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CLINICAL ROTATIONS & AFFILIATION AGREEMENTS

**STANDARD A1.02** There must be written and signed agreements between the PA program and/or sponsoring institution and the clinical affiliates used for supervised clinical practice experiences that define the responsibilities of each party related to the educational program for students.

**STANDARDS A3.03** Students must not be required to provide or solicit clinical sites or preceptors. The program must coordinate clinical sites and preceptors for program required rotations.

Most physician assistant students eagerly look forward to beginning clinical rotations. Each clinical environment presents different challenges and different rewards and serves as the starting point in your transition from student to clinician.

Adventist University has affiliation agreements in place with physicians and healthcare institutions allowing for a complete course of clinical rotations to be set up for each student by the program. In general, rotations are assigned randomly based upon their availability. Students will be afforded clinical elective opportunity, and will participate in a medical mission trip. More information on these situations may be found below.

**CORE ROTATIONS**

**STANDARD B3.02** Supervised clinical practice experiences must enable students to meet program expectations and acquire the competencies needed for clinical PA practice.

**STANDARD B3.03** Supervised clinical practice experiences must provide sufficient patient exposure to allow each student to meet program-defined requirements with patients seeking: medical care across the life span to include, infants, children, adolescents, adults, and the elderly, women’s health (to include prenatal and gynecologic care), care for conditions requiring surgical management, including preoperative, intra-operative, and postoperative care, and care for behavioral and mental health conditions.

**STANDARD B3.04** Supervised clinical practice experiences must occur in the following settings: outpatient, emergency department, inpatient, and operating room.

**STANDARD B3.07** Supervised clinical practice experiences should occur with preceptors practicing in the following disciplines: family medicine, internal medicine, general surgery, pediatrics, ob/gyn, and behavioral and mental health care.
Curriculum Outline - Year II

Year II Trimester I (14 credits)
All course work performed during Year I must be completed with a minimum cumulative grade point average of "B" (3.00) in order to progress to Year II.

PHAS 600 Clinical Rotation 1 (4 credits)

PHAS 610 Clinical Rotation 2 (4 credits)

PHAS 612 Capstone Preparation (2 credits)
Students will learn the basics of developing a capstone project and will identify a topic they wish to research and present. Students will be encouraged to explore topics which deal with applying classroom learning to clinical settings. These concepts will then culminate into a fully developed research in PHAS 690 Capstone Project.

PHAS 615 Clinical Rotation 3 (4 credits)

Year II Trimester II (14 credits)
All prerequisite course work must be completed with a minimum cumulative grade point average of "B" (3.00)

PHAS 601 Professional Development (1 credit)
Students will develop a professional resume and will explore topics ranging from employment strategies, medical malpractice, and reimbursement issues.

RELP 610 Role Fidelity and the Exercise of Power (1 credit)
This course places emphasis on the biblical perspective of servant leadership in the use of authority. Issues pursued include the recognition of boundaries in personal relations within the workplace and balancing role fidelity with personal integrity.

PHAS 620 Clinical Rotation 4 (4 credits)

PHAS 625 Clinical Rotation 5 (4 credits)

PHAS 630 Clinical Rotation 6 (4 credits)
Year II Trimester III (16 credits)
*All prerequisite course work must be completed with a minimum cumulative grade point average of "B" (3.00)*

**PHAS 680 Summative Evaluation (1 credit)**
The objective of this course is for the student to demonstrate his/her grasp of all the didactic and clinical knowledge learned throughout the program. This will be achieved through exercises in performing complete history and physical examinations, and the demonstration of interpersonal skills. The students will also complete an end of program written examination.

**PHAS 635 Clinical Rotation 7 (4 credits)**

**PHAS 645 Clinical Rotation 8 (4 credits)**

**PHAS 650 Clinical Rotation 9 (4 credits)**

**PHAS 660 PANCE Preparation (2 credits)**
Comprehensive review of program subject matter. Students will participate in practice examinations designed to prepare them for the Physician Assistant National Certifying Examination (PANCE) administered by the National Commission on the Certification of Physician Assistants (NCCPA). Attaining board certification is a post-graduate requirement for all PAs intending to obtain initial licensure in any of the 50 United States.

**PHAS 690 Capstone Project (1 credit)**
Prerequisite: PHAS 612
This course is the culmination of the preparatory course PHAS 612 Capstone Preparation. By the completion of this course, students will have fully developed research that reflects the student’s knowledge and findings regarding his/her chosen topic. The findings will be presented in written as well as oral format.

**Clinical Rotation Descriptions**
Supervised clinical practice is paramount, as it becomes the primary focus of program Year II. By the completion of the program, each student will have completed clinical rotations in primary care, internal medicine, pediatrics, women’s health, emergency medicine, general surgery, and behavioral health/psychiatry. In addition, students will have completed two clinical elective rotations in the medical field of their interest, appreciating numerous opportunities to care for patient populations in underserved areas. The ADU PA program Clinical Director assigns all students to their respective clinical rotations. Rotation assignment and order of focus or specialty is predicated on preceptor and/or clinical site availability.
Primary Care Clinical Rotation
This 4 week clinical rotation will focus on primary care medicine. This rotation will include family practice and rural healthcare settings. The student will learn about evaluation, diagnosis and therapeutic planning related to a variety of acute and chronic illnesses and injuries. Students will develop their skills in dealing with patients and patient education.

Internal Medicine Clinical Rotation
This 4 week clinical rotation focuses on the practice of internal medicine. Students will have the opportunity to work with a variety of complex adult acute and chronic diseases and discover best practice methods for diagnosis and treatment of these issues.

Pediatric Clinical Rotation
This 4 week rotation will focus on pediatric patients. Students will learn about this specialty of medical practice and how to differentiate presentations in the pediatric population from those in an adult population.

Women’s Health Clinical Rotation
This 4 week clinical rotation exposes students to the practice of women’s health. Students will learn about evaluation and treatment of a variety of gynecologic and obstetrical problems as well as other conditions which are specific to women.

Emergency Medicine Clinical Rotation
In this 4 week rotation, students will experience a wide variety of clinical presentations common in emergency medicine practice. Students will learn methods for determining critical versus noncritical presentations and methods of patient stabilization. Students will have the opportunity to apply many of the procedures and techniques learned in their medical procedures course.

General Surgery Clinical Rotation
This 4 week rotation introduces students to practical skills and principles in surgery. The students will have the opportunity to interact with surgeons in a variety of surgical cases and to explore a range of surgical therapeutics.

Behavioral Health/Psychiatry Clinical Rotation
In this 4 week rotation, students will have the opportunity to participate in the evaluation and treatment of patients with a variety of behavioral and psychiatric conditions. Students will gain knowledge of the intricacies of psychiatric illness through active involvement in the diagnosis and management of patients.
CLINICAL ELECTIVE ROTATIONS

Students will engage in two clinical elective rotations. One clinical elective rotation will be spent on a medical mission trip. The trips will be arranged through reputable organizations who have conducted similar trips for many years. These trips may be domestic or international. Global Mission Initiatives will be the primary affiliate with whom the trips are arranged. The trips will be available at various times throughout the clinical year. Dates, times, and destinations of trips will be posted in a timely manner to afford opportunity for each student to select destinations. The accommodation of students are often limited by the trip destination therefore, specific destinations are not guaranteed and are generally awarded on a first come first served basis. All students, however, will have the opportunity to participate in a trip. The second clinical elective rotation may be in a specialty area of the student’s choice provided that specialty is available.

Clinical Elective Rotation I
This 4 week rotation is structured to provide the student with clinical experience in the primary care area of personal interest. The program reserves the right to design an individualized curriculum for the student to provide enhancement of knowledge and to facilitate student performance at a higher level of supervised practice.

Clinical Elective Rotation II
Students will participate in a 4 week rotation in a medical specialty or subspecialty of their personal interest. Students in good standing will also have the opportunity to participate in a medical mission field project that will be arranged through the University. For this rotation, the program will design an individualized curriculum to ensure a safe and positive learning experience.

STUDENT-INITIATED ROTATIONS

Students may seek to develop a new rotation site. There are a variety of reasons for doing so. Some students may wish to rotate through a specialty that is not currently available through the program. Others may desire to rotate close to home to establish contacts for employment. The program is happy to attempt to accommodate these requests. However, students should recognize that when possible, it may often take months to set up such rotations. Please observe the following:

• Students should allow at least six months for the necessary paperwork to be completed.
• The student is responsible for identifying the site and forwarding the physician’s/preceptor’s contact information to the Clinical Director.
• The Clinical Director will investigate the site to determine if it is an appropriate placement. A student may not have a relative serve as their preceptor.
• Students are prohibited from contacting any other physician assistant program to inquire about their clinical placements
ROTATION-SPECIFIC POLICIES

ASSIGNMENTS

In addition to assignments required by the program, some rotation sites may have specific assignments that they require of students rotating with them. Such assignments may include (but are not limited to) papers, examinations, presentations, or attendance at lectures. Students should regard these assignments as requirements for successful completion of the rotation.

CHARTING

Some rotations may allow a student to record information in the medical record. It should be remembered that such entries into the chart serve as a permanent part of the patient’s legal medical record. Any time a student makes an entry into the chart, it will be signed by the student. The student will indicate that they are a physician assistant student by writing “PA-S” following his or her signature. Students must ensure that their chart entries are countersigned by their preceptor as soon as possible or as required by facility policy.

Learning to document properly is an essential medical skill. On rotations where students are not permitted to record information in the chart, they are encouraged to practice documentation separately and have it reviewed by their preceptor or faculty advisor.

CONFIDENTIALITY

All patient information must be held in strict confidence. The sharing of medical information is to be limited to that needed for patient care or legitimate medical education purposes. An intentional breach of patient confidentiality will be regarded as a serious offense.

HOLIDAYS

Students are not required to attend rotations on holidays designated at the discretion of the clinical site. Students may request time off to meet religious obligations. Such requests should be cleared by both the clinical preceptor and the faculty advisor. Holidays can be difficult times for staffing a healthcare institution. Please be as flexible as possible. Any approved absences will be deducted from the student’s 5 personal days allotted for the clinical year.

IDENTIFICATION

In addition to displaying an appropriate identification badge prominently, students shall state truthfully and accurately their professional status in all transactions with patients, health professionals, and other individuals for whom, or to whom, they are responsible. While in the program, students may not use previously earned titles (i.e., RN, MD, DC, Ph.D.). Students will sign all documentation with their full name followed by “PA-S.”
INTERVIEWS

As graduation approaches, it is expected that students will need time to interview for employment. Requests for time off for interviews should be cleared with the Clinical Director and the clinical preceptor. These approved absences will be deducted from the student’s 5 personal days allotted for the clinical year.

PATIENT SAFETY

A student’s primary concern should be the health and safety of the patient. Students are expected to exercise good judgment and immediately notify their preceptor of any circumstances which may lead to patient harm. The student shall have ongoing consultation with the supervising physician as required to safeguard and enhance the care of the patient and to ensure the development of clinical skills. Students will perform only procedures authorized by the preceptor, and all procedures should be performed under the supervision of a preceptor until the student and preceptor are comfortable and in agreement that the student is proficient.

ROTATION SCHEDULE

While on rotation, physician assistant students function as part of a healthcare team. As such, it is frequently necessary to put the needs of the team ahead of personal interest. Your schedule will vary widely among specialties and clinical sites. On some rotations students may be required to take overnight call or cover weekend or overnight shifts. Sites will appreciate flexibility on your behalf, and some of the best learning opportunities occur “after hours.”

STUDENT SCOPE OF PRACTICE

STANDARD A3.06 Students must not substitute for clinical or administrative staff during supervised clinical practical experiences.

The student is not considered an employee of any clinical affiliate and should not be a substitute for, or take on any responsibilities of, regular staff. If a student has a concern about the responsibilities assigned by the clinical site, the Clinical Director should be contacted immediately.

The following are some guidelines regarding what a PA student may be permitted to do by the preceptor. Please note that these are guidelines only. The judgment of the preceptor regarding how much responsibility a student is ready to assume should be the guideline for determining which tasks are assigned and how much supervision is needed. *Please note that EVERY patient MUST be seen by the preceptor, without exception!*

Students come to our program with a variety of life experiences, which may affect their comfort level with certain tasks. All students should exhibit a baseline of medical knowledge and clinical skills. Typical tasks assigned to PA students include:
1. Taking histories and performing physical examinations;
2. Assessing common medical problems and recommending appropriate management;
3. Performing and assisting in diagnostic and therapeutic procedures;
4. Assisting the preceptor in hospital/nursing home rounds, recording progress notes, transcribing specific orders of the preceptor – as allowed by the facility;
5. Following protocols or standing orders of the preceptor.
6. Presenting patient cases orally and in a written problem-oriented format.
7. Discussing the basic pathophysiologic mechanisms that have produced the signs, symptoms, and disease processes under investigation.
8. Completing assigned readings and preparing presentations as requested by clinical preceptors and/or program faculty.
9. Attending all teaching rounds and conferences.
10. Following the assigned on-call schedule.

Students will deliver needed care to patients without regard to race, age, gender, creed, socioeconomic status, political persuasion, sexual preference, or national origin.

SITE SPECIFIC POLITICS

Most rotation sites will have their own policies and procedures that cannot be described comprehensively herein. Such policies may relate to orientation sessions, parking, identification, etc. If questions regarding these policies arise, please consult with your clinical preceptor or Clinical Director.

TRAVEL TO CLINICAL SITES

Students are responsible for arranging travel to all clinical sites and any associated fees (i.e., parking). Some sites may be reached by public transportation, but most students will require a car for reliable transportation.

SITE VISITS

STANDARD C4.01 The program must define, maintain and document effective processes for the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences to ensure that sites and preceptors meet program defined expectations for learning outcomes and performance evaluation measures

STANDARD C4.02 The program must document that each clinical site provides the student access to physical facilities, patient populations and supervision necessary to fulfill program expectations of the clinical experience.
A faculty member (usually the Clinical Director) will be performing on-site visits. The purpose of the site visit is two-fold. First, as per the ARC-PA standards, clinical sites must be assessed continually to make sure that the site is student-ready and is an appropriate and quality teaching environment. Second, site visits help faculty observe the progress of each student and observe the interactions between student, patient, and preceptor.

During a site visit, a faculty member will meet with each student and discuss the overall rotation. In an effort to improve presentation skills, students will usually be asked to present one or more patients during a site visit. Students will be asked to be prepared to present a patient in any, and potentially in all, of these 3 formats:

- **Comprehensive:** Complete HPI, PMH, FH, SocHx, ROS, PE, laboratory studies, assessment, including differential diagnosis, and plan, not to exceed 7 minutes speaking at an understandable pace.
- **Detailed:** Relevant features of all elements of presentation, but able to use terms such as "non-contributory," "unremarkable" for categories. It is acceptable to state that laboratory studies are normal and PE is normal except for [specified condition]. The intention is to highlight pertinent positives and negatives, but not specifically to mention irrelevant information. The presentation should not exceed 3 minutes.
- **Brief:** HPI and PMH should be limited to one sentence; physical examination and laboratory studies should be limited to one sentence; and differential diagnosis, assessment, and plan should be limited to one sentence. The presentation should not exceed 30 seconds, and it should not total more than 6 sentences.

The purpose of this exercise is to provide a student with individual feedback in a safe, protected environment that will improve communication skills.

During the site visit, the faculty member may ask to observe the student interacting with a patient including obtaining a medical history, performing an appropriate physical examination, collecting pertinent data specific to the case, and presenting the case to the clinical preceptor. The faculty member may also ask to inspect any documentation recorded by the student.

Site visits for all rotations may be arranged randomly at the discretion of the program. Site visits may occur during any rotation and may be unannounced. A Clinical Site Evaluation form (see Appendix A) will be completed by faculty after each site visit and will be placed in the student’s file.
ACADEMIC REQUIREMENTS FOR CLINICAL COURSES

Typhon Physician Assistant Student Tracking (PAST)

The MSPAS program uses an Internet-based system to assist with collecting documentation. The system is called PAST. Orientation regarding the operation of this system will be provided to students prior to beginning clinical rotations.

CLINICAL LOGS

Clinical logs are designed to help the program track the student’s experiences through clinical rotations. Filling out logs thoroughly and accurately will help to ensure that students are receiving a quality clinical education. Documentation for diagnoses seen and procedures performed will be submitted through the PAST system. These logs are part of the assignment grade for each rotation and must be completed prior to progression to the following rotation. A cumulative profile will be generated at the end of the clinical year in order to assist the student in obtaining a professional position.

WRITTEN ASSIGNMENTS

For each clinical rotation, students will submit one written assignment. Most commonly, students will be assigned to complete and document an appropriate history and physical examination (H&P) (see Appendix B) for a patient under their care.

History and Physical Examination Write-Up

On most rotations, students will complete a handwritten history and physical examination write up. Written H&P requirements may be altered by a faculty advisor, depending upon the quality of previous work. The written H&P must be submitted prior to completing the post-rotation examination.

Grading of Written History and Physical Examination Write Ups

Learning proper medical documentation is an essential skill. Building upon the knowledge gained during the first year of the program, students will record an appropriate history and physical examination (H&P) for each rotation unless other arrangements are made with their faculty advisor.

Grading of H&Ps will be performed according to a rubric established by the program and published as the History and Physical Grading Rubric (see Appendix C). Unless previous arrangements are made with a faculty advisor, late submission will result in grade reduction by one letter grade.
MID-ROTATION EVALUATIONS

Mid-rotation evaluations (see Appendix D) are designed to give the preceptor an opportunity to provide feedback to students on their performances during each clinical rotation. Students should take this information as an opportunity to strengthen their skills. A portion of the mid-rotation evaluation is designed for self-reflection on the clinical experience and to identify areas of improvement as well as strengths.

One mid-rotation evaluation must be submitted to the program for each rotation. This evaluation must be submitted to the program midway through the rotation and represents 10% of the final rotation grade.

The mid-rotation evaluation helps to avoid surprises related to the final grade. If any academic or clinically related problems arise from this interaction that are of concern, it is in the student’s best interest to discuss this with his/her faculty advisor. The student’s signature indicates his/her review of the evaluation: do not sign the mid-rotation evaluation until the preceptor has completed the evaluation form. Only the assigned preceptor should fill out the evaluation. (see appendix D)

END-OF-ROTATION PRECEPTOR EVALUATION

The program has adopted a standard grading rubric for clinical preceptors. Clinical preceptors will submit an End-of-Rotation Preceptor Evaluation form (see Appendix E). Students will be evaluated by each clinical preceptor on the basis of their general medical background, knowledge, and ability to obtain a medical history and perform an appropriate physical examination. Included in the evaluation will be the student’s ability to organize a database, propose a management plan, present cases, and demonstrate rapport with patients and coworkers. Dependability, attitude toward learning, and work habits are also part of the evaluation.

Students are encouraged to discuss the evaluations with their preceptors. Students are responsible for ensuring that an evaluation is completed for each clinical rotation. They must make every reasonable effort to follow-up with the site to ensure that the evaluation is completed in a timely fashion. Some sites choose to mail their evaluations to the Program. In this case students should check with their faculty advisor to ensure that the form has been received. Failure to receive evaluations in a timely fashion may result in a student receiving a grade of “incomplete” (I). In some instances another attending physician may complete a preceptor evaluation form in addition to the clinical preceptor of record. In those cases a maximum of two evaluations will be averaged to comprise this portion of the rotation grade. This evaluation represents 40% of the final rotation grade.
POST-ROTATION EXAMINATIONS

An End of Rotation Examination (EORE) is given after each core rotation and is based on a specific reading list for that rotation. Most electives will also have an EORE; confirmation of this will be given by the Clinical Director.

The program attempts to emulate the national certifying examination by using the NCCPA Content Blueprint as a guide for reading topics. Also like the national certifying examination, the program reserves the right to re-administer an examination at a later date if technical difficulties occur on the scheduled examination date. If a student scores below the minimum benchmark on an EORE, they will be required to complete a self-analysis based upon specific competency areas (as directed by the Clinical Director or the Program Director) within five days of the examination date. The student must also take a second EORE for this rotation within seven days of the original examination. Failure to meet these deadlines will result in a zero score for that EORE. Students are only permitted to remediate two first time EORE failures. A third first time EORE failure is grounds for dismissal from the program.

The majority of EOREs are given on call-back days or the Friday of the last week of the scheduled rotation and represent 25% of the final rotation grade.

STUDENT EVALUATION OF PRECEPTOR & CLINICAL SITE

The student evaluation is designed to provide the program with student feedback regarding each preceptor and clinical site. It is used to evaluate and improve the site and in turn the student’s clinical experience. This process is important for continued quality control and feedback. A student’s rotation grade will not be released until he or she has completed an evaluation of the preceptor and the clinical site. The Clinical Site Student Evaluation form can be found in Appendix F. Failure to complete this evaluation will result in the student not being allowed to progress to the next rotation.

CLINICAL EVALUATION

ROTATION GRADING

A grade for each clinical rotation is derived as follows:

Rotation grades will be determined from the list below. If the student’s grand rounds-type presentation is given at the end of this rotation, it will be graded as Pass/Fail. If a passing grade is not given, the student will receive an “Incomplete” until competency is achieved.
The final grade for this course will be calculated using the following percentages for each module:

<table>
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<tr>
<th>Module</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Final Evaluation from Preceptor</td>
<td>40%</td>
</tr>
<tr>
<td>End-of-Rotation Examination</td>
<td>25%</td>
</tr>
<tr>
<td>Mid-Rotation Eval from Preceptor</td>
<td>10%</td>
</tr>
<tr>
<td>Written H&amp;P</td>
<td>10%</td>
</tr>
<tr>
<td>Electronic Entries</td>
<td>15%</td>
</tr>
<tr>
<td>Includes weekly reports, study bank questions, student evaluation of clinical sites &amp; preceptors, and logging of patient encounters</td>
<td></td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
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The criterion for a failing grade for a rotation is **any one** of the following:

1. Failure to submit written assignments which meet program standards
2. Failing evaluation by the clinical preceptor
3. Excessive or unexcused absences from the rotation site
4. Overall rotation grade below 3.0 in any of the main competency areas
   a. Medical Knowledge
   b. Patient Care
   c. Interpersonal and Communication Skills
   d. Professionalism

**REMEDICATION PROCEDURES**

**STANDARD C3.03**: The program must monitor and document the progress of each student in a manner that promptly identifies deficiencies in knowledge or skills and establishes means for remediation.

**Written Assignments**

All required written assignments related to rotations are submitted by all students to their faculty advisors for evaluation. The faculty advisor will counsel the student regarding the quality of the work and assist with any needed corrections.

A failing grade on a written assignment results in repetition of the assignment as directed by the Clinical Director.

**END OF ROTATION EXAMS**

Any student receiving a failing grade on an End of Rotation Exam, <75%, will be required to meet with the Clinical Director or their faculty advisor and perform a test self-analysis.
(Appendix H). The student will then be required to repeat the End of Rotation Exam in 1 week. A subsequent test failure will result in failure of the clinical rotation necessitating repeat of the entire clinical rotation.

Preceptor Evaluations

A failing grade on a preceptor evaluation will cause a student to fail the associated rotation. If a student fails a core rotation, he or she will be required to complete the rotation successfully at the end of the clinical year thereby delaying graduation. The Clinical Director has the authority to overrule a preceptor’s assessment.

NOTE: Students will not be permitted to repeat more than one clinical rotation.

TIPS FOR SUCCESS ON ROTATIONS

Know the Clinical Site

- You must contact most preceptors at least 2-3 weeks prior to starting a new clinical rotation. Inquire about parking, IDs, etc.
- Every effort has been made to maintain and update appropriate contact information for clinical sites. Nevertheless, minor problems may occur. It is necessary to maintain professionalism and flexibility when faced with such changes. First, try to resolve any discrepancies on your own. Call the Clinical Director if this is not possible. Notify the Clinical Director of any errors in supplied instructions so that corrections can be made.
- Inquire about, or confirm, what available conferences you might attend (grand rounds, daily/weekly conferences, CME presentations, etc.).

Things to Discuss with Your Preceptor

- Confirm your time schedule and specific duties (when to report to your rotation, on-call schedule, rounds, weekend hours, etc.).
- Identify special interests, whether it is procedures or particular cases relevant to the rotation.
- Talk to preceptors about remaining mandatory technical procedures required and your eagerness to complete them.
- Ask what is expected of you. Where you are to be and at what time?

Additional Considerations

- What you gain from the clinical rotation is equal to the effort you put forth.
- In general, preceptors will give students as much hands-on experience as the preceptor feels that the students are capable of handling.
- Be courteous and pleasant to everyone.
• Develop and maintain a professional attitude.
• Be helpful to the preceptor and staff.
• Read about the disease processes you encounter each day.
• Take initiative.
• You may encounter harsh criticisms at times. Try to learn from the feedback. Do not be argumentative or disrespectful. Humility is usually very helpful and effective.
• Be prepared to discuss and answer questions about any disease or procedure encountered during your rotation.
• Be prepared to study and read at least two hours per day.
• You may not always be permitted to write on charts. If this is the case at your site, practice writing notes on separate sheets and have preceptors critique them.
• While on rotations, actively look for work that you can do to help improve patient care.
• Report early, stay late, volunteer for call.

*If any concerns arise during rotations, please notify the Clinical Director as soon as possible. If unable to contact the CD, please contact another program faculty member.*

**ROTATION SUMMARY**

The table below summarizes assignments associated with clinical rotations:

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ROTATION GOALS AND OBJECTIVES

GENERAL GOALS AND OBJECTIVES FOR ALL CLINICAL ROTATIONS

The goals within each clinical rotation are designed to help you achieve the knowledge, proficiency, and expertise cited below. This is a guide, however, and not an all-inclusive list. Each service should make available a full range of experiences that will provide the student with exposure to each discipline's special procedures, techniques, and problems. The following general goals and objectives are expected of all students while on clinical rotations.

MEDICAL HISTORY

• Approach a patient in any clinical setting and establish appropriate rapport with the patient and the patient's family.

• Determine the appropriate format of historical data collection, which may include a complete history, a directed outpatient history, or a directed inpatient follow-up history.

• Determine the best (most appropriate) source of historical data when the patient is unable to provide the information.

• Elicit a complete medical history that should include:
  
  o Determination of the chief complaint

  o Analysis of the primary symptomatology: onset and duration; precipitating and predisposing factors; characteristics of symptoms from onset to present including quality, location, radiation, and intensity or severity; temporal character; aggravating and relieving factors; and associated symptoms

  o Review of the course since onset of primary symptom: incidence, progress, and effect of therapy

  o Organization of a clear and concise history of present illness that carefully outlines the chief complaint in addition to the pertinent past medical history, family history, social/occupational history, allergies, and appropriate review of systems

  o Organization of a complete past history that includes childhood medical history, adult medical history, history of previous surgery, history of previous hospitalizations, history of injuries, allergies, and immunizations

  o Organization of a complete family history that includes a review of the health status of all members of the immediate family as well as a history of familial disease
Organization of a complete social history that includes social habits (including use of alcohol, medications, substances), nutritional history, military history, occupational history, marital history, educational history, sexual history, environmental conditions, and social support systems

Organization of a complete review of symptoms that includes all of the positive and negative symptomatology that the patient may have experienced in the recent past.

- Provide written documentation of a complete medical history in a format approved by the faculty of the MSPAS program.

PHYSICAL EXAMINATION

- Determine the appropriate parts of the physical examination that should be performed in a variety of clinical settings, including inpatient, outpatient, emergency, and long term care facilities.

- Perform an appropriate physical examination and recognize normal and abnormal findings.

- Perform the physical examination while maintaining an awareness of, and responding to, the patient's discomfort and/or apprehension.

- Perform the physical examination utilizing all diagnostic equipment properly (e.g. sphygmomanometer, stethoscope, otoscope, ophthalmoscope, tuning fork, percussion hammer, etc.).

- Perform the physical examination using proper techniques of physical examination (e.g., technique of percussion, palpation, auscultation, and inspection, as well as special maneuvers such as straight leg raise or testing for meningeal or peritoneal irritation).

- Provide written documentation of the findings of the physical examination in a clear and concise manner using a format approved by the faculty of the MSPAS program.

ANCILLARY STUDIES

Make recommendations, based on the data gathered in the history and physical examination, for ancillary studies that should be ordered to further evaluate the patient's problem. This may include radiologic studies, blood, urine or sputum analysis, and any other special studies that may be of value, and preferably, in order of priority.

DIAGNOSTIC ANALYSIS

- Analyze the data gathered in the history, physical examination, and ancillary studies in order to:
- Develop a problem list
- Formulate a differential diagnosis (assessment)

**THERAPEUTIC ANALYSIS:**

- Formulate an appropriate plan of specific treatment and supportive care based on the problem list and assessment.
- Revise the therapeutic approach as the patient's condition changes and/or as new data are available.
- Counsel, educate, and instruct patients in specific disease-related and preventive medicine areas such as diabetes care, breast self-examination, etc.
- Acquire general knowledge of, and utilize appropriately, the referral sources within the health care facility and the community.

**GENERAL SKILLS AND PROCEDURES**

Perform and become proficient in the following procedures:

A. Venipuncture
B. Initiation of intravenous infusions
C. Placement of nasogastric tubes
D. Administration of intradermal tests
E. Administration of medications - i.e., topical, oral, IM, and IV
F. Obtain and interpret electrocardiograms
G. Aseptic technique
H. Isolation technique
I. Perform CBC, urinalysis and other office laboratory procedures as indicated including gram stains, acid-fast stain, stool guaiac, etc.
J. Collect specimens for blood cultures, urine cultures, and stool cultures
K. Draw arterial blood
L. Prepare and interpret cultures
M. Obtain Papanicolaou cytosmears
N. Perform CPR and defibrillation
O. Assisted respiration - i.e., familiarity with respirators
P. Insertion of urinary bladder catheters
Q. Anoscopy and Proctoscopy
R. Wound care and dressing changes
S. Suturing and suture removal
T. Insert central venous lines
U. Perform endotracheal intubation and aspiration
V. Insert chest tubes
W. Perform thoracentesis
X. Perform paracentesis
Y. Learn principles of use and interpretation of fundamental radiographs (X-rays)
Z. Learn principles of use and interpretation of basic clinical ultrasonography

The students will, under direct or indirect supervision, observe, assist in, or perform all appropriate procedures relative to the patients they are following at the discretion of the students' supervising physician. The students will also be available, when time permits, to assist in other procedures involving patients other than their own.

**CLINICAL ROTATIONS**

*B3.03 Supervised clinical practice experiences must provide sufficient patient exposure to allow each student to meet program-defined requirements with patients seeking:
  a) medical care across the life span to include, infants, children, adolescents, adults, and the elderly,
  b) women’s health (to include prenatal and gynecologic care),
  c) care for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care and
  d) care for behavioral and mental health conditions.*

*B3.04 Supervised clinical practice experiences must occur in the following settings:
  a) outpatient,
  b) emergency department,
  c) inpatient and
  d) operating room.*

Students in the MSPAS program will rotate in 7 mandatory specialties including Primary Care, Internal Medicine, Pediatrics, Emergency Medicine, General Surgery, Women’s Health and Behavioral Health/Psychiatry. These clinical rotations will offer students the opportunity to be exposed to a variety of illness and injury states as well as being exposed to various patient populations.

Students will also experience two clinical elective rotations. One clinical elective rotation will be dedicated to a medical mission trip. These trips are designed to offer students the opportunity to experience the delivery of health care to medically underserved populations as well as international populations. These types of experiences will illuminate students to the challenges faced by patient populations where the availability of standardized testing, therapies, and medications are not necessarily readily available. Diagnosis and treatment of these patients often require use of fundamental and advanced forms of critical thinking and innovative utilization of available supplies to affect the best possible patient outcome.
The second clinical elective rotation may be undertaken in a variety of medical specialties or, a student may elect to repeat a specialty rotation which they have previous been involved in but wish to continue their experience. If a student has identified a medical practice or preceptor they wish to rotate with who is not currently a part of the PA program, this information should be brought to the attention of the Clinical Director for further follow up and affiliation.

**CLINICAL ROTATION OBJECTIVES**

**Primary Care Rotation**  
**Family Medicine**  
**Class of 2017**

**ROTATION GOAL:** This is a required four week clinical rotation, which takes place primarily in the outpatient setting. The purpose of this rotation is to educate the physician assistant student in the diagnosis, management, and treatment of primary care patients. Emphasis is placed on the primary care needs of patients in rural and inner city communities, as well as geriatric and long term care patients.

**PROGRAM GOALS ADDRESSED IN THIS ROTATION:**
Goal 1: Proficiency in obtaining a thorough medical history and performance of a complete physical examination.
Goal 2: Effective communication with fellow healthcare team members, family members and patients.
Goal 3: The ability to care and demonstrate compassion and understanding while being supportive and willing to provide superior patient care.
Goal 4: A functional understanding of disease processes and injuries and be able to form appropriate differential and final diagnoses.
Goal 5: Appropriate utilization and interpretation of medical diagnostics.
Goal 6: The capacity and ability to apply critical thinking into the evaluation and care of patients.
Goal 8: The ability to conduct one’s self in an ethical and moral manner.
Goal 13: Integrate diagnostic assessment skills with knowledge of patient presentation, pharmacology, and health care subspecialties to synthesize appropriate treatment plans.

**PHYSICIAN ASSISTANT (PA) CORE COMPETENCIES:** The PA profession has adopted six core standards by which all PA professionals should possess in order to practice in the healthcare field. These standards are known as core competencies, which address medical knowledge, patient care, practice-based learning and improvement, systems based practice, professionalism, and interpersonal and communication skills. Life-long, continued learning and professional behavior is emphasized throughout each of these domains.
Competency-based education focuses on student-learner performance (learning outcomes) in reaching specific objectives (goals and objectives of the curriculum). In this setting, learning and teaching are dynamically combined to help the student achieve the expected learning outcomes and instructional objectives.

During the clinical rotations, the student will meet program expectations and acquire the competencies needed for clinical PA practice. At a minimum, the student will have preventative, emergent, acute, and chronic patient encounters.

**LEARNING OUTCOMES:** At the completion of the Primary Care Rotation, the physician assistant student will:

**Medical Knowledge Competency Domain**

1. Recognize historical and clinical manifestations of disease and disorders affecting the major body systems.
2. Discuss the evaluation and management of patients presenting with acute and chronic medical complaints and the use of specialists referral.
3. Interpret and record medical data to include laboratory findings, imaging studies, EKG interpretation, and procedures.
4. Utilize concepts of evidence based medicine and critical thinking skills in the problem solving process.
5. Compare and contrast indications, contraindications and potential adverse reactions for the most common medications prescribed for various diseases discussed and the use of the “teach me back” technique for patient education.
6. Communicate and counsel patients and their families on issues of disease prevention, health maintenance and disease management demonstrating social and cultural competency.
7. Demonstrate knowledge of the etiology, epidemiology, pathophysiology, anatomy, prognosis and complications pertinent to each diagnosis listed in the course objectives/list of topics.
8. Discuss the primary care approach to patients presenting with general complaints such as fever, dizziness, weakness, appetite loss, unexplained weight loss or weight gain, and lymphadenopathy.
9. Discuss the primary care approach to the evaluation of patients presenting with common upper respiratory complaints such as: cough, common cold, asthma, allergic rhinitis, bronchitis, pneumonia, hemoptysis, otitis media, pharyngitis, and sinusitis.
10. Describe the differential diagnosis to the causes of: headache, abdominal pain, back pain, and joint pains.
11. Describe the management of common gastrointestinal problems: abdominal pain, diarrhea, vomiting, constipation, indigestion, GI bleeding, and dysphagia.
12. Describe the management of anorectal disorders such as: hemorrhoids (internal and external), pruritis, and anal fissures.
13. Describe the appropriate treatment and differential diagnosis to the causes of diarrhea including: Campylobacter enteritis, E.coli, Salmonella, and Shigella.
14. Describe the primary care approach to evaluating and treating common GU complaints: UTI, hematuria, proteinuria, penile discharge, scrotal masses, and scrotal pain.
15. Recognize the mechanism of action and uses of the different classes of antibiotics and the various medications to treat asthma, hypertension, and diabetes.
16. Discuss the contraindications of the use of diphenoxylate (Lomotil) in the treatment of diarrhea.
17. Discuss the need for the use of corticosteroids in the treatment of asthma and the complications that may arise from this use.
18. Discuss the difference between infectious rhinitis, seasonal allergic rhinitis, perennial rhinitis, vasomotor rhinitis, and rhinitis medicamentosa.
19. Discuss the clinical features and management of the following dermatological conditions: different forms of skin cancer, eczema, contact dermatitis, seborrhea, urticaria, dermatomycoses, actinic keratosis, and acne.
20. Explain the recommended immunization schedule for pediatric, adolescent, and adult patients.
21. Discuss the most common pathogens of pneumonia which occur at different age ranges.
22. Describe the differential diagnosis and management of the “red eye.”
23. Synthesize the primary care approach to the evaluation and management of the following: hypertension, diabetes, obesity, thyroid dysfunction, postmenopausal state, erectile dysfunction, insomnia, depression and anxiety.
24. Discuss the diagnosis and step management of asthma in children and adults.
25. Explain the clinical presentation and treatment of various sexually transmitted infections (STIs): HPV, HSV, Chlamydia, Syphilis, Gonorrhea, Hepatitis, Warts, and LGV.
26. Explain how to interpret the laboratory findings of Hepatitis B.
27. Explain the diagnosis and treatment of latent TB infection.
28. Explain the clinical recognition and management of gastric and duodenal ulcers including the management of Helicobacter pylori.
29. Discuss the recognition and management of insect bites, spider bites, and tick borne diseases.
30. Illustrate the different types of insulin and their modes of action.
31. Explain how to diagnose and treat electrolyte imbalances.
32. Relate how to interpret arterial blood gases and manage a patient in respiratory/metabolic alkalosis or acidosis.

**Patient Care Competency Domain**
Students are expected to gather and document 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. Students are then expected to develop and carry out management plans that meet the specific needs of the primary care patient while respecting the heterogeneity of this population. Upon completion of the rotation which will be in an outpatient setting, but not limited to that setting, and given a patient case, scenario or complaint, the student will be able to:
1. Elicit a pertinent patient history.
2. Perform an appropriate focused or complete physical examination.
3. Formulate a minimum of 3 differential diagnoses based on the history and physical exam.
4. Identify and properly refer patients who require immediate medical attention.
5. Evaluate and treat patients needing medical care across the lifespan to include infants, children, adolescents, adults and the elderly.
6. Select, order and interpret the proper laboratory and diagnostic studies.
7. Formulate a most likely diagnosis from the history, physical examination, laboratory work-up, and the proper pharmacological intervention.
8. Select the proper pharmacological intervention.
9. Give a concise oral presentation of the patient, based on the history and physical examination in a 3-5 minute time frame.
10. Document and maintain the appropriate medical documentation.
11. Document procedures performed in a procedure note in the medical record.
12. Identify and discuss the required patient education topics with the preceptor.
13. Identify the indications, contraindication, precautions, mechanism of action and management of the following: common OTC medications, analgesics, antacids, anti-infectives, antibiotics, anti-hypertensives, antidepressants, anti-arrhythmics, bronchodilators, antifungals, antivirals, and insulin/oral hypoglycemic agents.
14. Describe the indications for, the expected and normal results for and list the common diseases that may account for abnormal values for the following lab tests: Complete Blood Count (CBC) with differential, hematologic studies common for anemia work-ups, urinalysis, glucose testing and monitoring, blood urea nitrogen (BUN), serum creatinine (Cr), electrolytes, thyroid function tests (TSH, T3, free T4), pulmonary function tests (PFTs), sedimentation rate (ESR), biochemical profiles, including but not limited to liver function tests (LFT’s), cardiac enzymes, and calcium metabolism tests.
15. Describe the indications for ordering and be able to interpret the following diagnostic procedures: PA, AP, and lateral chest x-rays, x-rays of the extremities for osteoporosis, and degenerative joint disease, x-rays of the spine for metastatic and primary bone tumors, and degenerative disease, KUB, and abdominal flat and upright films, descriptive reports of radiologists concerning upper GI series, barium enemas, IVPs, skull films, sinus series, CT with and without contrast, sonograms, and MRIs.
16. Observe, learn the proper technique, perform where permitted, identify the indications, contraindications, precautions and risks of, interpret the results of, and appropriately educate the patient or legal guardian about the performance of and meaning of the following procedures: cryosurgery, glucometry, venipuncture/fingerstick glucose, ingrown toenail removal, injections - intramuscular, intravenous, subcutaneous, stool for occult blood, urinalysis, gram stains, specimen collection for culture/sensitivity – including blood, cervical, nasopharyngeal, sputum, stool, urethral, urine, wound, wet mounts/KOH preps, electrocardiogram, foreign body removal, minor surgical procedures, skin biopsy, suture, wound care, I&D of wounds, and decubitus ulcer care.
Practice-Based Learning and Improvement Competency Domain

Practice-based learning and improvement focuses on analyzing one’s own clinical practice, and seeking medical literature and other information resources for the purpose of self-improvement. Students are expected to:

1. Locate, interpret and evaluate medical literature which pertains to the current standards of clinical practice for conditions encountered in the primary care patient population.
2. Apply up-to-date evidence-based medicine principles to care for patients in the primary care setting.
3. Encourage continuity of care with the primary care practice and with other referral sources.
4. Demonstrate self-directed learning by identifying and resolving learning issues in a timely manner.

System-Based Practice Competency Domain

Students must be aware of the societal and economic environments in which health care is delivered. During the rotation, the student must:

1. Promote a safe environment for patient care in the primary care setting.
2. Promote cost-effective health care without sacrificing the quality of patient care.
3. Promote the continuity of care among multiple health care professionals in the care of the primary care patient, including physicians, PAs, nurses, physical, occupational and speech therapists, dieticians and social workers.
4. Incorporate community services and institutional resources in the care of the primary care patient.
5. Relate how to deal with the psychosocial issues affecting the primary care population.
6. Describe why patients experiencing injury or illness from violence, abuse, or neglect often do not present with that particular complaint.
7. Identify the types of problems that require referral to a specialist or consultant.
8. Realize the importance of preventative screening procedures for each age range.

Professionalism Competency Domain

Students are expected to demonstrate professionalism at all times during interactions with patients, families and caregivers, recognizing that the needs of primary care patients differ from other patients. During the rotation, the student must:

1. Demonstrate an appropriate level of professionalism when interacting with the patient, their families, their caregivers and other health professionals.
2. Deliver care to patients and their families with dignity, respect and compassion.
3. Demonstrate accountability to the health needs of patients and always act in their best interest.
4. Demonstrate initiative and willingness to learn and work with others.
5. Recognize limitations and seek help from supervising preceptors prior to enacting a questionable act.
6. Demonstrate a positive attitude by practicing punctuality and appropriate dress and grooming.
7. Abide by the AAPA Code of Ethics and the ADU PA Program Professionalism Behavior and Program Loyalty Affirmation.

**Interpersonal and Communication Skills Competency Domain**

Students are expected to communicate information respectfully and clearly to primary care patients, their families and caregivers. This can be accomplished through verbal, nonverbal and written exchange. During the rotation, the student must:

1. Present an oral presentation to the preceptor which includes pertinent clinical information about the patient.
2. Perform thorough written documentation of the patient history, diagnoses, assessment, treatment plan and follow up instructions.
3. Communicate information clearly and educate the patient, the patient’s family and the patient’s caregiver about patient diagnoses and treatment plan and any follow up necessary.
4. Implement patient education techniques to encourage compliance with the medical treatment regimen.
5. Apply sensitivity to the privacy and comfort of the patient and family.
6. Establish rapport with the patient and family while maintaining confidentiality.
7. Demonstrate a sensitive and empathetic attitude towards patients and families.
8. Demonstrate the ability to perform telephone triage of appropriate patient concerns.
9. Discuss and counsel patients and their families regarding topics of health promotion and disease prevention commonly seen in the outpatient clinic (includes issues related to socio-economic and cultural diversity).

**INSTRUCTIONAL OBJECTIVES:** During the clinical rotation, the physician assistant student will delineate, differentiate and discuss typical presenting complaints, history and physical findings, differential diagnosis, appropriate diagnostic studies and their expected results and outline the appropriate principles of management, including pharmacologic and non-pharmacologic, to initiate treatment with appropriate supervision for each of the following conditions (listed per organ system):

**Behavioral Health/Psychiatric:** anxiety, antisocial, bipolar disorder, borderline personality disorder, child abuse, conversion disorder, death and dying, delirium, depression, domestic violence and abuse, drug and alcohol abuse, eating disorders, histrionic, hypochondriasis, insomnia, narcissistic, obsessive compulsive disorder, panic disorder, posttraumatic stress, phobias, rape crisis, suicide and suicide prevention.

**Cardiovascular/Peripheral Vascular:** abdominal aortic aneurysm, angina, arterial embolism, chronic arterial/venous insufficiency, cardiomyopathies, congestive heart failure, coronary artery disease, cor pulmonale, deep venous thrombosis, endocarditis,
hyperlipidemia, hypertension, malignant hypertension, myocardial infarction, pericardial
disease, peripheral vascular occlusive disease, rheumatic heart disease, syncope,
thrombophlebitis, varicose veins, venous insufficiency, and valvular heart disease.

**Dermatology:** abscess, acne, cellulitis, decubitus ulcers, dermatitis, disorders of hair,
eczema, herpes simplex or zoster, impetigo, insect bites, lacerations and wound care, lipoma,
mycoses and dermatophytoses, nail disorders, pediculosis, psoriasis, pyoderma, pythriasis
rosea, scabies, sebaceous cyst, skin cancer, varicella, and warts.

**Endocrine:** hyperparathyroidism, hypoparathyroidism, hyperthyroidism, hypothyroidism,
thyroid neoplastic disease, thyroiditis, corticoadrenal insufficiency, Cushing syndrome,
adrenal neoplastic disease, acromegaly/gigantism, diabetes insipidus, dwarfism, pituitary
neoplastic disease, pituitary adenoma, diabetes mellitus Type 1 and Type 2,
hypercholesterolemia, and hypertriglyceridemia.

**Gastrointestinal/Nutrition:** achalasia, acute/chronic cholecystitis, acute/chronic
pancreatitis, anal fissure, appendicitis, carcinoma, celiac sprue, cholecystitis, cholelithiasis,
Crohn’s disease, colorectal cancer, constipation, diarrhea, diverticular disease, duodenal
ulcer, dyspepsia, dysphagia, enteric infections, esophageal varices, esophagitis, fecal
impaction, fecal incontinence, food poisoning, gastric ulcer, gastritis, gastroesophageal reflux
disease, hemorrhoids, hepatitis, inflammatory bowel disease, irritable bowel syndrome, lower
GI bleed, nutritional deficiencies, pancreatitis, peptic ulcer disease, pilonidal disease, lactose
intolerance, MalloryWeiss tears, rectal bleeding, and ulcerative colitis.

**GU/GYN:** acute/chronic renal failure, amenorrhea, benign prostatic hyperplasia, bladder
carcinoma, breast cancer, candidiasis, cervical dysplasia, cervical polyps, cervicitis,
contraception, cystitis, disorders of menstruation, epididymitis, erectile dysfunction,
endometriosis, estrogen replacement therapy, genital/uterine prolapse, hematuria,
incontinence, infertility, male erectile dysfunction, mastitis, nephro/urolithiasis,
nephrotic/nephritic syndrome, ovarian masses, pelvic inflammatory disease, pregnancy,
premenstrual syndrome, acute and chronic prostatitis, prostate cancer, pyelonephritis,
sexually transmitted infections, spontaneous abortion, testicular masses, testicular carcinoma,
urethritis, urinary retention/incontinence, urinary tract infection, vaginal atrophy, vaginal
bleeding, vaginitis, Epstein-Barr virus, erythema infectiosum, gonococcal infections, herpes
simplex and zoster, and HIV.

**Health Maintenance:** community related prevention, nutrition, oral hygiene, routine infant
and child health checkups, cardiovascular risk counseling, exercise counseling, counseling
for: contraception, family planning, pap smears, routine immunizations, allergy testing and
desensitization community related prevention, nutrition, oral hygiene, cardiovascular risk
counseling, exercise counseling, counseling for: contraception, family planning, pap smears,
routine immunizations, allergy testing and desensitization, and smoking cessation.

**HEENT:** allergic rhinitis, acute pharyngitis, chalazion, glaucoma, hearing impairment,
hordeolum, hypertensive retinopathy, hyphema, acute/chronic otitis media, laryngitis,
aphthous ulcers, blepharitis, blurred vision, cataracts, cerumen impaction, cholesteatoma,
conjunctivitis, corneal abrasion, corneal ulcer, diabetic retinopathy, epiglottitis, epistaxis, leukoplakia, lymphadenopathy, macular degeneration, mastoiditis, Meniere disease, oral candidiasis, oral herpes simplex, oral leukoplakia, orbital cellulitis, otitis media and externa, pharyngitis, sinusitis, tinnitus, tonsillitis, upper respiratory infections, and vertigo.

**Hematopoietic**: anemias (iron/vit B12 deficiency), hematologic neoplasms, hemophilia, Henoch Schönlein Purpura, idiopathic leukemia, leukemias and lymphomas, thrombocytopenic polycythemia vera, purpura/thrombotic thrombocytopenic purpura, Rh incompatibility, and coagulopathy disorders.

**Infectious Disease**: candidiasis, chlamydia, diphtheria, influenza, Kawasaki’s disease, Lyme disease, measles, meningitides, mumps, rheumatic fever, rickettsial diseases, Rocky Mountain Spotted Fever, rubella, rubeola, scarlet fever, syphilis, tetanus, and varicella.

**Musculoskeletal/Rheumatologic**: autoimmune diseases, back strain, boxer's fx, bursitis, carpal tunnel syndrome, Colles' fx, de Quervain's tenosynovitis, disc herniation, epicondylitis, falls in the elderly, fibromyalgia, gamekeeper's thumb, ganglion cyst, gout/pseudogout, joint effusion, lacerations and wound care, low back pain, osteoarthritis, osteomyelitis and other bone infections, osteoporosis, rheumatoid arthritis, rotator cuff disorders, spinal stenosis, synovitis, septic arthritis, sprains and strains, temporomandibular joint disorder, tendinitis, and vasculitis syndromes.

**Neurological**: Alzheimer's disease, Bell palsy, cerebral aneurysm, stroke, post-concussion syndrome, cluster headache, delirium, dementia, dizziness, encephalitis, essential tremor, Guillain-Barre syndrome, Huntington's disease, meningitis, migraine, Multiple Sclerosis, Myasthenia Gravis, neuralgia, neuropathies, Parkinson's disease, syncope and pre-syncope, tension headache, transient ischemic attack, Tourette syndrome, and vertigo.

**Pulmonary**: acute bronchitis, acute respiratory failure, aspiration pneumonia, asthma, bronchiectasis, bronchiolitis, carcinomas, chronic obstructive pulmonary disease, cystic fibrosis, emphysema, hemoptysis, influenza, obstructive sleep apnea, pleurisy, pneumonias, pneumocystis jiroveci, pulmonary edema, pulmonary hypertension, respiratory syncytial virus, restrictive lung diseases, tracheobronchitis, tuberculosis, and URI.
**Pediatric Rotation**  
**Class of 2017**

**ROTATION GOAL:** This 4 week rotation will focus on pediatric patients. Students will learn about this specialty of medical practice and how to differentiate presentations in the pediatric population from those in an adult population.

**PROGRAM GOALS ADDRESSED IN THIS ROTATION:**
Goal 1: Proficiency in obtaining a thorough medical history and performance of a complete physical examination.
Goal 2: Effective communication with fellow healthcare team members, family members and patients.
Goal 3: The ability to care and demonstrate compassion and understanding while being supportive and willing to provide superior patient care.
Goal 4: A functional understanding of disease processes and injuries and be able to form appropriate differential and final diagnoses.
Goal 5: Appropriate utilization and interpretation of medical diagnostics.
Goal 6: The capacity and ability to apply critical thinking into the evaluation and care of patients.
Goal 8: The ability to conduct one’s self in an ethical and moral manner.
Goal 13: Integrate diagnostic assessment skills with knowledge of patient presentation, pharmacology, and health care subspecialties to synthesize appropriate treatment plans.

**PHYSICIAN ASSISTANT (PA) CORE COMPETENCIES:** The PA profession has adopted six core standards by which all PA professionals should possess in order to practice in the healthcare field. These standards are known as core competencies, which address medical knowledge, patient care, practice-based learning and improvement, systems based practice, professionalism, and interpersonal and communication skills. Life-long, continued learning and professional behavior is emphasized throughout each of these domains.

Competency-based education focuses on student-learner performance (learning outcomes) in reaching specific objectives (goals and objectives of the curriculum). In this setting, learning and teaching are dynamically combined to help the student achieve the expected learning outcomes and instructional objectives.

During the clinical rotations, the student will meet program expectations and acquire the competencies needed for clinical PA practice. At a minimum, the student will have preventative, emergent, acute, and chronic patient encounters.
LEARNING OUTCOMES: At the completion of the Pediatric Rotation, the physician assistant student will:

**Medical Knowledge Competency Domain**

1. Recognize historical and clinical manifestations of disease and disorders affecting the major body systems.
2. Discuss the evaluation and management of patients presenting with acute and chronic medical complaints and the use of specialists referral.
3. Interpret and record medical data to include laboratory findings, imaging studies, EKG interpretation, and procedures.
4. Utilize concepts of evidence based medicine and critical thinking skills in the problem solving process.
5. Compare and contrast indications, contraindications and potential adverse reactions for the most common medications prescribed for various diseases discussed and the use of the “teach me back” technique for patient education.
6. Communicate and counsel patients and their families on issues of disease prevention, health maintenance and disease management demonstrating social and cultural competency.
7. Discuss the differential diagnosis of common pediatric diagnoses for: fever, upper respiratory infections, ear ache, headache, cough, shortness of breath, abdominal pain, vomiting, diarrhea, constipation, poor feeding/nutrition, and dehydration.
8. Discuss the clinical features, diagnostic work up, and management of common respiratory infections such as: asthma, pneumonia, streptococcal pharyngitis, bronchiolitis, epiglottitis, laryngotracheobronchitis, respiratory syncytial virus (RSV).
9. Distinguish between intrinsic and extrinsic asthma.
10. Describe the clinical features, diagnosis, workup, and prognosis of cystic fibrosis.
11. Distinguish the difference between the pathology and the treatment approach to the following conditions: epiglottitis, laryngotracheobronchitis, and foreign body aspiration.
12. Know the physical features of the following genetic deformities: Down syndrome, Trisomy 13, and Trisomy 18, Kleinfelter’s syndrome, Turner’s syndrome, Marfan’s syndrome, Osteogenesis imperfecta, and Fetal Alcohol syndrome.
13. Describe the different types of newborn skin conditions.
14. Discuss the risk factors associated with jaundice.
15. Distinguish the difference between direct and indirect hyperbilirubinemia.
16. Discuss the pharmacologic and nonpharmacologic treatment methods of jaundice.
17. Know how to differentiate radiographically the difference between respiratory distress syndrome, bronchopulmonary dysplasia, and transient tachypnea of the newborn.
18. Know the caloric/nutritional needs of newborns, infants, children, and adolescents.
19. Know the proper amount of weight gain that is expected at different stages of development (neonate, 0-3 months, 3-6 months, 6-12 months, 12 months, 2 years).
20. Explain the physical exam changes that are seen with common nutritional deficiencies (vitamins A, D, E, K; thiamine, niacin, riboflavin, vitamin B6, vitamin B12, folate, iron, biotin, and zinc).
21. Know the most common pathogens and signs and symptoms of the following respiratory disorders: epiglottitis, croup, tracheitis, bronchiolitis, bronchitis, pharyngitis, bacterial pneumonia, pulmonary abscess.
22. List the normal developmental milestones for children from birth to school age.
23. Know the primitive reflexes and when they appear and disappear.
24. Discuss adolescent pregnancy and contraception.
25. Recognize the warning signs of childhood neglect and abuse.
26. Discuss the signs and symptoms, evaluation, and management of seizure disorders, meningitis, and headaches in childhood.
27. Discuss the neuro-behavioral disorders including: attention deficit disorder, autism spectrum disorders, cerebral palsy, oppositional-defiant syndrome, temper tantrums, anorexia nervosa, bulimia, Tourette’s syndrome, Munchausen syndrome by proxy, depression, anxiety, and panic disorders.
28. Know the different medications utilized to treat attention deficit disorder.
29. Compare and contrast the different types of apnea: obstructive apnea, obstructive hypopnea, and central apnea.
30. Discuss the features of congenital cardiac disorders: atrial septal defect, ventricular septal defect, patent ductus arteriosus, aortic stenosis, hypertrophic cardiomyopathy, Tetralogy of Fallot.
31. Differentiate between cyanotic and acyanotic heart conditions
32. Discuss the diagnostic features of rheumatic fever and what populations are in need of bacterial endocarditis prophylaxis.
33. Describe the types of leukemias and anemias that are common in childhood.
34. Describe the differential diagnosis of failure to thrive in children.
35. Compare and contrast the different types of epiphyseal fractures (Salter-Harris classification system).
36. Compare and contrast the following orthopedic conditions: Slipped capital epiphysis, Osgood-Schlatter’s disease, and Legg-Calve-Perthe’s syndrome.
37. Understand how to diagnose, workup, and manage the different types of scoliosis.
38. Understand how to diagnose disorders of pubertal development and know how to utilize the Tanner’s scale in male and females.
39. Will identify the indications, contraindications, precautions, mechanisms of action, and management of the following: Intravenous fluid therapy, total parenteral nutrition, Blood transfusions, analgesics, antibiotics, bronchodilators, antifungals, and antivirals.
40. Will describe the indications for, the expected/normal results for, and list the common diseases which may account for abnormal values for the following laboratory tests: complete blood count (CBC) with differential, hematologic studies common for anemia work-ups, urinalysis, blood urea nitrogen (BUN), creatinine (Cr), electrolyte panels, blood and CSF glucose, biochemical profiles, including but not limited to liver function test (LFT’s), cardiac enzymes, calcium metabolism tests, bilirubin - conjugated and unconjugated, arterial blood gases (ABGs), thyroid function tests (TSH, T3, T4), pulmonary function tests (PFT’s), PKU, G6PD, and hemoglobin electrophoresis.
**Patient Care Competency Domain**

Students are expected to gather and document 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. Students are then expected to develop and carry out management plans that meet the specific needs of the patient while respecting the heterogeneity of this population. Upon completion of the rotation, which will be in an outpatient setting, but not limited to that setting, and given a patient case, scenario or complaint, the student will be able to:

1. Elicit a pertinent patient history.
2. Perform an appropriate focused or complete physical examination.
3. Formulate a minimum of 3 differential diagnoses based on the history and physical exam.
4. Identify and properly refer patients who require immediate medical attention.
5. Select, order and interpret the proper laboratory and diagnostic studies.
6. Formulate a most likely diagnosis from the history, physical examination, laboratory work-up, and the proper pharmacological intervention.
7. Give a concise oral presentation of the patient, based on the history and physical examination in a 3-5 minute time frame.
8. Document and maintain the appropriate medical documentation.
9. Document procedures performed in a procedure note in the medical record.
10. Identify and discuss the required patient education topics with the preceptor.
11. Perform a focused history and physical examination for the pediatric patient.
12. Evaluate history, physical examination, and diagnostic examinations to develop a management plan for patients presenting with each medical diagnosis. Assess and document the following: vital signs, height/length, weight, BMI, and circumference of the patient.
13. Understand how to calculate the APGAR score of a newborn infant.
14. Evaluate the developmental growth of the child at different stages of development according to the Denver Developmental Chart.
15. Establish the ability to perform office procedures such as: throat cultures, nasal swabs, urine collection via catheter, phlebotomy, pulmonary function testing, visual testing, and auditory testing.
16. Understand how to calculate medication dosages and write prescriptions.
17. Understand how to calculate fluid replacement therapy for patients in the outpatient and/or inpatient settings suffering from dehydration.
18. Learn how to apply simple splinting as it relates to outpatient pediatric orthopedic injuries.
19. Learn how to apply silver nitrate cauterization to umbilical pearls or granulation tissue as appropriate.
20. Learn how to utilize the Bhutani nomogram for jaundice to effectively manage patients with newborn jaundice.
21. Learn how to distinguish conditions that require outpatient, inpatient, or emergency management.
22. Order and interpret diagnostic tests to include: laboratory tests, imaging studies, and other tests as appropriate.
23. Develop an appropriate final assessment and management plan.
24. Write admission orders and outpatient treatment plans.
25. Counsel patients with asthma how to use inhalers, nebulizer machine treatments, and peak expiratory flow meters in an effective manner.
26. Describe and discuss a well-child exam including: immunization schedules, risk-taking behaviors, growth chart, developmental milestone benchmarks, and nutrition.
27. Counsel caregivers on providing a safe home environment for children, health maintenance/promotion and disease prevention, immunization uses, schedule and risks/complications.
28. Describe public health issues related to pediatric patients including: socioeconomic, geographic, racial and ethnic factors, cultural/religious attitudes towards medical/surgical intervention, and nutritional risk factors.
29. Learn to access ancillary/support services within the clinic and in the community to enhance the access to care for the pediatric patient.
31. Describe the indications for ordering and be able to interpret the following diagnostic procedures: PA, AP, and lateral chest x-rays, x-rays of the extremities for fractures, dislocations, and degenerative joint disease, x-rays of the spine for scoliosis, kyphosis, fractures, and degenerative disease, KUB-flat and upright, descriptive reports of radiologists concerning upper GI series, barium enemas, IVP’s, skull films, sinus series, CT with and without contrast, sonograms, and MRIs.
32. Will observe, learn the proper technique, perform where permitted, identify the indications, contraindications, precautions and risks of, interpret the results of, and appropriately educate the patient or legal guardian about the performance of and the meaning of the results of the following procedures: arterial blood gases (ABGs), venipuncture/fingerstick glucose, heel stick for blood testing, intravenous (IV) catheter insertion, injections - intramuscular, intravenous, subcutaneous, naso/orogastric tube placement, stool for occult blood, urinalysis, gram stains, specimen collection for culture/sensitivity - including blood, nasopharyngeal, sputum, stool, urethral, urine, wound, foley catheter placement, electrocardiogram, gastric lavage, performing CPR and PALS, intubation, thoracentesis, lumbar puncture, paracentesis, joint aspiration, foreign body removal, and suture.
33. Select pharmacologic interventions using proper weight-based dosing.
34. Identify the indications, contraindication, precautions, mechanism of action and management of the following: common OTC medications, analgesics, antacids, antianxiolytics, antibiotics, antidepressants, antiarrhythmics, bronchodilators, antifungals, antivirals, and insulin and oral hypoglycemic agents.
35. Describe the indications for, the expected and normal results for and list the common diseases that may account for abnormal values for the following lab tests: Complete Blood Count (CBC) with differential, hematologic studies common for anemia work-ups, urinalysis, glucose testing and monitoring, blood urea nitrogen (BUN), serum creatinine (Cr), electrolytes, thyroid function tests (TSH, T3, free T4), pulmonary function tests (PFTs), sedimentation rate (ESR), biochemical profiles, including but
not limited to liver function tests (LFT’s), cardiac enzymes, and calcium metabolism tests.

36. Describe the indications for ordering and be able to interpret the following diagnostic procedures: PA, AP, and lateral chest x-rays, x-rays of the extremities for osteoporosis, and degenerative joint disease, x-rays of the spine for metastatic and primary bone tumors, and degenerative disease, KUB, and abdominal flat and upright films, descriptive reports of radiologists concerning upper GI series, barium enemas, IVPs, skull films, sinus series, CT with and without contrast, sonograms, and MRIs.

37. Observe, learn the proper technique, perform where permitted, identify the indications, contraindications, precautions and risks of, interpret the results of, and appropriately educate the patient or legal guardian about the performance of and meaning of the following procedures: cryosurgery, glucometry, venipuncture/fingerstick glucose, ingrown toenail removal, injections - intramuscular, intravenous, subcutaneous, stool for occult blood, urinalysis, gram stains, specimen collection for culture/sensitivity – including blood, cervical, nasopharyngeal, sputum, stool, urethral, urine, wound, wet mounts/KOH preps, electrocardiogram, foreign body removal, minor surgical procedures, skin biopsy, suture, wound care, I&D of wounds, and decubitus ulcer care.

**Practice-Based Learning and Improvement Competency Domain**

Practice-based learning and improvement focuses on analyzing one’s own clinical practice, and seeking medical literature and other information resources for the purpose of self-improvement. Students are expected to:

1. Locate, interpret and evaluate medical literature which pertains to the current standards of clinical practice for conditions encountered in the pediatric patient population.
2. Apply up-to-date evidence-based medicine principles to care for patients in the pediatric setting.
3. Encourage continuity of care with the primary care practice and with other referral sources.
4. Demonstrate self-directed learning by identifying and resolving learning issues in a timely manner.

**System-Based Practice Competency Domain**

Students must be aware of the societal and economic environments in which health care is delivered. During the rotation, the student must:

1. Promote a safe environment for patient care in the pediatric setting.
2. Promote cost-effective health care without sacrificing the quality of patient care.
3. Promote the continuity of care among multiple health care professionals in the care of the patient, including physicians, PAs, nurses, physical, occupational and speech therapists, dieticians and social workers.
4. Incorporate community services and institutional resources in the care of the patient.
5. Relate how to deal with the psychosocial issues affecting the pediatric population.
6. Describe why patients experiencing injury or illness from violence, abuse, or neglect often do not present with that particular complaint.
7. Identify the types of problems that require referral to a specialist or consultant.
8. Realize the importance of preventative screening procedures for each age range.

**Professionalism Competency Domain**

Students are expected to demonstrate professionalism at all times during interactions with patients, families and caregivers, recognizing that the needs of patients differ from other patients. During the rotation, the student must:

1. Demonstrate an appropriate level of professionalism when interacting with the patient, their families, their caregivers and other health professionals.
2. Deliver care to patients and their families with dignity, respect and compassion.
3. Demonstrate accountability to the health needs of patients and always act in their best interest.
4. Demonstrate initiative and willingness to learn and work with others.
5. Recognize limitations and seek help from supervising preceptors prior to enacting a questionable act.
6. Demonstrate a positive attitude by practicing punctuality and appropriate dress and grooming.
7. Abide by the AAPA Code of Ethics and the ADU PA Program Professionalism Behavior and Program Loyalty Affirmation.

**Interpersonal and Communication Skills Competency Domain**

Students are expected to communicate information respectfully and clearly to patients, their families and caregivers. This can be accomplished through verbal, nonverbal and written exchange. During the rotation, the student must:

1. Present an oral presentation to the preceptor which includes pertinent clinical information about the patient.
2. Perform thorough written documentation of the patient history, diagnoses, assessment, treatment plan and follow up instructions.
3. Communicate information clearly and educate the patient, the patient’s family and the patient’s caregiver about patient diagnoses and treatment plan and any follow up necessary.
4. Implement patient education techniques to encourage compliance with the medical treatment regimen.
5. Apply sensitivity to the privacy and comfort of the patient and family.
6. Establish rapport with the patient and family while maintaining confidentiality.
7. Demonstrate a sensitive and empathetic attitude towards patients and families.
8. Demonstrate the ability to perform telephone triage of appropriate patient concerns.
9. Discuss and counsel patients and their families regarding topics of health promotion and disease prevention commonly seen in the outpatient clinic (includes issues related to socio-economic and cultural diversity).
**INSTRUCTIONAL OBJECTIVES:** During the clinical rotation, the physician assistant student will delineate, differentiate and discuss typical presenting complaints, history and physical findings, differential diagnosis, appropriate diagnostic studies and their expected results and outline the appropriate principles of management, including pharmacologic and non-pharmacologic, to initiate treatment with appropriate supervision for each of the following conditions (listed per organ system):

**Adolescence:** family interaction, exogenous obesity, peer interaction, pregnancy and contraception, psychosocial development puberty, school performance, and substance abuse

**Behavioral Health/Psychiatry:** anxiety disorder, attention deficit hyperactivity disorder, autistic disorder, bipolar disorder, child abuse and neglect, depression, disruptive behavioral disorders, encopresis, enuresis, mood disorders, schizophrenia (childhood), sleep disorders in childhood, and suicide.

**Cardiovascular:** benign/innocent murmurs, congenital heart disease, atrial septal defect, coarctation of the aorta, patent ductus arteriosus, Tetralogy of Fallot, rheumatic heart disease, ventricular septal defect, cardiomyopathies, and infectious endocarditis.

**Dermatology:** acne/acne neonatorum, angioedema, aphthous stomatitis, atopic dermatitis, café au lait spot, diaper dermatitis, eczema, epidermal nevus, hemangioma, impetigo, miliaria, MRSA infections, molluscum contagiosum, mongolian spot, pityriasis rosea, port wine stain, psoriasis, scabies, seborheic dermatitis, tinea (capitis, corporis, cruris, pedis, unguium, versicolor), urticaria, and warts.

**Endocrine:** dwarfism, gynecomastia, diabetes mellitus type I and type II, gigantism/short stature, hypothyroidism, hyperthyroidism, phenylketonuria, and pheochromocytoma.

**Gastrointestinal/Nutrition:** acute appendicitis, acute diarrhea, acute gastroenteritis, gastroesophageal reflux, intussusception, jaundice, pyloric stenosis, viral hepatitis, Achalasia, Anal fissure, Appendicitis, Colic, Constipation, Dehydration, Diarrhea, electrolyte imbalance, foreign body, Hirschsprung’s disease, inflammatory bowel disease, malabsorption syndrome, neonatal hyperbilirubinemia, traceoesophageal fistula, umbilical hernia, and volvulus.

**Genetic:** Cystic fibrosis, Down syndrome, Klinefelter’s syndrome, Neurofibromatosis, and Turner’s Syndrome.

**Growth and Development:** age appropriate well-child evaluation; routine immunizations; normal nutrition and feeding disorders; sleep disorders; temper tantrums and breath-holding spells; injury control and prevention; school performance. Failure to thrive; learning disability; sudden infant death syndrome (SIDS); abuse syndromes, male gynecomastia, cretinism, and autism.
GU/Renal: cryptorchidism, glomerulonephritis, hematuria, hernia, hydrocele (femoral and inguinal), hypospadias, nephrotic syndrome, paraphimosis, phimosis, proteinuria, renal failure, scrotal masses, testicular torsion, UTI, and vesicoureteral reflux.

HEENT: acute epiglottis, allergic rhinitis, blepharitis, conjunctivitis, corneal abrasions, disorders of the eye movement and alignment, strabismus/amblyopia, disorders of the lacrimal system, epistaxis, hordoleum, hearing loss in childhood, intranasal foreign body, nasal polyps, otitis externa, otitis media, peritonsillar abscess, pharyngitis/tonsillitis, rhinitis/sinusitis, stomatitis, and vision disorders in childhood.


Infectious Disease: candida, enteroviruses, Epstein-Barr virus, erythema infectiosum, Group A streptococcus, herpes simplex virus, HIV/AIDS, influenza, measles, meningitis, mononucleosis, mumps, mycoplasma infections, pinworm, respiratory syncytial virus, roseola, rubella, rubeola, scarlet fever, septic shock, streptococcal pharyngitis, tuberculosis, and varicella-zoster virus.

Musculoskeletal/Rheumatologic: common fractures, hip dysplasia, idiopathic scoliosis, juvenile rheumatoid arthritis, Legg-Calve-Perthes disease, metatarsus adductus, nursemaid’s elbow, Osgood-Schlatter disease, osteochondritis dissecans, osteogenesis imperfecta, osteomyelitis, pectus excavatum/carinatum, reactive arthritis, septic arthritis, scoliosis, and slipped capital femoral epiphysis.

Neonatology: APGAR score, apnea, bleeding disorders, diaphragmatic hernia, evaluation of the newborn, evaluation of the parent-infant relationship, feeding of the newborn, gastroschisis, jaundice, infections, intestinal obstruction, necrotizing enterocolitis, neonatal adaptations to life, hypoglycemia in the newborn, and respiratory distress.

Neurologic: cerebral palsy, hydrocephalus, febrile seizure, macrocephaly, meningitis, microcephaly, myelomeningocele, neurofibromatosis I and II, Reye Syndrome, spina bifida, seizure disorder, status epilepticus, and subdural hematoma.

Poisoning: acetaminophen, acid, caustics, ethanol, insecticides, lead, lye, salicylate, and sedatives.

Pulmonary: acute bronchitis, asthma, bacterial tracheitis, bronchiectasis, bronchiolitis, bronchitis, epiglottitis, foreign body in lower respiratory tract, laryngotracheobronchitis (croup), pneumonia, tuberculosis, and upper respiratory infection.
ROTATION GOAL: This 4 week clinical rotation focuses on the practice of internal medicine. Students will gain valuable hands-on exposure to a variety of complex adult acute and chronic diseases and discover best practice methods for diagnosis and treatment of these issues.

PROGRAM GOALS ADDRESSED IN THIS ROTATION:
Goal 1: Proficiency in obtaining a thorough medical history and performance of a complete physical examination.
Goal 2: Effective communication with fellow healthcare team members, family members and patients.
Goal 3: The ability to care and demonstrate compassion and understanding while being supportive and willing to provide superior patient care.
Goal 4: A functional understanding of disease processes and injuries and be able to form appropriate differential and final diagnoses.
Goal 5: Appropriate utilization and interpretation of medical diagnostics.
Goal 6: The capacity and ability to apply critical thinking into the evaluation and care of patients.
Goal 8: The ability to conduct one’s self in an ethical and moral manner.
Goal 13: Integrate diagnostic assessment skills with knowledge of patient presentation, pharmacology, and health care subspecialties to synthesize appropriate treatment plans.

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During the clinical rotations, the student will meet program expectations and acquire the competencies needed for clinical PA practice. At a minimum, the student will have preventative, emergent, acute, and chronic patient encounters.

LEARNING OUTCOMES: At the completion of the Internal Medicine Rotation, the physician assistant student will:
Medical Knowledge Competency Domain

1. Recognize historical and clinical manifestations of disease and disorders affecting the major body systems.
2. Discuss the evaluation and management of patients presenting with acute and chronic medical complaints and the use of specialists referral.
3. Interpret and record medical data to include laboratory findings, imaging studies, EKG interpretation, and procedures.
4. Utilize concepts of evidence based medicine and critical thinking skills in the problem solving process.
5. Compare and contrast indications, contraindications and potential adverse reactions for the most common medications prescribed for various diseases discussed and the use of the “teach me back” technique for patient education.
6. Communicate and counsel patients and their families on issues of disease prevention, health maintenance and disease management demonstrating social and cultural competency.
7. Evaluate clinical data, diagnose patients, and develop a management plan for patients presenting with the following conditions: COPD, renal failure, cardiac arrhythmias, blood dyscrasias, AIDS, congestive heart failure, rheumatoid arthritis, and osteoarthritis.
8. Define and discuss physical presentation and management of nephrotic syndrome, nephritic syndrome, uremic syndrome, and glomerulonephritis.
9. Apply endocarditis prophylaxis and indications.
10. Restate and review ACLS protocols and medications.
11. Discuss the clinical and electrocardiographic features of common cardiac arrhythmias such as tachycardias, bradycardias, supraventricular arrhythmias, ventricular arrhythmias, sick sinus syndrome, and A-V blocks.
12. Discuss the pathophysiology and diagnostic findings of cardiomyopathies, myocarditis, and valvular heart conditions.
13. Discuss the following endocrine disorders: Cushing’s disease, Addison’s disease, Acromegaly, Diabetes I, II, and insipidus, SIADH, pituitary tumors, thyroid disease, parathyroid disease and pheochromocytoma.
14. Discuss the diagnostic findings and clinical management of the following: pulmonary masses, pulmonary nodules, pneumonia, pleural effusion, sarcoidosis, pulmonary embolus and pulmonary hypertension.
15. Distinguish between prerenal, intra renal and post renal causes of acute renal failure.
16. Differentiate between acute and chronic renal failure.
17. Discuss the pathophysiology, epidemiology, risk factors, clinical physical diagnosis, and treatment of HIV and AIDS.
18. Discuss the laboratory interpretation considerations and management of different types of anemia.
19. Dissect the differential diagnosis of bleeding disorders.
20. Differentiate between the different types of leukemias: ALL, AML, CLL, and CML.
21. Describe the treatment of insulin and non-insulin dependent diabetes mellitus, including how insulin therapy is monitored.
22. Analyze the mechanisms of action of antihypertensive, lipid lowering agents, and antidiabetes medications.


24. Understand the pathophysiology of congestive heart failure.

25. Discuss the most common diagnostic tests utilized to diagnose endocrinologic disease.

26. Explain the differences between ulcerative colitis and Crohn’s disease in terms of diagnosis and management.

27. Understand the pathophysiology and management of acute pancreatitis, including the use of Ranson’s criteria.

28. Interpret how to diagnose and manage acid-base disorders.

29. Differentiate between the following neurological disorders: multiple sclerosis, myasthenia gravis, Guillain-Barre syndrome, amyotrophic lateral sclerosis (ALS).

30. Recall the guidelines for ordering health maintenance diagnostic examinations of mammogram, colonoscopy, DEXA scan, and PSA.

31. Discuss the drugs used to treat and prevent osteoporosis in men and women.

32. Understand the pharmacotherapeutic agents utilized to treat common psychiatric disorders.

33. Discuss the difference between direct and indirect hyperbilirubinemia.

34. Discuss the most common types of cancer according to different organ systems.

35. Differentiate the causes of upper and lower GI bleeding.

36. Discuss the differences in diagnosis and management between gout and pseudogout.

37. Explain the different types of lung cancer and the most common areas the different types of cancer present.

38. Differentiate the pathophysiology and physical presentation between upper motor neuron causes of facial paralysis vs. lower motor neuron causes.

39. Understand how to interpret pulmonary function test results.

40. Discuss the differential diagnosis and management of the following: abdominal pain, chest pain, ear pain, vision loss, and dizziness.

41. Interpret a lipid panel, HgA1c, and DEXA results.

42. Elicit an appropriate patient history.

43. Perform a necessary (focused or complete) physical examination.

44. Formulate a minimum of 3 differential diagnoses based on the history and physical exam.

45. Identify and properly refer patients who require immediate medical attention.

46. Select, order and interpret the proper laboratory and diagnostic studies.

47. Formulate a most likely diagnosis from the history, physical examination, laboratory work-up, and the proper pharmacological intervention.

48. Select the proper pharmacological intervention.

49. Give a concise oral presentation of the patient, based on the history and physical examination in a 3-5 minute time frame.

50. Record and maintain the appropriate medical documentation.

51. Document procedures performed in a procedure note in the medical record.

52. Identify and discuss the required patient education topics with the preceptor.

53. Identify the indications, contraindications, precautions, mechanisms of action, and management of the following: intravenous fluid therapy, total parenteral nutrition, blood transfusions and blood component therapy, analgesics, antacids, anxiolytics,
antibiotics, anti-hypertensives, antidepressants, anti-arrhythmics, bronchodilators, antifungals, antivirals, and insulin and oral hypoglycemic agents.

54. Describe the indications for, the expected/normal results for, and list the common diseases which may account for abnormal values for the following laboratory tests: complete blood count (CBC) with differential, hematologic studies common for anemia work-ups, urinalysis, blood and CSF glucose, blood urea nitrogen (BUN), creatinine (Cr), electrolyte panels, biochemical profiles, including but not limited to liver function test (LFT’s), cardiac enzymes, calcium metabolism tests, bilirubin - conjugated and unconjugated, arterial blood gases (ABG’s), thyroid function tests (TSH, T3, T4), pulmonary function tests (PFT’s), erythrocyte sedimentation rate, ANA, and rheumatoid factor.

55. Describe the indications for ordering and be able to interpret the following diagnostic procedures: PA, AP, and lateral chest x-rays, x-rays of the extremities for osteoporosis, and degenerative joint disease, x-rays of the spine for metastatic and primary bone tumors, and degenerative disease, KUB - flat and upright, descriptive reports of radiologists concerning upper GI series, barium enemas, IVP’s, skull films, sinus series, CT with and without contrast, sonograms, MRI’s, and echocardiogram.

56. Will observe, learn the proper technique, perform where permitted, identify the indications, contraindications, precautions and risks of, interpret the results of, and appropriately educate the patient or legal guardian about the performance of and the meaning of the results of the following procedures: arterial blood gases (ABGs), arterial line insertion, venipuncture/fingerstick glucose, intravenous (IV) catheter insertion, injections - intramuscular, intravenous, subcutaneous, naso/orogastric tube placement, stool for occult blood, urinalysis, gram stains, specimen collection for culture/sensitivity – including blood, cervical, nasopharyngeal, sputum, stool, urethral, urine, wound, wet mounts/KOH preps, foley catheter placement, electrocardiogram, gastric lavage, performing CPR, intubation, thoracentesis, lumbar puncture, paracentesis, joint aspiration, foreign body removal, suture, wound care / I&D of wounds/decubitus ulcer care, total parenteral nutrition, gastrostomy tube maintenance, asepsis and sterile technique, administer ACLS protocol, and pacemaker insertion and maintenance.

**Patient Care Competency Domain**

Students are expected to gather and document 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. Students are then expected to develop and carry out management plans that meet the specific needs of the patient while respecting the heterogeneity of this population. Upon completion of the rotation which will be in the outpatient setting, but not limited to that setting, and given a patient case, scenario or complaint, the student will be able to:

1. Elicit a pertinent patient history.
2. Perform an appropriate focused or complete physical examination.
3. Formulate a minimum of 3 differential diagnoses based on the history and physical exam.
4. Evaluate and treat patients needing medical care across the lifespan to include infants, children, adolescents, adults, and the elderly.
5. Identify and properly refer patients who require immediate medical attention.
6. Select, order and interpret the proper laboratory and diagnostic studies.
7. Formulate a most likely diagnosis from the history, physical examination, laboratory work-up, and the proper pharmacological intervention.
8. Select the proper pharmacological intervention.
9. Give a concise oral presentation of the patient, based on the history and physical examination in a 3-5 minute time frame.
10. Document and maintain the appropriate medical documentation.
11. Document procedures performed in a procedure note in the medical record.
12. Identify and discuss the required patient education topics with the preceptor.
13. Identify the indications, contraindication, precautions, mechanism of action and management of the following: common OTC medications, analgesics, antacids, antianxiolytics, antibiotics, antihypertensives, antidepressants, antiarrhythmics, bronchodilators, antifungals, antivirals, and insulin/oral hypoglycemic agents.
14. Describe the indications for, the expected and normal results for and list the common diseases that may account for abnormal values for the following lab tests: Complete Blood Count (CBC) with differential, hematologic studies common for anemia work-ups, urinalysis, glucose testing and monitoring, blood urea nitrogen (BUN), serum creatinine (Cr), electrolytes, thyroid function tests (TSH, T3, free T4), pulmonary function tests (PFTs), sedimentation rate (ESR), biochemical profiles, including but not limited to liver function tests (LFT’s), cardiac enzymes, and calcium metabolism tests.
15. Describe the indications for ordering and be able to interpret the following diagnostic procedures: PA, AP, and lateral chest x-rays, x-rays of the extremities for osteoporosis, and degenerative joint disease, x-rays of the spine for metastatic and primary bone tumors, and degenerative disease, KUB, and abdominal flat and upright films, descriptive reports of radiologists concerning upper GI series, barium enemas, IVPs, skull films, sinus series, CT with and without contrast, sonograms, and MRIs.
16. Observe, learn the proper technique, perform where permitted, identify the indications, contraindications, precautions and risks of, interpret the results of, and appropriately educate the patient or legal guardian about the performance of and meaning of the following procedures: cryosurgery, glucometry, venipuncture/fingerstick glucose, ingrown toenail removal, injections – intramuscular, intravenous, subcutaneous, stool for occult blood, urinalysis, gram stains, specimen collection for culture/sensitivity – including blood, cervical, nasopharyngeal, sputum, stool, urethral, urine, wound, wet mounts/KOH preps, electrocardiogram, foreign body removal, minor surgical procedures, skin biopsies, suture, wound care, I&D of wounds, and decubitus ulcer care.

**Practice-Based Learning and Improvement Competency Domain**

Practice-based learning and improvement focuses on analyzing one’s own clinical practice, and seeking medical literature and other information resources for the purpose of self-improvement. Students are expected to:
1. Locate, interpret and evaluate medical literature which pertains to the current standards of clinical practice for conditions encountered in the patient population.
2. Apply up-to-date evidence-based medicine principles to care for patients in the internal medicine setting.
3. Encourage continuity of care with the primary care practice and with other referral sources.
4. Demonstrate self-directed learning by identifying and resolving learning issues in a timely manner.

**System-Based Practice Competency Domain**

Students must be aware of the societal and economic environments in which health care is delivered. During the rotation, the student must:

1. Promote a safe environment for patient care in the internal medicine setting.
2. Promote cost-effective health care without sacrificing the quality of patient care.
3. Promote the continuity of care among multiple health care professionals in the care of the patient, including physicians, PAs, nurses, physical, occupational and speech therapists, dieticians and social workers.
4. Incorporate community services and institutional resources in the care of the patient.
5. Relate how to deal with the psychosocial issues affecting the internal medicine population.
6. Describe why patients experiencing injury or illness from violence, abuse, or neglect often do not present with that particular complaint.
7. Identify the types of problems that require referral to a specialist or consultant.
8. Realize the importance of preventative screening procedures for each age range.

**Professionalism Competency Domain**

Students are expected to demonstrate professionalism at all times during interactions with patients, families and caregivers, recognizing that the needs of primary care patients differ from other patients. During the rotation, the student must:

1. Demonstrate an appropriate level of professionalism when interacting with the patient, their families, their caregivers and other health professionals.
2. Deliver care to patients and their families with dignity, respect and compassion.
3. Demonstrate accountability to the health needs of patients and always act in their best interest.
4. Demonstrate initiative and willingness to learn and work with others.
5. Recognize limitations and seek help from supervising preceptors prior to enacting a questionable act.
6. Demonstrate a positive attitude by practicing punctuality and appropriate dress and grooming.
7. Abide by the AAPA Code of Ethics and the ADU PA Program Professionalism Behavior and Program Loyalty Affirmation.
Interpersonal and Communication Skills Competency Domain

Students are expected to communicate information respectfully and clearly to patients, their families and caregivers. This can be accomplished through verbal, nonverbal and written exchange. During the rotation, the student must:

1. Present an oral presentation to the preceptor which includes pertinent clinical information about the patient.
2. Perform thorough written documentation of the patient history, diagnoses, assessment, treatment plan and follow up instructions.
3. Communicate information clearly and educate the patient, the patient’s family and the patient’s caregiver about patient diagnoses and treatment plan and any follow up necessary.
4. Implement patient education techniques to encourage compliance with the medical treatment regimen.
5. Apply sensitivity to the privacy and comfort of the patient and family.
6. Establish rapport with the patient and family while maintaining confidentiality.
7. Demonstrate a sensitive and empathetic attitude towards patients and families.
8. Demonstrate the ability to perform telephone triage of appropriate patient concerns.

INSTRUCTIONAL OBJECTIVES: During the clinical rotation, the physician assistant student will delineate, differentiate and discuss typical presenting complaints, history and physical findings, differential diagnosis, appropriate diagnostic studies and their expected results and outline the appropriate principles of management, including pharmacologic and non-pharmacologic, to initiate treatment with appropriate supervision for each of the following conditions (listed per organ system):

Behavioral Health/Psychiatry: alcoholism, anorexia, anxiety, adjustment and stress disorders, bipolar disorder, bulimia, chronic pain syndromes, death and dying, dementia, delirium, insomnia, major depressive disorder, organic brain syndrome schizophrenia and other psychotic disorders, substance abuse and overdose, and psychosomatic disorders.

Cardiovascular/Peripheral Vascular: acute bacterial endocarditis, acute coronary syndrome, acute myocardial infarction, angina pectoris, aortic aneurysm, aortic dissection, aortic stenosis/insufficiency, arterial embolism/dissection, atherosclerotic coronary, arterial disease, cardiac arrhythmias, cardiac tamponade, cardiomyopathies, chronic/acute arterial occlusion, congestive heart failure, cor pulmonale, deep vein thrombosis, dysrhythmias, giant cell arteritis, hypertensive crisis, hypertensive vascular disease, hypotension, infective endocarditis, ischemic heart disease, lymphangitis, lymphedema, myocardial infarction, myxoma, pericardial disease, pericardial tamponade, peripheral arterial disease, peripheral vascular disease, phlebitis/thrombophlebitis, Raynaud’s phenomenon, rheumatic heart disease, shock, syncope, thrombophlebitis, valvular heart disease, venous insufficiency, venous thrombosis, and varicose veins.

Dermatology: actinic keratoses, decubitus ulcers, dermatitis, dry skin, eczema, psoriasis, skin cancers, toxic epidermal necrolysis, and wound care.
**Endocrine:** acromegaly/gigantism, acute thyroiditis, adrenal insufficiency, Cushing’s syndrome, diabetes insipidus, diabetic ketoacidosis, diabetes mellitus type I and type II, diseases of the adrenal glands, diseases of the thyroid, disorders of lipid metabolism, dwarfism, hyperparathyroidism, hypoglycemia, hyperthyroidism, hypothyroidism, lipid disorders, obesity, paget’s disease, panhypopituitarism, parathyroid disorders, pheochromocytoma, pituitary tumors, SIADH, and thyroid cancer.

**Gastrointestinal/Nutrition:** acute cholecystitis, cholelithiasis, acute and chronic liver disease, anorectal abscess/fistula, appendicitis, ascites, bowel obstruction, campylobacter, cholecystitis, choledocholithiasis, cirrhosis, colorectal cancer, constipation, diarrhea, diverticular disease, duodenal ulcer, dysphagia, dyspepsia, enterobiasis, erosive esophagitis, esophagitis, esophageal motor disorders, esophageal cancer, esophageal strictures, esophageal varices, fecal incontinence, gastritis, GERD, GI bleeding/hemorrhage, hemorrhoids, hepatic failure, inflammatory bowel disease, malabsorption syndromes, intestinal obstruction, ischemic bowel disease, irritable bowel disease, Mallory-Weiss tears, mesenteric ischemia neoplastic, diseases of the esophagus, stomach, liver, pancreas, small intestine/colon, rectum, and anus, acute and chronic pancreatitis, pancreatic cancer, parasitic diseases, giardiasis, peptic ulcer disease, peritonitis, pseudomembranous colitis, trichinosis, ulcerative colitis, Crohn’s disease, viral hepatitis, and Zenker’s diverticula.

**GU/GYN:** acute renal insufficiency/failure, bladder cancer, chronic renal failure, cystitis/pyelonephritis, fluid and electrolyte disorders, glomerulonephritis, nephro lithiasis, nephrotic syndrome, bladder carcinoma, prostate carcinoma, renal cell carcinoma, testicular carcinoma, polycystic kidney disease, gynecologic carcinomas, cervitis, epididymitis, orchitis, pelvic inflammatory disease, urethritis, and urinary incontinence.

**Health Maintenance:** community related prevention, nutrition, oral hygiene, routine infant and child health checkups, cardiovascular risk counseling, exercise counseling, counseling for: contraception, family planning, pap smears, routine immunizations, allergy testing and desensitization community related prevention, nutrition, oral hygiene, cardiovascular risk counseling, exercise counseling, counseling for: contraception, family planning, pap smears, routine immunizations, allergy testing and desensitization, and smoking cessation.

**HEENT:** blurred vision and decreased visual acuity, cataracts, glaucoma, ptosis, bell’s palsy, nasal polyps, sinusitis, hypertensive and diabetic retinopathies uveitis, amaurosis fugax, papilledema, conductive and sensorineural hearing loss, presbyacusis, acoustic neuroma, and carcinomas.

**Hematopoietic:** aplastic anemia, vitamin B12 deficiency anemia, folate deficiency anemia, iron deficiency anemia, G6PD deficiency anemia, hemolytic anemia, sickle cell anemia, thalassemia, coagulation disorders, disseminated intravascular coagulation, Factor VIII disorders, Factor IX disorders, Factor XI disorders, thrombocytopenia, idiopathic thrombocytopenic purpura, thrombotic thrombocytopenic purpura, von Willebrand’s disease,
acute/chronic lymphocytic leukemia, acute/chronic myelogenous leukemia, lymphoma, and multiple myeloma.

**Infectious Disease:** acute rheumatic fever, botulism, cholera, diptheria, salmonellosis, shigellosis, tetanus, fever of unknown origin, candidiasis, cryptococcosis, histoplasmosis, pneumocystis, meningitis, tuberculosis, atypical mycobacterial disease, nosocomial infection in the hospital setting, amebiasis, malaria, toxoplasmosis, HIV disease, syphilis, gonorrhea, chlamydia, chancroid, human papilloma virus, spirochetal disease, lyme borreliosis, lyme disease, Rocky Mountain Spotted Fever, cytomegalovirus, epstein-barr, herpes simplex, rabies, and varicella zoster.

**Musculoskeletal/Rheumatologic:** ankylosing spondylitis, bony tumors, dermatomyositis, diabetic foot care, estrogen replacement therapy, falls in the elderly, gonococcal/nongonococcal arthritis, gout and other crystal arthopathies, infectious (septic) arthritis, low back pain, osteoarthritis, osteoporosis, pathologic fractures, polyarthritis nodosa, polymyalgia rheumatica, Reiter’s syndrome, rheumatoid arthritis, sarcoidosis, scleroderma, Sjögren’s syndrome, spinal stenosis, spondylosis, systemic lupus erythematosus, thoracic outlet syndrome, and Wegener’s Granulomatosis.

**Neurological:** Alzheimer’s disease, Amyotrophic Lateral Sclerosis, cerebrovascular disease, cranial nerve disorders, dementias, encephalitis, encephalopathy, headaches, head injuries, Huntington’s disease, intracranial bleeding, intracranial mass lesions, meningitis, movement disorders, Multiple Sclerosis, Myasthenia Gravis, neurofibromatosis, normal pressure hydrocephalus, Parkinson’s disease, peripheral neuropathies, seizure disorders, stupor and coma, subdural hematoma, syncope, transient ischemic attacks (TIA), traumatic brain injuries, vertigo, and Wernicke’s Encephalopathy.

**Pulmonary:** acute bronchitis, acute respiratory distress, ARDS, asthma, atelectasis, bronchiogenic cancer, cor pulmonale, environmental lung disease, foreign body aspiration, hemothorax, influenza, inhalation lung injury, interstitial lung disease, lung abscess, lung cancer, obstructive pulmonary diseases, asthma, bronchiectasis, chronic bronchitis, COPD, cystic fibrosis, emphysema, infiltrative lung diseases, obstructive sleep apnea, occupational lung diseases, pertussis, Pickwickian syndrome, pleural effusion, pneumothorax, pulmonary embolism, pneumonia, pneumocystis jirovecii, pulmonary embolism, pulmonary hypertension, restrictive pulmonary disease, sarcoidosis, and tuberculosis.

**Renal:** acid-base disorders, acute renal failure, benign prostatic hypertrophy, carcinomas (prostate, renal, bladder), chronic renal failure, cystitis, cystic disease of the kidney, fluid and electrolyte disturbances, glomerulonephritis, nephrolithiasis, nephrosis, pyelonephritis, tubulointerstitial nephritis, and urinary incontinence.
**Emergency Medicine Rotation**

**Class of 2017**

**ROTATION GOAL:** In this 4 week rotation, students will experience a wide variety of clinical presentations common in the emergency room arena. Students will learn methods for determining critical versus noncritical presentations and methods of patient stabilization. Students will have the opportunity the apply many of the procedures and techniques learned in the medical procedures course.

**PROGRAM GOALS ADDRESSED IN THIS ROTATION:**

Goal 1: Proficiency in obtaining a thorough medical history and performance of a complete physical examination.

Goal 2: Effective communication with fellow healthcare team members, family members and patients.

Goal 3: The ability to care and demonstrate compassion and understanding while being supportive and willing to provide superior patient care.

Goal 4: A functional understanding of disease processes and injuries and be able to form appropriate differential and final diagnoses.

Goal 5: Appropriate utilization and interpretation of medical diagnostics.

Goal 6: The capacity and ability to apply critical thinking into the evaluation and care of patients.

Goal 8: The ability to conduct one’s self in an ethical and moral manner.

Goal 13: Integrate diagnostic assessment skills with knowledge of patient presentation, pharmacology, and health care subspecialties to synthesize appropriate treatment plans.

Goal 15: Demonstrate basic competency in clinical procedures performed by a graduate Physician Assistant.

**PHYSICIAN ASSISTANT (PA) CORE COMPETENCIES:** The PA profession has adopted six core standards by which all PA professionals should possess in order to practice in the healthcare field. These standards are known as core competencies, which address medical knowledge, patient care, practice-based learning and improvement, systems based practice, professionalism, and interpersonal and communication skills. Life-long, continued learning and professional behavior is emphasized throughout each of these domains.

Competency-based education focuses on student-learner performance (learning outcomes) in reaching specific objectives (goals and objectives of the curriculum). In this setting, learning and teaching are dynamically combined to help the student achieve the expected learning outcomes and instructional objectives.

During the clinical rotations, the student will meet program expectations and acquire the competencies needed for clinical PA practice. At a minimum, the student will have preventative, emergent, acute, and chronic patient encounters.

**LEARNING OUTCOMES:** At the completion of the Emergency Medicine Rotation, the physician assistant student will:
Medical Knowledge Competency Domain

1. Recognize historical and clinical manifestations of disease and disorders affecting the major body systems.
2. Discuss the evaluation and management of patients presenting with acute and chronic medical complaints and the use of specialists referral.
3. Interpret and record medical data to include laboratory findings, imaging studies, EKG interpretation, and procedures.
4. Utilize concepts of evidence based medicine and critical thinking skills in the problem solving process.
5. Compare and contrast indications, contraindications and potential adverse reactions for the most common medications prescribed for various diseases discussed and the use of the “teach me back” technique for patient education.
6. Communicate and counsel patients and their families on issues of disease prevention, health maintenance and disease management demonstrating social and cultural competency.
7. Demonstrate knowledge of the etiology, epidemiology, pathophysiology, anatomy, prognosis and complications pertinent to each diagnosis listed in the instructional objectives.
8. Discuss the differential diagnosis of an acute abdomen, headache, and cough.
9. Discuss the diagnosis and treatment of a patient in shock.
10. Describe the common poisonings and overdoses managed in the ER: opiates, acetaminophen, ingestion of caustics, aspirin, benzodiazepine, PCP and other hallucinogens, hydrocarbon ingestion, and cholinesterase inhibitors.
11. Discuss neurologic emergencies: the comatose patient, status epilepticus, spinal cord compression, stroke, and syncope.
12. Discuss the differential diagnosis and physical examination findings in head injury/trauma and coma (vital signs, pupillary findings, Glasgow rating).
13. Discuss the differential diagnosis and management of a patient presenting with acute respiratory distress.
14. Discuss how to interpret arterial blood gases and understand the importance of establishing the severity of illness and guiding treatment utilizing the results.
15. Explain the evaluation and treatment of a patient who has sustained a traumatic injury.
16. Understand how to evaluate a burn victim utilizing the total body surface area percentage (TBSA) in adults and children. Know the classification of burns, management of first and second degree burns, including fluid replacement protocols and indications for hospitalization or consultation.
17. Discuss primary and secondary assessment of a trauma patient with multiple injuries, by mechanism of injury (blunt vs penetrating trauma), by site of injury (head, eye, chest, spinal cord and bony spine, abdomen, extremity, urogenital system).
18. Recognize and describe a patient undergoing an endocrinologic emergency including: thyroid storm, diabetes crisis, or adrenal crisis (Addisonian crisis, Pheochromocytoma).
19. Recognize a patient with drug seeking behavior or a patient under the influence of drugs or alcohol.
20. Explain the management of a patient undergoing a sickle cell crisis.
22. Identify the need for different types of suture material utilized in the emergency room.
23. Know the amount of time sutures are to be left intact to promote optimal healing in a particular part of the body.
24. Management of hypertensive and diabetic patients (hypoglycemic, DKA, hyperosmolar nonketotic coma) in a crisis.
25. Know the indications for administration of IV glucose or insulin.
26. Understand the mechanism of injury and pathophysiology of different fractures: orbital floor, facial, axial and appendicular skeletal fractures.
27. Understand the electrolyte imbalances and the management.
28. Understand different types of urogenital emergencies and management.
29. Understand the different spinal cord and cranial nerve syndromes in physical presentation.
30. Explain the mechanism of injury of different vertebral fractures.
31. Explain the mechanism of injury and treatment of hand, wrist and ankle injuries and know Salter-Harris Classification system.
32. Explain indications and contraindications of performing a lumbar puncture.
33. Understand the presentation and treatment of psychiatric disorders such as: psychosis, delirium tremens, anxiety, schizophrenia, depression, suicide, alcohol abuse, and ADHD.
34. Understand what blood type should be given to patients who have an unknown blood type.
35. Describe the diagnosis and treatment of the following cardiovascular disorders: syncope, cardiac tamponade, myocardial infarction, congestive heart failure (left vs. right), arrhythmias (SVTs, long Q-T, ventricular tachycardia, and ventricular fibrillation).
36. Know the physical examination presentation of different types of hip fractures vs. hip dislocations (anterior vs. posterior).
37. Describe the differential diagnosis of chest pain as it relates to the lungs: pneumonia, pulmonary embolism, spontaneous pneumothorax, cystic fibrosis, tuberculosis, pneumomediastinum, atelectasis, cancer.
38. Explain the diagnosis and treatment of sexually transmitted infections.
40. Discuss the treatment of a pregnant patient undergoing a hypertensive crisis, seizure, or orthostatic hypotension while lying supine.
41. Explain how to chemically restrain a belligerent patient in the emergency room; and understand how to appropriately implement the Baker’s Act and Marchman Act.
42. Describe the following common emergency problems including the pathophysiology of: Shock, respiratory distress/failure, drowning, aspiration of a foreign body, anaphylaxis and transfusion reactions, altered mental status, drug abuse, cold injuries, heat injuries, arrhythmias, different types of acute chest pain syndromes, bleeding dyscrasias, croup, viral exanthems, dizziness, conjunctivitis, venoms, bites and stings, burns, traumatic injuries, hemorrhages and epistaxis, corneal burn and abrasion, head trauma, seizures, vaginal discharge and bleeding.
43. Discuss psychiatric emergencies: acute psychiatric breaks, suicidal patients, situational crisis, psychosis, domestic abuse issues.
44. Understand how to assist in the management of a patient in cardiopulmonary arrest applying ACLS algorithms.

**Patient Care Competency Domain**

Students are expected to gather and document 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. Students are then expected to develop and carry out management plans that meet the specific needs of the patient while respecting the heterogeneity of this population. Upon completion of the rotation in the emergency department and given a patient case, scenario or complaint, the student will be able to:

1. Elicit a pertinent patient history.
2. Perform an appropriate focused or complete physical examination.
3. Formulate a minimum of 3 differential diagnoses based on the history and physical exam.
4. Identify and properly refer patients who require immediate medical attention.
5. Select, order and interpret the proper laboratory and diagnostic studies.
6. Formulate a most likely diagnosis from the history, physical examination, laboratory work-up, and the proper pharmacological intervention.
7. Give a concise oral presentation of the patient, based on the history and physical examination in a 3-5 minute time frame.
8. Document and maintain the appropriate medical documentation.
9. Document procedures performed in a procedure note in the medical record.
10. Identify and discuss the required patient education topics with the preceptor.
11. Triage patients based on presenting complaints in the Emergency Department.
12. Evaluate and treat patients needing medical care across the lifespan including infants, children, adolescents, adults and the elderly.
13. Elicit a focused patient history.
14. Perform a complete or focused physical examination according to the patient’s age.
15. Perform specialized physical examination and procedures: eye exam, pelvic exam, and perform a pediatric or adult abuse exam.
16. Formulate a minimum of 3 differential diagnoses based on the history and physical examination findings.
17. Identify and properly refer patients who require immediate medical or specialized medical attention.
18. Select, order, and interpret the proper laboratory and diagnostic studies based on risks and benefits, sensitivity and specificity, cost-effectiveness, informed consent and appropriate timeliness.
19. Be able to perform BLS/ACLS/PALS skills as needed.
20. Formulate the most likely diagnosis from the history, physical examination, laboratory work-up, and/or diagnostic procedures performed.
21. Select the proper pharmacological intervention(s) as related to dosage, indication, contraindications, interactions, complications, metabolism, excretion, and mutagenicity.

22. Be familiar with the indications of appropriate IV fluid orders for emergency and acute situations.

23. Provide the preceptor with a concise oral presentation of the patient based on the history and physical examination within a 3-5 minute time frame.

24. Record and maintain the appropriate medical documentation as required by the facility (written or electronic).

25. Ability to correctly prioritize, evaluate, and manage of trauma victims.

26. Ability to recognize domestic violence, sexual assault, child abuse and be aware of community resources available.

27. Implement the National Institute of Health Stroke Scale (NIHSS) for suspected CVA/TIA patients.

28. Ability to generate appropriate procedure notes, HPI, and admission orders as directed by the facility.

29. Identify and discuss the required patient education topics with the preceptor.

30. Identify the indications, contraindications, precautions, mechanisms of action, and management of the following: intravenous fluid therapy (adult and pediatric patients), analgesics, both oral and parenteral, antacids, antibiotics, antihypertensives, antiarrhythmics, bronchodilators, antifungal agents, topical corticosteroids, and anesthetics, both topical and parenteral.

31. Describe the indications for, the expected / normal results for, and list the common diseases, which may account for abnormal values for the following laboratory test: CBC with differential, urinalysis (culture and sensitivity), chemistry profiles including glucose, electrolytes, BUN:Cr, liver function tests, and cardiac enzymes, bilirubin-conjugated and unconjugated, arterial blood gases, thyroid function studies, pulmonary function tests, beta human chorionic gonadotropin (BHcG) and/or urine pregnancy test, EKG interpretation, coagulation studies, and V/Q scan results.

32. Describe the indications for ordering and interpreting the following diagnostic procedures: PA and lateral chest x-ray, x-rays of the extremities for fractures, dislocations, and degenerative joint disease, x-rays of the spine for fracture, degenerative joint disease, spondylolisthesis, spondylolisthesis, scoliosis, kyphosis, and lordosis, KUB and acute abdominal series, IVP (intravenous pyelogram), x-rays of the skull, x-rays of the facial bones, and MRI- understanding when an MRI is appropriate in the ER setting.

33. Observe, learn the proper technique, perform where permitted, identify the indications, contraindications, precautions and risks of, interpret the results of, and appropriately educate the patient or legal guardian about the performance of and the meaning of the results of the following procedures: arterial blood gases, venipuncture/fingerstick glucose, intravenous (IV) catheter insertion, injections- IM, IV, and subcutaneous, naso/orogastric tube placement, stool for occult blood, urinalysis- clean catch and catheter, gram stains, specimen collection for culture/sensitivity - including blood, cervical, nasopharyngeal, sputum, urethral, urine, wound, wet mounts/KOH preps, foley catheter placement, electrocardiograms, pulse oximeter monitoring, gastric lavage, perform CPR/assist in management of a patient undergoing cardiopulmonary
arrest, intubation, thoracentesis, lumbar puncture, joint aspiration, foreign body removal from soft tissue, ear, nose, throat and eye, suture minor lacerations, indications for blood and blood product transfusions.

34. Discuss and counsel patients and their families regarding topics of health promotion and disease prevention commonly seen in the emergency room (includes issues related to socio-economics and cultural diversity).

35. Understand how to deal with the psychosocial issues affecting the emergency medicine population.

**Practice-Based Learning and Improvement Competency Domain**

Practice-based learning and improvement focuses on analyzing one’s own clinical practice, and seeking medical literature and other information resources for the purpose of self-improvement. Students are expected to:

1. Locate, interpret and evaluate medical literature which pertains to the current standards of clinical practice for conditions encountered in the patient population.
2. Apply up-to-date evidence-based medicine principles to care for patients in the emergency medicine setting.
3. Encourage continuity of care with the primary care practice and with other referral sources.
4. Demonstrate self-directed learning by identifying and resolving learning issues in a timely manner.

**System-Based Practice Competency Domain**

Students must be aware of the societal and economic environments in which health care is delivered. During the rotation, the student must:

1. Promote a safe environment for patient care in the primary care setting.
2. Promote cost-effective health care without sacrificing the quality of patient care.
3. Promote the continuity of care among multiple health care professionals in the care of the patient, including physicians, PAs, nurses, physical, occupational and speech therapists, dieticians and social workers.
4. Incorporate community services and institutional resources in the care of the patient.
5. Relate how to deal with the psychosocial issues affecting the patient population.
6. Describe why patients experiencing injury or illness from violence, abuse, or neglect often do not present with that particular complaint.
7. Identify the types of problems that require referral to a specialist or consultant.
8. Realize the importance of preventative screening procedures for each age range.

**Professionalism Competency Domain**

Students are expected to demonstrate professionalism at all times during interactions with patients, families and caregivers, recognizing that the needs of emergency room patients differ from other patients. During the rotation, the student must:
1. Demonstrate an appropriate level of professionalism when interacting with the patient, their families, their caregivers and other health professionals.
2. Deliver care to patients and their families with dignity, respect and compassion.
3. Demonstrate accountability to the health needs of patients and always act in their best interest.
4. Demonstrate initiative and willingness to learn and work with others.
5. Recognize limitations and seek help from supervising preceptors prior to enacting a questionable act.
6. Demonstrate a positive attitude by practicing punctuality and appropriate dress and grooming.
7. Abide by the AAPA Code of Ethics and the ADU PA Program Professionalism Behavior and Program Loyalty Affirmation.

**Interpersonal and Communication Skills Competency Domain**

Students are expected to communicate information respectfully and clearly to patients, their families and caregivers. This can be accomplished through verbal, nonverbal and written exchange. During the rotation, the student must:

1. Present an oral presentation to the preceptor which includes pertinent clinical information about the patient.
2. Perform thorough written documentation of the patient history, diagnoses, assessment, treatment plan and follow up instructions.
3. Communicate information clearly and educate the patient, the patient’s family and the patient’s caregiver about patient diagnoses and treatment plan and any follow up necessary.
4. Implement patient education techniques to encourage compliance with the medical treatment regimen.
5. Apply sensitivity to the privacy and comfort of the patient and family.
6. Establish rapport with the patient and family while maintaining confidentiality.
7. Demonstrate a sensitive and empathetic attitude towards patients and families.
8. Demonstrate the ability to perform telephone triage of appropriate patient concerns.
9. Discuss and counsel patients and their families regarding topics of health promotion and disease prevention commonly seen in the outpatient clinic (includes issues related to socio-economic and cultural diversity).

**INSTRUCTIONAL OBJECTIVES:** During the clinical rotation, the physician assistant student will delineate, differentiate and discuss typical presenting complaints, history and physical findings, differential diagnosis, appropriate diagnostic studies and their expected results and outline the appropriate principles of management, including pharmacologic and non-pharmacologic, to initiate treatment with appropriate supervision for each of the following conditions (listed per organ system):

**Basic and Advanced Cardiac Life Support:** Demonstrate a knowledge of BLS, PALS, and ACLS standards as required for successful completion of the courses.
Behavioral Health/Psychiatric: domestic violence, drug overdose, psychotic disorders (including schizophrenia and brief psychotic disorder), posttraumatic stress disorder, personality disorders, substance abuse disorders (including cocaine and cocaine psychosis, opioids, hallucinogens, THC, amphetamines, and sedatives / hypnotics), suicide attempt, suicidal states, suicide, acute alcoholic intoxication, delirium tremens, depressive states, manic states, obsessive-compulsive disorder, and panic attacks.

Cardiovascular/Peripheral Vascular: acute coronary syndromes (acute MI, angina), aortic dissection, anaphylactic shock, cardiogenic shock, hypovolemic shock, neurogenic shock, septic shock, cardiac tamponade, chest pain, coarctation of the aorta, costochondritis, dyrythmias, heart failure, hypertension, hypertensive crisis, pericardial effusion, pericarditis, pleurodynia, pneumomediastinum, pulmonary edema, abdominal aortic aneurysm, deep vein thrombosis, peripheral arterial occlusion, pulmonary embolism, superficial thrombophlebitis, and varicose veins.

Dermatology: angioedema, drug eruptions, erythema multiforme, herpes simplex and zoster, impetigo, intense pruritus, MRSA infections, poison ivy, purpura urticaria, scabies and pediculosis, stevens-johnson syndrome, tinea corporis and versicolor.

Endocrine: alcoholic ketoacidosis, adrenal insufficiency and adrenal crisis or addisonian crisis, diabetic ketoacidosis, hyperosmolar non-ketotic syndrome, hyperthyroidism, myxedema coma, thyroid storm.

Environmental Injuries: animal bites: dog/cat, arthropod bites and stings (black widow and brown recluse), burns, electrical and lightning injuries, frostbite, heat emergencies: heat exhaustion, cramps, or stroke, hypothermia, hazardous marine life, ingestion of poisonous fish, mountain sickness, near drowning/drowning, radiation injuries, and snake bites.

Fluid, Electrolyte and Acid Base Disorders: dehydration, hypernatremia, hyponatremia, hyperkalemia, hypokalemia, hypomagnesemia, hypermagnesemia, hypocalcemia, hypercalcemia, respiratory acidosis, respiratory alkalosis, metabolic acidosis, and metabolic alkalosis.

Gastrointestinal/Nutrition: acute abdominal pain, appendicitis, cholecystitis, diarrhea, diverticulitis/diverticulosis, gastroenteritis, gastrointestinal bleeding, intestinal obstruction, inflammatory bowel disease, liver diseases/liver trauma, mesenteric thrombosis, pancreatitis, penetrating and blunt abdominal trauma, perforations, hepatitis, and hemorrhoids.

GU/Renal: acid base disorders, acute urinary retention, balanitis, bladder and urethral injuries, dysuria, electrolyte disorders, ectopic pregnancy, epididymitis, hematuria, phimosis, paraphimosis, priapism, prostatitis, pyelonephritis, renal colic, renal failure, renal trauma, scrotal pain, STIs in males and females, scrotal mass lesions, testicular trauma, and torsion of the testicle.

GYN/OB: abnormal vaginal bleeding, dysmenorrhea, ectopic pregnancy, eclampsia, preeclampsia, pelvic inflammatory disease, endometriosis, genital trauma, hyperemesis
gravidarum, labor and delivery, mittelschmerz, pelvic pain, postpartum hemorrhage, ruptured ovarian cyst, salpingitis, spontaneous abortion, STIs in women, urinary tract infection, vaginal discharge, third-trimester bleeding, and trauma in pregnancy.

**HEENT:** acute angle closure glaucoma, acute dacryocystitis, blunt trauma to the eye and orbit, central retinal artery and vein occlusion, conjunctivitis, epiglottitis, foreign body in eye, hyphema, ruptured globe, foreign body in the eye, orbital cellulitis, ocular burns, pediatric apnea, croup, dehydration, epiglottitis, exanthems, febrile seizures, fever in infants, foreign body removal from HEENT, gastroenteritis, peritonsillar abscess, retinal detachment, retropharyngeal abscess, subconjunctival hemorrhage, uveitis, otitis media, periorbital cellulitis, pharyngitis, physical abuse, sexual abuse, upper and lower airway obstruction, and URI.

**Infectious Disease:** hand infections, lyme disease, meningitis, osteomyelitis, pharyngitis, rabies, septic arthritis, skin and soft tissue infections, tetanus, and toxic shock syndrome.

**Legal Aspects of Emergency Care:** consent, Good Samaritan laws, medical records, negligence/neglect, and psychiatric emergencies (Baker Act).

**Musculoskeletal/Rheumatologic:** acute orthopedic emergencies, acromioclavicular joint injuries, ankle joint injuries, arterial injuries, clavicular fractures, Colles’ fractures, compartment syndrome fracture of the base of the 5th metatarsal, growth plate injuries (salter classification), hemarthrosis, humeral fractures, knee ligament injuries, metacarpal and finger fractures, nursemobile elbow (radial head dislocation), open fractures, patella fracture, pelvic, hip, and femur fractures, radial head fractures, rotator cuff tears, scapular fractures, shoulder dislocation, shoulder tendonitis, splinting, toe fractures, and compartment syndrome.

**Neurological:** altered mental status, coma, concussions, stroke, Guillain-Barre, headache, loss of consciousness, seizures/status epilepticus, syncope, TIA, vertigo, and weakness.

**Pulmonary:** acute asthma, anaphylaxis, aspiration, atelectasis, ARDS, aspiration, COPD, dyspnea, hemothorax, hemoptysis, hyperventilation, pneumonia, pneumothorax, pulmonary edema, and upper respiratory emergencies.

**Soft Tissue Emergencies/Wound Care:** abscess I&D, assessment and management of simple lacerations, burns: first, second, third, and fourth degree, cellulitis, dog and cat bites, foreign body removal, frostbite, paronychia and felon, puncture wounds, rabies prophylaxis, sunburn, suture materials, wound preparation prior to suturing: local anesthetics, digital nerve blocks, tetanus prophylaxis, and wound aftercare.

**Trauma:** abdominal injury, chest injury, dental trauma, ear lacerations, facial fractures, head injury, hematympanum, injuries to lower extremity, injuries to upper extremity, LeFort fractures, maxillofacial trauma, neck trauma, orbital floor fractures, penetrating and blunt chest trauma, post-concussive headaches, scalp lacerations, spinal cord injury, vertebral fractures, and whiplash injuries of the cervical spine.
General Surgery Rotation  
Class of 2017

**ROTATION GOAL:** This 4 week rotation introduces students to practical concepts and principles in surgery. The students will have the opportunity to interact with surgeons in a variety of surgical cases and to explore a range of surgical therapeutics.

**PROGRAM GOALS ADDRESSED IN THIS ROTATION:**
Goal 1: Proficiency in obtaining a thorough medical history and performance of a complete physical examination.
Goal 2: Effective communication with fellow healthcare team members, family members and patients.
Goal 3: The ability to care and demonstrate compassion and understanding while being supportive and willing to provide superior patient care.
Goal 4: A functional understanding of disease processes and injuries and be able to form appropriate differential and final diagnoses.
Goal 5: Appropriate utilization and interpretation of medical diagnostics.
Goal 6: The capacity and ability to apply critical thinking into the evaluation and care of patients.
Goal 8: The ability to conduct one’s self in an ethical and moral manner.
Goal 13: Integrate diagnostic assessment skills with knowledge of patient presentation, pharmacology, and health care subspecialties to synthesize appropriate treatment plans.
Goal 15: Demonstrate basic competency in clinical procedures performed by a graduate Physician Assistant.

**PHYSICIAN ASSISTANT (PA) CORE COMPETENCIES:** The PA profession has adopted six core standards by which all PA professionals should possess in order to practice in the healthcare field. These standards are known as core competencies, which address medical knowledge, patient care, practice-based learning and improvement, systems based practice, professionalism, and interpersonal and communication skills. Life-long, continued learning and professional behavior is emphasized throughout each of these domains.

Competency-based education focuses on student-learner performance (learning outcomes) in reaching specific objectives (goals and objectives of the curriculum). In this setting, learning and teaching are dynamically combined to help the student achieve the expected learning outcomes and instructional objectives.

During the clinical rotations, the student will meet program expectations and acquire the competencies needed for clinical PA practice. At a minimum, the student will have preventative, emergent, acute, and chronic patient encounters.

**LEARNING OUTCOMES:** At the completion of the General Surgery Rotation, the physician assistant student will:
Medical Knowledge Competency Domain

1. Recognize historical and clinical manifestations of disease and disorders affecting the major body systems.
2. Discuss the evaluation and management of patients presenting with acute and chronic medical complaints and the use of specialists referral.
3. Interpret and record medical data to include laboratory findings, imaging studies, EKG interpretation, and procedures.
4. Utilize concepts of evidence based medicine and critical thinking skills in the problem solving process.
5. Compare and contrast indications, contraindications and potential adverse reactions for the most common medications prescribed for various diseases discussed and the use of the “teach me back” technique for patient education.
6. Communicate and counsel patients and their families on issues of disease prevention, health maintenance and disease management demonstrating social and cultural competency.
7. Demonstrate knowledge of the etiology, epidemiology, pathophysiology, anatomy, prognosis and complications pertinent to each diagnosis listed in the instructional objectives.
8. Demonstrate knowledge of the etiology, epidemiology, pathophysiology, anatomy, prognosis and complications pertinent to each diagnosis listed in the course objectives/list of topics.
9. Define: third day or post-surgical fever, dumping syndrome, and Virchow’s triad.
10. Explain the preoperative assessment of patients and elaborate on the pre-existing conditions that may increase the incidence of mortality.
11. Discuss the differential diagnosis of postoperative wound infections.
12. Discuss the management of postoperative wound infections and which antibiotics are appropriate in regard to the organ system affected.
13. Discuss the use of preoperative medications during general surgical procedures.
14. Understand what must be taken into consideration when managing a patient’s fluid and electrolytes.
15. Discuss what medications must be discontinued prior to elective surgical procedures.
16. Discuss what preoperative testing is appropriate for surgical procedures.
17. Describe some of the complications that are associated with general anesthesia.
18. Discuss the differential diagnosis of acute abdominal pain.
19. Differentiate between paralytic ileus and mechanical bowel obstruction.
20. Discuss how burn injuries are assessed. Discuss the complications and management of severe burn injuries in the surgical setting.
21. Discuss the management of surgical bleeding.
22. Discuss the pathophysiology of wound healing and the principles of wound care.
Patient Care Competency Domain

Students are expected to gather and document 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. Students are then expected to develop and carry out management plans that meet the specific needs of the patient while respecting the heterogeneity of this population. Upon completion of the rotation which will be in the operating room and inpatient setting, but not limited to that setting, and given a patient case, scenario or complaint, the student will be able to:

1. Elicit a pertinent patient history whether the setting is in the clinic, as an inpatient consultation, or as an urgent patient in the ER.
2. Perform an appropriate focused or complete physical examination.
3. Formulate a minimum of 3 differential diagnoses based on the history and physical exam.
4. Evaluate and treat patients needing care for conditions requiring surgical management including pre-operative, intra-operative, and post-operative care.
5. Identify and properly refer patients who require immediate medical attention.
6. Select, order and interpret the proper laboratory and diagnostic studies.
7. Formulate a most likely diagnosis from the history, physical examination, laboratory work-up, and the proper pharmacological intervention.
8. Give a concise oral presentation of the patient, based on the history and physical examination in a 3-5 minute time frame.
9. Document and maintain the appropriate medical documentation.
10. Document procedures performed in a procedure note in the medical record.
11. Identify and discuss the required patient education topics with the preceptor.
12. Elicit a pre-operative patient history.
13. Perform a focused or complete pre-operative physical exam.
14. Formulate a minimum of 3 differential diagnoses based on history and physical exam.
15. Identify patients who require immediate medical or surgical attention.
16. Select, order and interpret the proper laboratory and diagnostic studies.
17. Demonstrate knowledge of informed consent.
18. Understand and practice aseptic techniques in the surgical suite, including appropriate gowning and gloving.
19. Appropriately drape patients for surgical procedures.
20. Perform wound closure (suturing or staples).
21. Perform and assist in the placement of various surgical drains.
22. Apply wound dressings following a surgical procedure.
23. Document pre- and post-operative notes and orders.
25. Monitor post-operative patients for signs of infection and wound care.
26. Identify the indications, contraindication, precautions, mechanism of action and management of the following: intravenous fluid therapy, total parenteral nutrition, blood transfusions, analgesics, antacids, antianxiolytics, antibiotics, antispasmodics, antiemetics, anti-inflammatories, and anesthetics.
27. Describe the indications for, the expected and normal results for and list the common diseases that may account for abnormal values for the following lab tests: CBC with differential, hematologic studies common for anemia work-ups, urinalysis, blood and CSF glucose, blood urea nitrogen (BUN), creatinine (Cr), electrolyte panels, biochemical profiles, including but not limited to liver function tests, cardiac enzymes, calcium metabolism tests, bilirubin - conjugated and unconjugated, arterial blood gases, thyroid function tests TSH, T3, and T4, and ESR, ANA, RF, and C-reactive protein.

28. Describe the indications for ordering and be able to interpret the following diagnostic procedures: PA, AP, and lateral chest x-rays, x-rays of the extremities for fractures, dislocations, and degenerative joint disease, x-rays of the spine for scoliosis, kyphosis, fractures, and degenerative disease, flat and upright films of the abdomen, kidney-ureter-bladder radiographs, and intravenous pyelogram.

29. Descriptive reports of radiologists concerning upper and lower GI series, barium enemas, skull films, sinus series, CT with and without contrast, sonograms, MRIs, venograms and arteriograms.

30. Observe, learn the proper technique, perform where permitted, identify the indications, contraindications, precautions and risks of, interpret the results of, and appropriately educate the patient or legal guardian about the performance of and meaning of the following procedures: arterial blood gases, arterial line insertion, venipuncture/fingerstick glucose, intravenous (IV) catheter insertion, injections - intramuscular, intravenous, subcutaneous, naso/orogastric tube placement, stool for occult blood, urinalysis, gram stains, specimen collection for culture/sensitivity - including blood, cervical, nasopharyngeal, sputum, stool, urethral, urine, wound, wet mounts/KOH preps, foley catheter placement, electrocardiogram, gastric lavage, CPR/ACLS/ATLS, intubation, thoracentesis, lumbar puncture, paracentesis, joint aspiration, foreign body removal, central venous pressure monitor insertion/Swan-Ganz catheter insertion, suture wounds, insert and remove drains, reduce fractures and dislocations, apply casts and splints, dressing changes, apply traction devices, and first or second assist in surgery.

31. Perform thorough written documentation of the patient history, diagnoses, assessment, treatment plan and follow up instructions.

32. Discuss and counsel patients and their families regarding topics of health promotion and disease prevention commonly seen in the surgical setting (includes issues related to socio-economics and cultural diversity).

33. Evaluate medical literature which pertains to the current standards of clinical practice for conditions encountered in the general surgery population.

34. Apply up-to-date evidence-based medicine principles to care for patients in the general surgery setting.

**Practice-Based Learning and Improvement Competency Domain**

Practice-based learning and improvement focuses on analyzing one’s own clinical practice, and seeking medical literature and other information resources for the purpose of self-improvement. Students are expected to:
1. Locate, interpret and evaluate medical literature which pertains to the current standards of clinical practice for conditions encountered in the patient population.
2. Apply up-to-date evidence-based medicine principles to care for patients in the general surgery setting.
3. Encourage continuity of care with the primary care practice and with other referral sources.
4. Demonstrate self-directed learning by identifying and resolving learning issues in a timely manner.

**System-Based Practice Competency Domain**

Students must be aware of the societal and economic environments in which health care is delivered. During the rotation, the student must:

1. Promote a safe environment for patient care in the primary care setting.
2. Promote cost-effective health care without sacrificing the quality of patient care.
3. Promote the continuity of care among multiple health care professionals in the care of the patient, including physicians, PAs, nurses, physical, occupational and speech therapists, dieticians and social workers.
4. Incorporate community services and institutional resources in the care of the patient.
5. Relate how to deal with the psychosocial issues affecting the surgical population.
6. Describe why patients experiencing injury or illness from violence, abuse, or neglect often do not present with that particular complaint.
7. Identify the types of problems that require referral to a specialist or consultant.
8. Realize the importance of preventative screening procedures for each age range.

**Professionalism Competency Domain**

Students are expected to demonstrate professionalism at all times during interactions with patients, families and caregivers, recognizing that the needs of surgical patients differ from other patients. During the rotation, the student must:

1. Demonstrate an appropriate level of professionalism when interacting with the patient, their families, their caregivers and other health professionals.
2. Deliver care to patients and their families with dignity, respect and compassion.
3. Demonstrate accountability to the health needs of patients and always act in their best interest.
4. Demonstrate initiative and willingness to learn and work with others.
5. Recognize limitations and seek help from supervising preceptors prior to enacting a questionable act.
6. Demonstrate a positive attitude by practicing punctuality and appropriate dress and grooming.
7. Abide by the AAPA Code of Ethics and the ADU PA Program Professionalism Behavior and Program Loyalty Affirmation.
**Interpersonal and Communication Skills Competency Domain**

Students are expected to communicate information respectfully and clearly to patients, their families and caregivers. This can be accomplished through verbal, nonverbal and written exchange. During the rotation, the student must:

1. Present an oral presentation to the preceptor which includes pertinent clinical information about the patient.
2. Perform thorough written documentation of the patient history, diagnoses, assessment, treatment plan and follow up instructions.
3. Communicate information clearly and educate the patient, the patient’s family and the patient’s caregiver about patient diagnoses and treatment plan and any follow up necessary.
4. Implement patient education techniques to encourage compliance with the medical treatment regimen.
5. Apply sensitivity to the privacy and comfort of the patient and family.
6. Establish rapport with the patient and family while maintaining confidentiality.
7. Demonstrate a sensitive and empathetic attitude towards patients and families.
8. Demonstrate the ability to perform telephone triage of appropriate patient concerns.
9. Discuss and counsel patients and their families regarding topics of health promotion and disease prevention commonly seen in the outpatient clinic (includes issues related to socio-economic and cultural diversity).

**INSTRUCTIONAL OBJECTIVES:** During the clinical rotation, the physician assistant student will delineate, differentiate and discuss typical presenting complaints, history and physical findings, differential diagnosis, appropriate diagnostic studies and their expected results and outline the appropriate principles of management, including pharmacologic and non-pharmacologic, to initiate treatment with appropriate supervision for each of the following conditions (listed per organ system):

**Cardiovascular/Peripheral Vascular:** arterial aneurysm, congenital heart lesions, coronary arteriosclerotic disease, deep venous thrombosis, myocardial infarction pericardial tamponade, peripheral arterial occlusive disease, thrombophlebitis, varicose veins, venous insufficiency, vascular graft complications, acute hemorrhage, shock, and acute trauma management.

**Dermatology:** actinic keratosis, keratolytic lesions, lipomas, sebaceous cysts, viral warts, decubitus ulcer, nonvenomous bites, burns, open wounds squamous cell carcinoma, basal cell carcinoma, skin grafts, and malignant melanoma.

**Endocrine:** acute pancreatitis, acute thyroiditis, thyroid carcinoma, and thyroid neoplasms.

**Gastrointestinal/Nutrition:** acute trauma management, acute abdominal pain, abdominal trauma, abscess, acute abdomen, anal fissure, appendicitis, Barrett’s esophagus, choledocholithiasis, cholecystitis, colorectal carcinoma, Crohn’s disease, diaphragmatic hernia, diverticulosis, diverticulitis, esophagitis, esophageal tumor, esophageal varicies,
foreign body aspiration, gastritis, hemorrhoids, hepatic abscess, hepatic carcinoma, hepatic laceration and rupture, hiatal hernia, insulinoma, intestinal obstruction, intestinal polyps, ischemic bowel disease, lower GI bleeding, Mallory-Weiss syndrome, pancreatitis, pancreatic carcinoma, pancreatic pseudocyst, peptic ulcer disease (gastroduodenal ulcer), peritoneal tumors, and peritonitis.

**GU/GYN:** benign prostatic hypertrophy, breast carcinoma, cryptorchidism, fibrocystic breast disease, ectopic pregnancy, hernia, hydrocele, varicocele, infertility, orchitis, ovarian torsion, ovarian abscess, ovarian carcinoma, paraphimosis, pelvic inflammatory disease, priapism, prostatic carcinoma, testicular mass, and testicular torsion.

**HEENT:** blunt and penetrating eye trauma, foreign body in the eye, ear, or nose, otitis management, peritonsillar abscess, epistaxis, enlarged lymph nodes, carcinomas of the HEENT, foreign body in trachea, disorders of the visual path, strabismus, cataracts, diabetic retinopathy, diseases of the globe, retinal detachment, glaucoma, eye burns.

**Hematology/Oncology:** bladder carcinoma, breast carcinoma, colorectal carcinoma, lung carcinoma, pancreatic carcinoma, pilonidal cyst, prostate carcinoma, testicular carcinoma, retroperitoneal abscess, splenic abscess, splenic laceration and rupture, ulcerative colitis, umbilical and inguinal hernias, upper GI bleeding, Zenker’s diverticulum, and Zollinger-Ellison syndrome.

**Infectious Disease:** Gangrene and Gram-Negative Septicemia.

**Musculoskeletal/Rheumatologic:** Hand infections
Hand injuries
Inflammatory disorders of the hand

**Post-operative Events:** acute renal failure, acute respiratory failure, arrhythmias, atelectasis, fever, chronic renal failure, chronic respiratory failure, myocardial infarction, pneumonia, pneumothorax, pulmonary embolus, thrombophlebitis, urinary retention, urinary tract infection, wound infection, wound evisceration, wound dehiscence, hypothyroidism, hyperparathyroidism, and hyperparathyroidism.

**Pulmonary:** chest trauma, pleural effusions, respiratory failure in the surgical patient, pneumothorax, tension pneumothorax, and acute trauma management.

**Renal/GU:** acute renal failure, adrenocortical carcinoma, hydronephrosis, pheochromocytoma, polycystic kidney disease, renal cell carcinoma, renal failure, urinary tract infections, urethral and renal calculi, and urethral stricture.
**Women’s Health Rotation**  
**OB/GYN**  
**Class of 2017**

**ROTATION GOAL:** This 4 week clinical rotation exposes the students to the practice of women’s health. Students will learn about evaluation and treatment of a variety of gynecologic and obstetrical problems as well as other issues which are specific to women.

**PROGRAM GOALS ADDRESSED IN THIS ROTATION:**
- **Goal 1:** Proficiency in obtaining a thorough medical history and performance of a complete physical examination.
- **Goal 2:** Effective communication with fellow healthcare team members, family members and patients.
- **Goal 3:** The ability to care and demonstrate compassion and understanding while being supportive and willing to provide superior patient care.
- **Goal 4:** A functional understanding of disease processes and injuries and be able to form appropriate differential and final diagnoses.
- **Goal 5:** Appropriate utilization and interpretation of medical diagnostics.
- **Goal 6:** The capacity and ability to apply critical thinking into the evaluation and care of patients.
- **Goal 8:** The ability to conduct one’s self in an ethical and moral manner.
- **Goal 13:** Integrate diagnostic assessment skills with knowledge of patient presentation, pharmacology, and health care subspecialties to synthesize appropriate treatment plans.

**PHYSICIAN ASSISTANT (PA) CORE COMPETENCIES:** The PA profession has adopted six core standards by which all PA professionals should possess in order to practice in the healthcare field. These standards are known as core competencies, which address medical knowledge, patient care, practice-based learning and improvement, systems based practice, professionalism, and interpersonal and communication skills. Life-long, continued learning and professional behavior is emphasized throughout each of these domains.

Competency-based education focuses on student-learner performance (learning outcomes) in reaching specific objectives (goals and objectives of the curriculum). In this setting, learning and teaching are dynamically combined to help the student achieve the expected learning outcomes and instructional objectives.

During the clinical rotations, the student will meet program expectations and acquire the competencies needed for clinical PA practice. At a minimum, the student will have preventative, emergent, acute, and chronic patient encounters.
LEARNING OUTCOMES: At the completion of the Women’s Health Rotation, the physician assistant student will:

Medical Knowledge Competency Domain

1. Recognize historical and clinical manifestations of disease and disorders affecting the major body systems.
2. Discuss the evaluation and management of patients presenting with acute and chronic medical complaints and the use of specialists referral.
3. Interpret and record medical data to include laboratory findings, imaging studies, EKG interpretation, and procedures.
4. Utilize concepts of evidence based medicine and critical thinking skills in the problem solving process.
5. Compare and contrast indications, contraindications and potential adverse reactions for the most common medications prescribed for various diseases discussed and the use of the “teach me back” technique for patient education.
6. Communicate and counsel patients and their families on issues of disease prevention, health maintenance and disease management demonstrating social and cultural competency.
7. Demonstrate knowledge of the etiology, epidemiology, pathophysiology, anatomy, prognosis and complications pertinent to each diagnosis listed in the instructional objectives.
8. Understand the diagnosis of pregnancy and the physical examination signs associated with pregnancy.
9. Explain the most sensitive and specific test for diagnosing pregnancy.
10. Describe points to consider when counseling a pregnant patient.
11. Define the term “high risk pregnancy” and describe pre-existing conditions that place a woman at risk for complications during pregnancy.
12. Discuss the diagnosis, management and complications of an ectopic pregnancy.
13. Discuss the advantages and disadvantages of different forms of contraception: oral contraception, IUDs, hormonal injections, condoms (female and male) cervical cap, hormonal implants, and diaphragm.
14. Be able to determine the APGAR score of a newborn child.
15. Calculate the estimated date of conception utilizing Naegle’s rule.
16. Calculate the estimated due date when given the first day of the last menstrual period.
17. Define pre-eclampsia and eclampsia and differentiate clinical signs between them.
18. Define erythroblastosis fetalis and how it may be prevented.
19. Describe the physiology, diagnosis and management of menopause.
20. Discuss the signs and symptoms of premenstrual syndrome.
21. Discuss the transmission and incubation periods of sexually transmitted infections such as HIV/AIDS, herpes simplex, condyloma, gonorrhea, and syphilis.
22. Discuss the diagnostic tests necessary to detect and the pharmaceutical treatment regimen that is utilized to treat sexually transmitted infections such as: Gonorrhea, Chlamydia, Syphilis, Herpes, PID, and HIV/AIDS.
23. Discuss the common causes of vaginal bleeding in the first, second, and third trimester.
24. Describe the stages of labor.
25. Discuss the differential diagnosis of breast masses.
26. Understand the definitions of the following types of abortions: complete, missed, incomplete, and threatened.
27. Understand how to manage a pregnant patient with hypertension and diabetes.
28. Know the pharmaceutical agents utilized to treat a hypertension crisis and a seizure episode in pregnancy.
29. Discuss the pharmaceutical agents that are contraindicated during pregnancy.
30. Know the pharmaceutical agents that induce or prevent labor.
31. Understand which vaccinations are appropriate to administer and which ones are contraindicated during pregnancy.
32. Explain the physiology of the normal menstrual cycle.
33. Discuss the risk factors for breast cancer, cervical cancer and ovarian cancer and endometrial cancer.

**Patient Care Competency Domain**

Students are expected to gather and document 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. Students are then expected to develop and carry out management plans that meet the specific needs of the patient while respecting the heterogeneity of this population. Upon completion of the rotation, which will be in an outpatient setting but not limited to that setting, and given a patient case, scenario or complaint, the student will be able to:

1. Elicit a pertinent patient history.
2. Perform an appropriate focused or complete physical examination.
3. Formulate a minimum of 3 differential diagnoses based on the history and physical exam.
4. Identify and properly refer patients who require immediate medical attention.
5. Select, order and interpret the proper laboratory and diagnostic studies.
6. Formulate a most likely diagnosis from the history, physical examination, laboratory work-up, and the proper pharmacological intervention.
7. Select the proper pharmacological intervention.
8. Give a concise oral presentation of the patient, based on the history and physical examination in a 3-5 minute time frame.
9. Document and maintain the appropriate medical documentation.
10. Document procedures performed in a procedure note in the medical record.
11. Identify and discuss the required patient education topics with the preceptor.
12. Evaluate and treat patients needing prenatal and gynecologic care.
13. Elicit a complete OB/GYN patient history for a woman of any age who is either presenting for a routine health/GYN care obstetrical care or any of the clinical complain as listed in the instructional objectives.
14. Perform a focused or complete physical examination.
15. Perform a pelvic examination and successfully obtain any specimen collection such as PAP smears or cultures.
16. Perform a clinical breast examination and properly instruct the patient to perform a self-breast examination.
17. Formulate a minimum of 3 differential diagnoses based on the history and physical exam.
18. Identify and properly refer patients who require immediate medical attention.
19. Select, order and interpret the proper laboratory and diagnostic studies.
20. Formulate the most likely diagnosis from the history, physical examination, laboratory work-up, and/or diagnostic procedures performed.
21. Identify the pertinent historical, physical and diagnostics studies/ findings in order to evaluate the condition and identify the basic principles of management, and will initiate consultation and/or referral for the following abnormal obstetric conditions: isoimmunization, multifetal gestation, abnormal labor (causes, labor patterns, evaluation, management), fetopelvic disproportion, abnormal fetal presentations (frank breech, complete breech, footling breech), abnormal labor patterns, postpartum hemorrhage, hematomas, coagulation defects, uterine rupture, uterine inversion, fetal growth abnormalities, fetal genetic abnormalities, amniocentesis (indications, findings, risks), and postpartum depression and psychosis.
22. Identify the pertinent historical, physical and diagnostics studies/ findings in order to evaluate the condition and identify the basic principles of management, and will initiate consultation and/or referral for the following gynecologic conditions: menstruation, infertility (initial evaluation, initial testing, male factor, female factors), vulvar and vaginal dysplasia and neoplasms, ovarian and fallopian tube neoplasms, cervical dysplasia and neoplasms, ASCCP guidelines for PAP and colposcopy management, uterine hyperplasia and neoplasms, chronic pelvic pain, dysmenorrhea, dysfunctional uterine bleeding, uterine bleeding disorders, premenstrual stress, premenstrual mood disorder, fibroid tumors, endometriosis, hirsutism, PCO syndrome (Stein-Levinthal), and Turner’s Syndrome.
23. Identify the indications, contraindications, precautions, mechanisms of action, and management of the following pregnant and nonpregnant patients: intravenous fluid therapy, oral contraceptives - hormonal and mechanical, anti-epileptic drugs, anti-hypertensive medications, hypoglycemics agents / insulin, sedatives, tocolytics, inducing agents, common OTC medications, analgesics, antacids, anxiolytics, antibiotics, antidepressants, antiarrhythmics, bronchodilators, antifungals, and antivirals.
24. Observe, learn the proper technique, perform where permitted, identify the indications, contraindications, precautions and risks of, interpret the results of, and appropriately educate the patient or legal guardian about the performance of and the meaning of the results of the following diagnostic gynecologic procedures: PAP smears, cervical, urethral, rectal, pharyngeal cultures, cervical gram stain, wet mount of vaginal secretions, microscopic evaluation of cervical mucus for ferning, pregnancy tests: urine and serum, colposcopy, cervical biopsy, cone biopsy, cryotherapy, culdocentesis, dilation and curettage, endometrial biopsy, hysterectomy, hysterosalpingography, hysteroscopy, laparoscopy, mammography, needle aspiration of breast mass, pelvic ultrasonography, pregnancy termination, and vulvar biopsy.
25. Observe, learn the proper technique, perform where permitted, identify the indications, contraindications, precautions and risks of, interpret the results of, and appropriately educate the patient or legal guardian about the performance of and the meaning of the results of the following diagnostic obstetrical procedures: ultrasonography, episiotomy, cesarean delivery, forceps delivery, induction and augmentation of labor, vacuum-assisted delivery, breech delivery, antepartum fetal assessment, amniocentesis and cordocentesis, chorionic villus sampling, newborn circumcision, vaginal birth after cesarean delivery, spontaneous vaginal delivery, fetal monitoring, rupture of amniotic membranes, and assist in deliveries.

26. Describe the indications for, the expected and normal results for and list the common diseases that may account for abnormal values for the following lab tests: CBC with differential, hematologic studies for anemia, glucose testing and monitoring, biochemical profiles, thyroid function studies, and pulmonary function studies.

27. Describe the indications in pregnant and nonpregnant patients for ordering and be able to interpret the following diagnostic procedures: pulmonary function studies, chest x-rays, x-rays of the extremities for fractures, dislocation, degenerative joint diseases, metabolic and primary bone diseases, x-rays of the spine, KUB, descriptive radiologist’s reports concerning: mammography, upper GI series, barium studies, skull films, sinus series, CT with and without contrast, sonograms, and MRIs.

28. Observe, learn the proper technique, perform where permitted, identify the indications, contraindications, precautions and risks of, interpret the results of, and appropriately educate the patient or legal guardian about the performance of and meaning of the following procedures: pulmonary function studies, venipuncture and finger-sticks, injections- IM, IV, SQ, stool for occult blood, gram stains, KOH smears/wet mount preps, urinalysis, specimen collection for C&S- blood, cervical, sputum, bronchial, stool, urethral, urine, wound, electrocardiograms, suture and wound care, and simple foreign body removal.

29. Describe schedules for health maintenance, community related prevention, nutrition, oral hygiene, routine women’s health maintenance, cardiovascular risk counseling, exercise counseling, counseling for: contraception, family planning, PAP smears, mammography, routine immunizations, domestic violence, menopause.

**Practice-Based Learning and Improvement Competency Domain**

Practice-based learning and improvement focuses on analyzing one’s own clinical practice, and seeking medical literature and other information resources for the purpose of self-improvement. Students are expected to:

1. Locate, interpret and evaluate medical literature which pertains to the current standards of clinical practice for conditions encountered in the patient population.
2. Apply up-to-date evidence-based medicine principles to care for patients in the women’s health setting.
3. Encourage continuity of care with the primary care practice and with other referral sources.
4. Demonstrate self-directed learning by identifying and resolving learning issues in a timely manner.
**System-Based Practice Competency Domain**

Students must be aware of the societal and economic environments in which health care is delivered. During the rotation, the student must:

1. Promote a safe environment for patient care in the primary care setting.
2. Promote cost-effective health care without sacrificing the quality of patient care.
3. Promote the continuity of care among multiple health care professionals in the care of the patient, including physicians, PAs, nurses, physical, occupational and speech therapists, dieticians and social workers.
4. Incorporate community services and institutional resources in the care of the patient.
5. Relate how to deal with the psychosocial issues affecting the patient population.
6. Describe why patients experiencing injury or illness from violence, abuse, or neglect often do not present with that particular complaint.
7. Identify the types of problems that require referral to a specialist or consultant.
8. Realize the importance of preventative screening procedures for each age range.

**Professionalism Competency Domain**

Students are expected to demonstrate professionalism at all times during interactions with patients, families and caregivers, recognizing that the needs of patients differ from other patients. During the rotation, the student must:

1. Demonstrate an appropriate level of professionalism when interacting with the patient, their families, their caregivers and other health professionals.
2. Deliver care to patients and their families with dignity, respect and compassion.
3. Demonstrate accountability to the health needs of patients and always act in their best interest.
4. Demonstrate initiative and willingness to learn and work with others.
5. Recognize limitations and seek help from supervising preceptors prior to enacting a questionable act.
6. Demonstrate a positive attitude by practicing punctuality and appropriate dress and grooming.
7. Abide by the AAPA Code of Ethics and the ADU PA Program Professionalism Behavior and Program Loyalty Affirmation.

**Interpersonal and Communication Skills Competency Domain**

Students are expected to communicate information respectfully and clearly to patients, their families and caregivers. This can be accomplished through verbal, nonverbal and written exchange. During the rotation, the student must:

1. Present an oral presentation to the preceptor which includes pertinent clinical information about the patient.
2. Perform thorough written documentation of the patient history, diagnoses, assessment, treatment plan and follow up instructions.
3. Communicate information clearly and educate the patient, the patient’s family and the patient’s caregiver about patient diagnoses and treatment plan and any follow up necessary.
4. Implement patient education techniques to encourage compliance with the medical treatment regimen.
5. Apply sensitivity to the privacy and comfort of the patient and family.
6. Establish rapport with the patient and family while maintaining confidentiality.
7. Demonstrate a sensitive and empathetic attitude towards patients and families.
8. Demonstrate the ability to perform telephone triage of appropriate patient concerns.
9. Discuss and counsel patients and their families regarding topics of health promotion and disease prevention in the outpatient clinic (includes issues related to socio-economic and cultural diversity).

**INSTRUCTIONAL OBJECTIVES:** During the clinical rotation, the physician assistant student will delineate, differentiate and discuss typical presenting complaints, history and physical findings, differential diagnosis, appropriate diagnostic studies and their expected results and outline the appropriate principles of management, including pharmacologic and non-pharmacologic, to initiate treatment with appropriate supervision for each of the following:

- Abnormal PAP smear
- Amennorhea
- Birth control methods
- Breast pain
- Breast lump
- Diagnostic studies: EKG, bedside monitoring, non-stress test, sonograms
- Documentation: history and physical examinations, operative note, procedure note, admission note, and delivery note.
- Drug classes: antibiotics, antiemetics, estrogen replacement therapy, labor induction medications, oral contraceptives, tocolytics, uretotonics, and vaginal preparations.
- Fetal distress
- Fever
- Gynecologic neoplasms
- Health Maintenance: schedules for health maintenance, community related prevention, nutrition, oral hygiene, routine women’s health maintenance, cardiovascular risk counseling, exercise counseling, counseling for: contraception, family planning, PAP smears, mammography, routine immunizations, domestic violence, and menopause.
- Hypertension
- Imaging Studies: pelvic and transvaginal ultrasound, fetal monitoring
- Immunizations
- Infertility
• Laboratory tests: glucose tolerance test, RPR, VDRL, rubella, blood typing, Rh, CBC with differential, urinalysis, urine culture, coagulation panel, alpha fetoprotein (AFP), amniocentesis, KOH prep, and wet mounts.
• Lower abdominal pain
• Pelvic pain
• Procedures: APGAR scoring, breast and endometrial biopsies, bladder catheterization, colposcopy, fetal evaluations, Naegele’s rule, obtaining cultures, and PAP smears.
• No fetal movement
• Nutrition in pregnancy
• Polyhydraminos
• Oligohydraminos
• Patient education: admission and discharge instructions, annual PAP smears, complications from medications, complications from procedures, diabetes, estrogen replacement therapy, menopause issues, mammograms, methods of contraception, perinatal counseling, pre-eclampsia, pregnancy, risk factors for HIV, safe sex, self and clinical breast examinations.
• Pregnancy with lower abdominal pain
• Premature labor
• Premature rupture of the membranes
• Rash or lesions
• Rh incompatibility
• Trimester bleeding
• Urinary tract infections
• Vaginal bleeding: pregnant, non-pregnant, premenopausal, and postmenopausal.
• Vaginal discharge
• Vaginal lesion
• Vomiting and dehydration
• Weight loss and weight gain
Behavioral Health/Psychiatry Rotation  
Class of 2017  

**ROTATION GOAL:** In this 4 week rotation, students will have the opportunity to participate in the evaluation and treatment of patients with a variety of behavioral and psychiatric conditions. Students will gain knowledge about the intricacies of psychiatric illness though active involvement in the diagnosis and management of patients.

**PROGRAM GOALS ADDRESSED IN THIS ROTATION:**
Goal 1: Proficiency in obtaining a thorough medical history and performance of a complete physical examination.
Goal 2: Effective communication with fellow healthcare team members, family members and patients.
Goal 3: The ability to care and demonstrate compassion and understanding while being supportive and willing to provide superior patient care.
Goal 4: A functional understanding of disease processes and injuries and be able to form appropriate differential and final diagnoses.
Goal 5: Appropriate utilization and interpretation of medical diagnostics.
Goal 6: The capacity and ability to apply critical thinking into the evaluation and care of patients.
Goal 8: The ability to conduct one’s self in an ethical and moral manner.
Goal 13: Integrate diagnostic assessment skills with knowledge of patient presentation, pharmacology, and health care subspecialties to synthesize appropriate treatment plans.

**PHYSICIAN ASSISTANT (PA) CORE COMPETENCIES:** The PA profession has adopted six core standards by which all PA professionals should possess in order to practice in the healthcare field. These standards are known as core competencies, which address medical knowledge, patient care, practice-based learning and improvement, systems based practice, professionalism, and interpersonal and communication skills. Life-long, continued learning and professional behavior is emphasized throughout each of these domains.

Competency-based education focuses on student-learner performance (learning outcomes) in reaching specific objectives (goals and objectives of the curriculum). In this setting, learning and teaching are dynamically combined to help the student achieve the expected learning outcomes and instructional objectives.

During the clinical rotations, the student will meet program expectations and acquire the competencies needed for clinical PA practice. At a minimum, the student will have preventative, emergent, acute, and chronic patient encounters.
LEARNING OUTCOMES: At the completion of the Behavioral Health Psychiatry Rotation, the physician assistant student will:

Medical Knowledge Competency Domain

1. Recognize historical and clinical manifestations of disease and disorders affecting the major body systems.
2. Discuss the evaluation and management of patients presenting with acute and chronic medical complaints and the use of specialists referral.
3. Interpret and record medical data to include laboratory findings, imaging studies, EKG interpretation, and procedures.
4. Utilize concepts of evidence based medicine and critical thinking skills in the problem solving process.
5. Compare and contrast indications, contraindications and potential adverse reactions for the most common medications prescribed for various diseases discussed and the use of the “teach me back” technique for patient education.
6. Communicate and counsel patients and their families on issues of disease prevention, health maintenance and disease management demonstrating social and cultural competency.
7. Interpret and evaluate medical literature which pertains to the current standards of clinical practice for conditions encountered in the psychiatric and behavioral health medicine population.
8. Apply up-to-date evidence-based medicine principles to care for patients in the psychiatric and behavioral health medicine settings.
9. Understand how to deal with the psychosocial issues affecting the psychiatric and behavioral health medicine populations.
10. Understand the types of mental health problems that require referral to a specialist or a consultant.
11. Understand the importance of preventative screening procedures.
13. Describe and discuss human development throughout the life cycle (including child development/developmental milestones).
14. Describe and discuss theories of human behavior as related to patient care.
15. Explain the CAGE criteria of diagnosing alcohol dependence.
16. Describe the clinical features and management of mood disorders, anxiety disorders, schizophrenia, and somataform disorder.
17. Define and discuss clinical features of personality disorders: Borderline Cluster A, B, and C of Axis II.
18. Discuss the difference between alcohol dependency and alcohol abuse.
19. Compare and contrast dementia and delirium.
20. Explain the mnemonic used to diagnose a patient with depression (SIGECAPS).
21. Discuss the stages of mourning as described by Dr. Elizabeth Kubler Ross.
22. Describe the amount of time a patient with major depressive disorder must demonstrate symptoms before they are formally diagnosed.
23. Describe the five dimensions or axes a clinician utilizes to diagnose and describe a patient according to DSM-V.
24. Explain the pathophysiology of Alzheimer’s disease, Parkinson’s disease, and psychosomatic disorders.
25. Compare and contrast Autism and Asperger’s.
26. Explain the different types of attention deficit disorders (hyperactive, inattentive, and combined).
27. Explain the difference between primary and secondary enuresis.
28. Understand how to interpret IQ scores.
29. Describe the diagnostic criteria of anorexia nervosa and bulimia.
30. Explain the normal and dysfunctional processes of sexual arousal.
31. Describe the age to formally diagnose ADHD, Schizophrenia, and Bipolar disorders.
32. Explain which endocrinological disorders affect the mental state.
33. Discuss the assessment and management of psychiatric emergencies, including: suicidal behavior, dementia, violent behavior, acute psychotic disorder, child abuse, drug intoxication, withdrawal, and overdose, spousal abuse, alcohol intoxication, withdrawal, and overdose, elder abuse, rape, and delirium.
34. Describe the clinical presentation and management of the following personality disorders: paranoid personality, narcissistic personality, schizoid personality, avoidant personality disorder, antisocial personality, obsessive-compulsive personality disorder, and histrionic personality.
35. Define the following sexual gender and identity disorders including: hypoactive sexual desire disorder, sexual aversion disorder, female sexual arousal disorder, vaginismus, male erectile disorder, dyspareunia, female orgasmic disorder, male orgasmic disorder, sexual addiction, paraphilias, premature ejaculation, and pedophilia.
36. Describe the clinical presentation and management of pediatric disorders including: pica, conduct disorder, autistic disorder, oppositional defiant disorder, learning disorders, Tourette syndrome, attention-deficit disorder, tic disorders, hyperactivity disorder, and elimination disorders (eneuresis/encopresis).
37. State the indications, contraindications, major side-effects/adverse reactions and correct dosing schedules for medications commonly used in psychiatric practice, including but not limited to the following: MAO inhibitors, lithium, SSRIs, antipsychotics, 5HTs, sleep aids, tricyclic antidepressants, anxiolytics, and phenothiazines.
38. Elicit a problem-oriented psychiatric patient history utilizing all available information sources (patient, family, community, old records), for a patient of any age who is either presenting for a routine physical examination or any of the clinical complaints as listed in the course objectives.

**Patient Care Competency Domain**

Students are expected to gather and document 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.
Students are then expected to develop and carry out management plans that meet the specific needs of the patient while respecting the heterogeneity of this population. Upon completion of the rotation, which will be in an out-patient setting, but not limited to that setting, and given a patient case, scenario or complaint, the student will be able to:

1. Elicit a pertinent patient history.
2. Perform an appropriate focused or complete physical examination.
3. Formulate a minimum of 3 differential diagnoses based on the history and physical exam.
4. Identify and properly refer patients who require immediate medical attention.
5. Select, order and interpret the proper laboratory and diagnostic studies.
6. Formulate a most likely diagnosis from the history, physical examination, laboratory work-up, and the proper pharmacological intervention.
7. Select the proper pharmacological intervention.
8. Give a concise oral presentation of the patient, based on the history and physical examination in a 3-5 minute time frame.
9. Document and maintain the appropriate medical documentation.
10. Document procedures performed in a procedure note in the medical record.
11. Identify and discuss the required patient education topics with the preceptor.
12. Evaluate and treat patients needing care for behavioral and mental health conditions.
13. Perform and document a (focused or complete) physical/psychiatric examination using the DSM-V format.
14. Discuss the appropriate use of medications in the psychiatric patient in relation to indications, dosage, delivery method, contraindications, interactions, side effects, metabolism and excretion.
15. Generate and implement an appropriate management plan, follow up plans, patient education and counseling.
16. Describe and discuss various theories of human behavior as related to patient care.
17. Describe and discuss ethical principles related to the care of the psychiatric patient.
18. Describe and discuss the legal principles and implications of admitting a patient to a psychiatric hospital.
19. Develop an understanding of the state laws of holding a patient against their will.
20. Describe certain public health issues related to psychiatry/behavioral medicine including: socioeconomic, geographic, racial and ethnic factors, cultural and religious attitudes, nutritional risk factors.
21. Implement patient education techniques to encourage compliance with the medical treatment regimen.
22. Discuss and counsel patients and their families regarding topics of health promotion and disease prevention commonly seen in the psychiatric and behavioral health clinical settings (includes issues related to socio-economics and cultural diversity).
23. Develop an awareness of personal biases the student or provider may hold that could interfere with the patient provider relationship.
24. Recognize the chronic and cyclic nature of many psychiatric illnesses and the importance of continuity of care.
25. Appreciate the stress of family members and the need for referral to community resources as needed.
26. Effectively counsel patients on issues dealing with: parenting skills, crisis prevention, death and dying, chronically ill patients, early childhood intervention, stress reduction techniques, divorce, step families, deployment and return issues, and burn-out.

**Practice-Based Learning and Improvement Competency Domain**

Practice-based learning and improvement focuses on analyzing one’s own clinical practice, and seeking medical literature and other information resources for the purpose of self-improvement. Students are expected to:

1. Locate, interpret and evaluate medical literature which pertains to the current standards of clinical practice for conditions encountered in the patient population.
2. Apply up-to-date evidence-based medicine principles to care for patients in the behavioral health setting.
3. Encourage continuity of care with the primary care practice and with other referral sources.
4. Demonstrate self-directed learning by identifying and resolving learning issues in a timely manner.

**System-Based Practice Competency Domain**

Students must be aware of the societal and economic environments in which health care is delivered. During the rotation, the student must:

1. Promote a safe environment for patient care in the behavioral health setting.
2. Promote cost-effective health care without sacrificing the quality of patient care.
3. Promote the continuity of care among multiple health care professionals in the care of the patient, including physicians, PAs, nurses, physical, occupational and speech therapists, dieticians and social workers.
4. Incorporate community services and institutional resources in the care of the patient.
5. Relate how to deal with the psychosocial issues affecting the patient population.
6. Describe why patients experiencing injury or illness from violence, abuse, or neglect often do not present with that particular complaint.
7. Identify the types of problems that require referral to a specialist or consultant.
8. Realize the importance of preventative screening procedures for each age range.

**Professionalism Competency Domain**

Students are expected to demonstrate professionalism at all times during interactions with patients, families and caregivers, recognizing that the needs of behavioral health patients differ from other patients. During the rotation, the student must:

1. Demonstrate an appropriate level of professionalism when interacting with the patient, their families, their caregivers and other health professionals.
2. Deliver care to patients and their families with dignity, respect and compassion.
3. Demonstrate accountability to the health needs of patients and always act in their best interest.
4. Demonstrate initiative and willingness to learn and work with others.
5. Recognize limitations and seek help from supervising preceptors prior to enacting a questionable act.
6. Demonstrate a positive attitude by practicing punctuality and appropriate dress and grooming.
7. Abide by the AAPA Code of Ethics and the ADU PA Program Professionalism Behavior and Program Loyalty Affirmation.

**Interpersonal and Communication Skills Competency Domain**

Students are expected to communicate information respectfully and clearly to patients, their families and caregivers. This can be accomplished through verbal, nonverbal and written exchange. During the rotation, the student must:

1. Present an oral presentation to the preceptor which includes pertinent clinical information about the patient.
2. Perform thorough written documentation of the patient history, diagnoses, assessment, treatment plan and follow up instructions.
3. Communicate information clearly and educate the patient, the patient’s family and the patient’s caregiver about patient diagnoses and treatment plan and any follow up necessary.
4. Implement patient education techniques to encourage compliance with the medical treatment regimen.
5. Apply sensitivity to the privacy and comfort of the patient and family.
6. Establish rapport with the patient and family while maintaining confidentiality.
7. Demonstrate a sensitive and empathetic attitude towards patients and families.
8. Demonstrate the ability to perform telephone triage of appropriate patient concerns.

**INSTRUCTIONAL OBJECTIVES:** During the clinical rotation, the physician assistant student will delineate, differentiate and discuss typical presenting complaints, history and physical findings, differential diagnosis, appropriate diagnostic studies and their expected results and outline the appropriate principles of management, including pharmacologic and non-pharmacologic, to initiate treatment with appropriate supervision for each of the following conditions:

- abuses: physical, emotional, spousal, child, elderly
- adjustment disorder
- alcohol abuse and dependence
- Alzheimer’s disease
- amnesia
- anxiety disorders: generalized, panic, phobias, obsessive-compulsive, social, agrophobias, and other phobias, posttraumatic stress, acute stress
- autism
- bipolar disorder
- body dysmorphic disorder
- catatonia
- children’s disorders: mental retardation, learning disorders, attention deficit, disruptive behaviors, separation or attachment, tics
- conversion disorder
- delirium
- delusional disorders
- dementias
- depression
- domestic and dating violence
- dysthymic and cyclothymic disorders
- drug abuse and dependence
- drug seeking behavior
- eating disorders
- factitious disorders
- female orgasmic disorder
- geriatric considerations
- homeless mental health problems
- hypochondriasis
- hypomania
- instability, immobility, and falls
- male erectile disorder
- malingering
- mania
- mental disorders due to general medical conditions
- mood disorders: depression, bipolar, dysthymia, cyclothymia, postpartum
- munchausen syndrome and munchausen syndrome by proxy
- neglect of a child
- neuropsychiatric aspect of HIV/aids
- organic brain syndrome
- personality disorders: histrionic, antisocial
- psychiatric emergencies: suicide attempt, drug overdose, violent behavior, acute psychosis
- psychoses
- sexual and gender identity disorders
- sexual abuse
- sexual arousal disorders
- sleep disorders
- schizoaffective disorders
- schizoaffective
- schizophrenia
- serotonin syndrome
- somatoform disorders/somatization
• substance abuse: alcohol, amphetamines, cannabis, cocaine, hallucinogens, inhalants, nicotine, sedatives, hypnotics, phencyclidines
• suicide
PREPARING FOR GRADUATION

As graduation approaches, you will have amassed a great deal of knowledge and skills. The Program uses a variety of means throughout the course of your education to ensure that you have achieved the competencies expected of a graduating physician assistant student.

FORMATIVE AND SUMMATIVE EVALUATIONS

STANDARD C3.04 The program must conduct and document a summative evaluation of each student within the final four months of the program to verify that each student is prepared to enter clinical practice.

FORMATIVE EVALUATION

Formative Evaluation of students is a multi-step process which begins at the mid-point of the 2nd year:

1. SUMM I: 360 multiple-choice questions, board-style simulation examination based on the NCCPA Content Blueprint. This examination tests the student’s knowledge base in all organ systems. After completion, students will receive a detailed report showing their strengths and weaknesses. This examination will be administered at the end of the didactic year. Students will be able to discuss with their advisors a study strategy that they can pursue over the break to prepare for the second year and the PANCE evaluation.

2. Spring Trimester, 2nd Year: PACKRAT (Physician Assistant Clinical Knowledge Rating and Assessment Tool) examination is a self-assessment tool administered at the end of the clinical year and is a requirement for graduation. The results of the examination provide students with a report of their areas of strength and areas for improvement. This report
may be utilized in formulating study plans for success in the PANCE examination. The examination report also allows the program to compare student performance with national scores. Cost of the examination is the responsibility of the student.

3. Physician Assistant Competencies: A Self Evaluation Tool (see Appendix H): The public demand for higher quality and greater accountability in health care has been growing steadily over the last several years, and various health care professions are responding in different ways. To address that issue within the PA profession, the PAEA, ARC-PA, NCCPA, and AAPA, joined together to define PA competencies, a critical starting point to identify opportunities for improvement in the development and assessment of those competencies. The four organizations involved in the development of the seminal document, Competencies for the Physician Assistant Profession, have developed this self-evaluation tool to help individual PAs identify areas of personal strength and opportunities for personal growth, which you may use to guide future CME activities, on-the-job training, or other self-improvement activities. Students will complete this document and review it with their advisor at the end of the 1st year and again at the end of the 2nd year to show progress.

**SUMMATIVE EVALUATION**

Summative Evaluation in the 2nd year occurs by utilizing five tools:

1. **Summer Trimester, 2nd Year OSCE:** This hands-on examination is designed specifically to test the PA student’s clinical competence.

2. **Summer Trimester, 2nd Year: SUMM II** is 700 question multiple-choice examinations given over 2 days. This examination tests the student’s knowledge base for all organ systems. Students will be able to meet with their advisor and discuss a study strategy that students can pursue to prepare for the PANCE.

3. **Summer Trimester, 2nd Year: Physician Assistant Competencies: Self Evaluation** will be completed and reviewed by students with their advisor at the end of the clinical year.

**MSPAS PROGRAM GRADUATION COMPETENCIES**

These competencies outline the expected outcomes for MSPAS graduates from Adventist University. These outcomes or program graduation competencies are endorsed by the NCCPA, AAPA, and PAEA to guide PA programs in modifying and improving their curricula. All didactic and clinical experiences contribute cumulatively to these outcomes. Upon graduation, students
must successfully complete the NCCPA certifying examination in order to practice in all states. The NCCPA blueprint outlines the required knowledge and skills areas as well as the list of diseases and disorders to help guide the student toward successful completion of the program and the certifying examination.

Any PA program can be challenging at times. During those times, the PA faculty and staff suggest that you refer to the program outcomes, required knowledge/skill areas, and disease and disorder list to help keep you focused on the final goal. Mastery of these areas will be gradual and will not occur with any single examination, course, or rotation. It is a process that takes time, study, and effort. There are several instruments used to measure acquisition and achievement of these competencies, including preceptor evaluations, graduate exit surveys, and employer surveys. These competencies were adopted by the faculty and staff of the ADU PA program to serve as a roadmap to enter practice as a competent physician assistant.

*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 laboratory 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 examination 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 exchanges 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 healthcare system. Physician assistants are expected to:

• 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

• 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 & 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:

- Locate, appraise, and integrate evidence from scientific studies related to their patients’ health problems
- Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness
- Apply information technology to manage information, access online medical information, and support their own education

*Systems-Based Practice*

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

- Use information technology to support patient care decisions and patient education
- Effectively interact with different types of medical practice and delivery systems
- Understand the funding sources and payment systems that provide coverage for patient care
- Advocate for quality patient care and assist patients in dealing with system complexities
- Apply medical information and clinical data systems to provide more effective, efficient patient care
Appendix A

Adventist University of Health Sciences

MSPAS Program

Clinical Site Evaluation Form

Preceptor(s):_______________________________________________ Date:________________

Site specialty:
Primary care  Internal Medicine  Women's Health  Pediatrics  Emergency Medicine
Behavioral Health/Psychiatry  Surgery  Elective (please indicate specialty)_____________

Student(s) currently at this rotation:________________________________________________

❖ General Student Observations
Student performance                                UNSATISFACTORY  COMPETENT  OUTSTANDING
Appearance and punctuality                           UNSATISFACTORY  COMPETENT  OUTSTANDING

❖ Learning Environment
Preceptor appears to be enthusiastic/advocate for student learning   YES  NO
Preceptor has a current copy of rotation learning objectives        YES  NO
Students have opportunity to attend formal lectures/teaching rounds  YES  NO
Adequate space for students to work                             YES  NO
Preceptor has clear understanding of PA role                    YES  NO

❖ Student Assignment
Student works as an active member of the healthcare team            YES  NO
Student works an appropriate number of hours                       YES  NO
Students are permitted to document in patient charts               YES  NO
Students are assigned a diverse population of patients             YES  NO
Approximate time spent in clinical setting:                          Inpatient:___________
                                                                 Outpatient:___________
Approximate number of patient contacts daily                       ___________

❖ Evaluator Note/Concerns:
Student performance, adherence to syllabus/assignments
____________________________________________________________________

Patient acceptance of student(s)
____________________________________________________________________
Practice staff concerns about PA student(s)

Concerns about delegating authority and assigning patients to PA student(s)

Recommend continued use of preceptor site  YES  NO

Evaluator signature
Appendix B

Adventist University of Health Sciences
PA Program
History and Physical Documentation Form

Date: _______________
Patient Information: (NO PATIENT NAME)
______________________________________________________________________________

Provider:
______________________________________________________________________________

Patient Complaint:
______________________________________________________________________________

History of Present Illness:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Past Medical History:
______________________________________________________________________________

List all illness:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Past Surgical History:
______________________________________________________________________________
______________________________________________________________________________
OB/GYN History (include: Last Menstrual Period, Pregnancies, Birth Control, STD’s, etc.)

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Psychiatric History:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Hospitalizations:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Health Maintenance: (Immunizations)

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Screenings: (Mammograms, PSA, Colonoscopy, etc.)

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Medications:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Family History:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Social History: (Tobacco/Alcohol/Drug use, Occupation, Family Situation, Employment, Travel, etc.).

______________________________________________________________________________

______________________________________________________________________________

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<th>Review of Systems</th>
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<td>General/Constitutional:</td>
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<td>Throat/Mouth: (Include dental/gingival)</td>
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<tr>
<td>Cardiovascular:</td>
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<tr>
<td></td>
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<tr>
<td>Gastrointestinal:</td>
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<tr>
<td></td>
</tr>
<tr>
<td>Genitourinary:</td>
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<tr>
<td></td>
</tr>
<tr>
<td>Peripheral Vascular:</td>
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<tr>
<td></td>
</tr>
<tr>
<td>Musculoskeletal:</td>
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<tr>
<td></td>
</tr>
<tr>
<td>Psychiatric:</td>
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<td></td>
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<tr>
<td>Neurologic:</td>
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<td></td>
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<tr>
<td>Hematologic:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Endocrine:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Allergy/Immunologic:</td>
</tr>
</tbody>
</table>
Physical Examination

General: (Alert, Distress level, mild/moderate/severe, Anxious, Agitated, Sedation)

Vital Signs:

Skin/Hair/Nails:

Head:

Eyes:

Ears:

Nose:

Throat/Mouth: (Include dental/gingival)

Neck:

Chest/Lungs:
Breast/Axilla:
______________________________________________________________________________
______________________________________________________________________________

Cardiovascular:
______________________________________________________________________________
______________________________________________________________________________

Abdomen:
______________________________________________________________________________
______________________________________________________________________________

Genitalia: (Include anus/rectum/prostate)
______________________________________________________________________________
______________________________________________________________________________

Peripheral Vascular:
______________________________________________________________________________
______________________________________________________________________________

Musculoskeletal:
______________________________________________________________________________
______________________________________________________________________________

Neurologic: (Include mental status, cranial nerves, motor, sensory, reflexes)
______________________________________________________________________________
______________________________________________________________________________

Student name: (print and sign)
______________________________________________________________________________

Date: _____________________________
### Appendix C

**History & Physical Grading Rubric**

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>EE</th>
<th>ME</th>
<th>NI</th>
<th>Inadequate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organization of Write-up</strong></td>
<td>All information organized in logical sequence; follows acceptable format</td>
<td>Information generally organized in logical sequence; follows acceptable format</td>
<td>Errors in format; information intermittently organized</td>
<td>Errors in format; information disorganized</td>
</tr>
<tr>
<td><strong>Thoroughness of History</strong></td>
<td>Thoroughly documents all pertinent history components for type of note; includes critical as well as supportive information</td>
<td>Documents most pertinent history components; includes critical information</td>
<td>Fails to document most pertinent history components; Lacks some critical information or rambling in history</td>
<td>Minimal history; critical information missing</td>
</tr>
<tr>
<td><strong>Thoroughness of Physical Exam</strong></td>
<td>Thoroughly documents all pertinent examination components for type of note</td>
<td>Documents most pertinent examination components</td>
<td>Documents some pertinent examination components</td>
<td>Physical examination cursory; misses several pertinent components</td>
</tr>
<tr>
<td><strong>Diagnostic Reasoning</strong></td>
<td>Assessment consistent with prior documentatio n. Clear justification for diagnosis. Notes all secondary problems. Costco</td>
<td>Assessment consistent with prior documentatio n. Clear justification for diagnosis. Notes most secondary problems.</td>
<td>Assessment mostly consistent with prior documentatio n. Fails to clearly justify diagnosis or note secondary problems</td>
<td>Assessment not consistent with prior documentatio n. Fails to clearly justify diagnosis or note secondary problems or</td>
</tr>
<tr>
<td>Treatment Plan/Patient Education</td>
<td>effective when ordering diagnostic tests</td>
<td>problems or orders inappropriate diagnostic tests</td>
<td>orders inappropriate diagnostic tests</td>
<td></td>
</tr>
<tr>
<td>----------------------------------</td>
<td>------------------------------------------</td>
<td>-----------------------------------------------</td>
<td>----------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Treatment plan and patient education addresses all issues raised by diagnoses; excellent insight into patient’s needs. Evidence based decisions. Cost effective treatment</td>
<td>Treatment plan and patient education addresses most issues raised by diagnoses</td>
<td>Treatment plan and patient education fail to address most issues raised by diagnoses</td>
<td>Minimal treatment plan and/or patient education addressed</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category</th>
<th>Number Achieved</th>
<th>x Points per</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exceeds Expectation</td>
<td></td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Meets Expectation</td>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Needs Improvement</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Inadequate</td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Points earned

25 = 100%
21-23 = 95%
17-19 = 90%
15 = 85%
13 = 80%
<13 = failure
Appendix D

Adventist University of Health Sciences
PA Program

Mid-Rotation Evaluation

Student Name:________________________________________ Rotation Dates:____________

Clinical Site: _____________________________ Preceptor: ____________________________

<table>
<thead>
<tr>
<th>Self-Assessment</th>
<th>Excellent</th>
<th>Very Good</th>
<th>Average</th>
<th>Deficient</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>How do you rate your ability to obtain an appropriate, accurate patient history?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How do you rate your ability to perform an appropriate, comprehensive physical examination?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How do you rate your ability to present your findings orally to your preceptor/other clinicians?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How do you rate your ability to formulate a differential diagnosis?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>How do you rate your ability to formulate and implement a patient management plan?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How do you rate your ability to perform clinical procedures appropriate to this rotation?</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>How do you rate your professional behavior on this rotation?</td>
<td></td>
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</tr>
</tbody>
</table>

What are your greatest strengths on this rotation?

What areas do you need to make improvements?
<table>
<thead>
<tr>
<th><strong>Student Assessment</strong></th>
<th>Excellent</th>
<th>Very Good</th>
<th>Average</th>
<th>Deficient</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>How do you rate this student’s ability to obtain an appropriate, accurate patient history?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How do you rate this student’s ability to perform an appropriate, comprehensive physical examination?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How do you rate this student’s ability to present findings orally to you as preceptor or to other clinicians?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>How do you rate this student’s ability to formulate a differential diagnosis?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How do you rate this student’s ability to formulate and implement a patient management plan?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How do you rate this student’s ability to perform clinical procedures appropriate to this rotation?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How do you rate this student’s professional behavior on this rotation?</td>
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</tr>
</tbody>
</table>

Does this student’s current performance in this rotation merit a passing grade?

_____ Yes  _____ No  _____ Uncertain

What are the most important things this student should do to improve his/her performance?

Additional Comments/Suggestions:

Preceptor’s Signature: ________________________________ Date: ____________

Student’s Signature: ________________________________ Date: ____________
Appendix E

Adventist University
MSPAS program
End of Rotation Preceptor Evaluation

Student Name: __________________________________________________ Date: ____________
Rotation: ________________________________________________________________

For each of the following sections, please indicate the degree to which each of the statements is reflective of student performance. Please use the following scale in your evaluation:

<table>
<thead>
<tr>
<th></th>
<th>Consistently exceeds expectations; outstanding performance</th>
<th>Occasionally exceeds expectations; above average performance</th>
<th>Meets expectations; average performance</th>
<th>Occasionally meets expectations; below average performance</th>
<th>Does not meet expectations; poor performance</th>
<th>Not applicable to this clinical experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4</td>
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<tr>
<td>N/A</td>
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</tbody>
</table>

**Medical Knowledge**

Demonstrates appropriate knowledge of disease pathophysiology, clinical presentation, treatment options, and prognosis.

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<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>The student can explain disease etiologies, risk factors, underlying pathologic process and epidemiology for medical conditions.</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>The student can describe signs and symptoms for disease states related to the most frequent presentation for a given disorder.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>The student can form appropriate differential diagnoses during patient presentations.</td>
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<td></td>
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</tr>
<tr>
<td>The student can manage general medical and surgical conditions to include understanding the indications, contraindications, side effects,</td>
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</tr>
</tbody>
</table>
interactions and adverse reactions of pharmacological agents and other relevant treatment modalities.

<table>
<thead>
<tr>
<th>The student can identify the appropriate site of care for presenting conditions, including identifying emergent cases and those requiring referral or admission.</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>The student selects and interprets appropriate diagnostic or lab studies.</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>The student can identify appropriate interventions for prevention of conditions.</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>The student collects sufficient essential and accurate history to direct physical examination and develops correct diagnoses.</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Demonstrates ability to use historical information to direct a focused examination. (Evidence: Case presentations to preceptor reflect a logical connection between historical information and physical examination findings.)</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Demonstrates knowledge of normal physical examination findings.</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Demonstrates knowledge of abnormal physical examination findings and their relationship to possible diagnoses. Evidence: Case presentations reveal appropriate recognition of findings and incorporation of findings into assessment and plan.</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
</tr>
</thead>
</table>

**Patient Care**

<table>
<thead>
<tr>
<th>The student can develop and carry out patient management plans.</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Demonstrates appropriate physical examination skills. Evidence: Findings are reproducible by preceptor.</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
</tr>
</thead>
</table>
Demonstrates competent performance in medical and surgical procedures that are considered essential in the area of practice. Evidence: Articulates completely the steps of a given procedure, materials needed, follow-up care/patient instructions, possible adverse reactions and contraindications.

<table>
<thead>
<tr>
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<th>4</th>
<th>5</th>
<th>NA</th>
</tr>
</thead>
</table>

Student demonstrates correct use of instruments, skills in performing procedures, gives clear instructions to assistants, and maintains calm in the face of unplanned complications.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
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<th>4</th>
<th>5</th>
<th>NA</th>
</tr>
</thead>
</table>

Sets appropriate boundaries for effective patient relationships.

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<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
</tr>
</thead>
</table>

Counsels and educates patients and their families.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
</tr>
</thead>
</table>

**Interpersonal and Communication Skills**

The student appropriately adapts communication style to the context of all patient interactions.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
</tr>
</thead>
</table>

Produces reliably accurate concise organized documentation for patient interactions. Evidence: Documentation demonstrates an accurate record of patient encounters with attention to legibility, correct physical examination findings, patient identifiers, logical assessment of case presentation, clear treatment plans with prescriptions, follow up appointments, consultations, and ensures co-signature of preceptor.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
</tr>
</thead>
</table>

Documentation demonstrates improvement over the course of the rotation with regards to physical exam descriptions and economy of words.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
</tr>
</thead>
</table>

Conducts respectful interviews, with empathy and sensitivity.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
</tr>
</thead>
</table>
**Professionalism**

<table>
<thead>
<tr>
<th>Description</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates a respectful attitude to and works appropriately with preceptors, staff and patients at all times.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>Demonstrates timely attendance, appropriate dress and accomplishes assigned tasks on time.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>Demonstrates self-directed study.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>Recognizes personal learning needs and limitations and seeks to rectify them.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>Promptly completes assigned tasks.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>Openly seeks and positively responds to constructive criticism from preceptors and staff.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>Demonstrates the ability to use criticism to change behavior/attitudes.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NA</td>
</tr>
</tbody>
</table>

**Practice-based Learning**

<table>
<thead>
<tr>
<th>Description</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Locates, appraises and integrates evidence from scientific studies related to patients’ health problems.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>Applies knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NA</td>
</tr>
</tbody>
</table>
**Systems-based Learning**

<table>
<thead>
<tr>
<th>Acts as an advocate for patients and their families.</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applies information technology to manage information; is able to access online medical information and support their own education.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
</tbody>
</table>

**Additional Comments**

Please add comments regarding this student’s individual strengths/weakness.

**Does this student merit passing this clinical rotation based on your observation and evaluation?**

_____ Yes   _____ No   _____ Undecided

*Students who you have rated as failed or undecided, we ask that you contact the Clinical Director or Program Director at your earliest convenience to discuss these issues.*

**Preceptor Information**

*If this form is completed by someone other than the primary preceptor, it must be signed by the primary preceptor. Please check the item which best describes your knowledge of and contact with this student.*

_____ Daily Contact   _____ Intermittent   _____ Occasional Contact   _____ None at All
I have discussed this evaluation with the student.  

____ Yes  ____ No

I have directly observed the student’s clinical performance.  

____ Yes  ____ No

______________________________________________  ____________________

Evaluator’s Signature and Title  

__________________________________________________  

Primary Preceptor’s Signature (if other than the above)

For PA Program Use

<table>
<thead>
<tr>
<th>Grade</th>
<th>Faculty Initial</th>
<th>Student Review</th>
<th>Date</th>
</tr>
</thead>
</table>
Appendix F

Adventist University of Health Sciences
MSPAS Program
Clinical Site Student Evaluation Form

Preceptor(s):_________________________ Dates of rotation:____________________

Site specialty:
Primary care  Internal Medicine  Women’s Health  Pediatrics  Emergency Medicine
Behavioral Health/Psychiatry  Surgery  Elective (please indicate specialty)____________

❖ General Student Observations
Student received an orientation to the practice  YES  NO
Practice staff was accepting of student participation  YES  NO
Student felt comfortable approaching staff with questions  YES  NO

❖ Learning Environment
Preceptor appeared to be enthusiastic/advocate for student learning  YES  NO
Preceptor discussed learning objectives with the student  YES  NO
Student felt there was adequate work space provided for them  YES  NO
Student felt comfortable approaching the preceptor with questions  YES  NO
Preceptor appeared to have a clear understanding of the PA role  YES  NO

❖ Student Assignment
Student was able to work as an active member of the healthcare team  YES  NO
Student was permitted to document in patient charts  YES  NO
Student was assigned a diverse population of patients  YES  NO
Student felt they were assigned an adequate number of patients daily  YES  NO

What was the best part of this rotational experience?________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

What concerns or problems did you have on this rotation?__________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Would you recommend continued use of this clinical site in the future?  YES  NO

____________________________________________________________________________________________
Student signature ____________________________________________________________________________
Date ________________________________________________________________________________________
Appendix G

Competencies

Student Name: ________________________________________________ Date:_________

The following competencies were developed by the American Academy of Physician Assistants, the Physician Assistant Education Association, the Accreditation Review Commission on Education for Physician Assistants, and the National Commission on Certification of Physician Assistants.

Physician Assistant Competencies: A Self-Evaluation Tool

Rate your strength in each of the competencies using the following scale:
1 = Needs Improvement 2 = Adequate 3 = Strong 4 = Very Strong

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 | 4 | 3 | 2 | 1 |
| Identify signs and symptoms of medical conditions | 4 | 3 | 2 | 1 |
| Select and interpret appropriate diagnostic or laboratory studies | 4 | 3 | 2 | 1 |
| 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 | 4 | 3 | 2 | 1 |
| Identify the appropriate site of care for presenting conditions, including identifying emergent cases and those requiring referral or admission | 4 | 3 | 2 | 1 |
| Identify appropriate interventions for the prevention of pathophysiologic conditions | 4 | 3 | 2 | 1 |
| Identify the appropriate methods to detect pathophysiologic conditions in an asymptomatic individual | 4 | 3 | 2 | 1 |
| Differentiate between the normal and the abnormal in anatomic, physiological, laboratory findings, and other diagnostic data | 4 | 3 | 2 | 1 |
| Appropriately use history and physical findings and diagnostic studies to formulate a differential diagnosis | 4 | 3 | 2 | 1 |
| Provide appropriate care to patients with chronic pathophysiologic conditions | 4 | 3 | 2 | 1 |
Interpersonal and 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:

<table>
<thead>
<tr>
<th>Task</th>
<th>Rating</th>
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<tbody>
<tr>
<td>Create and sustain a therapeutic and ethically sound relationship with patients</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>Use effective listening, nonverbal, explanatory, questioning, and writing skills to elicit and provide information</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>Appropriately adapt communication style and messages to the context of the individual patient interaction</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>Work effectively with physicians and other health care professionals as a member or leader of a health care team or other professional group</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>Apply an understanding of human behavior</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>Demonstrate emotional resilience and stability, adaptability, flexibility, and tolerance of ambiguity and anxiety</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>Accurately and adequately document and record information regarding the care process for medical, legal, quality, and financial purposes</td>
<td>4 3 2 1</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Task</th>
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<tbody>
<tr>
<td>Work effectively with physicians and other health care professionals to provide patient-centered care</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>Demonstrate caring and respectful behaviors when interacting with patients and their families</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>Gather essential and accurate information about their patients</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>Develop and carry out patient management plans</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>Counsel and educate patients and their families</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>Competently perform medical and surgical procedures considered essential in the area of practice</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>Provide health care services and education aimed at preventing health problems or maintaining health</td>
<td>4 3 2 1</td>
</tr>
</tbody>
</table>
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 | 4 | 3 | 2 | 1 |
| Professional relationships with physician supervisors and other health care providers | 4 | 3 | 2 | 1 |
| Respect, compassion, and integrity | 4 | 3 | 2 | 1 |
| Responsiveness to the needs of patients and society | 4 | 3 | 2 | 1 |
| Develop and carry out patient management plans | 4 | 3 | 2 | 1 |
| Accountability to patients, society, and the profession | 4 | 3 | 2 | 1 |
| Commitment to excellence and on-going professional development | 4 | 3 | 2 | 1 |
| Commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices | 4 | 3 | 2 | 1 |
| Sensitivity and responsiveness to patients’ culture, age, gender, and disabilities | 4 | 3 | 2 | 1 |
| Self-reflection, critical curiosity, and initiative | 4 | 3 | 2 | 1 |

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 | 4 | 3 | 2 | 1 |
| Locate, appraise, and integrate evidence from scientific studies related to their patients’ health problems | 4 | 3 | 2 | 1 |
| Obtain and apply information about their own population of patients and the larger population from which their patients are drawn | 4 | 3 | 2 | 1 |
| Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness | 4 | 3 | 2 | 1 |
| Apply information technology to manage information, access on-line medical information, and support their own education | 4 | 3 | 2 | 1 |
| Facilitate the learning of students and/or other health care professionals | 4 | 3 | 2 | 1 |
| Recognize and appropriately address gender, cultural, cognitive, emotional, and other biases; gaps in medical knowledge; and physical limitations in themselves and others | 4 | 3 | 2 | 1 |
System-Based Practice

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

<table>
<thead>
<tr>
<th>Task</th>
<th>Value</th>
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<tbody>
<tr>
<td>Use information technology to support patient care decisions and patient education</td>
<td>4</td>
</tr>
<tr>
<td>Effectively interact with different types of medical practice and delivery systems</td>
<td>3</td>
</tr>
<tr>
<td>Understand the funding sources and payment systems that provide coverage for patient care</td>
<td>2</td>
</tr>
<tr>
<td>Practice cost-effective health care and resource allocation that does not compromise quality of care</td>
<td>1</td>
</tr>
<tr>
<td>Advocate for quality patient care and assist patients in dealing with system complexities</td>
<td>4</td>
</tr>
<tr>
<td>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</td>
<td>3</td>
</tr>
<tr>
<td>Accept responsibility for promoting a safe environment for patient care and recognizing and correcting systems-based factors that negatively impact patient care</td>
<td>2</td>
</tr>
<tr>
<td>Apply medical information and clinical data systems to provide more effective, efficient patient care</td>
<td>1</td>
</tr>
<tr>
<td>Use the systems responsible for the appropriate payment of services</td>
<td>4</td>
</tr>
</tbody>
</table>
Appendix H

Adventist University

PA Program

Test Self Analysis

____________________________
Student name

1. How much time did you spend studying for this exam?_______

2. In what areas did you concentrate your studies, by percentage?
   a. textbook reading ____
   b. reviewing related homework assignments/projects ____
   c. reviewing your notes ____
   d. studying with fellow classmates ____
   e. other study sources ____
      specify ______________________________

3. After reviewing your exam, where were your weaknesses?
   __________________________________________________________________
   __________________________________________________________________

4. Based on your responses to the above questions, develop a plan of action to improve your outcome on the next exam in this course. You should identify at least three areas in which you can improve your preparation and list how you feel these changes will enhance your success.

   1. ______________________________________________
   2. ______________________________________________
   3. ______________________________________________

Note: This analysis and plan of action must be approved by your course instructor or your faculty advisor.

____________________________                                  ______________________________
Student Signature                                                                    Instructor/Faculty Advisor signature