness.
9. Demonstrate competency in performing basic procedures and technical skills utilized in the care of the pediatric patient.
10. Illustrate clear and accurate age appropriate patient education.

PEDiatricS ROTATION COURSE GRAde:

Preceptor evaluation – 40% of grade
Multiple-choice Pediatric examination – 30% of grade
Pediatric Written H&P – 15% of grade
Computer based Typhon Group patient tracking – 10% of grade
Clinical Coordinator evaluation – 5% of grade

Please see page 121 for other rotation grading information.

PAEA EOR Exam Topic List Posted on Course Sakai Site

Pediatric Team-Based Learning (only for those who are on USA Clinic)
Module: 12:15 – 13:45 SHAC, 5th floor Pediatric Conference Room
Dr. Benjamin Estrada, Module Director

August 11, 2016
Advance Preparation Instructions –
To prepare for the upcoming workshop on quality improvement, there is some background reading that should be completed prior to attending. You will be assigned to work in teams to analyze specific case studies related to the material learned from these lessons. **Preparation is the key to success for this class date:** your team will be best poised for success if all of its members have completed the background reading in advance.

The background reading for this session is available for free from the Institute for Healthcare Improvement, and can be done either all at once, or in multiple sessions. It will take approximately 90 minutes to complete. For this session, please complete modules Quality Improvement 101 & Quality Improvement 102 (sections 1-4).

1. From your browser go to the IHI Open School website [www.ihi.org](http://www.ihi.org)
2. At the top of the home page Click on LogIn/Register
3. Click on the Register Icon
4. Fill in your email address and create a password (please use your University of South Alabama email address)
5. On the next screen, on the right hand side under IHI Open School:
   a. Click on Take an Online Course
6. On the next screen:
   a. Click on Course Catalog
7. Scroll down to Quality Improvement
   a. Click on QI 101: Fundamentals of Improvement
   b. There are four lessons to complete
      i. Complete all of the QI 101 lessons
8. After completing all four Q1 101 lessons, return to the Course Catalog
   a. Click on QI 102: The Model for Improvement: Your Engine for Change
   b. Complete lessons 1-4

This exercise will involve nursing students, physician assistant students and medical students. The exercise will be held in room # 5213 at the SHAC (Spring Hill Avenue Campus) from 12:15 to 1:45 PM on the following dates:

In order to introduce you to your team we ask you to be at the classroom a few minutes earlier.

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**STUDENT EXPECTATIONS:**

**DUTIES:**

1. When assigned to Pediatric outpatient services, the student is expected to work the same hours as that of the supervising physician or clinic.
2. On the first day of clinic, the student should ask the preceptor or office manager to provide an orientation to the clinic. This orientation should include fire and safety protocol.
3. Each student will be assigned new patients for whom he or she is expected to perform a complete evaluation.
   a. The history and physical examination should be performed and recorded according to the supervising physician and/or site expectation.
   b. The initial work-up should include a detailed problem list, discussion of the differential diagnosis, and initial management plan.
   c. Review all pertinent physical examination, laboratory and diagnostic findings with the supervising physician. Record these findings in the medical record.
   d. The above information should be presented in an oral case presentation to the supervising physician.
4. The student should collaborate with the supervising physician to construct or update a problem list for each of their patients.
5. All notes must be dated, timed and signed by the student.
6. All notes must be countersigned by the supervising physician.
7. The student has a unique opportunity to impact the emotional well being of the patient. Addressing non-medical aspects of patient care are essential.
8. Students should be aware of social services available within the community.
9. If the preceptor is taking call, the student is expected to take call as well. The expectation is that the student should take call at least one night per week.
10. The student is responsible for asking the supervising physician for feedback regarding his/her progress halfway through the rotation.
11. Students should attend all educational conferences, meetings, and lectures offered at the clinical site.
12. Students should be aware of social services available within the community.
13. Students should recognize cultural and socioeconomic differences in patients/families that may influence perceptions of wellness, disease, and treatment modalities.
14. Students should adhere to programmatic standards of professional interactions between patients, families, staff, and other members of the healthcare team.
15. The student is responsible for reading medical literature/textbooks regarding the objectives and diagnoses listed in this syllabus. Furthermore, the student is responsible for making oral presentations to the supervising physician and asking pertinent questions regarding these objectives on a regular basis.
16. The student is responsible for maintaining a patient log in Typhon Group, to include data (at a minimum) of: rotation type, rotation site, preceptor, date, age, gender, diagnoses (ICD-9 codes) and procedures (CPT codes).
ROTATION OBJECTIVES:

I. MEDICAL KNOWLEDGE

1. At the completion of this rotation, the physician assistant student will successfully demonstrate clinical skills and provide the rationale needed to diagnose and treat diseases seen in the pediatric discipline in the clinic and/or hospital settings. The student will be able:
   a. Describe definition and overview of commonly seen medically managed diseases in pediatrics
   b. Identify etiology as appropriate
   c. Describe epidemiology, pathogenesis, pathophysiology and clinical presentation of disease (s)
   d. Formulate age appropriate diagnosis
   e. Create a management plan based on appropriate use and interpretation of diagnostic test, medications, and other medical interventions
   f. Explain complications of the disease diagnosed, medical treatments, and comorbid disease states
   g. Explain prognosis including the outcomes of treatment versus no treatment versus “watchful waiting”
   h. Construct age appropriate patient education and discharge planning
   i. Describe common developmental disorders

COMMONLY SEEN MEDICALLY MANAGED DISEASES

1. List the most common preventable morbidities that occur during childhood and describe strategies for prevention.
2. Describe the components of a health supervision visit including health promotion and disease and injury prevention, the appropriate use of screening tools, and immunizations for newborns, infants, toddlers, school aged children, and adolescents.
3. Describe the rationale for childhood immunizations.
4. Discuss the rational for screening tests (such as environmental lead questionnaire, domestic violence screening, CBC, urinalysis, blood lead level, and PPD).
5. Describe the age at which each of the following should occur, indications, appropriate use, interpretation, and limitations of the following screening tests:
   a. Neonatal screening
   b. Developmental screening
   c. Hearing and vision screening
   d. Lead screening
   e. Anemia screening
   f. Tuberculosis testing
6. Define anticipatory guidance and describe how it varies based on the age of the child.
7. Describe variants of normal growth in healthy children, (e.g. familial short stature and constitutional delay).
8. Identify and describe abnormal growth patterns based on the family growth history and the child’s previous growth (e.g. microcephaly, macrocephaly, short stature, obesity), and growth abnormalities related to specific physical findings.

9. Identify failure to thrive and overweight/obesity in a child or adolescent using BMI and other growth measures. Construct an appropriate differential diagnosis and initial evaluation.

10. Describe the four developmental domains of childhood as defined by the Denver Developmental exam (e.g. gross motor, fine motor, language, and social development).

11. Describe how abnormal findings on the development screening tools would suggest a diagnosis of developmental delay such as, autism, pervasive developmental delay, and mental retardation.

12. Describe the initial evaluation and need to refer a patient with evidence of developmental delay or abnormality.

13. Identify normal pattern of behaviors in the developing child such as:
   a. Newborn infants: development and evolution of social skills
   b. Toddler: autonomy
   c. School age: independence
   d. Adolescence: abstract thinking

14. Describe the typical presentation, diagnosis, and management of common behavioral problems in different age groups such as:
   a. Newborn/infants: sleep problems, colic
   b. Toddler: temper tantrums, toilet training, feeding problems
   c. School age: enuresis, attention deficit, encopresis, autism
   d. Adolescence: eating disorders, risk-taking behavior, conduct disorders

15. Describe emotional disturbances or medical conditions that may manifest as alterations in school performance and peer or family relationships due to violence and/or dysfunction in the home. Describe interventions.

16. Distinguish between age-appropriate behavior, inappropriate or abnormal behavior, and those that suggest severe psychiatric or development illness in children of different ages (for example head banging, threatening gestures, suicidal).

17. Describe how somatic complaints may represent psychosocial problems during childhood (e.g. recurrent abdominal pain, headache, fatigue, and neurologic complaints).

18. Describe the types of situations where pathology and dysfunction in the family (e.g. alcoholism, domestic violence, and depression) contributes to childhood behavior problems.

19. Describe the advantages of breastfeeding for both mom and child.

20. Describe the signs and symptoms of common nutritional deficiencies in infants and children (e.g. iron, vitamin D, fluoride, and inappropriate caloric volume) and how to prevent them.

21. Identify children with specific or special nutritional needs (e.g. patients with chronic illness, prematurity, abnormal growth patterns, failure to thrive, obesity, or when family risk factors suggest the possibility that nutritional modification will be needed).

22. Describe nutritional factors that contribute to the development of childhood obesity and to failure to thrive.
23. Discuss risk factors for the development of cardiac disease and diabetes in childhood and appropriate management, to include preventive measures.
24. Describe the endocrine, cardiovascular, and orthopedic consequences of childhood obesity.
25. Describe how risk of illness and injury change during growth and development and give examples of the age-and development-related illnesses and injuries.
26. List the immunizations currently recommended from birth through adolescence and identify patients whose immunizations are delayed.
27. Describe the rationale, and general indications and contraindications of immunizations.
28. Describe the key components of a pre participation sports physical.
29. Describe infection control precautions that help limit the spread of infectious diseases in pediatric patients and health care providers (e.g. hand washing, masks).

**ADOLESCENT HEALTHCARE**

1. Describe the unique features of the physician-patient relationship during adolescence such as confidentiality and consent.
2. Identify and describe the sequence of the physical changes of puberty for males and females (e.g. Tanner stages of sexual development).
3. List the components of health supervision for an adolescent, such as personal habits, pubertal development, immunizations, acne, scoliosis, sports participation, and indications for pelvic exam.
4. Describe the common risk-taking behaviors of adolescents, such as alcohol and other drug use, sexual activity and violence.
5. Describe the contributions of unintentional injuries, homicide, suicide and HIV/AIDS to the morbidity and mortality of adolescents.
6. Describe the clinical presentation, diagnosis, and management of common mental health problems in adolescence, including school failure, attention deficit, body image, eating disorders, depression and suicide.
7. Describe an approach to counseling an adolescent regarding sexual activity, substance abuse, and personal safety.
8. Describe the unique difficulties encountered by adolescents with chronic diseases, including adherence and issues of autonomy vs. dependence.
9. Discuss the characteristics of early, mid and late adolescence in the terms of cognitive and psychosocial development and the impact on adolescent healthcare.

**NEWBORN PEDIATRICS**

1. List the information from the history of pregnancy, labor, and delivery obtained from the parents or medical record that has implications for the health of the newborn.
2. Describe how gestational age can be assessed and identify key indications of gestational maturity.
3. Describe the challenges for parents adjusting to a new infant in the home.
4. List the differential diagnosis, complications and possible management plan for the following common problems that may occur in the newborn:
   a. Jaundice
b. Respiratory distress  
c. Poor feeding  
d. Large and small size for gestation infants (e.g. congenital infection)  
e. Abnormalities, which includes: tremulousness, irritability, lethargy from causes such as drug withdrawal, hypoglycemia, sepsis, prematurity  

5. Describe how gestational age affects risks of morbidity or mortality in the newborn period (e.g., lung disease, hypothermia, and glucose homeostasis)

**GENETIC DISORDERS AND DYSMORPHOLGY**

1. Describe the genetic basis and clinical manifestations of the following syndromes, malformations, and associations:
   a. Common chromosomal abnormalities, (e.g. Trisomy 21, Turner syndrome, Klinefelter syndrome)  
   b. Syndromes due to teratogens (e.g. fetal alcohol syndrome)  
   c. Other common genetic disorders (e.g. cystic fibrosis, sickle cell disease, hemophilia)  
   d. Single malformations with multifactorial etiology (e.g. spina bifida, congenital heart disease, cleft lip and palate)  

2. List common medical and metabolic disorders (e.g. hearing loss, hypothyroidism, PKU, hemoglobinopathies) detected through newborn screening programs and describe the appropriate treatment plan.

3. Discuss the effects of maternal health and potentially teratogenic agents on the fetus and child, including maternal diabetes, age, alcohol use, illicit drug use, and prescribed medications such as phenytoin, valproate, and retinoic acid.

4. List common prenatal diagnostic assessments (e.g. maternal serum screening, amniocentesis, and ultrasonography) and describe their use and interpret findings.

5. Describe the use of chromosome studies in the diagnosis of genetic disorders.

6. Discuss the role of genetics in common conditions such as, IBD, pyloric stenosis, CHD, cleft lip, diabetes and cancer).

**IN-PATIENT AND OUTPATIENT PEDIATRICS**

1. List the age appropriate epidemiology, clinical, laboratory, radiographic findings, and differential diagnosis for pediatric patients presenting with each of the following:
   a. Abdominal pain  
   b. Lethargy or irritability  
   c. Cough and/or wheeze  
   d. Limp or extremity pain  
   e. Diarrhea  
   f. Otalgia  
   g. Fever and Rash  
   h. Fever without a source  
   i. Rhinorrhea  
   j. Headache  
   k. Seizures  
   l. Sore throat
m. Vomiting

2. List the age appropriate epidemiology, clinical, laboratory, radiographic findings, and differential diagnosis for pediatric patients presenting with each of the following:
   a. Abdominal mass
   b. Bruising
   c. Heart murmur
   d. Hepatomegaly
   e. Lymphadenopathy
   f. Splenomegaly
   g. Petechiae and/or purpura
   h. Red or wandering eye
   i. White pupillary reflex

3. List the age appropriate epidemiology, clinical, laboratory, radiographic findings, and differential diagnosis for pediatric patients presenting with each of the following:
   a. Anemia
   b. Hematuria
   c. Proteinuria
   d. Positive Mantoux skin test (PPD)

4. Explain how the physical manifestations of disease and the evaluation and management may vary based on age of the pediatric patient. Be able to give specific examples.

5. Discuss the criterion for decision-making regarding treating the pediatric patient in the hospital or outpatient setting.

6. Describe the clinical features, epidemiology, diagnosis, and management of common male and female genitourinary problems seen in pediatrics.

7. Describe the clinical features, epidemiology, diagnosis, and management of chronic medical conditions seen in pediatrics, such as:
   a. Asthma
   b. Atopic dermatitis
   c. Cerebral palsy
   d. Cystic fibrosis
   e. Diabetes mellitus
   f. Epilepsy
   g. Malignancy (e.g. acute lymphocytic leukemia and Wilms tumor)
   h. Obesity
   i. Seasonal allergies
   j. Sickle cell disease
   k. HIV/AIDS
   l. Sensory impairment

8. Describe how chronic illness can influence a child’s growth and development, educational achievement, and psychosocial functioning.

9. Describe the impact that pediatric chronic illness has on the family’s emotional, economic and psychosocial functioning.

10. Describe the impact of family culture on the understanding, reaction to, and management of a pediatric chronic illness.

11. Describe the contributions of each member of a multidisciplinary health care team in caring for children with a chronic illness.
12. Identify the key components of delivering “Bad News” in relation to chronic illness.
13. Explain the advantages and disadvantages of breast feeding vs. bottle feeding.

THERAPEUTICS IN THE PEDIATRIC POPULATION

1. List medications that are safe to use during breast feeding.
2. Describe the complications of the use of drugs such as aspirin, tetracycline, and oral retinoic acid in pediatric populations.
3. Describe the appropriate use of the following common medications in the outpatient setting, including when it is NOT appropriate to treat with a medication:
   a. Analgesics / antipyretics
   b. Antibiotics
   c. Bronchodilators
   d. Corticosteroids
   e. Cough and cold preparations
   f. Ophthalmic preparations
   g. Otic preparations
   h. Vitamin / mineral supplements
4. Select generally accepted pharmacologic therapy for common or life-threatening conditions in pediatric patients. These conditions could include common conditions seen in ambulatory settings:
   a. Acne
   b. Acute otitis media
   c. Allergic rhinitis
   d. Asthma
   e. Atopic dermatitis
   f. Candida dermatitis
   g. Fever
   h. Impetigo
   i. Streptococcal pharyngitis
   j. Common conditions seen in hospitalized patients
   k. Bronchiolitis
   l. Life threatening conditions
   m. Sepsis/meningitis
   n. Status epilepticus
5. Determine the ways in which medication errors are systematically prevented.

FLUID AND ELECTROLYTE CONDITIONS IN THE PEDIATRIC PATIENT

1. Describe the conditions in which fluid administration may need to be restricted (such as the SIADH secretion, congestive heart failure, or renal failure) or increased (e.g. fever).
2. Describe the physical findings in hypovolemic shock and the approach to restoration of circulating fluid volume (i.e.”rescue” fluid infusion)
3. Describe the causes and consequences of fluid imbalances and electrolyte disturbances leading to dehydration (e.g., hypernatremia, hyponatremia, hyperkalemia, hypokalemia, and severe acidosis).

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POISONING AND THE PEDIATRIC PATIENT

1. Describe the developmental vulnerability for poisoning and accidental ingestions in infants, toddlers, children, and adolescents.
2. List the ages at which prevalence of unintentional and intentional poisonings is highest and the passive and active interventions that decrease the incidence of childhood ingestions (e.g. locks or safety caps).
3. Describe the emotions of guilt and anxiety that may be present in the parent, caregiver or child at the time of ingestion.
4. Describe the environmental sources of lead, the clinical and social importance of lead poisoning, screening tools to identify children at risk for lead poisoning, and appropriate management.
5. Describe the acute signs and symptoms of accidental or intentional ingestion of acetaminophen, iron, alcohol, narcotics, PCP, tricyclic antidepressants, volatile hydrocarbons, and caustics. List the appropriate treatments.

PEDIATRIC EMERGENCIES

1. Describe the immediate emergency management of children with toxic ingestions (e.g. acetaminophen, iron, hydrocarbons, and strong alkali).
2. Describe the role of the Poison Control Center (1-800-222-1222) and other information resources in the management of the patient with an accidental or intentional ingestion.
3. Describe the agents and acute signs and symptoms of intentional chemical (e.g. cholinergic) or biologic agents.
4. List the symptoms of and describe the initial emergency management of shock, respiratory distress, lethargy, apnea, and status epilepticus in pediatric patients.
5. Describe the age-appropriate differential diagnosis and the key clinical findings that would suggest a diagnosis for each of the emergent clinical problems. Discuss an appropriate treatment plan.
   a. Airway obstruction/respiratory distress (e.g. croup, bronchiolitis, asthma, pneumonia, FBA, anaphylaxis)
   b. Altered mental status (delerium/lethargy) (e.g., head injury, increased ICP, infections, DKA, hypoglycemia, shock, hypoxemia, substance abuse)
   c. Apnea (e.g., seizure, acute life threatening event, RSV, pertussis, GERD, sepsis)
   d. Ataxia (e.g., infection, tumor, ingestion)
   e. GI bleeding (e.g., Meckel's diverticulum, fissure, intussusception)
   f. Injuries and accidents (e.g., bites, minor head injury, fractures)
   g. Proptosis (e.g., tumor, orbital cellulitis)
   h. Seizures (e.g., infection, status epilepticus, ingestion, shock, electrolyte disturbances)
   i. Shock (e.g., sepsis, severe dehydration, DkA, anaphylaxis, HF, ingestion)
   j. Suicidal Ideation (e.g., depression)
CHILD ABUSE AND NEGLECT

1. List characteristics of the history and physical examination that should trigger concern for possible physical, sexual, and psychological abuse and neglect e.g. such as inconsistency in the history, unexplained delays in seeking care, injuries with specific patterns or distributions on the body, or injuries incompatible with the child’s development.

2. Describe the medical-legal importance of a full, detailed, carefully documented history and physical examination in the evaluation of child abuse.

3. Discuss the concurrence of domestic violence and child abuse and describe markers that suggest the occurrence of family violence.

4. Describe the unique communication skills required to work with families around issues of maltreatment.

5. Summarize the responsibilities of the “mandatory reporter” to identify and report suspected child abuse. Describe appropriate reporting protocol.

SKILLS ACROSS THE PEDIATRIC LIFE SPAN

1. Demonstrate an ability to provide age-appropriate anticipatory guidance about nutrition, behavior, immunizations, injury prevention, pubertal development, sexuality, and substance use and abuse.

2. Demonstrate ability to measure and assess growth including height/length, weight, and head circumference and body mass index in patient encounters using standard growth charts.

3. Demonstrate an ability to assess psychosocial, language, physical maturation, and motor development in pediatric patients using appropriate resources (e.g. Bright Futures, the Denver Developmental Standard Test, and HEADSS).

4. Identify behavioral and psychosocial problems of childhood using the medical history and physical examination.

5. Counsel parents and children about the management of common behavioral concerns such as discipline, toilet training, and eating disorders.

6. Obtain a dietary history in children of different ages that includes the following:
   a. Infants: type, amount and frequency of breast or formula feeding, solid foods, and dietary supplements (vitamins, iron, fluoride).
   b. Toddler/school age child: milk, juice, soda, fast foods, and meal patterns
   c. Adolescents: meal patterns, nutritional supplements, milk, juice, soda, alcohol, snacking, and fad diets

7. Determine the caloric adequacy of an infant’s diet.

8. Provide nutritional advice to families regarding the following:
   a. Breastfeeding vs. formula feeding
   b. Addition of solids to an infant’s diet
   c. Introduction of cow’s milk to an infant’s diet
   d. Healthy food choices for children and adolescents
   e. Exercise and TV or video viewing and their effect on obesity

9. Provide age-appropriate anticipatory guidance for the following: motor vehicle safety, infant sleeping position, falls, burns, poisoning, fire safety, choking, water safety, bike safety, sexually transmitted diseases, firearms and weapons.
10. Interview an adolescent patient, using the HEADSS method, to ask sensitive questions about lifestyle choices that affect health and safety (e.g. sexuality, drug, tobacco and alcohol use, and give appropriate counseling.

11. Conduct a physical examination of an adolescent that demonstrates respect for privacy and modesty, employing a chaperone when appropriate.

12. Conduct a pre-participation sports examination and demonstrate the key components of that examination necessary to clear an individual for participation in strenuous exercise (special senses, cardiac, pulmonary, neurological, and musculoskeletal), as permitted by state PA practice law.

13. Conduct a health supervision visit for a healthy adolescent, incorporating a psychosocial interview, developmental assessment and appropriate screening and preventive measures.

14. Perform a complete physical examination of the newborn infant.

15. Give parents of a newborn anticipatory guidance for the following issues:
   a. Benefits of breast-feeding vs. formula for the newborn and mother
   b. Normal bowel and urinary elimination patterns
   c. Normal neonatal sleep patterns
   d. Newborn screening tests to include screens for metabolic and infectious conditions and hearing loss
   e. Appropriate car seat use based on ACP recommendations
   f. Prevention of SIDS ("back to sleep"): 
   g. Immunizations, to include Gardisil, Cervarix
   h. Medications (e.g. eye prophylaxis and vitamin K)
   i. Circumcision

16. Evaluate a family history to determine the possibility of a possible genetic disorder.

17. Perform an age-appropriate history and physical examination pertinent to the presenting complaint of the child.

18. Generate an age appropriate differential diagnosis and initial diagnostic and therapeutic plan for each patient presenting with one of the following symptoms, physical examination findings, or laboratory findings:
   a. Abdominal pain
   b. Fever, no source
   c. Cough and/or wheeze
   d. Lethargy or irritability
   e. Diarrhea
   f. Limp or extremity pain
   g. Fever and rash
   h. Otalgia
   i. Fever without a source
   j. Rash
   k. Rhinorrhea
   l. Sore throat
   m. Seizures
   n. Vomiting

19. Perform a medical interview and a physical examination in a child with a chronic illness that includes the effects of the chronic illness on growth and development.
emotional, economic and psychosocial functioning of the patient and family, the
treatments used, including “complementary and alternative therapies.”

21. Write a prescription e.g. for a common medication such as an antibiotic (e.g., e-prescribing, written, etc.
22. Negotiate a therapeutic plan with the patient and family to maximize adherence with
the agreed upon treatment regimens and assess the family’s understanding of the
plan.
23. Obtain historical and physical finding information necessary to assess the hydration
status of a child.
24. Calculate and write orders for intravenous maintenance fluids for a child considering
daily water and electrolyte requirements.
25. Calculate and write orders for the fluid therapy for a child with severe dehydration
caused by gastroenteritis to include “rescue” fluid to replenish circulating volume,
deficit fluid, and ongoing maintenance.
26. Explain to parents how to use oral rehydration therapy for mild to moderate
dehydration.
27. Provide anticipatory guidance regarding home safety and appropriate techniques to
prevent accidental ingestions.
28. Elicit a complete history when evaluating an unintentional ingestion or exposure to a
toxic substance (including the substance, the route of exposure, the quantity, timing,
and general preventive measures in the household).
29. Elicit a complete history surrounding the intentional ingestion of a toxic substance
(including the substance, route of exposure, amount, timing, antecedent events, and
stressors).
30. Demonstrate the appropriate anticipatory guidance to prevent life-threatening
conditions (e.g. infant positioning for sudden infant death syndrome (SIDS), child
safety locks to prevent poisoning, and the use of car seats and bicycle helmets).
31. Demonstrate the “ABC” assessment as a means for identifying who requires
immediate medical attention and intervention (e.g., pediatric respiratory distress).
32. Describe barriers that prevent children from gaining access to health care, including
financial, cultural and geographic barriers.
33. Identify opportunities for advocacy during a health supervision visit.
34. Describe critical components of partnering with the community members to promote
child health.
35. Identify those pediatric problems that may benefit more from a family approach
rather than an individual approach.
36. Identify a specific pediatric healthcare issue and outline a potential approach to
advocacy.
37. Explain the indications, contraindications, mechanism of action, side effects,
interactions and adverse reactions for the following common pharmacologic agents in
pediatrics:
   a. Analgesics, antipyretics
   b. generics
   c. antimicrobials
   d. cold/cough medications and other over-the-counter meds
   e. antifungals
f. antivirals  
g. bronchodilators and other asthmatic medications  
h. antihypertensives  
i. antidiabetic medications including insulin  
j. psychiatric drugs  
k. corticosteroids  
l. ophthalmic preparations  
m. otic preparations  
n. vitamin/mineral supplements

II. SKILLS

A. By the completion of this rotation it is expected that the physician assistant student will be able to:

1. Demonstrate an ability to obtain an age appropriate history for the presenting chief complaint.
2. Perform an age appropriate physical exam for the presenting chief complaint
3. Select appropriate laboratory and radiologic diagnostic studies
4. Formulate an appropriate differential diagnosis and treatment plan utilizing data gathered in the history, physical examination and investigative studies
5. Display critical-thinking and problem-solving skills
6. Demonstrate understanding of influence of family, community and society throughout the lifespan of pediatrics
7. Write age appropriate complete history and physical examination
8. Write age appropriate progress note
9. Demonstrate ability to give age appropriate oral pediatric case presentation

B. Demonstrate and document in written or EMR format the following:

1. Appropriately focused general medical admission history and physical examination
2. Admission orders
3. Brief and Full procedure notes
4. Progress notes to include age appropriate anticipatory guidance
5. Discharge summaries, to include pediatric prescription writing

C. Diagnostic Data and Interpretation

1. Perform the following supervised procedures (based upon site/preceptor preferences and availability):
   a. lumbar puncture
   b. gastric lavage
   c. chest tube insertion
   d. arterial/venous blood collection
   e. intravenous line placement, umbilical lines
   f. performance of CPR
   g. Foley catheter insertion
h. administration of parenteral medications
i. intubations
j. circumcisions
k. I&D’s
l. Suturing, splinting
m. Cerumen removal and foreign body removal from nares and vagina
n. Pelvic examinations

2. Interpret the following diagnostic studies:
   a. EKGs
   b. X-ray studies including:
      - Flat and upright abdomen x-ray
      - Sonograms
      - CT/with and without contrast
      - MRIs
   c. Laboratory tests including, but not limited to:
      - CBC with differential
      - Chemistry panel
      - Coagulation panel
      - PPD
      - Liver function tests
      - Thyroid panel
      - CSF studies
      - Urinalysis with microscopic
      - Urine C & S
      - Pulmonary function tests
      - Sweat test

D. Patient Education

1. Provide patient education
2. Formulate patient education for hospitalized patients regarding their specific conditions, treatment plans, and measures to maintain their health.
3. Formulate patient education for ambulatory patients to include nutrition, immunizations, poisonings, safety, risky behaviors, growth & development, exercise, health promotion and disease prevention
4. Anticipate and provide clear discharge planning and follow-up care instructions

III. PROFESSIONAL AND ETHICAL BEHAVIORS AND SKILLS

A. The Physician Assistant student will exhibit the following professional and ethical behaviors:

1. Adhere to HIPPA and confidentiality rules
2. Document patient information accurately and honestly
3. Identify errors, assume responsibility and correct any errors in an appropriate manner

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4. Display professionalism at all times when working with pediatric patients, their families, staff and other members of the health care team.

5. Assume responsibility at all times in areas of preparedness, attendance, demeanor and dress.

6. Display a willingness to help any member of the team until the task is completed (duty).

7. Demonstrate evidence of independent student learning relating to problems encountered in the clinical setting.

B. The Physician Assistant student will demonstrate the following professional attitudes:

1. Consideration of the emotional and social backgrounds of patients and their families.

2. Commitment to caring for all patients regardless of gender, race, socioeconomic status, intellect, sexual orientation, or ability to pay.

3. Willingness to ask for help from healthcare staff when appropriate and to utilize ancillary resources.

4. Openness to recognize limitations by using resource referrals and consultation with supervising preceptor when appropriate.

5. Openness to receiving constructive criticism.

6. Considerations of pediatric patient and family/caregiver perceptions of health and illness as they relate to the patient’s care.

IV. PRACTICE-BASED LEARNING

The successful PA student will demonstrate the ability to:

1. Continuously evaluate patient care practices, and appraise and assimilate scientific evidence, in order to improve the practice of medicine and ensure the safety and quality of patient care.

2. Apply medical standards, clinical practice guidelines, and practice algorithms appropriately for individual patients or populations.

3. Apply reflection and feedback to incorporate lessons learned into future practice.

4. Critically appraise the effectiveness of diagnostic and therapeutic interventions.

V. SYSTEMS- BASED PRACTICE

The successful PA student will demonstrate:

1. Effective interaction with a variety of medical practices and delivery systems.

2. Effective use information technology to support patient care decisions and patient education.

3. Quality patient care.

4. Knowledge of dealing with healthcare system complexities as appropriate.

5. Interprofessional collaboration by partnering with supervising physicians, healthcare managers and other healthcare providers to assess, coordinate, and improve the delivery of health care and pediatric patient outcomes.


August 11, 2016
Written assignment (56 possible points)

Purpose

A holistic assessment of all factors affecting a patient's health status, including information about social, cultural, familial, and economic aspects of the patient's life as well as any other component of the patient's life style that affects health and well-being. The health history is designed to aid in establishing a medical diagnosis, assess the effects of health care deviations on the patient and the family, evaluate teaching needs, and serve as the basis of an individualized plan for addressing wellness.

Requirements

The written history and physical will count for 15% of the final rotation grade. The assignment should be emailed to your faculty advisor no later than 5:00 pm on the Friday prior to the end of the Internal Medicine rotation.

The written H&P should be consistent with the style and format provided in: Bates Guide to Physical Examination and History Taking. All necessary and pertinent information regarding the patient and his/her condition must be included or points will be deducted.
### Grading Rubric: (56 possible points)

<table>
<thead>
<tr>
<th>Categories</th>
<th>Above Average (7 points)</th>
<th>Average (5 points)</th>
<th>Below Average (3 points)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifying Data</td>
<td>Includes all categories</td>
<td>Includes most categories</td>
<td>Failure to include major categories</td>
</tr>
<tr>
<td>CC, History of Present Illness</td>
<td>Includes all categories, Story effectively communicates the major problems with thoroughness and diligent attention to pertinent review of systems. Evidence of extensive patient and/or chart review.</td>
<td>Includes most categories, Story communicates the major problem but lacks adequate resolution of complaints. The pertinent review of systems is sparse. Inadequate evidence of patient and/or chart review.</td>
<td>Failure to include all categories, Story fails to communicate the major problem, and pertinent review of system is not included. There is no evidence of sufficient patient and/or chart review.</td>
</tr>
<tr>
<td>PMH, Social and Family History</td>
<td>Includes vocational history, current living situation, tobacco/alcohol/drug history, &amp; medical history of first degree relatives.**</td>
<td>Includes only a cursory family and social history.</td>
<td>Includes some but not all pertinent history.</td>
</tr>
<tr>
<td>Review of Systems</td>
<td>Includes all systems</td>
<td>Includes a majority of systems</td>
<td>Does not include a majority of systems</td>
</tr>
<tr>
<td>Laboratory Evaluation</td>
<td>Includes all pertinent labs, or references what should have been drawn. Circles all abnormal values.</td>
<td>Includes a majority of appropriate labs. Identifies some abnormalities.</td>
<td>Fails to identify and report the major laboratory findings.</td>
</tr>
<tr>
<td>Physical Examinations</td>
<td>Thorough and complete; utilizes the objectives for the observed physical examination</td>
<td>Includes a majority of the physical exam</td>
<td>Fails to include major systems or pertinent findings for the HPI</td>
</tr>
<tr>
<td>Assessment and Plan</td>
<td>Each problem is addressed, either separately or as a constellation of problems, and a differential diagnosis is provided for each problem or problem constellation. Use of tests is discussed for each major problem. A complete, reasonable plan for each problem is suggested.</td>
<td>Most problems are listed with an adequate differential diagnosis. Tests are incompletely discussed. Suggested plan lacks completeness.</td>
<td>Fails to address major problems or the majority. Fails to provide a broad differential diagnosis. Fails to discuss tests. The plan is cursory.</td>
</tr>
<tr>
<td>Structure</td>
<td>No spelling and/or grammar errors</td>
<td>Few spelling and/or grammar errors</td>
<td>Many spelling and/or grammar errors</td>
</tr>
</tbody>
</table>

** May not be pertinent depending on age of patient
UNIVERSITY OF SOUTH ALABAMA
DEPARTMENT OF PHYSICIAN ASSISTANT STUDIES
PRIMARY CARE ROTATION – REQUIRED
COURSE SYLLABUS 2016 - 2017
PA 570, 8 credit hours, 8 weeks Web-enhanced

GRADUATE BULLETIN COURSE DESCRIPTION: The student is assigned to a primary care setting in order to obtain knowledge, skills and attitudinal/behavioral professional components pertaining to general family practice medicine across the life span. These competencies are to be obtained while engaging in all aspects of patient care through: the medical interview, history and physical exam, critical thinking, knowledge base, diagnosis and treatment plan, patient education, appropriate health maintenance and disease prevention measures.

ROTATION DESCRIPTION: The Primary Care rotation is an 8-week rotation, designed to provide the student with an interactive, problem-based learning opportunity regarding the diagnosis, management and treatment of health problems encountered across the lifespan in a primary care setting. Students will acquire clinical experience through evaluation and management of primary care patients under direct supervision by attending physicians and PAs in different settings, to include, mainly outpatient and community-based. Some inpatient experiences may occur depending on site location. Students will be exposed to the social and economic factors encountered in a community-based diverse patient population. An interprofessional, patient-centered approach to patient care and safety is emphasized while students participate in the work-up, diagnosis, treatment and education of the primary care patient and their family.

COURSE OVERVIEW: While under the supervision of the preceptor, students will work independently to evaluate patients and formulate potential treatment plans, present the assessment and plan for discussion, and participate in the required patient management activities and clinical procedures. The primary care clinical experience will help students learn the fundamentals of an approach to the evaluation and management of frequently occurring, complex, concurrent, and ill-defined problems across a wide variety of acute and chronic presentations. By the conclusion of the rotation, the student will demonstrate competence in the basic clinical knowledge and skills needed to manage common diseases encountered in the primary care patient. While on this rotation the student is expected to:

1. Conduct a focused history and physical exam, rather than the comprehensive H&P.
2. Participate in daily patient assessment and medical management over the course of the patient’s outpatient stay.
3. Participate as part of an interprofessional team providing patient-centered-care in the primary care setting.
4. Demonstrate the required skills and competencies when performing various medical procedures and techniques as appropriate to the primary care setting.
5. Participate in patient education, counseling, health promotion, screening and prevention.

August 11, 2016
6. Write complete, accurate, clear, and organized medical notes in written chart or electronic medical record.
7. Formulate oral presentations that are complete, accurate and organized.

Students should anticipate spending several hours per week reviewing pertinent anatomy, disease processes, and treatments for the primary care patient. Additionally, students should refer to suggested readings and conduct independent learning to obtain the breadth and depth of knowledge concerning objectives/cases in primary care medicine which were not observed during the rotation.

The student will report to the physician assistant program for administrative meetings and examinations at the end of the rotation. The end-of-rotation examination includes all learning objectives stated below.

**COURSE GOALS:** The goal of PA 570 is to provide practical experience in the discipline of primary care that will foster translation of knowledge gained in the didactic curriculum, to the care of the primary care patients in the outpatient and/or hospital settings. The essential knowledge gained from the preclinical courses to be applied in the primary care rotation includes:

1. Principles of family medicine care, continuity of care, and the role of the family physicians.
2. Clinical manifestations of the most common acute, chronic, or preventive medical conditions requiring primary care management.
3. Management of patients with multiple medical concerns, various psychosocial issues, and behaviors that influence their health and health care.
4. Management of follow-up visits with patients having one or more common chronic diseases.
5. Drug dosages and prescription writing in across the patient lifespan.
6. Pharmacological and non-pharmacological plans, appropriate patient counseling, screening and follow-up plan.
7. Criterion for appropriate referral services.
8. Evidence-based health promotion/disease prevention plans for patients of any age or gender.
9. Competency in advanced elicitation of history, communication, physical examination, critical-thinking and problem-solving skills.
10. Appropriate interpersonal and communication skills

By the end of this course, the student will:

1. Formulate a complete and accurately focused patient history including belief systems, spiritual, socioeconomic and cultural issues and incorporate these into the comprehensive care of the primary care patient.
2. Determine appropriate physical examination techniques, laboratory tests, radiologic, and other clinical studies based on a presenting history and physical examination, and interpret the results.

3. Formulate age appropriate differential diagnoses for the primary care patient based on presenting history, physical examination, and investigative studies.

4. Synthesize and present an oral and written description of the patient's clinical condition based upon the information obtained from the patient, parents, caregiver, and other resources.

5. Differentiate the medical presentation of common disease processes, and plan and manage their appropriate acute presentations as well as chronic illnesses commonly seen in the office setting.

6. Describe the importance of preventive healthcare, including the roles of screenings, wellness visits, nutrition/exercise, environmental influences, safety, pediatric and adult immunizations, and anticipatory guidance.

7. Describe the importance of behaviors (e.g., smoking, substance use/abuse, obesity, risky sexual behaviors, etc) on patient well being in the primary care setting.

8. Create and maintain clear and accurate patient record documentation over the course of the patient’s illness.

9. Demonstrate competency in performing basic procedures and technical skills utilized in the care of the primary care patient.

10. Display and model appropriate professional and ethical behaviors and skills required of physician assistants in primary care setting.

11. Demonstrate the value of primary care as an integral part of the health care system.

**PRIMARY CARE ROTATION COURSE GRADE:**

- Preceptor evaluation – 40% of grade
- Multiple-choice Primary Care examination – 30% of grade
- Case Based Learning Assignment – 15% of grade
- Computer based Typhon Group patient tracking – 10% of grade
- Clinical Coordinator Evaluation – 5% of grade

Please see page 121 for other rotation grading information.

**PAEA EOR Exam Topic List Posted on Course Sakai Site**

*The Case-Based Learning assignment* will be presented on the last Thursday of the rotation from 1 p.m. to 3 p.m. This will count for 15% of the final rotation grade.

The clinical student will interact with faculty, students or peers by preparing a 15 minute case-based learning assignment for a group. The patient profile should be selected based on a patient seen during the primary care rotation with the assistance.
and approval of their preceptor. The profile should include all the pertinent information initially from the patient chief complaint, history of present illness, and review of symptoms. This information will be used to begin the group discussion.

The clinical student should help by providing facts of the patient to lead the group toward a differential, and ultimately a working diagnosis. The discussion should continue including which questions the provider would ask the patient, which lab and/or imaging studies should be ordered and why. Ultimately once the final diagnosis is determined, the conversation should move towards assessment and plan, patient education and follow-up/referral.
UNIVERSITY OF SOUTH ALABAMA  
DEPARTMENT OF PHYSICIAN ASSISTANT STUDIES  
PA 570 Primary Care  
Case-Based Learning Assignment Grading Rubric

Student: ___________________________  Date: ___________________________

Faculty: ___________________________  Grade: _______/25

A. Purpose
   a. Case-based learning (CBL) uses a guided inquiry method. The Center for Instructional Development & Distance Education, retrieved 19:35, 11 October 2007 (MEST) defines CBL as the following: “Cases are factually –based, complex problems written to stimulate classroom discussion and collaborative analysis. Case teaching involves the interactive, student- centered exploration of realistic and specific situations. As students consider problems from a perspective which requires analysis, they strive to resolve questions .

B. Requirement
   The Case-Based Learning (CBL) assignment will be presented on the last Thursday of the rotation from 1 p.m. to 3 p.m.

C. Grade – 25 points
   Criteria:
   • Appropriate selection of patient profile and organization of CBL assignment (5points): the patient profile selected was appropriate for a case-based learning assignment. The CBL was well organized to flow logically and contain all the necessary patient, medical and assessment information as indicated.
   • Knowledge regarding CBL patient and diagnosis (5points): during the presentation, the clinical student demonstrated knowledge and in depth understanding of the patient's present illness, past medical history, diagnosis and treatment. Knowledge was such that independent research had been conducted to conduct class discussion.
   • Professional attire and presence (5points): the student was well prepared for the CBL, including professional attire, demeanor, handling of sensitive cultural and medical information, and overall presence during the presentation. The student modeled professional behavior to the didactic students during the course of the CBL.
   • Demonstrated effective communication skills (5points): during the CBL the student exhibited effective communication skills through verbal and nonverbal communication with the class. Eye contact was maintained, voice inflection was utilized when appropriate, proper usage of technical and/or classroom materials were utilized. Engaged didactic student participation during the course of the CBL.
   • Ability to answer questions and maintain discussion (5points): the student was able to utilize critical thinking skills during the CBL by answering questions and maintaining classroom discussion.
STUDENT EXPECTATIONS:

DUTIES:

1. When assigned to primary care outpatient services, the student is expected to work the same hours as that of the supervising physician or clinic.
2. On the first day of clinic, the student should ask the preceptor or office manager to provide an orientation to the clinic. This orientation should include fire and safety protocol.
3. Each student will be assigned new patients for whom he or she is expected to perform a complete evaluation.
4. The history and physical examination should be performed and recorded according to the supervising physician and/or site expectation.
5. The initial work-up should include a detailed problem list, discussion of the differential diagnosis, and initial management plan.
6. Review all pertinent physical examination, laboratory and diagnostic findings with the supervising physician. Record these findings in the medical record.
7. The above information should be presented in an oral case presentation to the supervising physician.
8. The student should collaborate with the supervising physician to construct or update a problem list for each of their patients.
9. All notes must be dated, timed and signed by the student.
10. All notes must be countersigned by the supervising physician.
11. The student has a unique opportunity to impact the emotional well being of the patient. Addressing non-medical aspects of patient care are essential.
12. Students should be aware of social services available within the community.
13. If the preceptor is taking call, the student is expected to take call as well. The expectation is that the student should take call at least one night per week.
14. The student is responsible for asking the supervising physician for feedback regarding his/her progress at mid-rotation.
15. Students should attend all educational conferences, meetings, and lectures offered at the clinical site.
16. Students should promote the use of support groups and other community resources in the area of mental health.
17. Students should recognize cultural and socioeconomic differences in patients/families that may influences perceptions of wellness, disease, and treatment modalities.
18. Students should adhere to programmatic standards of professional interactions between patients, families, staff and other members of the health care team.
19. The student is responsible for reading medical literature/textbooks regarding the objectives and diagnoses listed in this syllabus. Furthermore, the student is responsible for making oral presentations to the supervising physician and asking pertinent questions regarding these objectives on a regular basis.
20. The student is responsible for maintaining a patient log inTyphon Group, to include data (at a minimum) of: rotation type, rotation site, preceptor, date, age, gender, diagnoses (ICD-9 codes) and procedures (CPT codes).
ROTATION OBJECTIVES:

I. MEDICAL KNOWLEDGE

A. At the completion of this rotation, the physician assistant student will successfully demonstrate clinical skills and provide the rationale needed to diagnose and treat diseases seen in the primary care setting. The student will be able:

1. Describe definition and overview of commonly seen medically managed diseases in primary care
2. Identify etiology as appropriate
3. Describe epidemiology, pathogenesis, pathophysiology and clinical presentation of disease (s)
4. Formulate age appropriate diagnosis
5. Create a management plan, to include pharmacologic and non-pharmacologic measures (e.g., wt. loss, exercise, dietary modifications) based on patient history, economic situation, and appropriate use and interpretation of diagnostic test and other relevant psychosocial criterion
6. Identify and discuss risk factors
7. Explain complications of the disease diagnosed, medical treatments, and comorbid disease states
8. Explain prognosis including the outcomes of treatment versus no treatment versus “watchful waiting”
9. Construct age appropriate patient education and follow-up planning
10. Describe primary, secondary and tertiary prevention methods

COMMONLY SEEN MEDICALLY MANAGED DISEASES

**Cardiology**
- Hypertension
- Hyperlipidemia
- Myocardial Infarction (MI)
- Cardiac Arrhythmia
- Cardiac Murmurs
- Deep Venous Thrombosis
- CAD/Ischemic Heart Disease
- Heart Failure
- Carditis/ACS
- Cardiomyopathy
- Aneurysm
- Aortic dissection
- Congenital Heart Disease

**Respiratory**
- Upper Respiratory Tract Infection
- Lower Respiratory Tract Infection
- Asthma/Bronchiolitis
- COPD
- Bronchitis/Pneumonia
- Influenza/Pertussis
- Pneumothorax
- Pleural effusion/Pleuritis
- Tuberculosis
- Pulmonary embolism
- Hemothorax
- Sleep Apnea

**Dermatology**
- Acneiform Conditions
- Seborrhea
- Warts/Skin Wounds

**Gastrointestinal**
- Hepatitis/Pancreatitis
- IBS/Diverticulitis
- IBD
Bacterial Skin Infections  
Fungal Infections  
Viral Exanthems  
Skin Cancer  
Eczematous Conditions  
Nail and Hair Conditions  
Inflammatory/Desquamation Conditions  
Burns and Environmental Skin Conditions  

Endocrinology  
DM Types 1 and 2  
Thyroid/Parathyroid Disease  
Galactorrhea  
Thyroid cancer  
Cushing's disease  
Addison's disease,  
Hyper/Hypoglycemia  
Diabetes Insipidus  
Hyperlipidemia

Gynecological/Genitourinary  
Menopause/Osteoporosis  
Contraceptives  
Breast Disease  
Vaginitis  
Cervical abnormalities  
PMS, PMDD  
Postmenopausal problems  
Dysmenorrhea  
AUB  
Ectopic pregnancy  
STI's/UTI

Behavioral Health  
Depressive Disorders  
Bipolar Disorder  
GAD  
PTSD, OCD  
ADHD, ADD  
Schizophrenia Disorders  
Drug Abuse, Eating DO  
Somatoform DO  
Psychotherapy

Gastritis, PUD  
Gallbladder disease  
Parasitic Infections  
GERD  
Diarrhea, Vomiting, Constipation  
Esophageal Disorders  
GI Carcinomas  
Small/Large Intestine Disease  
Nutritional Deficiencies  
Liver Diseases

Endocrinology  
DM Types 1 and 2  
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Somatoform DO  
Psychotherapy
Neuromuscular
Multiple Sclerosis
Fibromyalgia
Chronic Fatigue Syndrome
Rheumatoid Arthritis
Osteoarthritis
Acute Gout and Pseudogout (CPPD)
Headache
dizziness
Parkinson’s Disease
Low Back Pain
Common Sports Injuries

ENT
Otitis media/externa/serous
Sinusitis
Laryngeal disorders
Vocal disorders
Meniere’s disease
Vertigo, Labyrinthitis/Orthostatic
URI, Pharyngitis, Tonsillitis
Eye Abnormalities

Family Health
Meningitis
SAH
Septic arthritis
Acute compartment syndrome
Fractures
Neck & Shoulder Pain
Ankle & Knee Pain

Clinical Prevention
Team Care
Family Influences - Health & Dz.
Managing Multiple Morbidities
Diet, Exercise, Obesity
Clinical Decision Making
Tobacco and Alcohol Dependency
Domestic Violence
Physician-Patient Relationship

Communication
Palliative and End-of-Life Care
How to Break Bad News
Cultural competence
Ethical Decision making
Integrative Medicine

B. Explain the indications, contraindications, mechanism of action, side effects, interactions and adverse reactions for the following common pharmacologic agents used in primary care.

Analgesics
Sleeping aids
Anti-arrhythmics
NSAIDS
Antacids, acid pump inhibitors
DMARD
Antibiotics
Antivirals (e.g., Famvir)
Antiretroviral meds
Thyroid medications (e.g., synthroid)
Antifungals
Antihistamines/decongestants
Bronchodilators, anti-asthmatics

HRT/ERT
Antihypertensives
Contraceptives
Antidiabetic medications including insulin
Cialis, Viagra
Anticoagulants
Ophthalmic drugs
Corticosteroids
HMG Co-A reductase inhibitors
Narcotics (e.g., hydrocodone)
Antidepressants
Anti-anxiety
Mood stabilizers
II. SKILLS

A. By the completion of this rotation it is expected that the Physician Assistant student will be able to competently demonstrate, elicit, formulate, interpret, synthesize, perform, and document the following general patient management skills:

1. Historical information for the presenting chief complaint.
2. Appropriate physical exam for the presenting chief complaint
3. Appropriate laboratory and radiologic diagnostic studies
4. Appropriate differential diagnosis and treatment plan, including consideration of risks, costs and efficacy.
5. Pertinent laboratory studies and imaging modalities
6. Diagnosis and differential
7. Reasonable plan of treatment

B. Demonstrate and document in written or EMR format the following:

1. Appropriately focused general medical admission history and physical examination
2. Admission orders
3. Brief and Full procedure notes
4. Progress notes
5. Discharge summaries, to include appropriately written prescriptions

C. Diagnostic Data and Interpretation

1. Perform the following supervised procedures (based upon site/preceptor preferences and availability):

   Musculoskeletal injections          Pap smear
   Drain subungual hematomas           Cosmetic procedures (Botox, )
   Cryotherapy                         Bartholin cyst management
   Remove corn/calluses/warts          ACLS
   I&D’s                               Eye procedures (fluorescein exam, foreign
   Skin staples                        body removal, slit lamp)
   Suturing                            Anterior nasal packing for epistaxis
   Laceration repair with glues        Lumbar puncture
   Toenail and foreign body removal    FNA
   Biopsies, etc.                      Basic ultrasonic procedures
   Wet mount, KOH                      U/LE splints
   Colposcopy                          Joint Aspirations
   Digital rectal exam                 Initial management of simple fractures
   Vasectomy                           Closed reduction
   Bladder catheterization             Newborn circumcision
   Holter monitoring
2. Interpret the following diagnostic studies:
   a. Spirometry
   b. EKGs
   c. X-ray studies including:
      a. Flat and upright abdomen x-ray
      b. Sonograms
   d. Laboratory tests including, but not limited to:
      a. CBC with differential
      b. Chemistry panel
      c. Coagulation panel
      d. Liver function tests
      e. Thyroid panel
      f. CSF studies
      g. Urinalysis with microscopic
      h. Urine C & S
      i. Pulmonary function tests
      j. Fungal studies (KOH)

D. Patient education

1. Formulate patient education for hospitalized patients regarding their specific conditions, treatment plans, and measures to maintain their health.
2. Anticipate and provide clear discharge planning and follow-up care instructions

III. PROFESSIONAL AND ETHICAL BEHAVIORS AND SKILLS

A. The Physician Assistant student will exhibit the following professional and ethical behaviors:
   1. Adhere to HIPPA and confidentiality rules
   2. Document patient information accurately and honestly
   3. Identify errors, assume responsibility and correct any errors in an appropriate manner
   4. Display professionalism at all times when working with patients, their families, staff and other members of the health care team
   5. Assume responsibility at all times in areas of preparedness, attendance, demeanor and dress
   6. Display a willingness to help any member of the team until the task is completed (duty)
   7. Demonstrate evidence of independent student learning relating to problems encountered in the clinical setting

B. The Physician Assistant student will demonstrate the following professional attitudes:
   1. Consideration of the emotional and social backgrounds of patients and their families
   2. Commitment to caring for all patients regardless of gender, race, socioeconomic status, intellect, sexual orientation, or ability to pay
   3. Willingness to ask for help from healthcare staff when appropriate and to utilize ancillary resources
   4. Openness to recognize limitations by using resource referrals and consultation with
supervising preceptor when appropriate
5.  Openness to receiving constructive criticism
6.  Considerations of pediatric patient and family/caregiver perceptions of health and illness as they relate to the patient's care.
7.  Recognize the potential of the physician-patient encounter itself as a therapeutic tool
8.  Accept uncertainty and learn to defer part of the evaluation to later visits as appropriate
9.  Appreciate the cost of health care and the need for parsimony in choosing diagnostic and treatment methods

IV. PRACTICE-BASED LEARNING

The successful PA student will exhibit the ability to:

1.  Continuously evaluate patient care practices, and appraise and assimilate scientific evidence, in order to improve the practice of medicine and ensure the safety and quality of patient care
2.  Apply medical standards, clinical practice guidelines, and practice algorithms appropriately for individual patients or populations.
3.  Apply reflection and feedback to incorporate lessons learned into future practice
4.  Critically appraise the effectiveness of diagnostic and therapeutic interventions
5.  Assess and remediate one's own learning needs
6.  Describe how to keep current with preventive services recommendations

V. SYSTEMS BASED PRACTICE

The successful PA student will:

1.  Effectively interact with a variety of medical practices and delivery systems
2.  Effectively use information technology to support patient care decisions and patient education
3.  Advocate for quality patient care and assist patients in dealing with healthcare system complexities
4.  Partner with supervising physicians, healthcare managers and other healthcare providers to assess, coordinate, and improve the delivery of health care and patient outcomes.
5.  Apply the principles of cost-effective healthcare in patient care.
6.  Discuss local community factors that affect the health of patients.
7.  Discuss health disparities and their potential causes and influences.
8.  Communicate effectively with patients and families from diverse cultural backgrounds
9.  Describe the value of teamwork in the care of primary care patients

1.  Apply the principles of cost-effective health care and risk-benefit analysis in patient and/or population care.
2.  Demonstrate an understanding of the role of different specialists and other members of the health care team in patient-centered care.
3.  Work effectively in interprofessional teams to enhance patient safety and improve quality of patient care.
GRADUATE BULLETIN COURSE DESCRIPTION: The student is assigned to a hospital-surgical setting in order to gain exposure to all realms of the general surgery experience. These experiences are to include: pre-operative, intra-operative, and post-operative care. Furthermore, students are expected to further develop patient care skills through: the medical interview, history and physical examination, critical thinking, enhancement of medical knowledge, patient and family counseling, and understanding the role of a PA within the hospital team.

ROTATION DESCRIPTION: The General Surgery rotation is a 4-week rotation, designed to provide the student with a wide range of clinical experiences. The primary goal of the rotation is to teach students the basic principles of surgical diagnosis and management, both operative and non-operative. Students should learn the indications for appropriate and timely referral of patients for surgical consultation. Student may participate in minimally invasive laparoscopic surgical procedures, as well as interactive, problem-based learning opportunities. Students should obtain an appreciation for the physical, psychological and socioeconomic impact on surgical illnesses. Students will acquire clinical experience through evaluation and management of various surgical patients under direct supervision by attending physicians, residents and PAs. The team approach to patient care and safety is emphasized while students participate in the work-up, diagnosis, treatment and education of the surgical patient and their family. The application of proper skills, values, and attitudes in the total care of the patient is essential.

COURSE OVERVIEW: While under the supervision of the preceptor, students will work independently to evaluate patients in the surgical setting. They will evaluate patients and formulate potential treatment plans, present the assessment and plan for discussion, and participate in the required patient management activities and operative procedures as designated by the preceptor. By the conclusion of the rotation, the student will demonstrate competence in assisting surgical staff in the operating suites, inpatient surgical wards, outpatient surgical clinics and examining and managing pre- and post-operative surgical patients. While on this rotation the student is expected to:

1. Demonstrate knowledge and understanding of common surgical problems.
2. Demonstrate knowledge of the fundamentals of basic science as applied to clinical surgery, surgical anatomy and pathology, nutrition, fluid and electrolyte balance, and the metabolic response to injury and burns.
3. Thoroughly and appropriately execute a focused surgical admitting history and physical exam.
4. Participate in daily patient assessment, including surgical and medical management over the course of the patient’s hospital/outpatient stay.
5. Participate as part of an interprofessional team providing patient-centered care as part of the surgical and medical management team caring for the surgical patient.
6. Perform various surgical procedures and techniques.
7. Participate in patient education and discharge planning.
8. Attend hospital/general surgery service conferences, lectures and patient-care team meetings.
9. Assume overnight call as assigned by the preceptor but not more often than once every third night.

Students should anticipate spending several hours per week reviewing pertinent anatomy, disease processes, biomedical, clinical, epidemiological and social-behavioral sciences and their application to the care of the surgical patient. Students should refer to required readings and conduct independent research (e.g., surgical videos) to obtain knowledge concerning objectives/cases that were not observed during the rotation.

The student will report to the Physician Assistant Program for administrative meetings and examinations at the end of the rotation. The end-of-rotation examination includes all learning objectives stated below:

**COURSE GOALS:** The goal of PA 580 is to provide practical experience to students in the field of surgery that will foster translation and application of knowledge gained in the didactic curriculum to the care of surgical patients in the hospital setting. The essential knowledge gained from the preclinical courses to be applied in the surgical rotation includes:

1. Clinical manifestations of the most common emergent, urgent, and elective medical conditions requiring surgical management.
2. Basic anatomical structures and their neurovascular relationships relevant to common surgically managed diseases.
3. Physiological principles of fluid and electrolyte balance, their management and replacement.
5. Hemodynamic and hematological principles associated with blood loss, replacement, and cardiac function.
7. Indications for and limitations of essential diagnostic studies used to evaluate the surgical patient.
8. Principles of common pharmacologic treatment (e.g., analgesics, antibiotics, anticoagulants, sedatives) related to surgical patient management.

By the end of this course, the student will:

1. Demonstrate knowledge and understanding of common surgical problems.
2. Elicit a complete and accurately focused surgical patient history including belief systems, spiritual and cultural issues and incorporate these into the comprehensive care of a surgical patient.
3. Select appropriate physical examination techniques, laboratory tests, radiologic, and other clinical studies based on a presenting history and physical examination, and interpret the results in the surgical patient.
4. Formulate appropriate differential diagnoses for the surgical patient based on presenting history, physical examination, and investigative studies.
5. Synthesize and present a coherent description of the patient's clinical condition based upon the information obtained from the patient and other resources.
6. Differentiate the surgical presentation of common disease processes, and plan and manage their appropriate pre-operative work-up, intra-operative and post-operative care.
7. Become familiar with various surgical procedures, expected outcomes and complications.
9. Create and maintain clear and accurate patient record documentation over the course of the patient’s illness.
10. Competently perform basic procedures and technical skills utilized in the care of the surgical patient.
11. Demonstrate clear and accurate patient education incorporating an appreciation for cost, benefit and risk.
12. Consistently model appropriate professional and ethical behaviors and skills required of Physician Assistants in the surgical environment.

GENERAL SURGERY ROTATION COURSE GRADE:

- Preceptor evaluation – 40% of grade
- Multiple-choice General Surgery examination – 30% of grade
- Computer based Typhon Group patient tracking – 15% of grade
- Clinical Coordinator Evaluation – 15% of grade

Please see page 121 for other rotation grading information.

PAEA EOR Exam Topic List Posted on Course Sakai Site

STUDENT EXPECTATIONS:

INPATIENT SURGERY:

1. On the first day of the surgery rotation, the student should ask the preceptor and OR staff to provide an orientation to the service. This orientation should include protocol for pre-rounds, rounds, fire and safety protocol.
2. On the first day of the surgery rotation, the student should ask the preceptor to provide information regarding attire for rounds.
3. Each student will be assigned patients upon admission for whom he or she is expected to perform a complete evaluation that addresses pre-operative, operative, and post operative risks.
4. Surgery is a team-oriented specialty. Students should keep the team informed about any clinical information relating to their patient(s).

OUTPATIENT SURGERY CLINIC:

1. When the opportunity is available to utilize outpatient services, the student is expected to work the same hours as that of the supervising physician or clinic.
2. On the first day of clinic, the student should ask the preceptor or office manager to provide an orientation to the office. This orientation should include fire and safety protocol.
3. The student is responsible for asking the supervising physician for feedback regarding his/her progress midway through the rotation.
4. The student is responsible for reading medical literature/textbooks regarding the objectives and diagnoses listed in this syllabus. Furthermore, the student is responsible for making oral presentations to the supervising physician and asking pertinent questions regarding these objectives on a regular basis.
I. MEDICAL KNOWLEDGE

A. At the successful completion of the surgery rotation, the Physician Assistant student will be able to explain and/or provide the rationale for the following aspects of commonly seen surgically managed diseases and trauma listed below:

1. Anatomy
2. Pathophysiology
3. Etiology, incidence, and risk factors
4. Commonly associated symptoms
5. Clinical presentation including patient complaints/symptoms and physical examination signs/findings
6. Diagnosis and differential diagnosis
7. Laboratory and radiographic studies: Provide the rationale for the appropriate ordering, use and interpretation of diagnostic tests.
8. Indication and contraindication for surgical intervention
9. Preoperative and post operative patient management
10. Action, dosage and use of common pharmacologic agents used in surgery such as analgesics, antibiotics, anticoagulants, and sedatives
11. Adjuvant therapies (indications and outcome)
12. Surgical Complications (recognition and treatment)
13. Prognosis
14. Elements of wound healing, homeostasis, shock and circulatory physiology and surgical nutrition
15. Discharge (timing, patient education, follow-up, resumption of activities)

COMMONLY SEEN SURGICALLY MANAGED DISEASES

CARDIOVASCULAR
Aortic aneurysm/dissection
Arterial embolism/thrombosis
Chronic/acute arterial occlusion
Peripheral vascular disease
Lymphatic disease
Venous varicosities, phlebitis, thrombosis
Carotid artery occlusion
Cardiac tamponade
Pericardial effusion

Neoplastic Disease:
Bronchogenic carcinoma
Carcinoid tumors
Metastatic tumors
Pulmonary nodules
Mesothelioma
Pleural effusion
Pneumothorax (Primary, Secondary, Traumatic, Tension)

ENDOCRINE
Thyroiditis
Thyroid neoplasia
Thyroid nodules
Pheochromocytoma
Adrenal neoplasia

GASTROINTESTINAL
Esophageal Diseases
Mallory-Weiss tear
Strictures & Obstruction
Gastroesophageal Varices
GERD

**Stomach**
Upper Gl Bleeding
Gastritis & Peptic Ulcer Disease
Gastric Neoplasms
Pyloric stenosis
Gastric bypass

**Small Intestine, Colorectal and Anal**
Appendicitis
Meckels diverticulosis/diverticulitis
Diverticular disease
Inflammatory bowel disease (CrohnsDz, Ulcerative Colitis)
Ischemic bowel disease
Intussusception
Small and large bowel obstruction
Volvulus
Incarcerated bowel
Anal fissure
Anorectal abscess/fistula
Hemorrhoids
Colorectal Neoplasms
Pilonidal disease
Polyps
Lower Gl Bleeding

**Liver, Billiary and Pancreatic Diseases**
Cirrhosis
Hepatic neoplasms
Acute/chronic cholecystitis
Cholelithiasis
Acute cholangitis
Acute/chronic pancreatitis
Pancreatic neoplasms
Pancreatic abscess
Pancreatic pseudocyst

**Hernias**
Esophageal/hiatal
Umbilical
Ventral
Inguinal
Femoral

Incisional
Incarcerated bowel

**GENITOURINARY**
Neoplasms:
Bladder carcinoma
Prostate carcinoma
Renal cell carcinoma
Testicular carcinoma
Wilms' tumor
Benign prostatic hyperplasia
Incontinence
Nephro/uroolithiasis
Testicular torsion
Ureter/Urologic trauma

**DERMATOLOGIC**
Neoplasms:
Basal cell carcinoma
Melanoma
Squamous cell carcinoma
Wounds
Decubitus ulcers/leg ulcers
Hidradenitissuppurativa
Lipomas/epithelial inclusion cysts
Burns

**TRAUMA**
Splenic rupture
Head Injury
Subdural hematoma
Epidural hematoma
Amputation

**MUSCULOSKELETAL**
Disorders of the Back & Spine
Caudaequina syndrome
Herniated nucleus pulposus

Disorders of the Upper Extremities
Fractures/dislocations
Rotator cuff disorders

Disorders of the Lower Extremities
Aseptic necrosis
Fractures/dislocations
Meniscal injuries of the knee

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Osteoarthritis
Rheumatoid arthritis

B. The student will be able to evaluate, diagnose and formulate a plan for the management of the following postoperative complications:

1. Ileus
2. Fever
3. Diarrhea
4. Post operative pain
5. Hypertension
6. Fluid, Electrolyte and Acid/Base Disorders
   a. Hypo/hypernatremia
   b. Hypo/hyperkalemia
   c. Hypo/hypercalcemia
   d. Hypo/hypermagnesemia
   e. Metabolic alkalosis/acidosis
   f. Respiratory alkalosis/acidosis
   g. Volume depletion
   h. Volume excess
7. Urinary retention
8. Acute renal failure
9. Shock (hypovolemic, cardiogenic, neurogenic, septic)
10. Bleeding and Blood Replacement
11. Infections including:
    a. Surgical site infections
    b. UTIs
    c. Nosocomial infections
    d. Abscess formation
    e. Pneumonia
    f. Systemic Inflammatory Response Syndrome (SIRS), Sepsis, Septic Shock, Severe Septic Shock
12. Phlebitis, DVT, pulmonary embolus
13. Fistula formation, sinus tract formation
14. Atelectasis, pneumonia, acute respiratory distress syndrome (ARDS)
15. Chest pain, CHF, arrhythmias, MI
16. Delirium, seizures
17. Drug & transfusion reactions including:
   a. Febrile reaction

Infectious Diseases
Acute/chronic osteomyelitis
Septic arthritis
   a. Acute hemolytic reaction
   b. Desquamation
   c. Stevens-Johnson syndrome
   d. Toxic epidermal necrolysis
   e. Erythema multiforme
18. Compartment syndrome

C. The student will be able to explain and provide appropriate rationale for the preoperative evaluation and operative and post operative management/requirements of the surgical patient with the following comorbid disease processes:

1. Adrenal insufficiency
2. Diabetes
3. Renal Failure
4. Pulmonary diseases: asthma, COPD
5. Cardiovascular diseases: CHF, MI, hypertension, Valvular disease (AS, MVP), arrhythmias (a-fib)
6. G6PD deficiency
7. Coagulation Disorders and thrombocytopenia

D. The student will be able to define, discuss, demonstrate and provide the background rationale for the following principles of surgery:

1. Asepsis, antisepsis, and sterile technique
2. Prevention of nosocomial infection
3. Implementation of Universal precautions
4. Wound management/Wound healing including:
   a. primary closure
   b. delayed closure
   c. wound debridement
   d. suture material properties and selection
f. healing: primary, secondary, tertiary intention

g. stages of wound healing

h. factors affect wound healing process

i. classification of surgical wounds

5. Metabolism and nutrition including:
   a. Nutritional assessment
   b. Feeding options and solutions
   c. Calculations for enteral and parenteral alimentation

6. Fluid and electrolyte balance and appropriate selection of intravenous solutions including:
   a. Dextrose 5% in water
   b. Dextrose 5% and sodium chloride 0.45%
   c. Sodium chloride 0.9%
   d. Sodium chloride 0.45%
   e. Lactated Ringer’s solution

7. Hemostatic mechanisms, surgical bleeding and transfusion therapy including indications, adverse reactions, and medical management of reactions associated with the following blood products:
   a. Platelets
   b. Red blood cells
   c. Fresh frozen plasma
   d. Cryoprecipitate

E. The student will be able to discuss, explain and provide rationale for the indications, contraindications, mechanisms of action, side effects and adverse reactions for the following pharmacologic agents used for the management of the surgical patient:

1. Analgesics: morphine sulfate, hydromorphone (Dilaudid), oxycodone (Percocet, Oxycontin), hydrocodone (Vicodin), tramadol (Ultram), ketorolac, acetaminophen

2. Antacids, acid pump inhibitors, H₂ blockers: omeprazole (Prilosec), pantoprazole (Protonix), lansoprazole (Prevacid)

3. Antibiotics: cefazolin, cefoxitin, cefotetan, gentamycin, vancomycin, metronidazole, ampicillin-sulbactam

4. Anticoagulants: unfractionated heparin, low molecular weight heparin (Lovenox), warfarin (Coumadin), clopidogrel (Plavix)

5. Local Anesthetics: lidocaine, bupivacaine (Marcaine)

6. Prokinetics/antiemetics: metoclopramide (Reglan), odansetron (Zofran), trimethobenzamide (Tigan)

7. Betablockers: metoprolol, atenolol

8. Hyperglycemic therapies: Insulin, Oral hyperglycemic agents

9. Miscellaneous:
   a. docusate sodium (Colace)
   b. docusate sodium + senna (Pericolace)
   c. polyethylene glycol (Colyte, Miralax, Glycolax)
   d. magnesium hydroxide
   e. midazolam (Versed)

II. CLINICAL SKILLS

A. By the completion of this rotation the Physician Assistant student will be able to competently demonstrate, perform, and document the following general patient management skills:

1. Evaluate and assess patients with surgical diseases.
2. Elicit appropriate historical information for the presenting chief complaint.
3. Perform the appropriate physical exam for the presenting chief complaint.
4. Select appropriate laboratory and radiologic diagnostic studies.
5. Formulate an appropriate differential diagnosis and treatment plan utilizing data gathered in the history, physical examination and investigative studies.
6. Synthesize and present a coherent description of a patient case including chief complaint, focused history and physical findings, results of pertinent laboratory studies and imaging
modalities, diagnosis and differential and recommend a reasonable plan of treatment.

B. Document in written or EMR format the following:

1. Appropriately focused surgical admission history and physical examination
2. Admission orders
3. Pre- and Postoperative orders
4. Brief and Full Operative Reports
5. Office/clinic/ED outpatient procedure notes
6. Progress notes
7. Discharge summaries

C. Diagnostic Data and Interpretation:

1. Perform the following supervised procedures (based upon site/preceptor preferences and availability):
   - OR assisting for common surgical procedures, to include specific motor skills utilized in surgery
   - OR patient positioning, prepping and draping
   - Insertion and removal of: nasogastric tube, foley catheter, and intravenous cannulas
   - Arterial/venous blood sampling
   - Appropriate surgical scrubbing, gowning and gloving process
   - Closure of surgical incisions
   - Staple and suture of skin (wound and incision repair) using the following suturing techniques:
     - Simple interrupted
     - Running intradermal (subcuticular)
     - Vertical mattress
     - Horizontal mattress
   - Suture and staple removal
   - Surgical knot tying
   - Central venous catheter placement, including identification of important anatomical landmarks
   - Surgical wound dressing/changes
   - Chest tube insertion/removal
   - Removal of surgical drains
   - Thoracentesis
   - Paracentesis
   - CPR

2. Describe the indications, interpretation, and limitations of the following diagnostic tests:
   - Arterial blood gases
   - Complete Blood Count with differential
   - Coagulation panel
   - Liver function panel,
   - Amylase, lipase
   - Electrolytes
   - Urinalysis and microscopic
   - EKGs, Thallium stress testing

3. Discuss the indications for and the ability to explain findings found on the following radiologic studies:
   - Flat and upright radiographs of the abdomen
   - Chest X-ray
   - Upper and lower GI series
   - CT scan: helical, chest, abdominal, head
   - Urethrogram
   - IVP
   - V.Q. Scan
   - Ultrasound: abdominal, echocardiogram and vascular studies
   - MRI
   - Bone scan
   - Mammogram
   - Nuclear tests

C. Demonstrate the ability to provide clear and accurate surgical patient education:
1. Discharge instructions
2. Education about their specific conditions and ways to maintain their health.
3. Education regarding their legal rights, including:
   - Informed consent
   - Right to refuse care
   - Transfusion consent
   - Surrogate decision makers
   - Treatment options and alternatives
   - Risk Management
   - Advanced directives and how they relate to surgery
   - HIPPA and Confidentiality

III. PROFESSIONAL AND ETHICAL BEHAVIORS AND SKILLS

A. The Physician Assistant student will exhibit the following professional and ethical behaviors:

1. Follow all HIPPA and confidentiality rules.
2. Document patient information accurately and honestly.
3. Identify errors, assume responsibility and correct any errors in an appropriate manner.
4. Treat all patients and members of the health care team with respect.
5. Display professionalism at all times when working with other members of the health care team.
6. Show responsibility at all times in areas of attendance, demeanor, and dress.
7. Display a willingness to help any member of the team until the task is completed (duty).
8. Arrive prepared for all patient duties and cases.
10. Sensitivity to the emotional and social backgrounds of patients and their families.
11. Sensitivity in interaction with patients of different cultural backgrounds.
12. Willingness to ask for help from healthcare staff when appropriate and to utilize ancillary resources.
13. Openness to recognize limitations by using resource referrals and consultation with supervising preceptor when appropriate.
14. Openness to receiving constructive criticism.
15. General concern for patients by comprehensively monitoring their progress and documenting thorough patient records.
16. Integrity, responsibility and reliability.
17. Respect for patient privacy and autonomy.
18. High standards of ethical behavior.
19. Compassion and respect for others.

IV. PRACTICE-BASED LEARNING

The successful PA student will exhibit the ability to:

1. Continuously evaluate patient care practices, and appraise and assimilate scientific evidence, in order to improve the practice of medicine and ensure the safety and quality of patient care.
2. Apply medical standards, evidence-based medicine, clinical practice guidelines, and practice algorithms appropriately for individual patients or populations.
3. Apply reflection and formative evaluation feedback to incorporate lessons learned into future practice.
4. Critically appraise the effectiveness of diagnostic and therapeutic interventions.
5. Identify strengths, deficiencies, and limits in knowledge and expertise in order to set learning and improvement goals.

V. SYSTEMS-BASED PRACTICE

The successful PA student will:

1. Effectively interact with a variety of medical practices and delivery systems
2. Effectively use information technology to support patient care decisions and patient education
3. Advocate for quality patient care and assist patients in dealing with healthcare system complexities
4. Partner with supervising physicians, healthcare managers and other healthcare providers to assess, coordinate, and improve the delivery of health care and patient outcomes.
5. Apply the principles of cost-effective health care and risk-benefit analysis in patient and/or population care.
6. Demonstrate an understanding of the role of different specialists and other members of the health care team in patient-centered care.
7. Work effectively in interprofessional teams to enhance patient safety and improve quality of patient care.
GRADUATE BULLETIN COURSE DESCRIPTION: The student is assigned to hospital inpatient and out-patient ambulatory care settings in order to gain exposure to all reams of the women’s health across the life span. These experiences are to include: pre-natal, post-natal, pre-operative, intra-operative, post-operative care, annual wellness exam, and emergent care exams. Furthermore, students are expected to further develop patient care skills through: the medical interview, history and physical examination, critical thinking, enhancement of medical knowledge, patient and family counseling, and understanding the role of a PA within the hospital team.

ROTATION DESCRIPTION: The Obstetrics and Gynecology rotation is a 4-week rotation, designed to provide the student with an interactive, problem-based learning opportunity in the diagnosis and management of common obstetric and gynecologic conditions, as well as, health care maintenance and disease prevention for women. Students will acquire clinical experience through evaluation and management of general Obstetrics and Gynecology patients under direct supervision by attending physicians and PAs in both inpatient, surgical and outpatient settings. The team approach to patient care and safety is emphasized while students participate in the work-up, diagnosis, treatment and education of the obstetrical and gynecological patient and their family.

COURSE OVERVIEW: While under the supervision of the preceptor, students will work independently to evaluate patients and formulate potential treatment plans, present the assessment and plan for discussion, and participate in the required patient management activities and clinical procedures. By the conclusion of the rotation, the student will demonstrate competence in the basic clinical knowledge and skills needed to manage common diseases encountered in the obstetrical and gynecological patient. While on this rotation the student is expected to:

1. Thoroughly and appropriately develop a patient history.
2. Perform an appropriate physical examination.
3. Manage normal pregnancy.
4. Perform an uncomplicated vaginal delivery (based on availability).
5. Participate in daily patient assessment and medical management over the course of the patient’s hospital/outpatient stay.
6. Integyally contribute as part of the Obstetrics and Gynecology interprofessional team caring for the Obstetrics and Gynecology patient.
7. Become skilled at and perform various obstetrics and gynecology procedures and techniques.
9. Develop and execute discharge planning, discharge summaries, follow-up and referrals.
10. Attend hospital conferences, lectures and all patient- care team meetings.
11. Assume overnight call as assigned by the preceptor but not more often than once every third night.
Students should anticipate spending several hours per week reviewing pertinent female anatomy, common disease processes in women’s health, clinical practice guidelines, evidence-based medicine, and treatments for the inpatient vs. outpatient obstetrics and gynecology patient. Additionally, students should refer to suggested readings and conduct self-directed, independent learning to obtain knowledge concerning objectives/cases which were not observed during the rotation.

The student will report to the Physician Assistant Program for administrative meetings and examinations at the end of the rotation. The end-of-rotation examination includes all learning objectives stated below.

COURSE GOALS: The goal of PA 590 is to provide practical experience in the discipline of Obstetrics and Gynecology that will foster translation of knowledge gained in the didactic curriculum, to the care of the obstetrical and gynecological patients in the hospital and outpatient settings. The essential knowledge gained from the preclinical courses to be applied in the Obstetrics and Gynecology rotation includes:

1. Clinical manifestations of the most common acute, chronic, emergent, urgent, medical conditions requiring obstetrics and gynecology management.
2. Basic anatomical structures and their relationships relevant to common medically managed obstetrics and gynecology diseases.
3. Normal vs. abnormal pelvic examination.
5. Hemodynamic and hematological principles associated with blood loss, replacement, and the obstetric and gynecologic patient.
8. Obstetric and gynecologic pathophysiology related to the diagnosis and treatment of common disorders encountered in these patients.
9. Principles of pharmacologic and non pharmacologic treatment related to the obstetric and gynecologic patient.

By the end of this course, the student will:

1. Elicit a complete and accurate patient history across all age groups, including belief systems, spiritual and cultural issues and incorporate these into the comprehensive care of an obstetrics and gynecology patient.
2. Select appropriate physical examination techniques with respect to age and identify abnormalities relevant to the obstetric and gynecologic patient.
3. Address issues of patient modesty and comfort during the physical examination and/or procedures.
4. Select appropriate laboratory tests, radiologic, and other clinical studies relevant to the obstetric and gynecologic patient based on a presenting history and physical examination, and interpret the results.
5. Formulate appropriate diagnosis and differential diagnoses for the obstetrics and gynecology patient based on presenting history, physical examination, and investigative studies using critical thinking skills.
6. Synthesize and present a coherent description of the patient's clinical condition to the
Differentiate the medical presentation of common obstetric and gynecologic disease processes.
8. Recognize risk factors and aspects of high-risk pregnancy.
9. Plan and manage appropriate pre-admission work-up, hospital stay, and post-hospitalization care based on effectiveness, costs, risks-benefits, and patient’s overall goals and values.
10. Create and maintain legible, clear and accurate patient record documentation over the course of the patient’s illness.
11. Competently perform basic procedures and technical skills utilized in the care of the obstetrics and gynecology patient.
12. Demonstrate clear and accurate patient education, shared decision making, promotion of health and health maintenance across a women’s lifetime.
13. Demonstrate knowledge of the indications, contra-indications, usage and complications of various methods of contraception.
14. Demonstrate knowledge of published guidelines regarding health maintenance and prevention in women’s health care.
15. Consistently model appropriate professional and ethical behaviors and skills required of Physician Assistants in the inpatient/outpatient environment.

OB/GYN ROTATION COURSE GRADE:

Preceptor evaluation – 40% of grade  
Multiple-choice Obstetrics and Gynecology examination – 30% of grade  
Computer based Typhon Group patient tracking – 15% of grade  
Clinical Coordinator Evaluation – 15% of grade

Please see page 121 for other rotation grading information.

PAEA EOR Exam Topic List Posted on Course Sakai Site

Preceptor evaluations will be determined by USA physicians in a team-based approach. They will utilize the USA OB/Gyn Clerkship Clinical Passport to assist in compiling information (including competencies) for student evaluations.

STUDENT EXPECTATIONS:

INPATIENT DUTIES:

1. On the first day of inpatient wards, the student should ask the preceptor to provide an orientation to the hospital/clinic/emergency department. This orientation should include fire and safety protocol.
2. Each student will be assigned new patients upon admission for whom he or she is expected to perform a complete evaluation.
   a. The history and physical examination should be performed and recorded according to the supervising physician and/or site expectation.
b. The initial work-up should include a detailed problem list, discussion of the differential diagnosis, and initial management plan.

c. Review all pertinent physical examination, laboratory and diagnostic findings with the supervising physician. Record these findings in the medical record.

d. The above information should be presented in an oral case presentation to the supervising physician.

3. The student should collaborate with the supervising physician to construct or update a problem list for each of their patients.

4. Daily progress notes on the student’s patients should be written using a problem-oriented approach.
   a. All notes must be legible, dated, timed and signed by the student.
   b. All notes must be countersigned by the supervising physician.

5. The student has a unique opportunity to impact the emotional well-being of the patient. Addressing non-medical aspects of patient care are essential.
   a. Students should be aware of consultation for social services in the hospital.
   b. Students should be aware of social services available within the community.
   c. Students should recognize cultural and socioeconomic differences in patients/families that may influence perceptions of wellness, disease, and treatment modalities.
   d. Students should recognize the social determinants of health and their impact on women’s health care.
   e. Students should adhere to programmatic standards of professional interactions between patients and facility staff.

6. Students should attend all educational conferences, meetings, and lectures offered at the clinical site.

7. Students are expected to take call at least one night a week if it is available on their service.

8. The student is responsible for maintaining a patient log in Typhon Group, to include data (at a minimum) of: rotation type, rotation site, preceptor, date, age, gender, diagnoses (ICD-9 codes) and procedures (CPT codes).

OUTPATIENT DUTIES:

1. If and when assigned to Obstetrics and Gynecology outpatient services, the student is expected to work the same hours as that of the supervising physician or clinic.

2. On the first day of clinic, the student should ask the preceptor or office manager to provide an orientation to the clinic. This orientation should include fire and safety protocol.

3. If the preceptor is taking call during the weekend, the student is expected to take call as well.

4. The student is responsible for asking the supervising physician for feedback regarding his/her progress halfway through the rotation.

5. The student is responsible for reading medical literature/textbooks regarding the objectives and diagnoses listed in this syllabus. Furthermore, the student is responsible for making oral presentations to the supervising physician and asking pertinent questions regarding these objectives on a regular basis.

ROTATION OBJECTIVES:

I. Medical Knowledge

A. At the completion of this rotation, the physician assistant student will successfully demonstrate clinical skills and provide the rationale needed to diagnose and treat diseases seen in the obstetrics and gynecology discipline in the hospital and clinic settings. The student will be able to discuss the following aspects:

1. Pertinent anatomy
2. Definition and overview
3. Etiology
4. Epidemiology
5. Pathogenesis and pathophysiology
6. Clinical presentation
7. Diagnosis: provide explanation and rationale as to how the diagnosis and differential diagnosis was formulated
8. Management: exhibit and explain the appropriate use and interpretation of diagnostic test, medications, and other medical interventions
9. Complications of the disease diagnosed, medical treatments, and comorbid disease states
10. Prognosis including the outcomes of treatment versus no treatment versus “watchful waiting”
11. Life cycle stage and management planning in patient care.
12. Patient education, discharge planning, referral and follow-up
13. Primary, secondary and tertiary prevention

**COMMONLY SEEN MEDICALLY MANAGED DISEASES**
As addressed and covered in the text: Current Diagnosis and Treatment Obstetrics and Gynecology, (Lange)

- Contraception
- Abnormal uterine bleeding
- Amenorrhea
- Dysmenorrhea
- Dyspareunia
- Endometriosis
- Polycystic ovarian disease
- Breast disease
- Breast cancer
- Ovarian cancer
- Uterine cancer
- Endometrial cancer
- Vaginitis
- Sexually transmitted infections
- Pelvic inflammatory disease
- Infertility
- Diagnosing pregnancy
- Ectopic pregnancy
- Prenatal care
- Normal labor & delivery
- Complications of pregnancy
- Pre-eclampsia, eclampsia
- High risk OB patients
- Third trimester bleeding
- Gestational diabetes
- Menopause
- Uncomplicated cystitis
- Urinary incontinence
- Annual screening
- Pap smears
- Breast exam
- Additional Screening Tests
B. Explain the indications, contraindications, mechanism of action, side effects, interactions and adverse reactions for the following pharmacologic and non-pharmacologic agents.

1. Oral contraceptives
   - Combined estrogen and progestin
   - Combination, biphasic, triphasic
   - Progestin only
   - Emergency
2. Other forms of contraception
   - Barrier methods
   - Surgical methods
   - Rhythm method
3. Hormone replacement therapy
4. SERMs
5. NSAIDs used to treat premenstrual syndrome and dysmenorrhea
6. Osteoporosis agents
7. Menorrhagic agents
8. Endometriosis
9. Infertility agents
10. Treatments for Candidiasis
11. Treatments for Bacterial Vaginosis
12. Antivirals
13. Antibiotics to treat STIs
14. Prenatal care
15. Tocolytics

II. Skills

A. By the completion of this rotation it is expected that the Physician Assistant student will be able to competently demonstrate, perform, and document the following general patient management skills:

1. Elicit appropriate historical information for the female patient across the life span.
2. Perform the appropriate physical exam for the female patient across the life span.
3. Select and interpret appropriate laboratory and radiologic diagnostic studies in the female patient across the life span.
4. Formulate an appropriate diagnosis and differential diagnosis and treatment plan utilizing data gathered in the history, physical examination and investigative studies
5. Synthesize and present a coherent description of a patient case including:
   a) chief complaint, focused history and physical findings
   b) results of pertinent laboratory studies and imaging modalities
   c) a primary diagnosis and differential with a recommended and reasonable plan of treatment.

B. Demonstrate and document in written or EMR format the following:

1. Appropriately focused admission history and physical examination
2. Admission orders
3. Brief and Full procedure notes
4. Progress notes for inpatient vs. outpatient
5. Discharge summaries, referral and follow-up
6. Perform the following supervised procedures (based upon site/preceptor preferences and availability):
   - Pelvic exam, Bimanual exam
   - Rectovaginal exam
   - Breast exam, teach self breast exam
   - Screen for STI
   - Pap smear (thin prep vs. traditional)
   - Colposcopy or w/o cervical biopsy/endometrial biopsy/cryotherapy/LEEP
   - Wet prep, cultures and interpretation
   - DNA sampling of cervix
   - Ultrasound (obstetric and gynecologic)
   - Foley catheter insertion
   - APGAR score
   - administration of parenteral medications
   - Ob exam (fundal height, FHT’s, Leopold’s)
   - Assess fetal monitor strip
   - Cervical exam during labor
   - Scrub (based on availability)
   - Laparoscopy
   - Abdominal, vaginal, laparoscopic hysterectomy
   - Episiotomy repair
   - C-section
   - Bilateral tubal ligation
   - Vaginal, vacuum or forceps delivery
   - NSVD
7. Provide rationale for ordering and the interpretation of the following diagnostic studies:
   g. EKGs
   h. X-ray studies including:
      a. Flat and upright abdomen x-ray
      b. Sonograms
      c. CT/with and without contrast
      d. MRIs
   i. Laboratory tests including, but not limited to:
      a. CBC with differential
      b. Chemistry panel
      c. Coagulation panel
      d. Liver function tests
      e. Thyroid panel
      f. Prenatal-OB/Gyn screening
      g. Urinalysis with microscopic
      h. Urine C & S
      i. Genetic screening during pregnancy
C. Provide patient education

- Pre/postnatal education, proper care during pregnancy, proper care of the newborn
- Family planning education, risk and benefits of contraception, spacing of children
- Domestic violence, sexual assault, personal safety, community resources
- Depression, anxiety, eating disorders
- STI prevention, education and resources
- Pre- and postmenopausal health
- Post partum education – contraceptives, depression, blues, psychosis, caring for the newborn
- Adolescent health
- Changes across the life span, how to remain healthy and balanced throughout life
- Human sexuality, including non-judgmental information on non-traditional practices and dyspareunia
- Healthy People 2020 – cancer prevention, heart disease, exercise, healthy eating, BMI
- Formulate patient education for hospitalized patients regarding their specific conditions, treatment plans, and measures to maintain their health.
- Anticipate and provide clear discharge planning and follow-up care instructions

III. PROFESSIONAL AND ETHICAL BEHAVIORS AND SKILLS

A. The Physician Assistant student will exhibit the following professional and ethical behaviors:

1. Follow all HIPPA and confidentiality rules
2. Document patient information accurately and honestly
3. Identify errors, assume responsibility and correct any errors in an appropriate manner
4. Treat all patients and members of the health care team with respect
5. Demonstrate sensitivity to age, culture, religion, sexual preference, SES, beliefs, behaviors, and disabilities of patients and colleagues
6. Adhere to principles of confidentiality and informed consent.
7. Display professionalism at all times when working with other members of the health care team
8. Display support and empathy to patients and families.
9. Show responsibility at all times in areas of attendance, demeanor and dress
10. Display a willingness to help any member of the team until the task is completed (duty)
11. Arrive prepared for all patient duties and cases
12. Demonstrate evidence of self-directed learning and independent reading relating to problems encountered in the obstetric and gynecologic clinical setting

B. The Physician Assistant student will exhibit the following professional attitudes:

1. Sensitivity to the emotional and social backgrounds of patients and their families
2. Sensitivity in interaction with patients of different cultural backgrounds
3. Willingness to ask for help from healthcare staff when appropriate and to utilize ancillary resources
4. Openness to recognize limitations by using resource referrals and consultation with supervising preceptor when appropriate
5. Openness to receiving constructive criticism
6. General concern for patients by comprehensively monitoring their progress and documenting thorough patient records

IV. PRACTICE-BASED LEARNING

The successful PA student will exhibit the ability to:

1. Continuously evaluate evidence-based patient care practices, and appraise and assimilate scientific evidence, in order to improve the practice of medicine and ensure the safety and quality of patient care
2. Apply medical standards, clinical practice guidelines, and practice algorithms appropriately for individual patients or populations.
3. Apply reflection and feedback to incorporate lessons learned into future practice
4. Critically appraise the effectiveness of diagnostic and therapeutic interventions

V. SYSTEMS-BASED PRACTICE

The successful PA student will:

1. Effectively interact with a variety of medical practices and delivery systems
2. Effectively use information technology to support patient care decisions and patient education
3. Advocate for quality patient care and assist patients in dealing with healthcare system complexities
4. Partner with supervising physicians, healthcare managers and other healthcare providers to assess, coordinate, and improve the delivery of health care and patient outcomes.
5. Apply the principles of cost-effective, risks-benefits healthcare in patient care.
GRADUATE BULLETIN COURSE DESCRIPTION: The student is assigned to an emergency department setting in order to gain exposure to patients requiring critical, emergent and non-emergent care. Furthermore, students are expected to further develop patient care skills through: the medical interview, history and physical examination, critical thinking, enhancement of medical knowledge, patient and family counseling, and understanding the role of a PA within the emergency department setting.

ROTATION DESCRIPTION: The Emergency Medicine (EM) rotation is a four week rotation designed to provide the student valuable clinical experiences in the evaluation of undifferentiated patients while integrating clinical concepts from practically all medicine specialties. This rotation will reinforce prior medical knowledge and skills, as well as, introduce new skills, such as acute care decision-making. Students will learn how to approach patients with common and potentially life-threatening complaints such as chest pain, headache, abdominal pain, and many others. Students will gain crucial skills in patient assessment and stabilization. The student may have limited practice in the use of technical skills in other rotations; however, vascular access, airway management, lumbar puncture, and suturing are all part of a reasonable and expected skill set for the clinical physician assistant (PA) student during the EM rotation. During this rotation the student will learn to distinguish truly sick patients from those needing less urgent treatment. The Emergency Medicine rotation has several areas of focus that are frequently encountered in an Emergency Department (ED) and will round out your educational experience. These include: Acute Signs and Symptoms, Toxicology, Environmental Medicine, EMS/Prehospital Care, and Trauma.

COURSE OVERVIEW: PA students will rotate in a busy EM setting for a total of four weeks. Emergency Medicine is a complaint driven rather than disease-based specialty, and will provide the student with a myriad of educational and patient care-related opportunities. As an acute care rotation, the student will be able to apply previous didactic knowledge and clinical experiences when caring for patients. Students can expect this rotation to be at times hectic, have a variety of working shifts, and several unexpected emergent patient presentations and distractions. The EM rotation is unique in that, unlike other ambulatory care and inpatient clinical settings; the ED operates 24 hours, 7 days a week. The student may find the patient volume, high acuity, and varied pathology challenging. Also unique to this rotation is the limited continuity with the clinical preceptor, however, the student will have ample opportunity to work with many different residents and attending physicians.

The PA student will function as a vital member of the healthcare team with guidance and supervision. Learning opportunities will include bedside teaching, morning report, and medical/PA
student didactic sessions (e.g. resuscitation, wound care, toxicology, and pediatric emergencies). The student will have the opportunity and responsibility to provide patient care under the direct supervision of an EM resident, physician, or his or her PA designee.

Students should anticipate spending several hours per week developing the knowledge and skills to provide a well-organized and thoughtful plan of care in an acute care setting, how to develop a working differential diagnosis and how to appropriately narrow the diagnosis. Students will have the opportunity to evaluate patients as well as formulate effective testing and treatment strategies. Students are encouraged to actively participate in patient care and procedural skills as permitted.

While on this rotation the student is expected to:

1. Recognize and determine the presence of a life threatening condition. Cardinal complaints such as chest pain, shortness of breath, abdominal pain, headache, and altered mental status, etc. need to be systematically evaluated.
2. Determine what interventions are necessary to stabilize the patient (e.g., airway management, hemodynamic stabilization, and arrhythmia management, etc.).
3. Recognize and identify other potential serious disorders (high potential morbidity) that are consistent with the patient’s presentation.
4. Perform a directed patient history and perform a complete or focused physical examination.
5. Demonstrate the skills necessary to provide efficient and safe evaluation and management of patients presenting to the ED with a wide spectrum of patient-declared emergencies.
6. Demonstrate knowledge of common medical and surgical emergencies including their epidemiology, pathophysiology, clinical features, diagnosis and appropriate management.
7. Formulate an appropriate patient workup and treatment plan, to include hospitalization.
8. Determine which diagnostic tests are indicated early in the course of treatment.
9. Develop and demonstrate the ability to interpret emergency laboratory reports such as plain film radiography, electrocardiograms and arterial blood gases.
10. Perform case presentations directly to the EM resident, physician or his/her PA designee.
11. Recognize a specific diagnosis in the ED setting may not be possible or necessary.
12. Follow patients from initial examination through discharge from the ED.
   a) Follow sign in-sign-out policy and procedures.
   b) Address proper outpatient follow-up (document pertinent discharge instructions, pertinent test results or interventions, follow-up with PCP).
   c) Seek formative feedback from preceptor(s) as needed or pre-determined between the student and preceptor(s).
   d) Demonstrate an ability to work and interact with patients, their families and other members of the health care team in a professional, compassionate and efficient manner.
   e) Develop by way of clinical exposure, an appreciation of the physical, psychiatric, social and economic issues that impact appropriate patient treatment and disposition. Students must demonstrate the clinical ability to make good economic use of available hospital and community services.
   f) Provide appropriate patient education regarding disease process, prevention and treatment of diseases commonly seen in the emergency setting.
   g) Explain Good Samaritan laws, duty to report laws, and Emergency Medical Treatment and Active Labor Act.

Students should anticipate spending several hours per week reviewing assessment of undifferentiated patients, disease processes, and treatments for the EM patient. Additionally, they
should refer to suggested readings and conduct independent research to obtain knowledge concerning objectives/cases which were not observed during the rotation.

The student will report to the Physician Assistant Program for administrative meetings and examinations at the end of the rotation. The end-of-rotation examination includes all learning objectives stated below.

**COURSE GOALS:** The goal of PA 591 is to allow the PA student to learn the principles of addressing the undifferentiated emergency patient and acquire the skills to recognize truly ill patients who may require further inpatient management from those who can be treated and discharged. Initially the student will shadow the supervising preceptor and progress to independent patient work-up, evaluation, and plan as deemed appropriate by the preceptor. Students will progress over time to presenting the assessment and plan to the preceptor for discussion and feedback, and actively participating in any required patient management activities and emergency procedures. The student should prioritize obtaining knowledge of both acute care and ongoing primary care for both the adult and pediatric patient. By the conclusion of the rotation, the student should feel comfortable in the evaluation of patients that present with acute care complaints in the ED setting and should be able to recognize the patient with a life-threatening illness.

Prerequisite knowledge includes:

1. Current knowledge of the clinical manifestations of the most common routine, urgent and emergent medical conditions seen in the ED setting.
2. Current knowledge and application of methods used in the preservation of life during life-threatening medical conditions such as cardiac and respiratory arrest, stroke, sepsis, status epilepticus, poisonings and blunt or penetrating trauma.
3. Ability to perform directed physical assessment skills.
4. Knowledge of surface anatomy needed for safely performing invasive procedures for patient diagnosis, treatment and/or monitoring.

**EMERGENCY MEDICINE ROTATION COURSE GRADE:**

- Preceptor evaluation – 40% of grade
- Multiple-choice Emergency Medicine examination – 30% of grade
- Objective Structured Clinical Examination (OSCE) – 15% of grade
- Computer based Typhon Group patient tracking – 10% of grade
- Clinical Coordinator Evaluation – 5% of grade

Please see page 121 for other rotation grading information.

**PAEA EOR Exam Topic List Posted on Course Sakai Site**
Objective Structured Clinical Examination (OSCE) – on the last Thursday of the ER rotation from 8:45 a.m. to 11 a.m. in the clinical skills lab in the medical school the student will examine standardized patients and then answer PANCE style questions to assess their knowledge of Emergency Medicine. The disease processes and questions may include, but are not limited to, the following:

- EKG interpretation and diagnosis
- X-ray interpretation and diagnosis
- Laboratory evaluation and diagnosis
- Interpretation of patient scenarios similar to the standardized patient presentation
- Approach to the management of commonly seen ED patient complaints (e.g., chest pain, SOB, abdominal pain, pediatric fever, trauma, vaginal bleeding, and orthopedic injury)

The students’ basic interview skills will also be evaluated by the SP. Areas evaluated include, but are not limited to, questioning skills, verbal facilitation, non-verbal facilitation, and empathy.

STUDENT EXPECTATIONS:

1. On the first day of the emergency medicine rotation, the student should ask the preceptor to provide an orientation to the emergency department. This orientation should include fire and safety protocol.
2. Each student will be assigned new patients upon admission for whom he or she is expected to perform a complete evaluation.
   a. The history and physical examination should be performed and recorded according to the supervising physician and/or site expectation.
   b. The initial work-up should include a detailed problem list, discussion of the differential diagnosis, and initial management plan.
   c. Review all pertinent physical examination, laboratory and diagnostic findings with the supervising physician. Record these findings in the medical record.
   d. The above information should be presented in an oral case presentation to the supervising physician.
3. The student should collaborate with the supervising physician to construct or update a problem list for each of their patients.
4. Daily progress notes on the student’s patients should be written using a problem-oriented approach.
   a. All notes must be legible, dated, timed and signed by the student.
   b. All notes must be countersigned by the supervising physician.
   c. Document complete history and physical examinations
   d. Document any procedures, diagnostic tests with results
   e. Document consultations, referrals
   f. Document discharge instructions and plans for outpatient follow-up
5. The student has a unique opportunity to impact the emotional well being of the patient. Addressing non-medical aspects of patient care are essential.
   a. Students should be aware of consultation for social services in the hospital.
   b. Students should be aware of social services available within the community.
c. Students should recognize cultural and socioeconomic differences in patients/families that may influence perceptions of wellness, disease, and treatment modalities.

d. Students should adhere to programmatic standards of professional interactions between patients and facility staff.

6. Students should attend all educational conferences, meetings, and lectures offered at the clinical site.

7. Students are expected to take call at least one night a week if it is available on their service.

8. The student is responsible for maintaining a patient log in Typhon Group, to include data (at a minimum) of: rotation type, rotation site, preceptor, date, age, gender, diagnoses (ICD-9 codes) and procedures (CPT codes).

**ROTATION OBJECTIVES:**

I. MEDICAL KNOWLEDGE

A. At the completion of this rotation, the physician assistant student will successfully demonstrate clinical skills and when appropriate provide the rationale needed to diagnose and treat diseases seen in the Emergency Medicine discipline in the hospital and clinic settings. The student will be able to discuss the following as they relate to patients commonly seen in EM:

   1. Describe definition and overview
   2. Identify the acutely ill patient
   3. Determine etiology
   4. Practice evidence-based medicine
   5. Describe epidemiology, pathophysiology, pathogenesis and clinical presentation of disease(s)
   6. Formulate diagnosis and appropriate treatment plan based on acuity of situation
   7. Appropriately present clinical case
   8. Provide explanation and rationale as to how the differential diagnosis was formulated
   9. Develop appropriate therapeutic via use and interpretation of diagnostic test, medications, and other medical interventions
  10. Explain complications of the disease diagnosed, medical treatments, and comorbid disease states
  11. Appropriately treat common acute problems

**COMMONLY SEEN MEDICALLY MANAGED DISEASES**

As addressed and covered in the text – Current Diagnosis and Treatment: Emergency Medicine (Lange)

- Cardiovascular:
  
  - Acute ischemic heart disease, including unstable angina, acute myocardial infarction, and acute coronary syndrome. In particular, this must include an ability to interpret patterns of ischemia and infarction on EKG, an understanding of the utility of laboratory investigation in the emergency diagnosis of CAD, an ability to interpret laboratory findings and a working knowledge of the emergency management of acute infarction.
Acute congestive heart failure, including common precipitants, emergency management and criteria used for determining disposition.
- Common cardiac dysrhythmias, including acute atrial fibrillation, paroxysmal atrial tachycardia, complete heart block, ventricular fibrillation and ventricular tachycardia.
  - Syncope
  - Shock
  - Cardiac tamponade
  - Malignant hypertension
  - Traumatic aortic rupture
  - Chest pain
  - Cardiac arrest

- Eye, Ear, Nose and Throat:
  - Pharyngitis, Sinusitis
  - Peritonsillar abscess
  - Acute otitis media and externa
  - Epistaxis, anterior and posterior
  - Fever, FUO
  - Croup, epiglottitis
  - Acute iritis, uveitis
  - Corneal abrasion

- Respiratory:
  - Acute exacerbations of asthma and COPD, emphasizing emergency management and the criteria used in determining disposition (including bedside spirometry).
  - Community-acquired pneumonia
  - Anaphylaxis and upper airway obstruction
  - Spontaneous pneumothorax
  - Deep venous thrombosis and pulmonary embolism.
  - Pulmonary edema
  - Hemoptysis
  - Shortness of breath

- Gastrointestinal:
  - Acute upper and lower GI bleeding
  - Liver, pancreas and appendix, to include biliary colic, cholecystitis, ascending cholangitis, pancreatitis, appendicitis
  - Obstruction, small vs. large bowel
  - Acute diarrhea (differential diagnosis and infectious etiologies)
  - Abdominal aortic aneurysm rupture
  - Abdominal pain

- Genitourinary:
  - Upper and lower UTI, pyelonephritis
  - Renal colic, including interpretation of intravenous urogram
  - Testicular pain and/or swelling
  - Sexually-transmitted infections and pelvic inflammatory disease
  - Ectopic pregnancy
- **Endocrine:**
  - Hyper or hypoglycemia
  - DKA
  - Thyroiditis, Myxedema
  - Adrenal crisis

- **Musculoskeletal:**
  - Minor extremity trauma, fractures and dislocations of digits, ankle sprains, minor ankle fractures, soft tissue injuries of the knee, Colles fractures, boxer's fractures, radial head fractures, shoulder dislocations, humeral neck fractures
  - Acute monarticular arthritis, septic arthritis
  - Acute lower back pain, emphasizing routine management.
  - Ominous patterns of disease such as cord compression, cauda equina syndrome.
  - Cervical spine injuries

- **Infectious Disease:**
  - Abscesses
  - Cellulitis
  - Rickettsial disease, Lyme disease
  - Disseminated gonococcus
  - Influenza
  - Pneumonia
  - HIV/AIDS
  - Wounds (bites)
  - Sexually transmitted infections

- **Psychiatric:**
  - Substance abuse, ETOH abuse, drug overdose
  - Illicit drug use
  - GAD, Acute psychosis, schizophrenia
  - Suicide, suicidal ideation, depression

- **Toxicology:**
  - Specific overdose management of salicylates, acetaminophen, Tricyclic antidepressants and sedative hypnotics
  - Poisoned or intoxicated patient

- **Neurology:**
  - Migraine headache and emergency treatment options
  - Stroke and TIA
  - New onset and previously diagnosed seizure disorders
  - Meningitis
  - Coma
  - Epidural and subdural hematoma
  - Depressed or altered level of consciousness/coma
  - Syncope
  - Altered mental status
  - Traumatic brain injury
• Environmental Emergencies:
  o Hypo- and hyperthermia
  o Electrical injury, thermal and chemical burns
  o Smoke inhalation and CO intoxication

• Pediatric Emergencies:
  o Fever of unknown origin - approach by age group
  o Pediatric asthma, croup and epiglottitis
  o Vomiting, diarrhea and rehydration therapy

• Others:
  o Multiple traumas (blunt force, vehicular, etc.)
  o Domestic violence
  o Elder abuse
  o End of life issues
  o New-onset headache
  o Fever of unknown origin (various age groups)
  o Domestic violence
  o Vaginal bleeding - pregnant or non-pregnant patient

II. Skills

A. By the completion of this rotation it is expected that the Physician Assistant student will be able to competently demonstrate, perform, and document the following general patient management skills:

1. Elicit appropriate historical information for the presenting chief complaint.
2. Perform the appropriate physical exam for the presenting chief complaint
3. Select and provide appropriate rationale for ordering laboratory and radiologic diagnostic studies
4. Formulate an appropriate differential diagnosis and treatment plan utilizing data gathered in the history, physical examination and investigative studies
5. Synthesize and present a coherent description of a patient case including:
   a. chief complaint, focused history and physical findings
   b. results of pertinent laboratory studies and imaging modalities
   c. diagnosis and differential with a recommended and reasonable plan of treatment.
   d. Understand your limitations

B. Demonstrate and document in written or EMR format the following:

1. Appropriately focused emergent history and physical examination
2. Admission orders as necessary
3. Brief and Full procedure notes as necessary
4. Discharge notes

C. Diagnostic Data and Interpretation:
1. Perform the following supervised procedures (based upon site/preceptor preferences and availability):

   - Venous phlebotomy, IV start and regulation, Radial ABG, Blood culture
   - Perform EKG
   - Perform CPR/ACLS; airway management
   - Operate and monitor defibrillator
   - Male and female foley catheter insertion
   - Sterile glove technique
   - Infiltration of local anesthetic
   - Digital block
   - Lumbar puncture
   - Suture simple lacerations
   - Casting/splinting, axial skeleton immobilization
   - Reduction of shoulder dislocation
   - Joint aspiration of knee and ankle
   - Operate slit lamp
   - Glasgow coma scale
   - Nasogastric tube, nasal/oral airway, nasal packing
   - Endotracheal intubation
   - I and D abscess
   - Removal of corneal foreign body

2. Interpret the following diagnostic studies:

d. EKGs

e. X-ray studies including:
   j. Plain chest and abdominal
   k. Axial skeleton and extremities
   l. Sonograms
   m. CT/with and without contrast
   n. MRIs
   o. PET Scan
   p. Nuclear Scan
   q. CBC with and without differential
   r. Chemistry panel
   s. Coagulation panel
   t. Liver function tests
   u. Thyroid panel
   v. Arterial blood gas
   w. Serum electrolytes, including specific abnormalities such as hyper/hypokalemia, hyper/hyponatremia and anion gap
   x. Dipstick and Urinalysis with microscopic
   y. D-dimer
   z. B-Natriuretic protein, isoenzymes
   aa. HIV/AIDS profiles
D. Provide patient education

1. Domestic violence, sexual assault, personal safety, community resources
2. STI prevention, education and resources
3. Drug and Alcohol safety, especially regarding child safety
4. Trauma prevention, reduction and safety measures
5. Management and prevention of key diseases: hypertension, diabetes, heart disease, stroke, MI, CVA, obstructive lung disease, etc.
6. Anticipate and provide clear discharge planning and follow-up care instructions

III. PROFESSIONAL AND ETHICAL BEHAVIORS AND SKILLS

A. The Physician Assistant student will exhibit the following professional and ethical behaviors:

1. Follow all HIPPA and confidentiality rules
2. Document patient information accurately and honestly
3. Identify errors, assume responsibility and correct any errors in an appropriate manner
4. Treat all patients and members of the health care team with respect
5. Display professionalism at all times when working with other members of the health care team
6. Show responsibility at all times in areas of attendance, demeanor and dress
7. Display a willingness to help any member of the team until the task is completed (duty)
8. Arrive prepared for all patient duties and cases
9. Demonstrate evidence of independent outside reading relating to problems encountered in the clinical setting

B. The Physician Assistant student will exhibit the following professional attitudes:

1. Sensitivity to the emotional and social backgrounds of patients and their families
2. Sensitivity in interaction with patients of different cultural backgrounds
3. Willingness to ask for help from healthcare staff when appropriate and to utilize ancillary resources
4. Openness to recognize limitations by using resource referrals and consultation with supervising preceptor when appropriate
5. Openness to receiving constructive criticism
6. General concern for patients by comprehensively monitoring their progress and documenting thorough patient records

IV. PRACTICE-BASED LEARNING

The successful PA student will exhibit the ability to:

1. Continuously evaluate patient care practices, and appraise and assimilate scientific evidence, in order to improve the practice of medicine and ensure the safety and quality of patient care
2. Apply medical standards, clinical practice guidelines, and practice algorithms appropriately for individual patients or populations.
3. Apply reflection and feedback to incorporate lessons learned into future practice
4. Critically appraise the effectiveness of diagnostic and therapeutic interventions

V. SYSTEMS-BASED PRACTICE

The successful PA student will:

1. Effectively interact with a variety of medical practices and delivery systems
2. Effectively use information technology to support patient care decisions and patient education
3. Advocate for quality patient care and assist patients in dealing with healthcare system complexities
4. Partner with supervising physicians, healthcare managers and other healthcare providers to assess, coordinate, and improve the delivery of health care and patient outcomes.
5. Apply the principles of cost-effective healthcare in patient care.
Objective Structured Clinical Examination (OSCE)

A. Purpose
   - An Objective Structured Clinical Examination (OSCE) is an examination used in various health sciences to assess a student's clinical skill performance and competence in skills such as communication, clinical examination, medical history-taking, diagnostics & interpretation, assessment/treatment plans, medical procedures, radiographic image evaluation and interpretation of results, professionalism and cultural sensitivity.

B. Requirement
   - On the Thursday prior to the End of Rotation day from 8:45am-11am the student will examine five patient actors, each with different presentations. The students will answer three PANCE style multiple choice questions after each exam.

C. Grading
   - Each station will have three questions with each question being worth one point.

   Station I  ____/3
   Station II  ____/3
   Station III ____/3
   Station IV  ____/3
   Station V   ____/3

   The score from the five quizzes will be averaged with the five interview skill scores.
# ER Standardized Patient Lab Schedule

9:00 am to 11:00 a.m.

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Names</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thursday, September 15, 2016</td>
<td>8:45 A.M. to 11:00 A.M.</td>
<td>Childers, Teddy, Perkins, Kaylee, Sewak, Sarah-Beth, Simpraphone, Krystal</td>
</tr>
<tr>
<td>Thursday, October 13, 2016</td>
<td>8:45 A.M. to 11:00 A.M.</td>
<td>Irby, Randi, Myette, David, Seidel, Kristen</td>
</tr>
<tr>
<td>Friday, November 11, 2016</td>
<td>1:00 P.M. to 3:00 P.M.</td>
<td>Brown, Jodi, Noah, Mary Payton, Smith, Wesley B, Williams, Leigh</td>
</tr>
<tr>
<td>Thursday, December 08, 2016</td>
<td>8:45 A.M. to 11:00 A.M.</td>
<td>Peacock, Jordan, Ponder, Eric, Smith, Bennett, Wakefield, Megan</td>
</tr>
<tr>
<td>Thursday, February 02, 2017</td>
<td>8:45 A.M. to 11:00 A.M.</td>
<td>Adams, Christy, Bailey, Nicole, Buery, Andrea, Martinsen, Angela</td>
</tr>
<tr>
<td>Thursday, March 02, 2017</td>
<td>8:45 A.M. to 11:00 A.M.</td>
<td>Diaz, Alejandra, Kilgore, Kortni, Knight, Caleb, Wahabzai, Jahid</td>
</tr>
<tr>
<td>Thursday, March 30, 2017</td>
<td>8:45 A.M. to 11:00 A.M.</td>
<td>Alexander, Heather, Alford, Allie, Chorvat, Melanie, Lambert, Sara Kate</td>
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<tr>
<td>Thursday, April 27, 2017</td>
<td>8:45 A.M. to 11:00 A.M.</td>
<td>Lyon, Carolyn, McCafferty, Alanna, Nguyen, Eddie, Voorheis, Ede</td>
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<td>Friday, May 26, 2017</td>
<td>1:00 P.M. to 3:00 P.M.</td>
<td>Bailey, David, Casey, Jessica, Guerra, Brooke, Howard, Jessica</td>
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<td>Thursday, June 22, 2017</td>
<td>8:45 A.M. to 11:00 A.M.</td>
<td>Martin, Josh, Sawyer, Tyler, Stuck, Nate, Wolford, Amanda</td>
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GRADUATE BULLETIN COURSE DESCRIPTION: The student will choose from a variety of available elective rotations in order to engage in all aspects of patient care including: the medical interview, history and physical exam, critical thinking, knowledge base, diagnosis and treatment plan, patient education, appropriate health maintenance and disease prevention measures. The goal of elective rotations is to provide the student the opportunity to explore areas of interest for further employment or increase knowledge in areas of weakness.

ROTATION DESCRIPTION: Elective 1 rotation is a 4-week rotation, designed to provide the student with an opportunity to gain more clinical knowledge and skills in a subspecialty or outpatient/primary care medical setting. Students are encouraged to choose an elective based on clinical areas of deficiency in which they need to improve or, increased exposure to a medical field that is pertinent to the student’s career objective practice areas. They can choose from a list of existing clinical sites or initiate a request for a new clinical site. All students are encouraged to meet with the Clinical Coordinator and/or their faculty advisor to discuss their elective rotation selection prior to the final decision. The team approach to patient care and safety is emphasized while students participate in the work-up, diagnosis, treatment and education of the patient and their family.

COURSE OVERVIEW: While under the supervision of the preceptor, students will assess and treat patients in a variety of settings working independently to evaluate patients and formulate potential treatment plans, present the assessment and plan for discussion, and participate in the required patient management activities and clinical procedures. By the conclusion of the rotation, the student will demonstrate competence in the basic clinical knowledge and skills needed to manage common diseases encountered in the elective rotation. While on this rotation the student is expected to:

1. Formulate a comprehensive and/or focused patient history.
2. Perform a comprehensive and/or focused physical exam.
3. Participate in daily patient assessment and medical management over the course of the patient’s stay.
4. Participate as part of an interprofessional team providing patient-centered care.
5. Become skilled at and perform various medical procedures and techniques.
6. Participate in patient education, discharge planning and discharge summaries, where appropriate.
7. Attend conferences, lectures and all patient-care team meetings.

Students should anticipate spending several hours per week reviewing basic sciences, epidemiology, pathophysiology, clinical presentation, diagnostics and treatment plans pertinent for patient care for the chosen elective. Additionally, students should refer to suggested readings and conduct self-directed learning to obtain a breadth and depth of knowledge concerning objectives/cases which were not observed during the rotation.
The student will report to the Physician Assistant Program for administrative meetings and examinations at the end of the rotation. The end-of-rotation examination includes all learning objectives stated below.

**COURSE GOALS:** The goal of PA 592 is to provide practical experience in the discipline specific to their elective that will foster translation of knowledge gained in the didactic curriculum, to the care of patients in various settings. The essential knowledge gained from the preclinical courses to be applied in the rotation includes:

1. Clinical manifestations of the most common acute, chronic, emergent, urgent and medical conditions requiring management across the lifespan of the patient (e.g., pediatrics, adolescents, adults, elderly).
2. Basic physiology, anatomy, and infectious diseases and their relationships relevant to common medically managed diseases.

By the end of this course, the student will:

1. Demonstrate analytical thinking, knowledge and application of basic sciences pertinent to the medical setting.
2. Demonstrate a foundation of skills in interviewing, informed decision-making, and the development of management plans for patient care.
3. Elicit a complete and accurately complete and/or focused patient history including belief systems, spiritual and cultural issues and incorporate these into the comprehensive care of the patient.
4. Select appropriate physical examination techniques, laboratory tests, radiologic, and other clinical studies based on a presenting history and physical examination, and interpret the results.
5. Formulate appropriate diagnosis and/or differential diagnoses for the patient based on presenting history, physical examination, and investigative studies.
6. Develop appropriate medical treatment plan.
7. Synthesize and present a coherent description of the patient's clinical condition to the preceptor or his/her PA designee based upon the information obtained from the patient and other resources.
8. Differentiate the medical presentation of common disease processes, and plan and manage their appropriate care.
9. Create and maintain clear and accurate patient record documentation over the course of the patient’s illness.
10. Competently perform basic procedures and technical skills utilized in the care of the patient.
11. Demonstrate ability to counsel and deliver clear and accurate patient education.
12. Display appropriate professional and ethical behaviors and skills required of Physician Assistants in the inpatient/outpatient environment.
13. Demonstrate respectful, altruistic, ethically sound practice that is sensitive to culture, age, gender, SES, race/ethnicity, disability, education, poverty, etc.
**ELECTIVE #1 COURSE GRADE:**

Preceptor evaluation – 40% of grade  
Case-Based Learning assignment – 45% of grade  
Computer-based Typhon Group patient tracking – 10% of grade  
Clinical Coordinator Evaluation– 5% of grade

**PAEA EOR Exam Topic List Posted on Course Sakai Site**

The Case-Based Learning assignment will be presented on the last Thursday of the rotation from 1 p.m. to 3 p.m. This will count for 45% of the final rotation grade.

The clinical student will interact with faculty, peers or students by preparing a **15 minute** case-based learning assignment for a group. The patient profile should be selected based on a patient seen during the rotation with the assistance and approval of their preceptor. The profile should include all the pertinent information initially from the patient chief complaint, history of present illness, and review of symptoms. This information will be used to begin the group discussion.

The clinical student should help by providing facts of the patient to lead the group toward a differential, and ultimately a working diagnosis. The discussion should continue including which questions the provider would ask the patient, which lab and/or imaging studies should be ordered and why. Ultimately once the final diagnosis is determined, the conversation should move towards assessment and plan, patient education and follow-up/referral.
D. Purpose
   a. Case-based learning (CBL) uses a guided inquiry method. The Center for Instructional Development & Distance Education, retrieved 19:35, 11 October 2007 (MEST) defines CBL as the following: “Cases are factually –based, complex problems written to stimulate classroom discussion and collaborative analysis. Case teaching involves the interactive, student- centered exploration of realistic and specific situations. As students consider problems from a perspective which requires analysis, they strive to resolve questions.”

E. Requirement
   The Case-Based Learning (CBL) assignment will be presented on the last Thursday of the Elective rotation from 1 p.m. to 3 p.m.

F. Grade – 25 points

Criteria:
   • **Appropriate selection of patient profile and organization of CBL assignment (5points)**: the patient profile selected was appropriate for a case-based learning assignment. The CBL was well organized to flow logically and contain all the necessary patient, medical and assessment information as indicated.
   
   • **Knowledge regarding CBL patient and diagnosis (5points)**: during the presentation, the clinical student demonstrated knowledge and in depth understanding of the patient's present illness, past medical history, diagnosis and treatment. Knowledge was such that independent research had been conducted to conduct class discussion.

   • **Professional attire and presence (5points)**: the student was well prepared for the CBL, including professional attire, demeanor, handling of sensitive cultural and medical information, and overall presence during the presentation. The student modeled professional behavior to the didactic students during the course of the CBL.

   • **Demonstrated effective communication skills (5points)**: during the CBL the student exhibited effective communication skills through verbal and nonverbal communication with the class. Eye contact was maintained, voice inflection was utilized when appropriate, proper usage of technical and/or classroom materials were utilized. Engaged didactic student participation during the course of the CBL.

   • **Ability to answer questions and maintain discussion (5points)**: the student was able to utilize critical thinking skills during the CBL by answering questions and maintaining classroom discussion.
STUDENT EXPECTATIONS:

1. On the first day of clinic, the student should ask the preceptor or office manager to provide an orientation to the clinic. This orientation should include fire and safety protocol.
2. Each student will be assigned new patients upon admission for whom he or she is expected to perform a complete evaluation.
   a. The history and physical examination should be performed and recorded according to the supervising physician and/or site expectation.
   b. The initial work-up should include a detailed problem list, discussion of the differential diagnosis, and initial management plan.
   c. Review all pertinent physical examination, laboratory and diagnostic findings with the supervising physician. Record these findings in the medical record.
   d. The above information should be presented in an oral case presentation to the supervising physician.
3. The student should collaborate with the supervising physician to construct or update a problem list for each of their patients.
4. Daily progress notes on the student’s patients should be written using a problem-oriented approach.
   a. All notes must be legible, dated, timed and signed by the student.
   b. All notes must be countersigned by the supervising physician.
5. The student has a unique opportunity to impact the emotional well being of the patient. Addressing non-medical aspects of patient care are essential.
   a. Students should be aware of consultation for social services in the hospital.
   b. Students should be aware of social services available within the community.
   c. Students should recognize cultural and socioeconomic differences in patients/families that may influences perceptions of wellness, disease, and treatment modalities.
   d. Students should recognize social determinants of health care and their impact on patient care.
   e. Students should adhere to programmatic standards of professional interactions between patients and facility staff.
6. Students should attend all educational conferences, meetings, and lectures offered at the clinical site.
7. Students are expected to take call at least one night a week if it is available on their elective rotation.
8. The student is responsible for maintaining a patient log in Typhon Group, to include data (at a minimum) of: rotation type, rotation site, preceptor, date, age, gender, diagnoses (ICD-9 codes) and procedures (CPT codes).
9. The student is responsible for asking the supervising physician for feedback regarding his/her progress midway through the rotation.
10. The student is responsible for reading medical literature/textbooks regarding the objectives and diagnoses listed in this syllabus. Furthermore, the student is responsible for making oral presentations to the supervising physician and asking pertinent questions regarding these objectives on a regular basis.

ROTATION OBJECTIVES:

I. Medical Knowledge

A. At the completion of this rotation, the physician assistant student will successfully demonstrate clinical skills and when appropriate provide the rationale needed to diagnose and treat diseases seen in the discipline. The student will be able to discuss the following aspects:
1. Definition and overview
2. Etiology
3. Epidemiology
4. Pathogenesis and pathophysiology
5. Clinical presentation
7. Diagnosis: provide explanation and rationale as to how the differential diagnosis was formulated
8. Management: exhibit and explain the appropriate use of the patient management plan and other medical interventions
9. Complications of the disease diagnosed, medical treatments, and comorbid disease states
10. Prognosis including the outcomes of treatment versus no treatment versus “watchful waiting”
11. Patient education, referral and discharge planning
12. Primary, secondary and tertiary prevention

B. Explain the indications, contraindications, mechanism of action, side effects, interactions and adverse reactions for the commonly used pharmacologic agents.

C. Apply investigative, analytical, and evidence-based approaches to clinical decision making.

II. Skills

A. By the completion of this rotation it is expected that the Physician Assistant student will be able to competently demonstrate, perform, and document the following general patient management skills:

1. Elicit appropriate historical information for the presenting chief complaint.
2. Perform the appropriate physical exam for the presenting chief complaint.
3. Select and interpret appropriate laboratory and radiologic diagnostic studies.
4. Formulate an appropriate differential diagnosis and treatment plan utilizing data gathered in the history, physical examination and investigative studies.
5. Synthesize and present a coherent description of a patient case including:
   a. chief complaint, focused history and physical findings
   b. results of pertinent laboratory studies and imaging modalities
   c. diagnosis and differential and recommend a reasonable plan of treatment.

B. Demonstrate, document and/or interpret in written or EMR format the following:

1. Appropriately complete and/or focused history and physical examination
2. Admission orders as appropriate
3. Brief and Full procedure notes
4. Progress notes
5. Discharge summaries, referral and follow-up plans
6. Master common clinical procedures pertinent to the elective rotation
7. Diagnostic studies
8. Patient education
III. PROFESSIONAL AND ETHICAL BEHAVIORS AND SKILLS

A. The Physician Assistant student will exhibit the following professional and ethical behaviors:

1. Follow all HIPPA and confidentiality rules
2. Gather and document patient information accurately and honestly
3. Identify errors, assume responsibility and correct any errors in an appropriate manner
4. Treat all patients and members of the health care team with respect
5. Establish therapeutic relationships with patients using effective listening skills and feedback
6. Display professionalism at all times when working with other members of the health care team
7. Show responsibility at all times in areas of attendance, demeanor and dress
8. Display a willingness to help any member of the team until the task is completed (duty)
9. Arrive prepared for all patient duties and cases
10. Demonstrate evidence of independent outside reading relating to problems encountered in the clinical setting

B. The Physician Assistant student will exhibit the following professional attitudes:

1. Sensitivity to the emotional and social backgrounds of patients and their families
2. Sensitivity in interaction with patients of different cultural backgrounds
3. Willingness to ask for help from healthcare staff when appropriate and to utilize ancillary resources
4. Openness to recognize limitations by using resource referrals and consultation with supervising preceptor when appropriate
5. Openness to receiving constructive criticism
6. General concern for patients by comprehensively monitoring their progress and documenting thorough patient records

IV. PRACTICE-BASED LEARNING

The successful PA student will exhibit the ability to:

1. Continuously evaluate patient care practices, and appraise and assimilate evidence-based scientific evidence, in order to improve the practice of medicine and ensure the safety and quality of patient care.
2. Apply medical standards, clinical practice guidelines, and practice algorithms appropriately for individual patients or populations.
3. Apply reflection and feedback to incorporate lessons learned into future practice.
4. Critically appraise the effectiveness of diagnostic and therapeutic interventions.
5. Incorporate the use of medical technology resources to increase medical knowledge and clinical skills.
V. SYSTEMS-BASED PRACTICE

The successful PA student will:

1. Effectively interact with a variety of medical practices and delivery systems.
2. Effectively use information technology to support patient care decisions and patient education.
3. Advocate for quality patient care and assist patients in dealing with healthcare system complexities.
4. Partner with supervising physicians, healthcare managers and other healthcare providers to assess, coordinate, and improve the delivery of health care and patient outcomes.
5. Apply the principles of cost-effective health care in patient care.
GRADUATE BULLITEN COURSE DESCRIPTION: The student will choose from a variety of available elective rotations in order to engage in all aspects of patient care including: the medical interview, history and physical exam, critical thinking, knowledge base, diagnosis and treatment plan, patient education, appropriate health maintenance and disease prevention measures. The goal of elective rotations is to provide the student the opportunity to explore areas of interest for further employment or increase knowledge in areas of weakness.

ROTATION DESCRIPTION: The Elective 2 rotation is a 4-week rotation, designed to provide the student with an opportunity to gain more clinical knowledge and skills in a subspecialty or outpatient/primary care medical setting. This rotation is the last rotation prior to graduation. Students are encouraged to choose an elective based on clinical areas of deficiency in which they need to improve or, increased exposure to a medical field that is pertinent to the student’s career objective practice area, or in an area with a potential employer(s). Students can chose from a list of existing clinical sites or initiate a request for a new clinical site. All students are encouraged to meet with the Clinical Coordinator and/or their faculty advisor to discuss their elective rotation selection prior to the final decision. The team approach to patient care and safety is emphasized while students participate in the work-up, diagnosis, treatment and education of the patient and their family.

COURSE OVERVIEW: While under the supervision of the preceptor, students will assess and treat patients in a variety of settings working independently to evaluate patients and formulate potential treatment plans, present the assessment and plan for discussion, and participate in the required patient management activities and clinical procedures. By the conclusion of the rotation, the student will demonstrate competence in the basic clinical knowledge and skills needed to manage common diseases encountered in the elective rotation. While on this rotation the student is expected to:

1. Formulate a comprehensive and/or focused history.
2. Perform a comprehensive and/or focused physical exam.
3. Participate in daily patient assessment and medical management over the course of the patient’s stay.
4. Participate as part of an interprofessional team providing patient-centered care.
5. Become skilled at and perform various medical/surgical procedures and techniques.
6. Participate in patient education, discharge planning and discharge summaries, where appropriate.
7. Attend conferences, lectures and all patient-care team meetings.

Students should anticipate spending several hours per week reviewing basic sciences, pertinent anatomy, medical/surgical disease processes, and treatments plans pertinent for patent care for the chosen elective. Additionally, they should refer to suggested readings and conduct self-directing learning to obtain a breadth and depth of knowledge concerning objectives, medico surgical cases which were not observed during the rotation.
The student will report to the Physician Assistant Program for administrative meetings and examinations at the end of the rotation. The end-of-rotation examination includes all learning objectives stated below.

**COURSE GOALS:** The goal of PA 593 is to provide practical experience in the discipline specific to their elective that will foster translation of knowledge gained in the didactic curriculum, to the care of patients in various settings. The essential knowledge gained from the preclinical courses to be applied in the rotation includes:

1. Clinical manifestations of the most common acute, chronic, emergent, urgent, medical or surgical conditions requiring management across the lifespan of the patient (e.g., pediatrics, adolescents, adults, elderly).
2. Basic physiology, pathophysiology, anatomy, and infectious diseases and their relationships relevant to common medico surgically managed diseases.

By the end of this course, the student will:

1. Demonstrate analytical thinking, knowledge and application of basic sciences pertinent to the medical setting.
2. Demonstrate a foundation of skills in interviewing, informed decision-making, and the development of management plans for patient care in medico surgical patients.
3. Elicit a complete an accurately complete and/or focused patient history including belief systems, spiritual and cultural issues and incorporate these into the comprehensive care of the patient.
4. Select appropriate physical examination techniques, laboratory tests, radiologic, and other clinical studies based on a presenting history and physical examination, and interpret the results.
5. Formulate appropriate diagnosis and/or differential diagnoses for the patient based on presenting history, physical examination, and investigative studies.
6. Develop appropriate treatment plan for medico surgical patient.
7. Demonstrate initial management of life threatening surgical illnesses and be adept at resuscitation.
8. Demonstrate sound judgments, safety, and effectual technical skills in operative cases.
9. Synthesize and present a coherent description of the patient's clinical condition to the preceptor or his/her PA designee based upon the information obtained from the patient and other resources.
10. Differentiate the presentation of common medical and surgical disease processes, and plan and manage their appropriate care.
11. Perform pre and post operative care of patients with the basic understanding of pathophysiology as applied to surgical diseases.
12. Create and maintain clear and accurate patient record documentation over the course of the patient’s illness.
13. Competently perform basic medical and surgical procedures and technical skills utilized in the care of the patient.
14. Demonstrate understanding of principles involved in operations, handling of tissues, and dissection of tissue planes, suture-ligature techniques and basic operative procedures.
15. Demonstrate ability to counsel and deliver clear and accurate patient education to medical
and surgical patients.

16. Display appropriate professional and ethical behaviors and skills required of Physician Assistants in the inpatient/outpatient environment.

17. Demonstrate respectful, altruistic, ethically sound practice that is sensitive to culture, age, gender, SES, race/ethnicity, disability, education, poverty, etc.

COURSE GRADE:

Preceptor evaluation – 75% of grade
Computer-based Typhon Group patient tracking – 10% of grade
Clinical Coordinator Evaluation – 15% of grade

Please see page 121 for other rotation grading information.

STUDENT EXPECTATIONS:

1. On the first day of clinic, the student should ask the preceptor or office manager to provide an orientation to the clinic. This orientation should include fire and safety protocol.

2. Each student will be assigned new patients upon admission for whom he or she is expected to perform a complete evaluation.
   a. The history and physical examination should be performed and recorded according to the supervising physician and/or site expectation.
   b. The initial work-up should include a detailed problem list, discussion of the differential diagnosis, and initial management plan.
   c. Review all pertinent physical examination, laboratory and diagnostic findings with the supervising physician. Record these findings in the medical record.
   d. The above information should be presented in an oral case presentation to the supervising physician.

3. The student should collaborate with the supervising physician to construct or update a problem list for each of their patients.

4. Daily progress notes on the student’s patients should be written using a problem-oriented approach.
   a. All notes must be legible, dated, timed and signed by the student.
   b. Complete operative case logs and medical reports in a timely manner.
   c. All notes must be countersigned by the supervising physician.

5. The student has a unique opportunity to impact the emotional well being of the patient. Addressing non-medical and surgical after care aspects of patient care is essential.
   a. Students should be aware of consultation for social services in the hospital.
   b. Students should be aware of social services available within the community.
   c. Students should recognize cultural and socioeconomic differences in patients/families that may influence perceptions of wellness, disease, and treatment modalities.
   d. Students should recognize social determinants of health care and their impact on patient care.
   e. Students should adhere to programmatic standards of professional interactions between patients and facility staff.

6. Students should attend all educational conferences, meetings, and lectures offered at the clinical site.

7. Students are expected to take call at least one night a week if it is available for this elective.

8. The student is responsible for maintaining a patient log in Typhon Group, to include data (at a minimum) of: rotation type, rotation site, preceptor, date, age, gender, diagnoses (ICD-9 codes) and procedures (CPT codes).

9. The student is responsible for asking the supervising physician for feedback regarding his/her progress midway through the rotation.
10. The student is responsible for reading medical literature/textbooks regarding the objectives and diagnoses listed in this syllabus. Furthermore, the student is responsible for making oral presentations to the supervising physician and asking pertinent questions regarding these objectives on a regular basis.

**ROTATION OBJECTIVES:**

**I. MEDICAL KNOWLEDGE**

A. At the completion of this rotation, the physician assistant student will successfully demonstrate clinical skills and when appropriate provide the rationale needed to diagnose and treat medical/surgical diseases seen in the discipline. The student will be able to discuss and explain the following aspects:

1. Anatomy
2. Definition and overview
3. Etiology
4. Epidemiology
5. Pathogenesis and pathophysiology
6. Clinical presentation
7. Diagnostic evaluation: what/why/interpretation
8. Diagnosis: provide explanation and rationale as to how the differential diagnosis was formulated
9. Management: exhibit and explain the appropriate use and interpretation of diagnostic test, medications, and other medical interventions
10. Complications of the disease diagnosed, medical treatments, and comorbid disease states
11. Prognosis including the outcomes of treatment versus no treatment versus “watchful waiting”
12. Patient education, referral and discharge planning
13. Primary, secondary and tertiary prevention

B. Explain the indications, contraindications, mechanism of action, side effects, interactions and adverse reactions for the commonly used pharmacologic agents.

C. Apply investigative, analytical, and evidence-based approaches to clinical decision-making.

**II. SKILLS**

A. By the completion of this rotation it is expected that the Physician Assistant student will be able to competently demonstrate, perform, and document the following general patient management skills:

1. Elicit appropriate historical information for the presenting chief complaint.
2. Perform the appropriate physical exam for the presenting chief complaint
3. Select and interpret appropriate laboratory and radiologic diagnostic studies
4. Formulate an appropriate differential diagnosis and treatment plan utilizing data gathered in the history, physical examination and investigative studies
5. Synthesize and present a coherent description of a patient case including:
   d. chief complaint, focused history and physical findings
e. results of pertinent laboratory studies and imaging modalities
f. a primary and differential diagnosis with a reasonable plan of treatment.

B. Demonstrate and document in written or EMR format the following:

1. Appropriately complete and/or focused history and physical examination for medical and/or surgical patients
2. Admission orders as appropriate
3. Brief and Full procedure notes
4. Progress notes
5. Discharge summaries, referral and follow-up plans
6. Master common medical and surgical procedures pertinent to the elective rotation
7. Diagnostic studies
8. Patient education

III. PROFESSIONAL AND ETHICAL BEHAVIORS AND SKILLS

A. The Physician Assistant student will exhibit the following professional and ethical behaviors:

1. Follow all HIPPA and confidentiality rules.
2. Document patient information accurately and honestly.
3. Identify errors, assume responsibility and correct any errors in an appropriate manner.
4. Treat all patients and members of the health care team with respect.
5. Display professionalism at all times when working with other members of the Health Care Team.
6. Show responsibility at all times in areas of attendance, demeanor and dress.
7. Display a willingness to help any member of the team until the task is completed (duty).
8. Arrive prepared for all patient duties and cases.
9. Educate patients and families about the pre and post operative care of the surgical patient.
10. Demonstrate evidence of independent outside reading relating to problems encountered in the clinical setting.

B. The Physician Assistant student will exhibit the following professional attitudes:

1. Sensitivity to the emotional and social backgrounds of patients and their families.
2. Sensitivity in interaction with patients of different cultural backgrounds.
3. Willingness to ask for help from healthcare staff when appropriate and to utilize ancillary resources.
4. Openness to recognize limitations by using resource referrals and consultation with supervising preceptor when appropriate.
5. Openness to receiving constructive criticism.
6. General concern for patients by comprehensively monitoring their progress and documenting thorough patient records.
7. Demonstrate commitment to ethical principles, confidentiality of patient information, informed consent, and other medical practices.

IV. PRACTICE-BASED LEARNING

The successful PA student will exhibit the ability to:
1. Continuously evaluate patient care practices, and appraise and assimilate scientific evidence in order to improve the practice of medicine and ensure the safety and quality of patient care.
2. Analyze, critique and review surgical literature as it applies to evidence-based medicine.
3. Apply medical standards, clinical practice guidelines, and practice algorithms appropriately for individual patients or populations.
4. Apply reflection and feedback to incorporate lessons learned into future practice.
5. Critically appraise the effectiveness of diagnostic and therapeutic interventions.
6. Incorporate the use of medical technology resources to increase medical knowledge and clinical skills.

V. SYSTEMS-BASED PRACTICE

The successful PA student will:

1. Effectively interact with a variety of medical practices and delivery systems.
2. Effectively use information technology to support patient care decisions and patient education.
3. Advocate for quality patient care and assist patients in dealing with healthcare system complexities.
4. Partner with supervising physicians, healthcare managers and other healthcare providers to assess, coordinate, and improve the delivery of health care and patient outcomes.
5. Apply the principles of cost-effective health care in patient care.
ADDITIONAL ROTATION GRADING INFORMATION:

(rotation grading breakdown is subject to change as rotation specific activities may change)

Clinical Preceptor Evaluation: If more than one preceptor is involved, evaluations will be averaged together in calculating final rotation grade. The final preceptor grade will be based on the following values:

- Exceptional 100%
- Performed at Expected Level 90%
- Minor Concern 80%
- Major Concern 70%
- Unsatisfactory 60%

Clinical Preceptor Evaluation

a. Clinical preceptors will evaluate student performance based on day-to-day observation of the student’s clinical work during the rotation. Specific evaluation criteria to be considered include:

1. Proficiency in obtaining a clinical database.
2. Clinical problem solving skills.
3. Ability to formulate a rational management plan
4. Proficiency in performing clinical procedures.
5. Clinical knowledge base.
6. Professional attitude and behavior.

b. Clinical preceptor evaluations may be completed by licensed physicians or certified physician assistants only. Nurses, interns, allied health professionals are NOT acceptable evaluators. With the approval of the Program Director, nurse practitioners, if the NP is experienced in the area of instruction, may evaluate the PA student.

c. The PA Program will not change a clinical preceptor evaluation grade.

d. Clinical year students are expected to assume responsibility for their education while on rotation. Part of this responsibility includes frequently seeking performance feedback from clinical preceptors. This will allow the student to review their progress and plan strategies for correcting any identified deficiencies.

The end of the rotation is NOT an appropriate time for a student to find out that he/she has not performed satisfactorily!
UNIVERSITY OF SOUTH ALABAMA
DEPARTMENT OF PHYSICIAN ASSISTANT STUDIES
Final Preceptor Evaluation of Student Performance

Clinical Rotation: Student Name:
Chief Preceptor: Dates:

This evaluation will make up 40% of the student’s overall grade for this clinical rotation. If you have any questions, please contact the Physician Assistant Program at (251) 460-6289. Thank you for your time and cooperation during this student’s rotation. Please return the evaluation form by faxing to (251) 445-9356 or mailing to:

Director of Clinical Education
Department of Physician Assistant Studies
5721 USA Drive North, HAHN 3124
Mobile, AL 36688-0002

Directions:
Please check the box which best describes the PA student’s overall performance on the rotation. The following grading system will be used:

5 – EXCEPTIONAL: Exceptionally high achievement and performance on a consistent basis; far exceeds expectations for a student in comparison to peers at this level of training; extraordinary commitment to studies is exhibited (traditional grades for this level are an A+ or solid A, or a numerical value of 95% or higher).

4 – PERFORMED AT EXPECTED LEVEL: Performance falls within the wide range or solid, acceptable, and competent skills that are expected for practice as a PA; the student performs at a level consistent with his or her level of training; dedication to studies is noted but not extraordinary (traditional grades for this level are B- through A-, or numerical value of 80-94%).

3 – MINOR CONCERN: Performance has a deficit that is of minor concern. This can include a deficit in knowledge base or in the execution and application of skills, but not in multiple areas. Performance remains consistent with the student giving some thought to study habits (traditional grades for this level are a C- through C+, or numerical value of 70-79%). [Scoring the student at this level should prompt the preceptor to contact the PA Program Director of Clinical Education.]

2 – MAJOR CONCERN: Performance has deficit(s) that is(are) of major concern. This can include multiple deficits in knowledge base or in the execution and application of skills. It may also reflect inconsistent performance on the part of the student and lack of commitment to studies (traditional grades for this level are a D- through D+, or numerical value of 60-69%). [Scoring the student at this level MANDATES contact with the PA Program Director of Clinical Education.]

1 – UNSATISFACTORY: The student is consistently performing at a level that is unsatisfactory for a PA and can include assessment of both knowledge base and application skills. In addition, work habits, attitude, and professionalism may be inappropriate (traditional grades for this level are an F, or numerical values of 0-59%). [Scoring the student at this level MANDATES contact with the PA Program Director of Clinical Education.]

Medical Knowledge
Anatomy and physiology, pathophysiology of common illnesses and disorders, and pharmacokinetics and mechanisms

History Taking Skills
Thorough and appropriate questions for evaluation; non-verbal and common language is used in a culturally competent and sensitive manner

Physical Examination Skills
Correct techniques are used with pertinent findings recognized; exams are appropriate to the patient’s presentation

Revised: 8/2016
**Presentation of Clinical Data**
Case presentations are articulate and demonstrate clear understanding of medical problem; skill and clarity in written documentation and charting

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**Diagnostic Studies**
Appropriateness of selection of diagnostic tests and imaging; proper interpretation of diagnostic data

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**Differential Diagnosis & Forming Assessments**
Comprehensive and inclusive differentials that reflect likely diagnosis based upon the clinical picture and diagnostic studies

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**Treatment Plan and & Management**
Plans fit the patient's clinical needs, as well as their ability to comply with the plan based upon available resources, psychosocial aspects, and history of compliance; plan created using evidence-based medicine

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**Patient Rapport**
Assessment of communication skills, establishing trust, managing expectations and demonstrating compassion, empathy, and respect

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**Professional Demeanor**
Exhibits honesty, integrity, reliability and responsibility, professional dress, demeanor, and grooming. Includes assessment of relationship with office and hospital personnel

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**Motivations & Attitude Towards Learning**
Assessment of work ethic and dependability; asked for feedback from preceptor and made improvements accordingly; demonstrated independent self-directed learning; motivation to seek additional learning experiences

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**Comments (Criticisms or praises):**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**Signature:**

Chief Preceptor: ___________________________ Date: ___________________________

Names of others who participated in this evaluation:

________________________________________________________________________

________________________________________________________________________

Revised: 8/2015
GRADING SCALE FOR FINAL GRADES:

<table>
<thead>
<tr>
<th>GRADE</th>
<th>QUALITY POINTS</th>
<th>SCORE</th>
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<tbody>
<tr>
<td>A</td>
<td>4.0</td>
<td>90 - 100</td>
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<tr>
<td>B</td>
<td>3.0</td>
<td>80 – 89</td>
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<tr>
<td>C</td>
<td>2.0</td>
<td>70 – 79</td>
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<tr>
<td>D</td>
<td>1.0</td>
<td>60 – 69</td>
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<tr>
<td>F</td>
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<td>0 – 59</td>
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ROTATION GRADE STANDARDS

1. Only grades of B or above represent acceptable professional work for the Physician Assistant student.

2. Per Graduate School Policy, any term in which a graduate student drops below a 3.0 GPA, the student is placed on probationary status and has a period of two terms to attain a 3.0 GPA or be academically dismissed by the Graduate School. Therefore, a grade of C or lower on a clinical rotation may either result in dismissal from the PA Program or academic probation, depending on academic record of the student. Only two C's can be applied towards graduation. Students must have a 3.0 to graduate from the PA Program.

3. In addition to the Academic Standards of the Graduate School, any grade of D or F will result in academic dismissal from the Department of Physician Assistant Studies regardless of the GPA.

4. If a student is on academic probation or consistently demonstrates attitudinal difficulties while on rotation, the Program Director has the authority to have the student reviewed before the Student Progress Committee.
REMEDIATION

The goal of the remediation policy of the Department of Physician Assistant Studies is to remediate students who are not performing at the optimal level during the clinical year, which is defined in three areas:

1. Raw end-of-rotation exam score <65%
2. A grade of “C” on a final rotation grade.

All students who have not performed satisfactorily in meeting student learning objectives are required to be remediated by the PA Department in the following manner prior to proceeding to the next clinical rotation:

1. Meet with the Program Director and/or faculty advisor to discuss which student learning objective(s) resulted in the student not meeting expected rotation objectives
2. Meet with the clinical preceptor for feedback and assessment of student performance thus far and identify areas that require additional work for the rest of the rotation
3. Perform student self-evaluation about the learning experience, expectations and rotation objectives
4. Review case presentation, documentation, assessments and plans
5. Review patient history-taking and physical examination skills
6. Review assigned case-based learning materials
7. Utilize referral services as appropriate (e.g., USA counseling & testing center, primary care provider, USA Psychological Center)

Successful completion of the Remediation will be measured by:

a. Improvement in specific knowledge, skills, and attitudes noted as not meeting clinical rotation expectations
b. Satisfactory achievement of student learning objectives
c. Earning a “B” or better in the rotation
d. Unsuccessful remediation may result in the student earning a grade of “C”. The student will be reviewed by the Student Progress Committee to identify which learning objectives resulted in the grade of “C.” If necessary, the student will be required to remediate the end-of-rotation examination, and other recommended assignments at a minimum. Successful remediation will be measured by improvement in the areas of student learning outcomes deemed unsatisfactory, earning a “B” or better in the subsequent rotation, and no additional grades of “C” on rotations.
e. All students scoring less than a grade of “C” on an end-of-rotation examination are required to remediate the examination.

END OF ROTATION EXAMINATIONS (EORE): Exams are scheduled for the Friday following the rotation. Laptop computers with internet access are required for all end-of-rotation examinations. Failure to be adequately prepared, and have appropriate equipment, will result in a zero for the exam grade. Students are expected to take all exams at the scheduled times and be present.
before the examination starts. The only excused absence from an exam is a valid medical excuse from a physician or PA.

- Arrive Friday at assigned time.
- Bring your laptop and charger for taking the exam.
- Exams will be 120 questions
- 100 will count towards grade, 20 are “experimental” questions
- 10 minute break after 60 questions
- **You cannot go off screen during the exam.** If you do the exam will stop, you will be notified to push back from your computer and the proctor will immediately view your screen. “Off screen reports” an indication for receiving zero on the exam.
- Any technical issues should be reported to the proctor immediately by raising your hand. The proctor will come to you.
- Be sure to “log off” after completing your exam so that you can receive a grade.
- **ALL personal items (cell phones, electronic devices, backpacks, purses) are to be left in your vehicle.** If you do not feel comfortable leaving them in your vehicle, you will be asked to leave them on the exam table in the front of the classroom. You will only be allowed to have your laptop and charger at your desk during the exams.
- You are NOT allowed to get up and/or leave the classroom while your exam is in progress. You are allowed one 10 minute break during the exam and will be prompted by Examdriver when your break time has begun. If you have an emergency situation and need another break while your exam is in progress, raise your hand and I will come to you to discuss your need. If I feel it is necessary, I will pause your exam to allow you a quick break. If this protocol is not followed you will receive a zero (0) on the exam.

If a student scores below the minimum benchmark established by the program of <65% on an EORE, they will be required to do the following within one to two (1-2) weeks following the original date of their EORE:

- Meet with their faculty advisor
  - Review their EORE
  - Analyze their incorrect responses
  - Identify areas of content weaknesses
  - Outline a plan of in-depth self-analysis and discuss their self-analysis results & action plan with their faculty advisor (face-to-face, telephone, email)
  - Take a remedial core specific EORE examination after the end of two (2) weeks of the original examination.

The student will be required to complete a program developed remedial examination within 14 days of the original EORE. Failure to meet these deadlines will result in a zero score for that EORE.

**CHANGES IN COURSE REQUIREMENTS:** Not all classes progress at the same rate thus course requirements might have to be modified as circumstances dictate. You will be given written notice if the course requirements need to be changed.

**STUDENT CONDUCT & PROFESSIONALISM:** The University of South Alabama’s policy regarding Academic Disruption is found in *The Lowdown, the student handbook:* [http://www.southalabama.edu/lowdown/academicdisruption.shtml](http://www.southalabama.edu/lowdown/academicdisruption.shtml)
Disruptive academic behavior is defined as individual or group conduct that interrupts or interferes with any educational activity or environment, infringes upon the rights and privileges of others, results in or threatens the destruction of property and/or is otherwise prejudicial to the maintenance of order in an academic environment. We expect students to be cordial, courteous and respectful of faculty members, preceptors, patients and fellow students.

Students must follow all the rules, regulations and policies as outlined in the Student Handbook of the University of South Alabama, the Student Handbook for the Department of Physician Assistant Studies, and all other University policies with respect to their conduct. The highest standards of honesty and integrity are expected. Students who cheat on assignments during this course will be referred to the Student Progress Committee and the Department Student Progress Committee for possible dismissal from the Program. Our students are expected to display altruism, accountability, excellence, duty, honor, integrity and respect for others. Unprofessional behavior will not be tolerated.

STUDENT ACADEMIC CONDUCT POLICY: The University of South Alabama’s policy regarding Student Academic Conduct Policy is found in The Lowdown http://www.southalabama.edu/lowdown/academicconductpolicy.shtml:

The University of South Alabama is a community of scholars in which the ideals of freedom of inquiry, freedom of thought, freedom of expression, and freedom of the individual are sustained. The University is committed to supporting the exercise of any right guaranteed to individuals by the Constitution and the Code of Alabama and to educating students relative to their responsibilities.

ONLINE WRITING SUPPORT: The University of South Alabama provides online writing tutoring services through SMARTTHINKING, an online tutoring service. SMARTTHINKING is available at http://services.smarthinking.com.

ATTIRE: Students are expected to wear a short white lab coat with the USA PA Program patch on the pocket and a University of South Alabama Physician Assistant identification badge at all times. Scrubs or appropriate clinic attire are site specific and should be identified after the first day of the rotation. Closed toe shoes must be worn in all clinic settings in accordance with the occupational safety requirements. Avoid the use of scented products to include items such as hair spray, perfume, or colognes. Students are to dress professionally and appropriately for a clinical and/or patient care setting at all times.

WITHDRAWAL: Withdrawal from any individual course in the physician assistant curriculum will result in withdrawal from the program as noted in the 2014-2015 PA Department Student Handbook.

REGISTRATION: It is the responsibility of the student to register for all courses during the clinical year. Failure to register by the final deadline will result in the loss of financial aid. Students should download a copy of the Academic Calendar from the USA Homepage to note registration dates. Students who fail to register should notify the Program Director as soon as possible to that they can be referred to the Associate Dean to remedy this error. The student will be responsible for all fees associated with late registration.

DISABILITIES: In accordance with the Americans with Disabilities Act, students with bona fide disabilities will be afforded reasonable accommodations. The Office of Special Student Services
(OSSS) will certify a disability and advise faculty members of reasonable accommodations. If you have a specific disability that qualifies you for academic accommodations, please notify the instructor/professor and provide certification from the Office of Special Student Services. OSSS is located at 5828 Old Shell Road at Jaguar Drive, (251-460-7212). **NOTE:** all requests for accommodations for the clinical year must be documented through the OSSS and should be done in a timely manner or accommodations will not be requested of the preceptor or rotation sit.
PROFESSIONALISM

The highest standards of honesty and integrity are expected of University of South Alabama physician assistant students. Any Student who cheats during the clinical year on end-of-rotation examinations, or any assignments required during the year, will be dismissed from the Program. Failure to maintain a clinical patient log or turn in all required assignments and documents to the Program Director will result in loss of points from the final rotation grade. All clinical students in the Department of Physician Assistant Studies are held to highest degree of professional standards.

Physician assistant students are expected to display altruism, accountability, excellence, duty, honor, integrity, and respect for others. Unprofessional behavior is a poor reflection on the student, the program and the Physician Assistant profession as a whole, and will not be tolerated.

As physician assistant students and adult learners, it is your responsibility to take the initiative for your education throughout every phase of the program. Your success will be primarily dependent upon your own personal effort.

Any violations of appropriate academic or professional conduct will be referred to the Student Progress Committee for review and possible dismissal from the program.
CLINICAL YEAR POLICIES AND PROCEDURES

I. Professional Standards

a. Physician assistant students, like students in any professional program, are expected to maintain high standards of honesty and personal integrity. Any allegations of student misconduct that cannot be resolved by the Program Director will be referred to the Student Progress Committee.

b. Academic achievement alone will not assure successful completion of the PA Program. PA students must also demonstrate maturity, integrity, and those attitudes and behaviors expected of all healthcare professionals.

II. Clinical Year Student Responsibilities

A. Supervised Clinical Activity

1. Physician assistant students on clinical rotation work under the direct supervision of a licensed physician and therefore will not make a diagnosis or carry out any procedure or treatment plan without the explicit approval of a licensed physician or a graduate physician assistant assigned to that physician. Direct supervision means that the clinical preceptor (this may include residents) will directly observe all invasive procedures performed by students.

2. When given an order by a physician, a student has three possible courses of action:

a. Carry out the order as directed.

b. If there is disagreement with the order, discuss it with the physician and mutually agree upon a course of action.

c. Inform the physician that he/she does not feel qualified to safely carry out the order.

3. At no time will a student change a physician’s order or carry out a course of action different from that directed by the physician.

4. In the event of the temporary absence of his/her regular preceptor, the student must identify an alternate preceptor and notify the Program Director immediately. At no time will the student work without having a supervising preceptor clearly identified and immediately accessible.

5. Students will not be allowed to work extra rotation sites outside of their specified rotation requirements. Malpractice insurance provided by the University is limited to assigned rotations only. Although working extra hours in an ER when not assigned may add to a student’s knowledge base, it will place the student, the physician and the program at great risk! Do NOT engage in this type of behavior.
Participation in such behavior will be reviewed by the Student Progress Committee which will likely result in dismissal from the PA Program. For more information, please see the Lowdown at: http://www.southalabama.edu/lowdown

6. Students must have all charts and written orders countersigned in accordance with the policies of the clinical rotation site. At a minimum, the preceptor must countersign all charts, notes and orders written by the student.

7. In all clinical activities, PA students should be guided by the principle of KNOWING THEIR LIMITATIONS.

B. Standing in the Program

Students must immediately inform the PA Program of any personal or professional circumstances that may affect their standing in the University, the status of the clinical rotation, or the Program itself. See details in sections C – O.

C. Attendance

1. Students are given a specific time to report on their first day of each rotation and are required to work until the end of the day, on the last Wednesday of the rotation, unless otherwise directed by the PA Program or preceptor. After the first day, the schedule is determined by the preceptor and may include call, days off, and research assignments. Students are expected to clarify all schedule issues with the preceptor on the first day of the rotation.

2. Students are allowed THREE (3) excused absences per semester.

3. The first point of contact regarding approval for absences from the rotation is the Director of Clinical Education (DCE). The initial contact should first occur via telephone and followed by an email to the DCE. In the event the DCE is unavailable, the student should contact the Program Director. Students should not ASSUME he/she has approval to be absent from a clinical rotation site without the explicit approval of the DCE and/or Program Director.

Ms. Edwards, the Coordinator, PA Clinical Rotations, will notify the appropriate preceptor regarding the absenteeism, and to obtain the required secondary approval by the preceptor. Any absences without prior and explicit approval from the DCE and/or Program Director may result in a failing grade.

Coordinator, PA Clinical Rotations: nedwards@southalabama.edu
Ms. Edwards’ number: 251-460-6289
Department mail number: 251-445-9334

4. Failure to notify the PA Program of any absence from a rotation will be reviewed by the Student Progress Committee. Remediation of the rotation is at the discretion of the Student Progress Committee and would be completed at the end of the student’s clinical year.
5. Preceptors are also informed to call the program about any absences from the rotation. **Note:** some rotations require a medical evaluation prior to excusing an absence.

6. Excessive absences due to bona fide, documented medical or personal emergencies may result in a grade of “I” (incomplete) for the rotation.

7. **UNEXCUSED ABSENCES FROM ROTATION MAY RESULT IN A FAILING GRADE.**
   a. An unexcused absence is defined as absence from a rotation without prior and explicit approval of the Director of Clinical Education
   b. The Director of Clinical Education will make the determination as to whether an absence from a rotation is truly an emergency. “Upset stomach,” “headache,” etc. are NOT medical emergencies.
   c. Absences from rotations for conferences, job interviewing, or “study time” are NOT excused and require prior, explicit approval from the Director of Clinical Education and the rotation preceptor.
   d. Do NOT schedule routine personal business and non-emergency medical or dental care during clinical rotations.
   e. As a reminder, the PA Program follows the graduate school policy for academic dismissals. This policy states that the semester, in which a graduate student drops below a 3.0 GPA, they are placed on probationary status and have 2 semesters to attain a 3.0 or be dismissed. Additionally, **students MUST have a 3.0 GPA in order to graduate** from the program and a maximum of two C’s may be applied toward a degree program. Lastly, the PA Student Handbook states any grade of D or lower will result in academic dismissal, regardless of GPA. Please refer to the USA Physician Assistant Studies Handbook or the Graduate Bulletin which can be accessed online at:  
      http://www.southalabama.edu/bulletin/current/colleges-schools/graduate-school/index.html
   f. All test days and Professionalism Seminars are mandatory and cannot be missed. Please check the schedule in the front of the manual for these dates.

8. Natural disasters: Follow the procedure of the clinical site and notify the program if you will not attend clinic. If there are any questions, contact the Program Director.

**D. Name, Address, Email, and Phone Number Changes**

1. Throughout the clinical year, it is the **student’s responsibility** to keep the program informed of name, address and phone number changes.

2. On the first day of each rotation, students must phone or email the Department of Physician Assistant Studies to provide phone numbers at which they can be reached during their rotation (day and evening hours).
3. Failure to report phone numbers by the third day of the rotation will result in the loss of points on the Clinical Coordinator’s evaluation.

E. Class Registration in the Clinical Year

1. Clinical students must notify the University Registrar and PA Department of any address changes. It is preferable to maintain a consistent mailing address to which mail may be forwarded to you.

2. Students are responsible for registering themselves during the clinical year. You have been given instructions regarding which courses for which to register. Students are also responsible for meeting all fee deadlines as directed by the University. Failure to pay registration fees on time may result in the cancellation of registration by the University and loss of financial aid. Students who fail to register should notify the Program Director immediately. Students are responsible for any late fees associated with failure to register properly.

3. All clinical students are responsible for registering during the clinical year. A spreadsheet containing registration for the entire year has been emailed to you and is also loaded on Sakai. Furthermore, registration information is available on the USA website www.southalabama.edu by following the link to PAWS. All necessary information regarding deadlines with respect to registration, fee payment, graduation deadlines, etc. is available through this website.

F. Scheduling Clinical Rotations

1. All rotations are scheduled by the Program Director. The schedule for core rotations has already been determined. Once a rotation has been scheduled, changes will not be permitted. The final decision in scheduling all rotations is at the discretion of the faculty.

Decisions regarding Elective I rotations are due 3 months prior to the start of the rotation. No changes will be made this deadline. Please see the Clinical Rotation Schedule (page 8) for deadlines regarding Elective II.

2. The program reserves the right to change any clinical rotation for any reason, at any time. Therefore, students should have a 12 month backup plan for family and pet care needs. No personal commitments should be made during the clinical year. It is advised to not give up local housing for out of town rotations.

3. All students are expected to perform rural rotations that are vested in providing our students with quality, community based education.

4. In order to facilitate the scheduling of site visits, it is the student’s responsibility to notify the Program Director of their daily schedule (especially for rotations with night and weekend hours).

G. Housing
1. Housing is the responsibility of the student.

2. In the event housing is provided by the rotation, it is considered a privilege – not a right! Students who do not maintain the highest standards of decorum while occupying housing or call rooms, or who do not comply with local regulations concerning cleanliness, utilities usage, check-in procedures, key security, etc. will lose that privilege.

H. Leave of Absence

1. The clinical year curriculum is comprised of 12 months of uninterrupted education. Any deviation from this schedule creates a number of administrative problems for students, preceptors, faculty, and program staff. Therefore, the PA Program does not normally consider a leave of absence during the clinical year except in emergency situations. A request for leave of absence must be approved by the PA Program and the Dean of the College of Allied Health Professions. If you suspect there may be a situation that would require a leave of absence, please contact the Director Clinical Education immediately.

2. If an unexpected emergency necessitates a leave of absence, the student will be formally withdrawn from the rotation and receive a grade of “I.”
   a. A grade of “I” does not affect GPA, but is a permanent part of the student’s record.
   b. Withdrawal from a rotation may mean the loss of registration fees.

3. Leaves of absence greater than two months may require re-application or readmission to the PA Program. Furthermore, at the discretion of the faculty, the entire clinical year may need to be repeated.

I. End of Rotation Day

1. All students are required to return to Mobile on the last Friday of each rotation, and some Thursday’s (see rotation specific syllabi), at the specified time for the end-of-rotation examinations and seminars and remain until 5:00 p.m.
   a. The only exceptions to this policy will be: Documented medical emergencies - illnesses
   b. If a student misses end-of-rotation examinations due to one of the above circumstances, he/she will make up the tests at a mutually agreed upon time.

K. General Responsibilities

1. No alcoholic beverages or illicit substances are to be consumed during working hours or while on call.
2. Students are reminded that use of illicit drugs is incompatible with the professional role of the physician assistant. In addition to legal consequences, students who use illicit drugs during the clinical year are at risk for dismissal from the PA Program. Usage of either illicit drugs OR alcoholic beverages while on clinical rotations will be referred to the Student Progress Committee.

At any time during the clinical year, the Program Director can require a urine drug screen from clinical students. Any student found to have a positive drug screen (i.e. using drugs) will be suspended from the program until rehabilitation treatment (approved by the State of Alabama, Alabama Physician Health Program) is completed. If the student returns to the program, they can be re-tested at the program’s discretion. If a student has tested positive in the past, a positive test will result in dismissal from the program. (ref. Pat Capps Covey College of Allied Health Professions, Policy and Procedures Manual, May 3, 2011).

The PA Program, including clinical preceptors and rotation sites, reserves the right to demand random drug testing at any point during the clinical year.

3. Clinical year students are representatives of the USA Department of Physician Assistant Studies, as well as the physician assistant profession as a whole. This should be kept in mind during all interaction with patients, physicians, and other health care personnel during rotations.

4. Students are expected to conduct all personal business and social activities after normal working hours. Cell phone calls, text messaging, Facebook, Twitter, Tumblr, and non-medical Internet activity are NOT appropriate for rotation hours. Such behavior is unprofessional and will result in loss of points on the Clinical Coordinator Evaluation. Please refer to the Social Media Policy for more details.

5. Male students must obtain a female chaperone for female breast and pelvic examinations, and female students must obtain chaperones for examinations on males.

6. Employment during the clinical year is highly discouraged. If a student chooses to work in licensed clinical role outside the PA program, it MUST NOT interfere with academic work on clinical rotations.

7. Sexual Harassment

   a. In addition to being a violation of state and federal law, behavior involving unwanted sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature is incompatible with faculty, staff, and student status at the University of South Alabama.

   b. All PA students completed a mandatory sexual harassment session during their didactic year. To review the University’s policy on Sexual Harassment, please refer to the Lowdown: http://www.southalabama.edu/lowdown
c. Dating individuals at rotation sites (i.e. physicians, residents, other students, support staff, etc.) is distracting to your clinical education and could have unforeseen repercussion on your evaluations. It is against PA Program policy to engage in this behavior. Any such conduct reported to PA faculty will be referred to the Student Progress Committee for evaluation. In addition to impacting rotation grading, such conduct has consequences on the professional image of PA students, PA Program and PA profession in general. Finally, this conduct is viewed as a form of sexual harassment.

8. Mandatory Background Checks and Drug Testing
   a. Prior to starting the clinical year, all students will resubmit to a mandatory background check. All fees incurred are the responsibility of the student.
   b. In the event there are any negative findings on the above (conviction of a felony, positive drug screen, use of alcohol or other drugs during clinic hours, etc.) the student can be placed on suspension. The Student Progress Committee will investigate the matter and make final recommendations, up to and including dismissal from the PA Program.

9. References
   a. Graduates must provide the program with written authorization before any references/recommendations can be given.

L. Immunizations
   1. Proof of immunizations must be up-to-date in the student’s file at the USA Student Health Center. If at any time the student’s immunization history becomes incomplete, the student will be removed from their clinical rotation and/or will not be able to begin the clinical year.
   2. The following immunizations and or titers MUST be completed and current before the student can enter the clinical phase of program:
      a. Hepatitis B vaccine and titer (Hepatitis B Surface Antibody IgG)
      b. MMR series
      c. Tdap
      d. Mumps Antibody IgG
      e. Measles (Rubeola) Antibody IgG
      f. Rubella Antibody IgG
      g. Varicella (“chicken pox”) Antibody IgG
      
      ****Influenza vaccine must be received before November 1st. Please forward a copy of proof to student health, the PA department, and also keep a copy.
      
      ****TB skin test is required the July prior to rotations beginning
3. Failure to adhere to the immunization policy and deadlines will result in removal from clinical rotations. Depending on the circumstances, the student may be required to repeat the rotation after graduation, thereby delaying their graduation.

M. Risk Management

1. All students are required to have adequate health insurance coverage. The adequacy of a given health insurance plan is NOT determined by the PA program. United Healthcare is responsible for managing the plan offered to USA medical and physician assistant students. For questions concerning health insurance coverage, please contact Rhonda Baxter 460-6022.

The PA Program does not provide disability coverage in the event of an accident while on clinical rotations. It is recommended that students consider this additional coverage. The University does cover malpractice liability for students on rotation, so long as the student is functioning within the guidelines of this manual. The program does not assume any responsibility if the student is injured while on or away from the clinical rotation.

2. If accidental exposure occurs while on rotation, please notify your preceptor and the Program Director immediately. You have been provided with a copy of the Exposure Policy for the College of Allied Health, an additional copy is on the next page. Exposure within the USA system will be evaluated according to the policy. Other facilities have different procedures. It is your responsibility to insure that you are being managed in the most appropriate manner.

3. If the student is exposed to blood borne pathogens via needle stick or mucous membranes while on rotations, neither the program nor the rotation site are liable to assume the responsibility for the accident. The student should check with his/her insurance company as to the coverage provided for accidental exposure.

N. Social Media Policies: USA students are expected to adhere to the standards of conduct listed below in the clinical setting. Laws and policies respecting conflict of interest, as well as applicable policies and guidelines for interacting with patients, preceptors, etc., apply online and in the social media context just as they do in personal interactions. Students are fully responsible for what they post to social media sites. Please read the following guidelines and policies and adhere to them throughout the clinical year.

1. Use good judgment about content and respect privacy laws. Do not include confidential information about the University, its staff, or students.

2. Post only content that is not threatening, obscene, a violation of intellectual property rights or privacy laws, or otherwise injurious or illegal.

3. Representation of your personal opinions as being endorsed by the University or any of its organizations is strictly prohibited. USA’s name or marks may not
be used to endorse any opinion, product, private business, cause, or political candidate.

4. By posting content to any social media site, the poster represents that the poster owns or otherwise has all of the rights necessary to lawfully use that content or that the use of the content is permitted by fair use. Posters also agree that they will not knowingly provide misleading or false information, and they will indemnify and hold the University harmless for any claims resulting from the content.

5. Refrain from using information and conducting activities that may violate local, state, or federal laws and regulations. If you are unsure whether certain content is protected by privacy or intellectual property laws. Contact the Program Director for clarification.

6. Do not post information, photos or videos that will reflect negatively on you, your clinical rotation site, your preceptor, your academic department, or USA.

7. It is strongly advised to avoid participation in actions or movements that may cause harm or have a negative impact on the reputation of USA and the services it offers.

8. Participation in Social Networking during clinical rotation hours is strictly forbidden.

9. Posting material that is unlawful, obscene, defamatory, threatening, harassing, abusive, slanderous, hateful, or embarrassing to any other person or entity is strictly forbidden. Interpretation of the above is subjective in nature and could be determined in a court of law and not necessarily a “jury of YOUR peers.”

10. Personally identifiable information that can be used to locate someone offline, including but not limited to photographs, location, patient identifiers, job setting or ID badges, phone numbers, home or local addresses, birth date, and e-mail addresses, should not be posted.

11. It is recommended that you not post items such as:
   a. “I will be out of town during...”
      (Posts such as these notify others when your home will be vacant and you leave your residence vulnerable to thieves).
   b. “I’m so tired I can’t keep my eyes open,” etc.
      (If a patient were to be injured during your care and the above post was discovered you could be academically dismissed from the PA program and possibly sued by family members).

12. USA strictly forbids “friending” of patients or caregivers on social media websites. Students in patient care roles should not initiate or accept friend requests except in unusual circumstances such as the situation where an in-person friendship pre-dates the treatment relationship.

13. The USA PA Program discourages preceptors from initiating “friend” requests with students they oversee. Similarly, the PA Program prohibits students from accepting “friend” requests from preceptors. Either of these activities have the
potential to negatively impact your rotation grade and obscure the barrier between personal and professional boundaries.

14. The USA PA Program also strictly prohibits text messaging between students and patients. Texting is an abbreviated form of communication with a greatly possibility of miscommunication – but more importantly, patient confidentiality will be compromised.

15. Keep in mind that you should not disclose confidential information about any clinical rotation site, its professionals or patients. It is also unprofessional to discuss personal opinions about a clinical site and/or its patients and staff.

16. Under current law, is forbidden to disclose any personal health information, including images of patients, or discuss patient cases in any social network or digital media. Such conduct would be in direct violation of HIPPA guidelines. All students have received HIPPA training at the University and at their clinical rotation site.

17. You should not post any derogatory, offensive, disrespectful or disparaging remarks about faculty, fellow students, patients, preceptors or clinical sites. This causes an erosion of trust and demonstrates unprofessional behavior.

18. We recommend being respectful and professional in the relationship with clinical site employees, customers, suppliers, other health centers and patients and families in general. Remember whatever you post will be the basis of your professionalism! Employers and hospitals use social medial to research new candidates during the hiring and credentialing process.

19. Professionalism is such an important aspect of our career. It takes only one PA to ruin the reputation for PAs in the community. If a violation is noted, we expect anonymous documentation to be mailed, faxed, or left for the Program Director. Failure to adhere to or report the above mentioned policies will result in referral to the Student Progress Committee for evaluation.

Remember, your posts are available for EVERYONE – PERMANENTLY!

IF IN DOUBT – LEAVE IT OUT!

0. Safety Tips

Personal Safety:

1. Walk with a friend whenever possible.
2. When walking at night, stick to well-traveled, well-lit areas.
3. If you are being followed, walk to a populated area and call 911.
4. Walk with your head up being aware of your surroundings, making eye contact.
5. Have your car keys ready at all times.
6. Have your bags packed neatly before you leave the clinic so that you do not appear disorganized and fumbling to get in your vehicle.

**Keeping Your Property Safe:**

1. Always lock your vehicle no matter how long you will be gone.
2. Make sure all valuables inside the vehicle are either in the trunk or well hidden.
3. Do not leave personal property unattended in a public place, even for a short period of time.
4. Do not display large sums of money.
5. Report any suspicious behavior that you may observe.

**Keeping Your Car Safe:**

1. Always lock your vehicle no matter how long you will be gone.
2. Do not play your radio loud before you park somewhere – it attracts attention from everyone (including thieves).
3. Do not leave your car unattended in neutral gear. It can roll out of a parking space and hit people or other cars.
4. If you have an aftermarket CD player with detachable face, remove it before parking.
5. Keep CDs and other property out of site.

**If You Are Sexually Assaulted:**

1. Get to a safe place as soon as you can.
2. Call 911 OR go to the closest ER. You can also call USA counseling services (460-7051).
3. Don't shower or go to the bathroom if possible – it can destroy evidence.
4. It's not your fault – don't think that it is.
5. Don't worry about prosecution or testifying in court – it is more important to make sure you're safe.
The best prevention is

PREVENTION

Failure to adhere to PA program policies may result in dismissal from the program.
According to the World Health Organization (WHO), PEP is short-term antiretroviral treatment to reduce the likelihood of HIV infection after potential exposure.

Post-exposure Procedure:

**Student/Employee:**

1. Immediately wash needle stick injuries, cuts, or splashed area with copious amounts of soap and water (first aid). Eyes should be rinsed with water/saline.
2. Report any potential exposure to your training supervisor immediately after administering yourself first aid.
3. Mandatory requirements include student or employee blood work and initial exposure evaluation by a PEP-trained provider, as is outlined below. Accepting PEP drug therapy is voluntary. However, you are strongly encouraged to take PEP for an exposure to blood or body fluid from a known HIV infected person as soon as it is offered.
4. Baseline student/employee laboratory work should include a complete blood count (CBC), renal and hepatic function tests, pregnancy test (if appropriate), Hepatitis B surface antibody (IgG), Hepatitis B core antibody (total), Hepatitis C antibody (total), and standard HIV by ELISA.
5. Report incident and action taken to your academic department as soon as possible.
6. Medical questions, or concerns (e.g. treatment delay) not fully addressed by training site personnel can be discussed directly with on-call Infectious Disease (ID) physician specialist at USA by calling 251-471-7895 (Monday through Friday, 8 a.m. - 5 p.m.). After hours, call the USAMC operator at 251-471-7000. Identify yourself, your location, and phone number that you can be immediately reached at by ID personnel.

**Site Training Supervisor:**

1. Initiate appropriate on-site PEP procedure. Procedural specifications are usually found in workplace Exposure Control Plan or Employee Health Plan. Currently recommended drugs for PEP are Combivir one po BID, and Isentress 400mg one po BID. If there are questions at the local site about the appropriateness of PEP for an exposure, or if the above regimen is not available, please contact the USA ID physician specialist, as detailed above.
2. Students performing practicums within two hours travel time to USAMC should report directly Employee Health Monday through Friday between 7:30-am-3:30pm and to the ER after hours and on weekends/holidays. If the student is more than two hours travel time from USAMC, students should be referred to affiliated institution’s Employee Health Nurse, Trauma Care provider, or Infectious Disease specialist if practicum site is at a physician office or/clinic where on-site PEP is not available. Antiretroviral drugs should be administered with 4 hours post-exposure.
3. The following tests should be drawn on the SOURCE PATIENT: Hepatitis B surface antigen, Hepatitis B core IgM, Hepatitis C total antibody, and Rapid HIV. If positive, a confirmatory HIV by ELISA with Western blot confirmation should be obtained.
4. Coordination of PEP with on-call University of South Alabama (USA) Infectious Disease
Specialists is possible by calling the telephone numbers listed in Post-exposure Procedure paragraph 6 above and Post-exposure Follow-up Program below.

Post-exposure Follow-up Program:

If you believe that the clinical site is not initiating a PEP evaluation in a timely fashion you should call 251-471-7895 (Monday through Friday, 8 a.m. - 5 p.m.). After hours, call the USAMC operator at 251-471-7000. Identify yourself to the on-call ID specialist as a USA Allied Health student with a training-incurred potential HIV exposure. The on-call USAMC ID Specialist can order an “exposure prophylaxis kit”, which provides a 72-hour regimen of antiretroviral drugs. The kit enables a timely start of PEP so that need for continuing PEP can then be assessed. The student/employee should also notify their USA academic department that he/she has entered the USAMC follow-up program.

Department Points of Contact:

<table>
<thead>
<tr>
<th>Department Notification Personnel</th>
<th>Working Hours (8:00 AM - 5:00 PM)</th>
<th>After Hours (Nights/Weekends)</th>
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<tbody>
<tr>
<td>Cardiorespiratory Care</td>
<td>251-445-9284</td>
<td>Mr. Pruitt 251-625-4309</td>
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<tr>
<td></td>
<td></td>
<td>Mr. Wojciechowski 251-626-0612 *</td>
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<tr>
<td>Emergency Medical Services Training</td>
<td>251-461-1832</td>
<td>Mr. McArthur 251-725-2006</td>
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<tr>
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<td></td>
<td>Mr. Brooks 251-269-8067*</td>
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<tr>
<td>Occupational Therapy</td>
<td>251-445-9222</td>
<td>Ms. Steele 251-510-5120</td>
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<tr>
<td></td>
<td></td>
<td>Dr. Scaffa 251-753-7468 *</td>
</tr>
<tr>
<td>Physician Assistant Studies</td>
<td>251-445-9338</td>
<td>Ms. Bri Kestler 970-402-6656 *</td>
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<tr>
<td>Physical Therapy</td>
<td>251-445-9330</td>
<td>Dr. White 251-610-0019</td>
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<tr>
<td></td>
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<td>Dr. J. Irion 251-463-8962 *</td>
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<tr>
<td>Radiological Sciences</td>
<td>251-445-9346</td>
<td>Mr. D. Smith 251-391-6059</td>
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<tr>
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<td>Dr. Newell 251-661-6629 *</td>
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<tr>
<td>Speech Pathology &amp; Audiology</td>
<td>251-445-9378</td>
<td>Ms. Hudson 251-634-0165</td>
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<td>Dr. Moore @ 251-776-6247 *</td>
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<tr>
<td>CAHP Biosafety Officer</td>
<td>251-445-9297</td>
<td>Dr. Ravine 251-635-0955</td>
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* or any available faculty member
# Appendix G:

## Evaluation of Circumstances Surrounding an Exposure Incident Form

<table>
<thead>
<tr>
<th>Name: (student, employee)</th>
<th>Department:</th>
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<tbody>
<tr>
<td>Incident date:</td>
<td>Incident location:</td>
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<tr>
<td>Procedure being performed when incident occurred:</td>
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<tr>
<td>Description of device being used (including type and brand):</td>
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<tr>
<td>Work practices followed: (see ECP p.9.)</td>
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<tr>
<td>PPE or clothing used at time of exposure incident: (gloves, eye shields, etc.)</td>
<td></td>
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<tr>
<td>Engineering controls in use at time of exposure: (see ECP p.9.)</td>
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<tr>
<td>Exposed individual’s HAV/HBV vaccination status:</td>
<td></td>
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<tr>
<td>Confirmation that required BBP training was current: (date completed)</td>
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</tbody>
</table>

### Person completing form:

Printed Name: ________________________________

Signature: ________________________________ Date: ____________

Handling: Attach a copy of retained incident report & send both items to College Biosafety Officer.
## UNIVERSITY OF SOUTH ALABAMA

**Employment Location**

**USA Campus** (includes all facilities except USA Hospitals)

**USA Medical Center**

USA Children’s and Women’s Hospital

### Report of Accident/Incident Involving:

- **Employee**
- **Visitor**
- **Student**

<table>
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<tr>
<th>Name: Last</th>
<th>First</th>
<th>Middle</th>
<th>Date of Birth:</th>
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<th>Home Address:</th>
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<th>Social Security #:</th>
<th>Department (if employee):</th>
<th>Business Phone Number:</th>
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<tr>
<th>Name of Supervisor:</th>
<th>Office Address:</th>
<th>Business Phone Number:</th>
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### DETAILS OF ACCIDENT/INCIDENT

<table>
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<tr>
<th>Incident Date:</th>
<th>Time:</th>
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<tr>
<td>Date Reported to Supervisor</td>
<td>a.m.</td>
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<td>Location of Accident:</td>
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Description of What Happened:

Report What You Think Contributed to the Accident:

Type of Injury (cut, puncture, burn, etc.): State Body Part Injured (left or right):

Witness to Accident/Incident

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<thead>
<tr>
<th>Name:</th>
<th>Phone:</th>
<th>Signature of Supervisor (if employee), Hospital Administrator (if hospital visitor), University Police (if campus visitor):</th>
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Signature of Injured/Reporting Party: __________________________ Date: __________________________

By signing above, I, the injured/reporting party, understand that I have one year from the date of the accident/incident for filing a claim with the State Board of Adjustment and that any questions I have regarding the State Board should be directed to Human Resources (for employees) or the Office of Risk Management. Was medical treatment received: Yes

If yes, Date of treatment: __________________________

Name and address of provider:

This document, when prepared and maintained by USA Hospitals, is done so in the QA activity of the University of South Alabama Hospitals, and is PRIVILEGED AND CONFIDENTIAL pursuant to §22-21-8 and §34-24-58 of the 1975 Code of Alabama

DO NOT DUPLICATE

USA PUB 4417 Revised

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<th>Department Head/Supervisor Review/Actions:</th>
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CLINICAL PRECEPTOR RESPONSIBILITIES

A. Instructional

1. Provide clinical instruction and supervision for the student. Direct supervision means the clinical preceptor (this may include residents when the rotation occurs in a teaching institution) will directly observe all invasive procedures performed by students.

2. Orient the student to appropriate patient population problems and procedures. Emphasis should be placed on the objectives listed in this manual. That is, students are to be directed toward patients who have problems and illnesses common to the surrounding community rather than to patients who have rare or esoteric conditions.

3. Direct the student to specific patient assignments, data collection responsibilities, and diagnostic and therapeutic procedures to be performed.

4. Assign readings to the student relative to their learning experience.

5. Provide the student with ongoing constructive critique relative to the clinical performance.

6. Assist the student in preparing for “end-of-rotation” examination administered by program faculty.

B. Administrative

1. Assign student to appropriate clinical area, i.e. ward, clinic, office, and/or emergency room.

2. Familiarize the student with personnel and day-to-day routine of the facility.

3. Review evaluations with Program Director to discuss student progress.

4. If deemed necessary, meet with student and PA Program Director during the rotation to discuss:

   a. Clinical and interpersonal strengths and weaknesses

5. Contact program faculty in the event of emergent problems involving the student on rotation.

6. Return final student evaluations to Ms. Shelby Alday (paclinical@southalabama.edu) via email or fax (251-445-9336).

C. PA Student Expectations

1. Students are expected to notify the program in the event of any changes in their personal contact information (e.g., address, telephone, cell phone).

2. Students are expected to maintain their USA jagmail e-mail addresses. The program will only acknowledge the student's assigned university email address.
3. Students are expected to adhere to the logistics of the clinical site and rotation, (e.g., instructions for basic office systems, resources available for the learner, characteristics of clinical site and population served, role of other staff and healthcare providers), as stipulated by the preceptor on day one of the clinical rotation.

4. Students are expected to be on time for clinical shifts. Contact your supervising physician(s) or his or her PA designee, AND, the Program Director, if you anticipate any scheduling conflicts or if you have questions regarding your schedule.

5. Students are expected to demonstrate self-directed learning from medical textbooks, journals, house staff, or fellow students.

6. Students are expected to present clinical findings to the preceptor in proper case presentation format.

7. Students are accountable for all materials in the rotation objectives, to include assigned readings, regardless of whether the materials are explicitly covered by the clinical preceptor.

8. Students are expected to work the shift schedule developed by the supervising physician(s).

9. Students are expected to understand their limitations as a PA student in training during the clinical year. The supervising physician (s) or his or her PA designee is ultimately in charge of and responsible for all components of patient care.

10. Students are expected to ask for help early on if needed, and notify the supervising physician(s) or his or her PA designee immediately if your patient encounter involves a patient with abnormal vital signs, shortness of breath, chest pain, and abdominal pain with peritoneal findings or changes in mental status.

11. Students are expected to ask the supervising physician for feedback regarding his/her progress mid-way through the rotation.

12. Students are expected to adhere to programmatic standards of professional interactions between patients and facility staff. Identify any policy or guidelines regarding the participation of the PA student in performing pelvic, rectal, breast, and genitourinary examinations.

13. Students are expected to be a patient advocate and offer compassionate care.

14. Students are expected to adhere to the policy regarding sign-in/sign-out responsibilities.

15. Students are expected to complete all patient-related duties before the completion of your shift.

16. Students are expected to inform the supervising physician(s) or his or her PA designee before you leave the rotation at the conclusion of your shift. This will help to ensure all patient-related matters have been addressed.
The child’s history is usually obtained from a parent, generally the mother. However, the child may be able to provide valuable information and should be given this opportunity. Actually, the patient’s own account of events is often less emotional and much more accurate. Be observant while obtaining your history for much can be learned of the parent-child relationship by simply observing both parents and child in the history-taking milieu. It is particularly important to distinguish between interpretive and descriptive information.

The physician must document the history, but it is best to simply make brief notes and to spend time carefully listening and observing. Questions should never be read.

There are many pertinent points to cover in any history. The following are some of the points particularly relevant to the pediatric patient. Record your history in the following format and in good English with few abbreviations.

INFORMANT: Always list the informant and an estimation of the reliability of the history, i.e. informant-mother-reliability poor – does not actually keep the child.

CHIEF COMPLAINT: This should be stated in the exact words given by the informant.

PRESENT ILLNESS: Always give the age of the child in years and months, race and sex. In writing a history it is important to put everything in chronological order. This should be stated in years, months, weeks, days or hours that the complaints have existed prior to seeing the child. It is useless to write in a permanent record that something happened last Tuesday or on a certain date for then the subsequent reader has to calculate how many days this represented.

Once the complaints have been identified, and established in chronological order, then certain data must be collected in order to gain information from these complaints. It is always important to know if the patient was perfectly well until the onset of the present complaints. Then it is important to know what exacerbates the symptoms, what relieves them, when they occur, etc. Accurate description of all events, rashes, stools, vomiting, etc. is essential.

For instance, one might say: This 3 ½ year old black male was apparently in excellent health until three hours prior to admission when he developed a sudden fever, a petechial rash on his feet and collapsed with shallow respirations and became totally unresponsive.

PAST HISTORY. The life history of a child begins at conception not at birth. Many factors, maternal and environmental, can affect him or her during the period of gestation. It would be more realistic to consider the infant’s age as the chronological age plus the duration of the gestation, although this is not the usual clinical practice. The younger the child, the more important is the information about the period of intrauterine life. Record all illnesses the patient has had with the age at the time and any complications. Record any trauma and any surgical procedures. For surgery, we need the age at the time, what hospital, type of operation and complications, if any, and type of anesthesia.
Pregnancy and Immediate Postnatal Period:
The history of pregnancy should include information about nutrition and medications, prenatal care, serological test, examinations of blood and urine, weight gain and bleeding. A vague, perhaps ignored, rash in the first trimester could be the key to a child's entire problem.

The history of labor and delivery should include length of labor, drugs, complications, whether the delivery was in the hospital or at home and attended by an obstetrician or a midwife. Whenever necessary, the history should be supplemented by hospital records or by a conversation with the attending personnel.

The history of the immediate postnatal period is frequently revealing when a cardiopulmonary or neurological abnormality is present. Information concerning crying and breathing times, Apgar scores if available, birth weight and resuscitation efforts should be sought and recorded. Frequently, one can ascertain difficulty by asking, “How long was it before they brought the baby to see you?”

Neonatal period:
Information should be obtained on the type of feedings, the presence of cyanosis, jaundice, pallor, vomiting, bowel and urine habits, crying and jitteriness. One must now begin to think of vitamins and drugs as etiologic agents of disease states so that details of drugs administered to the mother or child is helpful.

Infancy and Childhood
When obtaining a history of past illnesses, one must specifically ask about diseases endemic in the area. Recent exposure to contagious diseases should be recorded as yes or no.

In eliciting the history of major and minor operations, establish whether there was excessive bleeding. Inquire into injuries and accidents.

Ascertain any history of allergies such as eczema, hay fever and asthma. Ask about any drug sensitivities.

Immunizations
It is essential to have a detailed record of all immunizations as to type given and the ages that they were given.

Growth and Development
A detailed evaluation of growth and development is essential. Whether a child has reached the developmental milestones as noted in your textbook should be recorded and at what age they were reached. Milestones definitely needed are age held up head, reached for objects, sat alone, stood together, bladder and bowel training.

For instance, this child held up his head at 1 month of age, reached for objects at 3 months, sat with support at 5 months, sat alone at 6 months, and crawled at 9 months. He is not walking or talking.

Social History
A detailed nutritional history is necessary for it bears on growth and development. A history of what foods are fed and in what quantities is important. A description of an average day’s meals, amount of milk ingested, etc. This is of utmost importance to the developing child. One should ascertain some idea of family income, number of individuals in the family unit and housing conditions. Performance in school and adjustment to playmates are important to know for the school age child.
Family History
The family history must include the age, sex, emotional status, and health of other members of the family. Other useful information includes chronological data on pregnancies, deaths and miscarriages, history of allergy, cancer, inborn errors of metabolism, convulsions, rheumatic heart disease, premature coronary artery disease (myocardial infarction under the age of 50 years), hypertension (these two items institute preventative measures), tuberculosis, venereal and neurological diseases.

Review of Systems

CNS: Headache, tinnitus, vision, convulsion (description, duration, frequency, post-ictal state), weakness, ataxia, parathesias.

Musculoskeletal: Weakness, muscle or bone pain, wasting.

Skin and R-E System: Rash (color, consistency, distribution) pruritis, jaundice, easy bruisability, cyanosis, lymph nodes, enlarging mass.

Respiratory: Cough, sputum, wheeze, hemoptysis, chest pain, dyspnea, ear ache, coryza.

Cardiovascular: Heart murmur, easy fatigability, cyanosis, squatting, dyspnea on exertion, chest pain.

Gastrointestinal: Feeding problems, regurgitation, vomiting, abdominal pain, stools, melana, gross blood, encopresis.

G.U.: Enuresis, dysuria, frequency, urgency, stream, hematuria, discharge.

Allergies: Drugs, allergens.

Physical Examination
The physical examination is a permanent record of what is found plus a record of what is not found. Therefore, pertinent negative findings should be recorded.

Remember that each child must be approached differently. The principal thing is not to do anything that will frighten the child. Some children will respond better when they are allowed to sit and listen while you examine the chest initially. Other children will be frightened by the stethoscope and will do better if the abdomen is examined first. The head and neck examination is the last thing done – after one examines the mouth and throat all rapport is gone!

Always respect a child’s modesty. Children at the age of 5 and 8 are sometimes the most modest people you will ever encounter.

General
Observe the child’s behavior, body build, appearance of acute and chronic illness and state of nutrition and development. Record the height and weight. Place the percentile for height and weight in parenthesis after these measurements.

Measurement of head size is a routine part of a pediatric examination. The skull is subject to many variations in shape, particularly in the newborn infant. Molding, the width of the sutures and the patency of the fontanels all contribute to shaping. The anterior fontanelle should be palpated for the degree of tension. Cephalhematoma, meningocele, and encephalocele are immediate findings in the newborn period.
The facies may be characteristic in many diseases such as Down’s Syndrome, Hurler’s Syndrome, etc. The symmetry of the face and smile are neurological clues. Mouth breathing may indicate nasal obstruction. Flaring of the ala nasae is seen in respiratory diseases.

**Eyes**
Frequently epicanthal folds are present in infancy and may give the illusion of extraocular muscle imbalance. With a distant light source, the fact that the reflection falls in the same spot on both pupils can refute this. Skill in ophthalmoscopic examination should be practiced on every child and the appearance of the sclerae and conjunctivae should be documented.

**Ears**
Note the set of the ears – a low position below the eyes and with a forward sweep is part of syndromes involving brain defect or congenital kidney disturbance. Is there a brachial cleft cyst? Does the child hear? Note the appearance of the ear canals and tympanic membranes.

**Nose**
A foreign body, long present in the nose, will cause a unilateral discharge with an odor. The most common place to look for a source of nosebleeds is Kiesselback’s triangle. The sinuses should be lightly tapped and pressured for signs of tenderness. This may be explored further by transillumination and by inspection of the turbinates for swelling.

**Lips**
Check for weakness and ability to suck. Is there pallor, cyanosis or cherry-red color? Check for harelip, herpes, chapping, fissures, rhagades, scars and cheilosis.

**Mouth**
Note breath odor, the shape and possible distortions or defects of the hard and soft palate, movement of the soft palate, condition and color of the buccal mucosa, status of the teeth, gums and Stinson’s duct orifice and contour of the jaw.

**Neck**
Note muscle strength, lymph nodes, parotid gland or thyroid. Is the neck supple?

**Chest**
Examination of the rib cage, shape, increased A-P diameter, sternum, bulges, intercostals or supraclavicular retractions should be noted. Excursions of the chest should be carefully observed for deviation from one side or the other. Palpation for crepitus should always be carried out.

**Lungs**
The quality of breath sounds vary with the age of the child and thickness of the chest wall. In children with small, thin chest walls, bronchial breath sounds are normal. In older children, vesicular breath sounds become normal. The presence of unequal breath sounds, rales, rhonchi or transmitted sounds should be noted. Rales should be characterized as fine or coarse and wheezes as expiratory or inspiratory and low or high pitched. Record findings on percussion.

**Heart**
The brachial and femoral pulses should be palpated simultaneously and recorded as to equality and amplitude. The precordium should be palpated and note made as to the activity of right and left ventricle (hypo, normal or hyper). Thrills should be noted as to location, intensity and timing. Auscultation with bell and diaphragm should be performed and the intensity of the 1st and 2nd sound recorded. The presence of splitting of the 2nd sound at the pulmonic area and its relationship to respiration should be noted. The presence of 3rd and 4th heart sounds and clicks should be noted. The frequency, location of maximum intensity and radiation should be recorded. Blood pressure should be taken with the proper cuff size. The cuff should cover 2/3 of the upper arm.
**Abdomen**
The appearance of the abdomen should be noted as whether flat, distended, areas of swelling, etc. Light palpation is carried out for muscle guarding or extreme tenderness. Gentle palpation will usually detect an enlarged liver or spleen better than more vigorous palpation. Always begin to palpate for both at the iliac crest. The distance below the rib cage, configuration, consistency, and presence of any tenderness should be documented as to size, exact location, consistency, tenderness, shape and character of the bowel sounds should be noted along with any visible peristalsis. Umbilical hernias showed noted as to size of the defect.

The size, tenderness, whether matted or singularly enlarged, character of overlying skin and the chain of lymph nodes involved should be carefully noted.

**Genitalia**
In the male, the position and the size of the urethral meatus should be noted. Palpation of the testes is important in the detection of an atrophic or undescended testicle. Transillumination and observation will reveal the presence of a hydrocele. The inguinal ring should always be palpated and the degree of tightness noted.

In the female, the presence of clitoral hypertrophy, adhesions, or discharge should be noted. In the neonate, there is a hymenal hypertrophy and there may be some vaginal bleeding for a few days. Simple labial adhesions are not abnormal or uncommon and separation can be easily accomplished.

The newborn male or female may have lactating breasts. Adolescent boys may have some temporary breast development behind the nipple which is tender and may be unilateral or bilateral. Girls may have unilateral breast development initially.

**Extremities**
Check toes and fingers for clubbing, cyanosis or pallor. Are the nails disfigured or friable? Are the interphalangeal spaces cracked or eroded?

In a child with fever, carefully check the bones for tenderness. Watch for inflamed joints and maintaining a fixed position or splinting a joint. Remember knee pain in a child is usually referred from the hip.

**Rectal**
Rectal examination should not be avoided. It is very helpful for examination of pelvic structures or masses. In a newborn be sure that the rectum is patent and a fistula is not present allowing passages of meconium.

**Neurological**
This can be done in a large degree by observing the child. Careful evaluation of muscle strength, coordination and development should be made. Cerebellar function tests should be carefully carried out for this is the most frequent site of brain tumors in children. The presence of nystagmus, cranial function, etc., can usually be done better by observation rather than formal testing. Record the briskness and quality of the deep tendon reflexes. Observe the gait of every child who can walk while barefooted. Mental condition should be described as to apparent intelligence restlessness, speech defect, apathy, coma, stupor, delirium, convulsions, torpor or obtundted.

In newborn infants check for moro, rooting, tonic neck and sucking reflexes.
SAMPLE OB/GYN NOTES

Labor and Delivery Notes

Q2 hrs

Meds in margin

S:
Pt complaints, contractions “CTX”? vaginal bleeding “VB”? HA? Dysuria?
N/V/D? Constipation?

O:
VS: Temp, BP, Pulse, RR, (afebrile vital signs stable “AFVSS”)
STERILE VAGINAL EXAM: dil/efface/stage; intact, ROM, AROM
TOCO/IUPC: ctx freq, duration, reg/irreg (study last 20 mins of strip)
FHR: rate, reactivity, variability, accels, decels (study last 20 mins of strip)
PE:
- Gen: alert, oriented, mood, NAD
- CV: RRR, brisk cap refill, distal pulses 2+ bilat (check DP & PT)
- Pulm: CTAB
- Abd: gravid, +BS x 4 quad, fundal tenderness “FT”
- Ext: edema, tender, check DTR if on mag
LABS: bloodtype, rubella, VDRL (syphilis), HBsAg, HIV, GBS, GC/Chl

A: _____yo __F G__P f_p_a_l_ with intrauterine pregnancy “IUP”
@ ____wk EGA by LMP/consistent w/ sono and
- PROM, PPROM, PreE, twins, GBS +
- Diabetes A (gestational), A1 (gestational, controlled by diet), A2 (gestational, controlled by meds), B (dx>age 20 or had < 2yrs), C (age of onset 10-19 yrs or had >20 years), D (age of onset 0-9 yrs or had >20 years), H (cardiac involvement), F (renal involvement), R (retinal involvement)
- In active/ latent labor- reactive strip

P:
- continue current management
- anticipate spontaneous vaginal delivery “SVD”
- start pit for labor augmentation (2 milliunits/min> bolus?)
- if preterm labor-MgSO4/indomethacin/ nifedipine (Procardia) for tocolysis. Note: indomethacin may close ductus arteriosus as opposed to prostaglandin E2
- misoprostil (cytotec) for fetal demise “IUFD”
- betamethazine “BMZ” if preterm labor for lung maturation
- PCN G if GPS +
- LR at 125 cc per hr
- Nubain 5mg for pain, epidural at 4cm?
- Activity: Bedrest, bathroom privileges
- Diet: NPO, ice chips
- Labs: Mag level
Postpartum note - vaginal delivery

Name______________________________  Room #________________
_____yo____f ,  G___P f___ p____a___l___, PPD#_____

S:
• breast or bottle?__________
• birth control form of choice (only Depo if breast-feeding and no patch if
  >190lbs)___________________________________
• Lochia (as compared with menstruation)?__________

O:
• Vitals :____________________________________________________________

• Exam:
  Abdomen: +BS, fundus firm and nontender
  Extremities:
  Do not examine perineum alone!
• Labs

A: _____yo____f ,  G___P f___ p____a___l___, PPD#_____
• Desires circ for son
• Rubella status
• Rh status

P:
• Continue postpartum care
• d/c  PCA the day after
• Discharge home (>48 hrs); CBC needed prior to discharge
• Rhogam  within 72 hrs (if – and babe +)
• Lactation consult?
• Rubella vaccine if not immune
SAMPLE SURGERY NOTES
Post Op C/S Note

Name__________________________________  Room #_____________

____yo____f, G___P f___ p__a___l___, POD#_____

Reason for C-section:______________________________

S:

• breast or bottle feeding?________
• birth control form of choice (only Depo if breast-feeding and no patch if >190lbs)______________________________
• Pain?________
• On clears or tolerating solid food?____________
• Gas?_______
• BM?_______
• Ambulation?______
• Lochia (as compared with menstruation)?________

O:

• Vitals :____________________________________________________________

• Ins/Outs:__________________________________________________________

• Exam:
  Abdomen: +BS?, fundus firm? Nontender?
  Extremities: c/c/e ?

• Labs

A: __yo____f, G___P f___ p__a___l___, POD#____

P:

• Continue post-op care
• d/c foley and PCA (usually the day after surgery)
• Discharge home (usually after 4 days); CBC needed prior to discharge
• Rhogam within 72 hrs of delivery (if mom Rh– and babe +)
• Rubella vaccine if not immune
• Lactation consult if breast feeding
Sample Surgery Notes

Sample H&P

CC: Abdominal Pain
HPI: Pt. is a 45 y/o AAM with a PHM of HTN who presents complaining of abdominal pain in his RUQ that is sharp and crampy, constant, and has lasted for 8 hours now. Pt. rates the pain 7/10 and states that the pain radiates to his right shoulder. It began after he ate breakfast this morning. He has felt nauseated and without much of an appetite since then, but has not vomited. Nothing seems to make it better or worse. He has had similar pain in the past, but it has always gone away within an hour or two. The pain has usually occurred after meals. Pt. denies any symptoms of acid reflux and has no history of treatment for reflux or ulcers. He denies any history of liver disease or pancreatic disease. Denies chest pain, SOB, urinary symptoms, or problems with defecation. Last BM on the day prior to admission was normal. Last mean was this morning about 8 hours ago.

PMH: HTN diagnosed 5 years ago. Past Surg HX: Open Appendectomy in childhood, no complications with bleeding or anesthesia that he is aware of.

FH: Mother – HTN, DM; Father – CAD, HTN

SH: Pt. smokes 1 ppd x 25 years, denies alcohol or illicit drugs

Meds: HCTZ 12.5 mg daily

All: NKDA

ROS: Negative except for above.

PE: Vitals T 98.7  HR 75  R 12  BP 130/80  O2 sat 100% on RA
Gen WDWN AAM, appears in pain but no acute distress.
HEENT PERRL, EOMI, OP – Pink and moist
CV RRR, no M/R/G
Chest CTA B, no crackles, mild scattered course breath sounds
Rectal Nml tone, no masses, small amount of brown stool in vault. Heme occult negative.
Ext MAEW, 2+ pulses throughout

Labs

EKG – normal sinus rhythm, no ST changes

Images

CXR – No free air under diaphragms. Lungs slightly hyperexpanded, suggestive of COPD changes.
U/S – Pericholecystic fluid present with gallbladder wall thickening and multiple gallstones present.

A/P: 45 y/o AAM with acute cholecystitis
Admit to General Surgery and schedule for Laparoscopic Cholecystectomy
Make patient NPO
Start IVF and antibiotics (Imipenem)
Continue on HCTZ for BP control
**Sample OP Note**

Preop Dx: Acute Cholecystitis  
Postop Dx: Same  
Procedures: Laparoscopic Cholecystectomy  
Surgeons: Attending: Gandy, Resident: Smith, Student – Parker  
Findings: Acutely inflamed gallbladder  
Anesthesia: GETA  
Fluids: 200 cc LR*  
EBL: 15cc*  
Drains: JP Drain in RUQ  
Specimen: Gallbladder and cystic duct  
Complications: none  
Condition: Patient extubated and transferred to recovery room in stable condition  

*ask anesthesia for these numbers

**Sample Progress Note**

08/26/10  
ACS MSPN (General Surgery)  
S: Pt. complaints: No acute events overnight. Pain well controlled. Pt. reports flatus, but no BM yet. Pt. tolerating clear liquids and ambulated around floor x 2 yesterday.  
O: AFVSS  
JP Drain: 100cc/24 hours. I/O 2025/1865, no BM  
PE: Gen WDWM AAM in NAD, resting comfortably  
   CV  RRR, no M/R/G  
   Chest CTA B, no cheeses or crackles  
   Abd S/ND, appropriately tender in RUQ and around trochar sites. +BS.  
   Dressings c/d/I at trochar sites x 3 and around JP drain. Small amount of serosanglunous fluid in JP drain bulb.  
Labs:  
No new images  
A/P: 45 y.o AAM s/p laparoscopic cholecystectomy, POD #1  
   Will continue to monitor JP Drain output, will pull drain when < 50 cc/ 24 hrs.  
   Will advance to regular diet.  
   Continue to encourage ambulation.  
   Anticipate d/c home tomorrow.  
   Discuss with team.  

Peggy Parker, PA-S

**DON'T FORGET TO DATE, TITLE, AND SIGN YOUR NOTES**  
You can write any important medications, like antibiotics and the number of days they have been on them in the margin to the left.
COMPETENCIES FOR THE PHYSICIAN ASSISTANT PROFESSION

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

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

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

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

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

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

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

- understand etiologies, risk factors, underlying pathologic process, and epidemiology for medical conditions
- identify signs and symptoms of medical conditions
- select and interpret appropriate diagnostic or lab studies
- manage general medical and surgical conditions to include understanding the indications, contraindications, side effects, interactions and adverse reactions of pharmacologic agents and other relevant treatment modalities
- identify the appropriate site of care for presenting conditions, including identifying emergent cases and those requiring referral or admission
- identify appropriate interventions for prevention of conditions
- identify the appropriate methods to detect conditions in an asymptomatic individual
- differentiate between the normal and the abnormal in anatomic, physiological, laboratory findings and other diagnostic data
- appropriately use history and physical findings and diagnostic studies to formulate a differential diagnosis
- provide appropriate care to patients with chronic conditions
INTERPERSONAL & COMMUNICATION SKILLS
Interpersonal and communication skills encompass verbal, nonverbal and written exchange of information. Physician assistants must demonstrate interpersonal and communication skills that result in effective information exchange with patients, their patients' families, physicians, professional associates, and the health care system. Physician assistants are expected to:

- create and sustain a therapeutic and ethically sound relationship with patients
- use effective listening, nonverbal, explanatory, questioning, and writing skills to elicit and provide information
- appropriately adapt communication style and messages to the context of the individual patient interaction
- work effectively with physicians and other health care professionals as a member or leader of a health care team or other professional group
- apply an understanding of human behavior
- demonstrate emotional resilience and stability, adaptability, flexibility and tolerance of ambiguity and anxiety
- accurately and adequately document and record information regarding the care process for medical, legal, quality and financial purposes

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

- work effectively with physicians and other health care professionals to provide patient-centered care
- demonstrate caring and respectful behaviors when interacting with patients and their families
- gather essential and accurate information about their patients
- make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
- develop and carry out patient management plans
- counsel and educate patients and their families
- competently perform medical and surgical procedures considered essential in the area of practice
- provide health care services and education aimed at preventing health problems or maintaining health
PROFESSIONALISM
Professionalism is the expression of positive values and ideals as care is delivered. Foremost, it involves prioritizing the interests of those being served above one's own. Physician assistants must know their professional and personal limitations. Professionalism also requires that PAs practice without impairment from substance abuse, cognitive deficiency or mental illness. Physician assistants must demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population and adherence to legal and regulatory requirements. Physician assistants are expected to demonstrate:

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

- self-reflection, critical curiosity and initiative

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

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

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

Physician assistants are expected to:

- use information technology to support patient care decisions and patient education
- effectively interact with different types of medical practice and delivery systems
- understand the funding sources and payment systems that provide coverage for patient care
- practice cost-effective health care and resource allocation that does not compromise quality of care
- advocate for quality patient care and assist patients in dealing with system complexities
- partner with supervising physicians, health care managers and other health care providers to assess, coordinate, and improve the delivery of health care and patient outcomes
- accept responsibility for promoting a safe environment for patient care and recognizing and correcting systems-based factors that negatively impact patient care
- apply medical information and clinical data systems to provide more effective, efficient patient care
- use the systems responsible for the appropriate payment of services
The material on NCCPA's certification and recertification exams can be organized in two dimensions: (1) organ systems and the diseases, disorders and medical assessments physician assistants encounter within those systems; and (2) the knowledge and skills physician assistants should exhibit when confronted with those diseases, disorders and assessments.

Please note that while the subject matter covered on the certification and recertification exams is the same, there is some difference in the nature of the questions on those exams. Generally, the questions on the initial certification exam are more specific, while questions on the recertification exam tend to address broader clinical issues. This difference is most apparent in the questions related to applying basic science concepts and reflects the different functions of the two exams.

The tables below illustrate the approximate percentage of exam questions you'll encounter in several categories, grouped as described above. Other content dimensions cross-sect those categories delineated in the tables. For example, up to 20 percent of the questions on any exam may be related to surgery, and up to two percent may cover legal or ethical issues.

### Diseases, Disorders & Medical Assessments of the:

<table>
<thead>
<tr>
<th>% of Content</th>
<th>Diseases, Disorders &amp; Medical Assessments of the:</th>
</tr>
</thead>
<tbody>
<tr>
<td>16%</td>
<td>Cardiovascular System</td>
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<tr>
<td>5%</td>
<td>Dermatologic System</td>
</tr>
<tr>
<td>9%</td>
<td>Eyes, Ears, Nose &amp; Throat</td>
</tr>
<tr>
<td>6%</td>
<td>Endocrine System</td>
</tr>
<tr>
<td>10%</td>
<td>Gastrointestinal - Nutrition</td>
</tr>
<tr>
<td>6%</td>
<td>Genitourinary System</td>
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<tr>
<td>3%</td>
<td>Hematologic System</td>
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<tr>
<td>3%</td>
<td>Infectious Diseases</td>
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<td>10%</td>
<td>Musculoskeletal System</td>
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<td>6%</td>
<td>Neurologic System</td>
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<td>6%</td>
<td>Psychiatry/Behavioral</td>
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<tr>
<td>12%</td>
<td>Pulmonary</td>
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<td>8%</td>
<td>Reproductive System</td>
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### Knowledge & Skill Areas:

<table>
<thead>
<tr>
<th>% of Content</th>
<th>Knowledge &amp; Skill Areas:</th>
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<tbody>
<tr>
<td>16%</td>
<td>History Taking and Performing Physical Examinations</td>
</tr>
<tr>
<td>14%</td>
<td>Using Laboratory &amp; Diagnostic Studies</td>
</tr>
<tr>
<td>18%</td>
<td>Formulating Most Likely Diagnosis</td>
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<td>10%</td>
<td>Health Maintenance</td>
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<tr>
<td>14%</td>
<td>Clinical Intervention</td>
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<tr>
<td>18%</td>
<td>Pharmaceutical Therapeutics</td>
</tr>
<tr>
<td>10%</td>
<td>Applying Basic Science Concepts</td>
</tr>
</tbody>
</table>

Each question you encounter will address a disease, disorder or medical assessment from a category in the table at left and a knowledge or cognitive skill area from the table above.

On the following pages, we have provided lists of specific diseases, disorders, medical assessments, and knowledge areas you may encounter on your exam. Though these lists are not exhaustive, they can provide a foundation for your exam preparation. They serve as your blueprint to the exam content.
Diseases, Disorders and Medical Assessments by Organ System

Cardiovascular System

Cardiomyopathy
- Dilated
- Hypertrophic
- Restrictive

Conduction Disorders
- Atrial fibrillation/flutter
- Atrioventricular block
- Bundle branch block
- Paroxysmal supraventricular tachycardia
- Premature beats
- Sick sinus syndrome
- Ventricular tachycardia
- Ventricular fibrillation
- Torsades de pointes

Congenital Heart Disease
- Atrial septal defect
- Coarctation of aorta
- Patent ductus arteriosus
- Tetralogy of Fallot
- Ventricular septal defect

Heart Failure

Hypertension
- Essential
- Secondary
- Hypertensive emergencies

Hypotension
- Cardiogenic shock
- Orthostatic hypotension

Coronary Heart Disease
- Acute myocardial infarction
  - Non-ST segment elevation
  - ST segment
- Angina pectoris
  - Stable
  - Unstable
  - Prinzmetal variant

Vascular Disease
- Aortic aneurysm/dissection
- Arterial embolism/thrombosis
- Giant cell arteritis
- Peripheral arterial disease
- Phlebitis/thrombophlebitis
- Varicose veins
- Venous insufficiency
- Venous thrombosis
Valvular Disease
- Aortic stenosis
- Aortic regurgitation
- Mitral stenosis
- Mitral regurgitation
- Mitral valve prolapse
- Tricuspid stenosis
- Tricuspid regurgitation
- Pulmonary stenosis
- Pulmonary regurgitation

Other Forms of Heart Disease
- Acute and subacute bacterial endocarditis
- Acute pericarditis
- Cardiac tamponade
- Pericardial effusion

The Dermatologic System

Eczematous Eruptions
- Dermatitis
- Dyshidrosis
- Lichen simplex chronicus

Papulosquamous Diseases
- Drug eruptions
- Lichen planus
- Pityriasis rosea
- Psoriasis

Desquamation
- Erythema multiforme
- Stevens-Johnson syndrome
- Toxic epidermal necrolysis

Vesicular Bullae
- Bullous pemphigoid

Acneiform Lesions
- Acne vulgaris
- Rosacea

Verrucous Lesions
- Actinic keratosis
- Seborrheic keratosis

Insects/Parasites
- Lice
- Scabies

Neoplasms
- Basal cell carcinoma
- Kaposi sarcoma
- Melanoma
- Squamous cell carcinoma

Hair and Nails
- Alopecia
- Onychomycosis
- Paronychia
Viral Diseases
- Condyloma acuminatum
- Exanthems
- Herpes simplex
- Molluscum contagiosum
- Varicella-zoster virus infections
- Verrucae

Bacterial Infections
- Cellulitis
- Erysipelas
- Impetigo

Fungal Infections
- Candidiasis
- Dermatophyte infections

Other
- Acanthosis nigricans
- Bums
- Hidradenitis suppurativa
- Lipomas/epithelial inclusion cysts
- Melasma
- Pilonidal disease
- Pressure ulcers
- Urticaria
- Vitiligo

EENT (Eyes, Ears, Nose, and Throat)

Eye Disorders
- Blepharitis
- Blowout fracture
- Cataract
- Chalazion
- Conjunctivitis
- Corneal abrasion
- Corneal ulcer
- Dacryocystitis
- Ectropion
- Entropion
- Foreign body
- Glaucoma
- Hordeolum
- Hyphema
- Macular degeneration
- Nystagmus
- Optic neuritis
- Orbital cellulitis
- Papilledema
- Ptosis
- Retinal detachment
- Retinal vascular occlusion
- Retinopathy
- Strabismus

Ear Disorders
- Acute/chronic otitis media
• Acoustic neuroma
• Barotrauma
• Cholesteatoma
• Dysfunction of eustachian tube
• Foreign body
• Hearing impairment
• Hematoma of external ear
• Labyrinthitis
• Mastoiditis
• Meniere disease
• Otitis externa
• Tinnitus
• Tympanic membrane perforation
• Vertigo

Nose/Sinus Disorders
• Acute/chronic sinusitis
• Allergic rhinitis
• Epistaxis
• Foreign body
• Nasal polyps

Mouth/Throat Disorders
• Acute pharyngitis
• Aphthous ulcers
• Diseases of the teeth/gums
• Epiglottitis
• Laryngitis
• Oral candidiasis
• Oral herpes simplex
• Oral leukoplakia
• Peritonsillar abscess
• Parotitis
• Sialadenitis

Benign and malignant neoplasms

The Gastrointestinal System/Nutrition

Esophagus
• Esophagitis
• Motility disorders
• Mallory-Weiss tear
• Neoplasms
• Strictures
• Varices

Stomach
• Gastroesophageal reflux disease
• Gastritis
• Neoplasms
• Peptic ulcer disease
• Pyloric stenosis

Gallbladder
• Acute/chronic cholecystitis
• Cholangitis
• Cholelithiasis
Liver
  - Acute/chronic hepatitis
  - Cirrhosis
  - Neoplasms

Pancreas
  - Acute/chronic pancreatitis
  - Neoplasms

Small Intestine/Colon
  - Appendicitis
  - Celiac disease
  - Constipation
  - Diverticular disease
  - Inflammatory bowel disease
  - Intussusception
  - Irritable bowel syndrome
  - Ischemic bowel disease
  - Lactose intolerance
  - Neoplasms
  - Obstruction
  - Polyps
  - Toxic megacolon

Rectum
  - Anal fissure
  - Abscess/fistula
  - Fecal impaction
  - Hemorrhoids
  - Neoplasm

Hernia

Infectious and Non-infections Diarrhea

Vitamin and Nutritional Deficiencies

Metabolic Disorders

Phenylketonuria

The Genitourinary System

GU Tract Conditions
  - Benign prostatic hyperplasia
  - Congenital abnormalities
  - Cryptorchidism
  - Erectile dysfunction
  - Hydrocele/varicocele
  - Incontinence
  - Nephro/urothiasis
  - Paraphimosis/phimosis
  - Testicular torsion

Infectious/Inflammatory Conditions
  - Cystitis
  - Epididymitis
  - Orchitis
  - Prostatitis
  - Pyelonephritis
- Urethritis

**Neoplastic Diseases**
- Bladder carcinoma
- Prostate carcinoma
- Renal cell carcinoma
- Testicular carcinoma
- Wilms tumor

**Renal Diseases**
- Acute renal failure
- Chronic kidney disease
- Glomerulonephritis
- Hydronephrosis
- Nephrotic syndrome
- Polycystic kidney disease
- Renal vascular disease

**Fluid and Electrolyte Disorders**
- Hypervolemia
- Hypovolemia

**Acid/Base Disorders**

**The Hematologic System**

**Anemias**
- Anemia of chronic disease
- Aplastic anemia
- G6PD deficiency
- Hemolytic anemia
- Iron deficiency
- Sickle cell anemia
- Thalassemia
- Vitamin B12 deficiency

**Coagulation Disorders**
- Clotting factor disorders
- Hypercoagulable states
- Thrombocytopenia
  - Idiopathic thrombocytopenic purpura
  - Thrombotic thrombocytopenic purpura

**Malignancies**
- Acute/chronic lymphocytic leukemia
- Acute/chronic myelogenous leukemia
- Lymphoma
- Multiple myeloma

**Infectious Diseases**

**Fungal Disease**
- Candidiasis
- Cryptococcosis
- Histoplasmosis
- Pneumocystis

**Bacterial Disease**
- Acute rheumatic fever
- Botulism
• Chlamydia
• Cholera
• Diphtheria
• Gonococcal infections
• Salmonellosis
• Shigellosis
• Tetanus

**Mycobacterial Disease**
• Atypical mycobacterial disease
• Tuberculosis

**Parasitic Disease**
• Helminth infestations
• Malaria
• Pinworms
• Toxoplasmosis

**Spirochetal Disease**
• Lyme disease
• Rocky Mountain spotted fever
• Syphilis

**Viral Disease**
• Cytomegalovirus infections
• Epstein-Barr virus infections
• Erythema infectiosum
• Herpes simplex
• HIV infection
• Influenza
• Measles
• Mumps
• Rabies
• Roseola
• Rubella
• Varicella-zoster virus infections

**The Musculoskeletal System**

**Disorders of the Shoulder**
• Fractures/dislocations
• Soft tissue injuries

**Disorders of the Forearm/Wrist/Hand**
• Fractures/dislocations
• Soft tissue injuries

**Disorders of the Back/Spine**
• Ankylosing spondylitis
• Back strain/sprain
• Cauda equina
• Herniated nucleus pulposus
• Kyphosis
• Low back pain
• Scoliosis
• Spinal stenosis

**Disorders of the Hip**
• Avascular necrosis
• Developmental dysplasia
Fractures/dislocations
Slipped capital femoral epiphysis

Disorders of the Knee
Fractures/dislocations
Osgood-Schlatter disease
Soft tissue injuries

Disorders of the Ankle/Foot
Fractures/dislocations
Soft tissue injuries

Infectious Diseases
Acute/chronic osteomyelitis
Septic arthritis

Neoplastic Disease
Bone cysts/tumors
Ganglion cysts

Osteoarthritis
Osteoporosis
Compartment Syndrome

Rheumatologic Conditions
Fibromyalgia
Gout/pseudogout
Juvenile rheumatoid arthritis
Polyarteritis nodosa
Polymyalgia
Polymyalgia rheumatica
Reactive arthritis (Reiter syndrome)
Rheumatoid arthritis
Systemic lupus erythematosus
Systemic sclerosis (Scleroderma)
Sjogren syndrome

The Neurologic System

Diseases of Peripheral Nerves
Complex regional pain syndrome
Peripheral neuropathies

Headaches
Cluster headache
Migraine
Tension headache

Infectious Disorders
Encephalitis
Meningitis

Movement Disorders
Essential tremor
Huntington disease
Parkinson disease

Vascular Disorders
• Cerebral aneurysm
• Intracranial hemorrhage
• Stroke
• Transient ischemic attack

Other Neurologic Disorders
• Altered level of consciousness
• Cerebral palsy
• Concussion
• Dementias
• Delirium
• Guillain-Barre syndrome
• Multiple sclerosis
• Myasthenia gravis
• Post-concussion syndrome
• Seizure disorders
• Status epilepticus
• Syncope
• Tourette disorder

• Psychiatry/Behavioral Science

Anxiety Disorders
• Generalized anxiety disorder
• Panic disorder
• Phobias
• Posttraumatic stress disorder

Attention-Deficit/Hyperactivity Disorder

Autistic Disorder

Eating Disorders
• Anorexia nervosa
• Bulimia nervosa
• Obesity

Mood Disorders
• Adjustment
• Bipolar
• Depressive
• Dysthmic

Personality Disorders

Psychoses
• Delusional disorder
• Schizophrenia

Somatoform Disorders

Substance Use Disorders
• Abuse
• Dependence
• Withdrawal

Other Behavior/Emotional Disorders
• Acute reaction to stress
• Child/elder abuse
• Conduct disorders
• Domestic violence
• Grief reaction
• Suicide

The Pulmonary system

Infectious Disorders
• Acute bronchitis
• Acute bronchiolitis
• Acute epiglottitis
• Croup
• Influenza
• Pertussis
• Pneumonias
  o Bacterial
  o Viral
  o Fungal
  o HIV-related
    • Respiratory syncytial virus infection
    • Tuberculosis

Neoplastic Disease
• Carcinoid tumors
• Lung cancer
• Pulmonary nodules

Obstructive Pulmonary Disease
• Asthma
• Bronchiectasis
• Chronic bronchitis
• Cystic fibrosis

Pleural Diseases
• Pleural effusion
• Pneumothorax

Pulmonary Circulation
• Cor pulmonale
• Pulmonary embolism
• Pulmonary hypertension

Restrictive Pulmonary Disease
• Idiopathic pulmonary fibrosis
• Pneumoconiosis
• Sarcoidosis

Other Pulmonary Disease
• Acute respiratory distress syndrome
• Hyaline membrane disease
• Foreign body aspiration

The Reproductive System

Uterus
• Dysfunctional uterine bleeding
• Endometrial cancer
• Endometriosis
• Leiomyoma
- Prolapse

**Ovary**
- Cysts
- Neoplasms

**Cervix**
- Carcinoma
- Cervicitis
- Dysplasia
- Incompetent

**Vagina/Nulva**
- Cystocele
- Neoplasm
- Prolapse
- Rectocele
- Vaginitis

**Menstrual Disorders**
- Amenorrhea
- Dysmenorrhea
- Premenstrual syndrome

**Menopause**

**Breast**
- Abscess
- Carcinoma
- Fibroadenoma
- Fibrocystic disease
- Gynecomastia
- Galactorrhea
- Mastitis

**Pelvic Inflammatory Disease**

**Contraceptive Methods**

**Infertility**

**Uncomplicated Pregnancy**
- Normal labor/delivery
- Prenatal diagnosis/care

**Complicated Pregnancy**
- Abortion
- Abruptio placentae
- Cesarean section
- Dystocia
- Ectopic pregnancy
- Fetal distress
- Gestational diabetes
- Gestational trophoblastic disease
- Hypertension disorders in pregnancy
- Multiple gestation
- Placenta previa
- Postpartum hemorrhage
- Premature rupture of membranes
Knowledge Areas and Skills
The lists of knowledge areas and skills that follow were identified as important to physician assistant practice through an intensive practice analysis. Many of these knowledge areas and associated cognitive skills are covered on NCCPA's examinations.

History Taking and Physical Examination

Knowledge of:

- Pertinent historical information associated with selected medical conditions
- Risk factors for development of selected medical conditions
- Signs and symptoms of selected medical conditions
- Physical examination techniques
- Physical examination findings associated with selected medical conditions
- Appropriate physical examination directed to selected medical conditions
- Differential diagnosis associated with presenting symptoms or physical findings

Cognitive skills in:

- Conducting comprehensive and focused interviews
- Identifying pertinent historical information
- Performing comprehensive and focused physical examinations
- Associating current complaint with presented history
- Identifying pertinent physical examination information

Using Laboratory and Diagnostic Studies

Knowledge of:

- Indications for initial and subsequent diagnostic or laboratory studies
- Cost effectiveness of diagnostic studies or procedures
- Relevance of common screening tests for selected medical conditions
- Normal and abnormal diagnostic ranges
- Risks associated with diagnostic studies or procedures
- Appropriate patient education related to laboratory or diagnostic studies

Cognitive skills in:

- Using diagnostic equipment safely and appropriately
- Selecting appropriate diagnostic or laboratory studies
- Collecting diagnostic or laboratory specimens
- Interpreting diagnostic or laboratory studies results

Formulating Most Likely Diagnosis

Knowledge of:

- Significance of history as it relates to differential diagnosis
- Significance of physical findings as they relate to diagnosis
- Significance of diagnostic and laboratory studies as they relate to diagnosis

Cognitive skills in:

- Correlating normal and abnormal diagnostic data
- Formulating differential diagnosis
- Selecting the most likely diagnosis in light of presented data

Clinical Intervention -

Knowledge of:

- Management and treatment of selected medical conditions
- Indications, contraindications, complications, risks, benefits and techniques for selected procedures
- Standard precautions and special isolation conditions
- Sterile technique
- Follow-up and monitoring of therapeutic regimens
- Conditions that constitute medical emergencies
- Indications for admission to or discharge from hospitals or other facilities
- Discharge planning
- Available community resources
✓ Appropriate community resources
✓ Appropriate patient education
✓ Roles of other health professionals / End-of-life issues
✓ Risks and benefits of alternative medicine

Cognitive skills in:
✓ Formulating and implementing treatment plans
✓ Recognizing and initiating treatment for life-threatening emergencies
✓ Demonstrating technical expertise related to performing specific procedures
✓ Communicating effectively
✓ Using counseling techniques
✓ Facilitating patient adherence and active participation in treatment
✓ Interacting effectively in multidisciplinary teams

Pharmaceutical Therapeutics

Knowledge of:
✓ Mechanism of action
✓ Indications for use
✓ Contraindications
✓ Side effects
✓ Adverse reactions
✓ Follow-up and monitoring of pharmacologic regimens
✓ Risks for drug interactions
✓ Clinical presentation of drug interactions
✓ Treatment of drug interactions
✓ Drug toxicity
✓ Methods to reduce medication errors
✓ Cross reactivity of similar medications
✓ Recognition and treatment of allergic reactions

Cognitive skills in:
✓ Selecting appropriate pharmacologic therapy for selected medical conditions
✓ Monitoring pharmacologic regimens and adjusting as appropriate
✓ Evaluating and reporting adverse drug reactions

Health Maintenance

Exam Development & Scoring
NCCPA's exam questions are developed by committees comprising PAs and physicians selected based on both their item writing skills, experience and references as well as demographic characteristics (i.e., practice specialty, geographic region, practice setting, etc.). The test committee members each independently write a certain number of test questions or items, referencing each to a recently published textbook (not journal articles). Each item then goes through an intense review by content experts and medial editors from which only some items emerge for pre-testing. Every NCCPA exam includes both scored and pre-test items, and examinees have no way of distinguishing between the two. This allows NCCPA to collect important statistics about how the pre-test items perform on the exam, which informs the final decision about whether a particular question meets the standards for inclusion as a scored item on future PANCE or PANRE exams.

Pathway II exams are developed in much the same way as PANCE and PANRE exams. However, Pathway II questions are not pre-tested due to the nature of that exam. Rather, after a preliminary analysis of each Pathway II administration's results, statistical analyses are used to identify items that appear to have been problematic or even flawed. Through this validation process, content experts review those items to determine whether the answers had been keyed incorrectly in the scoring system or whether the item itself was flawed in some way. Also, from time to time Pathway II examinees will contact NCCPA with questions or concerns about particular exam items, which are also reviewed during the validation process. When the content experts identify a flawed item, it is removed from the group of scored items and is not included in the scoring process.

When NCCPA exams are scored, candidates are initially awarded 1 point for every correct answer and 0 points for incorrect answers to produce a raw score. After examinees' raw scores have been computed by two independent computer systems to ensure accuracy, the scored response records for PANCE and PANRE examinees are entered into a maximum likelihood estimation procedure, a sophisticated, mathematically-based procedure that uses the difficulties of all the scored items in the form taken by an individual examinee as well as the number of correct responses to calculate that examinee's proficiency measure. This calculation is based on the Rasch model and equates the scores, compensating for minor differences in difficulty across different versions of the exam. Thus, in the end, all proficiency measures are calculated as if everyone took the same exam. (That step is not necessary for Pathway II since all examinees in a given administration take the same exam.)

Finally, the proficiency measure is converted to a scaled score so that results can be compared over time and among different groups of examinees. The scale is based on the performance of a reference group (some particular group of examinees who took the exam in the past) whose scores were scaled so that the average proficiency measure was assigned a scaled score of 500 and the standard deviation was established at 100. The vast majority of scores fall between 200 and 800. More details on the reference group for each exam and the calculation of scores will be provided in the form of Performance Interpretation Guidelines published with your exam results.

**Example Question**

The questions on NCCPA exams are presented in multiple-choice format and most offer four or five answer choices. An increasing percentage of exam questions are based on information presented in a clinical vignette, which requires higher level thinking than some other common question formats.

A 58-year-old man who has a history of alcohol abuse complains of severe epigastric pain. He feels some relief from the pain when he leans forward. In the past 24 hours he has experienced nausea and vomiting. He appears acutely ill and restless. On physical examination, the patient is hypotensive and has a rapid pulse rate. Bowel sounds are hypoactive, and there is abdominal tenderness with muscular rigidity and distention. The diagnosis would be supported best by which of the following laboratory tests?

(A) Determination of the serum amylase level
(B) Electrocardiography
(C) Examination of the stool for ova and parasites
(D) Routine urinalysis
(E) Upper gastrointestinal series
Statement of Intent for Students Embarking on Clinical Rotations

I have received and read a copy of the Clinical Rotation Manual. I have also attended a briefing on the policies contained in this manual. I will abide by these policies contained in the manual and conduct myself in accordance with those policies throughout my clinical year.

_____________________________  _________________________
Student Signature               Date

_____________________________
Student Name (printed)
Receipt and Acknowledgment of the Clinical Rotation Manual

The intent of this manual is to assist students in becoming acquainted with the policies and procedures governing the clinical year of the Physician Assistant Program at the University of South Alabama. The information included in this manual will serve as a guide to students. Changes may be made in any policy or procedure at any time. However, changes will not be made without due consideration to the collective advantages, disadvantages, benefits and responsibilities such changes will have on our students and on the program as a whole.

Please read the following statements and sign below indicating your receipt and acknowledgement of this manual.

1. I have received an electronic copy of the USA Physician Assistant Program Clinical Rotation Manual.

2. I have read and fully understand each and every policy and procedure outlined within this manual, and I agree to adhere to these policies and procedures completely.

3. I understand that the policies and procedures described in this manual may change at the discretion of the University or Program at any time.

4. I understand that this manual replaces any previous Clinical Rotation Manual for this Program.

5. I fully understand that failure to comply with the policies and procedures of this Program will result in the disciplinary actions outlined within this manual.

6. I understand that my enrollment in this program may be terminated at any time for any infraction of the policies and procedures as outlined within this manual – regardless of the length of my enrollment.

_______________________________  _______________________________
Student Name (PRINTED)  Student Signature and Date

_______________________________  _______________________________
Witness Name (Printed)  Witness Signature and Date
Consent to Release Personal Information
Clinical Year Class of 2015

I ______________________________ give written consent to the University of South Alabama Department of Physician Assistant Studies to maintain and release personal information including: name, address, email address, telephone number, date of birth, social security number, immunization history, tuberculosis screening and related chest x-ray results, background checks, urine drug screen and information related to rotation grades, as requested by clinical preceptors and clinical affiliates.

__________________________________________   ____________________________
Signature                                      Printed name and date

__________________________________________   ____________________________
Witness                                        Printed name and date