PA PROGRAM PRECEPTOR MANUAL

Class of 2014
Preceptor Information

The purpose of this portion of the guide is to provide the clinical preceptor with information regarding the Misericordia University PA Program and to communicate the program’s expectations. The clinical year experience is designed to build competence in fundamental clinical skills through practice and feedback, and to enhance confidence in preparation for clinical practice.

The clinical year places students in an active learning situation in such a manner as to prepare them to assume their professional roles. We believe that learning the skills necessary to become a competent and empathetic health care provider is best accomplished through clinical experiences in a positive nurturing environment through direct observation, hands-on practice, constructive feedback and guidance, and supplemental reading. We view this process as an active partnership among the student, the clinical preceptor, the PA Program, and the College.

In addition to academic and clinical competency, the students are expected to refine and demonstrate professional behavior, honesty, integrity, respect, responsibility, and empathy. Our preceptors are an integral part of this process. The preceptor serves as a facilitator of learning, a role model, an important source of feedback, and a guide into the profession.

A preceptor for the Misericordia PA Program may be a licensed physician, PA, NP or CNM who agrees to assume the responsibilities of clinical instruction of a PA student. The primary preceptor must be in good standing with his/her respective licensing board and community and be approved by the Misericordia PA Program.
INTRODUCTION

Admission Requirements

The MSPAS curriculum is open to applicants who have earned, or will earn, by the end of the summer semester prior to fall semester entry, a baccalaureate degree and have met, or will have met, by the end of the summer semester prior to fall semester entry, the following prerequisites:

- An earned bachelor’s degree with an overall cumulative grade-point average (GPA) of 3.0 on a scale of 4.0
- A minimum average of 3.0 on a scale of 4.0 in required pre-requisite courses
- A minimum of 3.0 average on a 4.0 scale in the sciences as figured by Central Application Service for Physician Assistants (CASPA)
- Ability to fulfill any university admission requirements
- Successful completion (as defined above) within ten years prior to admission of the following undergraduate science courses, to total 48 or more semester hours:
  - General Biology I and II
  - General Chemistry I and II
  - Anatomy and Physiology I and II
  - Microbiology
  - Organic Chemistry I and II
  - Biochemistry
  - Three Biology and/or Chemistry and/or Biochemistry and/or Psychology elective courses
- Completion of the GRE with a passing score
- Submission of a letter of recommendation from a healthcare provider (MD, DO, PA, or NP)
- Successful completion of an interview with and positive recommendation from program principal faculty
- Satisfactory Level 1 Criminal Background Check
- Demonstration to program principal faculty of ability to meet the following technical standards:
  - Sufficient capacity for observation in academic, clinical, and other medical settings; functional vision, hearing, and tactile sensation sufficient to observe a patient’s condition and perform procedures regularly required during a physical examination
  - Effective written and verbal communications skills sufficient to both academic and healthcare settings
  - Sufficient motor function to carry out movements necessary for patient diagnosis and care; for free movement in patient care and between facilities and buildings in academic and healthcare environments; physical stamina to complete didactic and clinical coursework
  - Sufficient intellectual ability to measure, calculate, reason, analyze, and synthesize, in the context of medical problem-solving and patient care
  - Sufficient emotional health and stability required for exercising good judgment and promptly completing all academic and patient care responsibilities

Progression Requirements

In addition to fulfilling university requirements and following all university policies for graduate program standing and progression, students enrolled in the MSPAS curriculum or entering from a proposed undergraduate component (please see below) must observe the following progression requirements:

- Adherence to all course pre-requisites
- Adherence, as developmentally appropriate, to codes and standards of the Physician Assistant profession and demonstration of generic abilities in professional behavior (please see Appendix E: Graduation Competencies of the MU MSPAS Program)
• Maintenance of good program standing, as defined by the university, for entrance into the clinical year of the curriculum
• Demonstration, as is developmentally appropriate, of progress toward graduation competencies of the MSPAS curriculum (please see Appendix E: Graduation Competencies of the MU MSPAS Program)

Progression from the third year of the 3+2 undergraduate component to the didactic year of the MSPAS curriculum is open to matriculants of the undergraduate component who have met, or will have met, by the end of the summer semester prior to fall semester didactic year coursework the following pre-requisites:

• All required science courses, electives, and core curriculum courses completed prior to entrance into didactic coursework
• A minimum average of 3.0 in required science courses
• A minimum cumulative grade point average of 3.0
• A minimum grade of C minus in all courses at the 100 through 400 levels
• Maintenance of good academic standing, as defined by the university
• No record of university disciplinary sanction
• Satisfactory Level 1 Criminal Background Check
• Successful completion of an interview with and positive recommendation from program principal faculty

The twelve months of the didactic portion of the PA Program cover a broad range of clinical medicine topics including a review of the basic sciences, pharmacology, anatomy and pathophysiology of disease, patient assessment, and behavioral medicine. In addition, students acquire basic skills in universal precautions, sterile technique, casting and splinting, and suturing as well as ACLS certification. Students are taught through lecture, small groups, problem-based learning, and simulated patient encounters.

The breakdown of the curriculum of the PA program is outlined below

Class of 2014

Curriculum Outline - Year I

Fall Semester

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA 526</td>
<td>Introduction to the PA profession</td>
<td>1 credits</td>
</tr>
<tr>
<td>PA 530</td>
<td>Clinical Medicine I</td>
<td>5 credits</td>
</tr>
<tr>
<td>PA 538</td>
<td>Patient Assessment I</td>
<td>4 credits</td>
</tr>
<tr>
<td>PA 544</td>
<td>Gross Clinical Anatomy</td>
<td>3 credits</td>
</tr>
<tr>
<td>PA 541</td>
<td>Pharmacology I</td>
<td>2 credits</td>
</tr>
<tr>
<td>PA 546</td>
<td>Physiology / Pathophysiology I</td>
<td>2 credits</td>
</tr>
<tr>
<td>PA 560</td>
<td>Clinical Genetics</td>
<td>1 credits</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>18 credits</strong></td>
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</tbody>
</table>

Spring Semester

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA 527</td>
<td>Health Care Issues I</td>
<td>2 credits</td>
</tr>
<tr>
<td>PA 531</td>
<td>Clinical Medicine II</td>
<td>6 credits</td>
</tr>
</tbody>
</table>
PA 539  Patient Assessment II  4 credits  
PA 542  Pharmacology II  3 credits  
PA 547  Physiology / Pathophysiology II  2 credits  

Total 17 credits

**Summer Semester**

PA 528  Health Care Issues II  1 credits  
PA 532  Clinical Medicine III  3 credits  
PA 543  Pharmacology III  2 credits  
PA 550  Emergency Medicine  2 credits  
PA 552  Medical Procedures & Surgery  2 credits  
PA 554  Special Populations  5 credits  
PA 561  Research, Epidemiology and Statistics  2 credits  

Total 18 credits

All course descriptions may be found on our website [www.misericordia.edu](http://www.misericordia.edu) or in the college catalog.

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### Curriculum Outline - Year II

**Professional Year II clinical rotations include rotations in:**

<table>
<thead>
<tr>
<th>Course</th>
<th>Rotation</th>
<th>Duration</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA 601</td>
<td>Ambulatory Medicine</td>
<td>5 weeks</td>
<td>5 credits</td>
</tr>
<tr>
<td>PA 602</td>
<td>Long Term Care</td>
<td>5 weeks</td>
<td>5 credits</td>
</tr>
<tr>
<td>PA 603</td>
<td>Internal Medicine</td>
<td>5 weeks</td>
<td>5 credits</td>
</tr>
<tr>
<td>PA 604</td>
<td>Pediatrics</td>
<td>5 weeks</td>
<td>5 credits</td>
</tr>
<tr>
<td>PA 605</td>
<td>Psychiatry</td>
<td>5 weeks</td>
<td>5 credits</td>
</tr>
<tr>
<td>PA 606</td>
<td>Surgery</td>
<td>5 weeks</td>
<td>5 credits</td>
</tr>
<tr>
<td>PA 607</td>
<td>Women’s Health</td>
<td>5 weeks</td>
<td>5 credits</td>
</tr>
<tr>
<td>PA 608</td>
<td>Emergency Medicine</td>
<td>5 weeks</td>
<td>5 credits</td>
</tr>
<tr>
<td>PA 609</td>
<td>General Elective Rotation</td>
<td>5 weeks</td>
<td>3 credits</td>
</tr>
<tr>
<td>PA 610</td>
<td>Research Rotation</td>
<td>4 weeks</td>
<td>2 credits</td>
</tr>
</tbody>
</table>

Clinical Clerkships 45 credits

PA 631 Professional Development  1 credit
PA 632 PANCE Preparation  2 credits
PA 633 Summative Evaluation  1 credit

Total 49 credits

**Commencement held in December following Year II. The MSPAS degree is granted after summer semester.**
In addition, mandatory 1 to 2-day Professional Seminars are held on campus. Students must complete a minimum total of 49 weeks of clinical rotations. Additionally, students will be completing a Professional Development, PANCE Review and Summative Assessment Course on campus which will take place during the Fall, Spring and Summer semester on the university campus (on the scheduled Professional Seminar dates).

**PA STUDENT SCOPE OF PRACTICE**

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.

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. If a student shows any serious deficiency or is in danger of not achieving the learning objectives or failing the clinical rotation, please document this on the mid-rotation evaluation form and notify the Clinical Coordinator or Program director / Department Chair immediately. *(A list of PA Program faculty and staff is enclosed in the front of this guide)*.

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.

A preceptor should watch the student perform histories and physicals and guide the student in ways to improve his/her technique. When the preceptor is comfortable with the student’s observation and interview skills, s/he can wait for the student’s presentation without observing the entire encounter, but should follow-up closely.

Early in the clinical year, emphasis is placed on perfecting the student’s ability to gather a complete database and distinguish normal from abnormal findings. Students are expected to report all findings in a descriptive manner and develop problem lists on all patients. Their assessments will become much more sophisticated as the year progresses. Through feedback and discussion, the student should steadily learn more about how the preceptor manages common problems and, as the rotation proceeds, manage increasingly more difficult problems, both physical and psychological. The preceptor should require order and thoroughness in both written medical records and oral presentations. It is required that students maintain a record of all patient encounters. They must also complete an evaluation of the clinical preceptor/site.

Teaching time may initially reduce preceptor productivity possibly adding up to one hour a day. This time investment is rapidly reduced as the student begins to do more of the patient work-ups unobserved. Many preceptors find their service to the practice balances teaching time.

Proof of malpractice insurance coverage will be provided to the site along with other paperwork upon confirmation of the rotation.
**PRECEPTOR RESPONSIBILITIES**

Upon signing the Affiliation Agreement and/or Preceptor Page, the primary preceptor and his/her practice agree to

1. Provide the student with a physical location, adequate clinical space, and provide/arrange a variety of patient encounters necessary for an appropriate learning experience.

2. Assure that the PA student has a broad clinical experience by reviewing the syllabus *(rotation syllabi may be found in Appendix A)* for the agreed upon clinical rotation. Should these objectives not be realized in the preceptor’s practice site, early notification to the Director of Clinical Education will allow for remediation by arranging supplemental sites or experiences for the student. It is understood that not all disease states listed in the syllabus can be observed during a given rotation as disease presentations can be influenced by patient populations, seasonal variations, and pure luck. The syllabus is meant as a guide to student learning and encompasses all the areas of student responsibility for a given medical discipline. Students understand this reality and use the syllabi to guide self-learning and supplemental reading.

3. Provide at least 32 hours per week, but in no case more than 60 hours per week, for the student to perform clinical activities with the preceptor on site for supervision, consultation, and teaching. This commitment may be shared among two or more approved preceptors. Should more than one preceptor be directly engaged in student teaching, all preceptors should have input in the final evaluation of the student.

4. Demonstrate, teach, and observe/supervise the PA student in clinical activities as arranged by the preceptor to develop the student’s skills and to ensure proper patient care.

5. Delegate gradually increasing levels of responsibility to the student for clinical assessment and management as the student’s clinical competence develops.

6. Ensure that the PA student does not practice beyond his/her competence or legal authority. Reexamine each patient until assured the student’s history and physical examination skills are complete and accurate.

7. Have each patient presented before the patient leaves the practice site and ensure all patient related documentation is co-signed.

8. Participate in the evaluation of all aspects of the student’s clinical skills and didactic knowledge base by: a) daily feedback to the PA student; b) dialogue with the faculty during site visits or by phone should concerns arise; c) mid and end of rotation formal evaluations which should be shared and discussed with the student.

9. No student shall be considered an employee of the Clinical Affiliate. Students will not be expected to give services to the Clinical Affiliate apart from those rendered for their educational value as part of the planned student experience.

10. Facilitate relations between this new health care provider and the staff in the practice site and other health care professionals in the medical community.

11. It is the intention of the faculty of the Misericordia PA Program to have a completely open collegial relationship with the preceptor. **Should problems arise**, early notification of such to the Director of Clinical Education at dbrown@misericordia.edu or Program Director at smassey@misericordia.edu will result in prompt problem-solving without diminishing the training experience for the student or putting an additional burden on the preceptor.
APPENDIX A  CLERKSHIP SYLLABUS

AMBULATORY MEDICINE

Physician Assistant 601 Ambulatory Medicine

Credits

5 Semester Hours

Catalog Description

The five-week rotation provides practical experience in general primary care through outpatient medicine. Students engage in all aspects of patient care, including history-taking, physical examination, treatment plan design, and evaluation. Students’ application of patient and family education to treatment and preventive measures is emphasized.

Prerequisites/Co-requisites (if applicable)

Admission to the clinical year of the program

Suggested References

1. South-Paul et al, Current Diagnosis and Treatment: Family Medicine
2. Goldman et al. Cecil Textbook of Medicine
3. Townsend et al. Sabiston Textbook of Surgery

Curriculum Goals Addressed by the Course

Goal 1: Develop the ability to perform a complete physical examination and to organize, integrate, interpret and present clinical data in a clear, concise manner.
Goal 2: Support effective and sensitive communication with patients.
Goal 3: Develop critical thinking and evaluative skills
Goal 4: Develop effective communication and teamwork skills with health care teams
Goal 5: Provide a comprehensive approach to normal human health and development, both physical and mental
Goal 6: Provide an explanation and demonstration of the skills needed to assess core diseases encountered in primary care
Goal 7: Integrate diagnostic assessment skills with knowledge of patient presentation, pharmacology and health care subspecialties to synthesize appropriate treatment plans.
Goal 8: Promote cross-cultural and socioeconomic sensitivity, confront prejudice, and support the development of effective medical practice in a diverse society.
Goal 9: Promote a commitment to provide effective, accessible, continuous, comprehensive, and personalized health care.
Goal 10: Emphasize the fundamental importance of ethical behavior in medical practice.
Goal 11: Promote teaching of patients, community and colleagues
Goal 12: Participate in the generation of new knowledge in medicine, whether through research, health policy administration, or as distinguished practitioners.
Goal 13: Develop cutting edge knowledge of the Physician Assistant profession and participate as leaders at the local, state, and national level shaping future policy and legislation to promote Physician Assistant practice

Goal 14: Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness, and integrate evidence from scientific studies related to their patients’ health problems

Goal 15: Apply knowledge of basic science concepts to facilitate understanding of the medical sciences

Goal 16: Demonstrate competency in basic clinical procedures performed by a graduate Physician Assistant

**Course Objectives**

- Perform problem oriented evaluation of patients with new complaints and established diagnoses
- Perform comprehensive pediatric examinations for all stages of development from newborn to adolescent, including preventative screenings and anticipatory guidance with patient and family education (if applicable)
- Perform comprehensive examinations for all aged female patients, including preventative screenings and prenatal care with patient and family education
- Perform diagnostic procedures as indicated and directed to do so by a supervising provider
- Demonstrate patient management plans with provider supervision
- Maintain all patient encounters in electronic data base used by the Physician Assistant Program
- Submit Weekly Reports and other paperwork as required by the Physician Assistant Program
- Attend all educational conferences/meetings/lectures offered by the clinical site and/or preceptor when possible
- Participate in after-hour call if available
- If possible the student should perform or participate in the following procedures:
  - Phlebotomy / IV placement
  - Pap smears
  - Skin biopsies
  - Prenatal examinations (if applicable)
  - Well-child physicals (if applicable)
  - Ultrasound fetal examinations (if applicable)
  - EKG lead placement and interpretation
  - Pulmonary Function Testing
  - Cardiac Stress Testing
  - Suturing
  - Splinting
  - Audiometry
  - Tympanometry
  - Injections for Vaccinations
The following is a list of End of Rotation Examination Topics for this Rotation

**Pulmonary System:**
Infectious Disorders

- Acute bronchitis
- Pneumonias
  - *Bacterial*
  - *Viral*
- Obstructive Pulmonary Disease
- Asthma

**EENT (Eyes, Ears, Nose and Throat):**
Eye Disorders
- Blepharitis
- Chalazion
- Conjunctivitis
- Dacryoadenitis
- Ectropion
- Entropion
- Hordeolum
- Pterygium
- Ear Disorders
- Cerumen impaction
- Mastoiditis
- Meniere's disease
- Labyrinthitis
- Otitis externa
- Vertigo
- Nose/Sinus Disorders
- Acute/chronic sinusitis
- Nasal polyps
- Mouth/Throat Disorders
- Acute pharyngitis
- Acute tonsillitis
- Dental abscess
- Laryngitis
- Parotitis
- Sialadenitis

**Gastrointestinal System/Nutrition**
Stomach
- Gastroesophageal reflux disease
- Gastritis
- Peptic ulcer disease
- Small Intestine/Colon
- Irritable bowel syndrome
- Rectum
- Anal fissure
- Fecal impaction

**Neoplastic Disease**

**Dermatologic System**
Eczematous Eruptions
- Atopic
- Contact
- Nummular eczematous
- Perioral
- Seborrheic
- Stasis

Dyshidrosis
- Lichen simplex chronicus
- Papulosquamous Diseases
- Dermatophyte infections
  - *Tinea versicolor*

Lichen planus
- Acneiform Lesions
- Rosacea
- Folliculitis
- Verruous Lesions
- Seborrheic keratosis
- Actinic keratosis
- Hair and Nails
- Alopecia areata
- Androgenetic alopecia
- Onycomycosis
- Paronychia
- Viral Diseases
- Molluscum contagiosum
Other
Acanthosis nigricans
Melasma
Vitiligo

**Hematologic System**
Iron deficiency

**Infectious Diseases**
Bacterial Disease

Chlamydia
Parasitic Disease

Amebiasis
Spirochetal Disease
Lyme borreliosis
* Lyme disease
Rocky Mountain spotted fever
Viral Disease
Influenza
LONG-TERM CARE

Physician Assistant 602 Long-Term Care

Credits

5 Semester Hours

Catalog Description

The five-week rotation provides practical clinical experience in long-term care facilities. Students engage in all aspects of patient care, including history-taking, physical examination, treatment plan design and evaluation. Students’ application of patient and family education to treatment and preventive measures is emphasized.

Prerequisites/Co-requisites (if applicable)

Admission to the clinical year of the program

Suggested References

Goldman et al. Cecil Textbook of Medicine
Landefeld, C.S et al. Current Geriatric Diagnosis & Treatment

Curriculum Goals Addressed by the Course

Goal 1: Develop the ability to perform a complete physical examination and to organize, integrate, interpret and present clinical data in a clear, concise manner.
Goal 2: Support effective and sensitive communication with patients.
Goal 3: Develop critical thinking and evaluative skills
Goal 4: Develop effective communication and teamwork skills with health care teams
Goal 5: Provide a comprehensive approach to normal human health and development, both physical and mental
Goal 6: Provide an explanation and demonstration of the skills needed to assess core diseases encountered in primary care
Goal 7: Integrate diagnostic assessment skills with knowledge of patient presentation, pharmacology and health care subspecialties to synthesize appropriate treatment plans.
Goal 8: Promote cross-cultural and socioeconomic sensitivity, confront prejudice, and support the development of effective medical practice in a diverse society
Goal 9: Promote a commitment to provide effective, accessible, continuous, comprehensive, and personalized health care.
Goal 10: Emphasize the fundamental importance of ethical behavior in medical practice.
Goal 11: Promote teaching of patients, community and colleagues
Goal 12: Participate in the generation of new knowledge in medicine, whether through research, health policy administration, or as distinguished practitioners.
Goal 13: Develop cutting edge knowledge of the Physician Assistant profession and participate as leaders at the local, state, and national level shaping future policy and legislation to promote Physician Assistant practice
Goal 14: Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness, and integrate evidence from scientific studies related to their patients’ health problems

Goal 15: Apply knowledge of basic science concepts to facilitate understanding of the medical sciences

Goal 16: Demonstrate competency in basic clinical procedures performed by a graduate Physician Assistant

Course Objectives

Students will:

- Perform problem oriented evaluation of patients with new complaints and established diagnoses
- Perform diagnostic procedures as indicated and directed to do so by a supervising provider
- Demonstrate patient management plans with provider supervision
- Perform comprehensive examinations for all adult patients, including preventative screenings, with patient and family education
- Maintain all patient encounters in electronic data base used by the Physician Assistant Program
- Submit Weekly Reports and other paperwork as required by the Physician Assistant Program
- Attend all educational conferences/meetings/lectures offered by the clinical site and/or preceptor when possible
- Participate in after-hour call if available

Students will also:

- Perform an appropriate geriatric assessment that includes, but is not limited to, a complete medical history and physical examination, and an evaluation of the patient's functional status as described in #2 (below).
- Recognize limitations in the patient's ability to perform Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) and record them in the patient's medical record in an appropriate manner.
- Recognize common geriatric clinical presentations especially complications associated with chronic medical conditions.
- Participate in team conferences and team therapeutic programs.
- Demonstrate familiarity with the various resources available to geriatric patients such as community support groups, home delivered meals, respite care, and other supportive programs for caregivers.
- Participate in teaching rounds conducted at intermediate-care and skilled nursing home sites.
- Demonstrate an understanding of the relationship between acute care medical services and long term care services.
Upon completion of the long-term care clinical rotation, the student will be expected to demonstrate basic knowledge of the following diseases and disorders:

**Disorders of the Skin & Subcutaneous Tissue**
- Seborrheic Dermatitis
- Statis Dermatitis
- Seborrheic keratosis
- Actinic keratosis
- Scabies
- Basal cell carcinoma
- Melanoma
- Squamous cell carcinoma
- Onycomycosis
- Erysipelas
- Decubitus ulcers/leg ulcers

**Eyes, Ears, Nose & Throat**
- Cataract
- Ectropion
- Entropion
- Glaucoma
- Macular degeneration (Age related)
- Orbital Cellulitis
- Cerumen impaction
- Hearing impairment
- Sialadenitis

**Cardiovascular Disorders**
- Chronic arterial occlusion/atherosclerosis
- Peripheral vascular disease
- Hypotension

**Respiratory Disorders**
- Chronic bronchitis
- Emphysema

**Gastrointestinal & Nutritional Disorders**
- Motor disorders
- Pernicious anemia
- Constipation
- Diverticular disease
- Ischemic bowel disease

**Renal, Urinary & Male Reproductive Diseases**
- Benign prostatic hyperplasia
- Erectile dysfunction
- Incontinence

**Hematological Disorders**
- Chronic lymphocytic leukemia
- Multiple myeloma

**Immunological Disorders**
- Giant cell Arteritis
- Polymyalgia rheumatic

**Infectious & Parasitic Diseases**
- Varicella-zoster virus infections

**Diseases of the Nervous System**
- Alzheimer's disease
- Parkinson's disease
- Cerebral aneurysm
- Stroke
- Transient Ischemic attacks

**Diseases of the Musculoskeletal System**
- Cauda equina
- Kyphosis
- Spinal stenosis
- Fractures of the hip
- Osteoarthritis
- Osteoporosis

**Mental Health & Behavioral Disorders**
- Child/elder abuse
- Uncomplicated bereavement
INTERNAL MEDICINE

Physician Assistant 603 Internal Medicine

Credits

5 Semester Hours

Catalog Description

The five-week rotation provides practical clinical experience in internal medicine. Students engage in all aspects of patient care, including history, physical examination, treatment plan design, and evaluation. Students’ application of patient and family education to treatment and preventive measures is emphasized.

Prerequisites/Co-requisites (if applicable)

Admission to the clinical year of the program

Curriculum Goals Addressed by the Course

Goal 1: Develop the ability to perform a complete physical examination and to organize, integrate, interpret and present clinical data in a clear, concise manner.
Goal 2: Support effective and sensitive communication with patients.
Goal 3: Develop critical thinking and evaluative skills
Goal 4: Develop effective communication and teamwork skills with health care teams
Goal 5: Provide a comprehensive approach to normal human health and development, both physical and mental
Goal 6: Provide an explanation and demonstration of the skills needed to assess core diseases encountered in primary care
Goal 7: Integrate diagnostic assessment skills with knowledge of patient presentation, pharmacology and health care subspecialties to synthesize appropriate treatment plans.
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Goal 13: Develop cutting edge knowledge of the Physician Assistant profession and participate as leaders at the local, state, and national levels shaping future policy and legislation to promote Physician Assistant practice
Goal 14: Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness, and integrate evidence from scientific studies related to their patients’ health problems
Goal 15: Apply knowledge of basic science concepts to facilitate understanding of the medical sciences
Goal 16: Demonstrate competency in basic clinical procedures performed by a graduate Physician Assistant
Course Objectives

Students will:

- Perform problem oriented evaluation of patients with new complaints and established diagnoses
- Perform diagnostic procedures as indicated and directed to do so by a supervising provider
- Demonstrate patient management plans with provider supervision
- Perform comprehensive examinations for all adult patients, including preventative screenings, with patient and family education
- Maintain all patient encounters in electronic data base used by the Physician Assistant Program
- Submit Weekly Reports and other paperwork as required by the Physician Assistant Program
- Attend all educational conferences/meetings/lectures offered by the clinical site and/or preceptor when possible
- Participate in after-hour call if available
- If possible the student should perform or participate in the following procedures:
  - Phlebotomy / IV placement
  - Pap smears
  - Skin biopsies
  - EKG lead placement and interpretation
  - Pulmonary Function Testing
  - Cardiac Stress Testing

Upon completion of the internal medicine clinical rotation, the student will be expected to demonstrate basic knowledge of the following diseases and disorders seen in internal medicine practice:

Internal Medicine Reading List

Suggested Reference:
Goldman et al. *Cecil Textbook of Medicine*

Cardiovascular System
Cardiomyopathy
Dilated
Hypertrophic
Restrictive
Congestive Heart Failure
Hypertension
Essential
Secondary
Malignant
Ischemic Heart Disease
Angina pectoris

- **Stable**
- **Unstable**
- *Prinzmetal's/variant*

Vascular Disease
Acute rheumatic fever
Giant cell arteritis
Valvular Disease (non-surgical)
Aortic stenosis/insufficiency
Mitral stenosis/insufficiency
Mitral valve prolapse

- Tricuspid stenosis/insufficiency
- Pulmonary stenosis/insufficiency
- Other Forms of Heart Disease
- Acute and subacute bacterial endocarditis

**Pulmonary System**
Infectious Disorders
Pneumonias
- *Fungal*
- *HIV-related*
Tuberculosis
Obstructive Pulmonary Disease
Asthma
Bronchiectasis
Chronic bronchitis
Emphysema
Pulmonary Circulation
Pulmonary hypertension
Cor pulmonale
Restrictive Pulmonary Disease
Idiopathic pulmonary fibrosis
Pneumoconiosis
Sarcoidosis
Endocrine System
Diseases of the Thyroid Gland
Hyperparathyroidism
Hypoparathyroidism
Hyperthyroidism
• Graves’ disease
• Hashimoto's thyroiditis
• Thyroid storm
Hypothyroidism
Thyroiditis
Diseases of the Adrenal Glands
Cushing's syndrome
Corticoadrenal insufficiency
Diseases of the Pituitary Gland
Acromegaly/gigantism
Diabetes insipidus
Diabetes Mellitus
  o Type 1
  o Type 2
  o Hypoglycemia
    Lipid Disorders
    Hypercholesterolemia

EENT (Eyes, Ears, Nose and Throat)
Eye Disorders
Macular degeneration
Retinopathy
  • Diabetic
  • Hypertensive

Gastrointestinal System/Nutrition
Esophagus
Esophagitis
Motor disorders
Stomach
Gastroesophageal reflux disease
Gastritis
Peptic ulcer disease
Liver
Acute/chronic hepatitis
Cirrhosis
Pancreas
Acute/chronic pancreatitis
Infectious Diarrhea
Nutritional Deficiencies
Niacin
Thiamine
Vitamin A
Riboflavin
Vitamin C
Vitamin D
Vitamin K

Genitourinary System
Benign Conditions of the GU Tract
Erectile dysfunction
Incontinence
Renal Diseases
Acute/chronic renal failure
Glomerulonephritis
Nephrotic syndrome
Polycystic kidney disease
Electrolyte and Acid/Base Disorders
Hypo/hypernatremia
Hypo/hyperkalemia
Hypo/hypercalcemia
Hypomagnesemia
Metabolic alkalosis/acidosis
Respiratory alkalosis/acidosis

Musculoskeletal System
Disorders of the Back/Spine
Ankylosing spondylitis
Infectious Diseases
Acute/chronic osteomyelitis
Osteoarthritis
Osteoporosis
Rheumatologic Conditions
Fibromyalgia
Gout/pseudogout
Juvenile rheumatoid arthritis
Polyarthritis nodosa
Polymyositis
Polymyalgia rheumatic
Reiter's syndrome
Rheumatoid arthritis
Systemic lupus erythematosus
Scleroderma Sjogren's syndrome

Neurologic System
Alzheimer's disease
Diseases of Peripheral Nerves
Diabetic peripheral neuropathy
Guillain-Barre syndrome
Myasthenia gravis

Headaches
Cluster headache
Migraine
Tension headache

Infectious Disorders
Encephalitis
Movement Disorders
Essential tremor
Huntington's disease
Parkinson's disease

Multiple Sclerosis

Seizure Disorders
Generalized convulsive disorder
Generalized nonconvulsive disorder

Vascular Diseases
Stroke
Transient ischemic attack

Psychiatry/Behavioral Science
Eating Disorders-Obesity
Substance Use Disorders-Tobacco use and/or dependence

Dermatologic System
Papulosquamous Diseases
Psoriasis
Desquamation
Stevens-Johnson syndrome
Erythema multiforme

Vesicular Bullae
Bullous pemphigoid

Hematologic System
Anemias
Aplastic anemia
Vitamin B12 deficiency
Folate deficiency
Iron deficiency
G6PD deficiency
Hemolytic anemia

Thalassemia
Coagulation Disorders
Factor VIII disorders
Factor IX disorders
Factor XI disorders
Thrombocytopenia
• Thrombotic thrombocytopenic purpura
• Von Willebrand's disease

Malignancies
Acute/chronic lymphocytic leukemia
Acute/chronic myelogenous leukemia
Lymphoma
Multiple myeloma

Infectious Diseases
Fungal Disease
Candidiasis
Cryptococcosis
Histoplasmosis
Pneumocystis
Bacterial Disease
Botulism
Cholera
Salmonellosis
Shigellosis
Tetanus
Mycobacterial Disease
Tuberculosis
Atypical mycobacterial disease
Parasitic Disease
Malaria
Toxoplasmosis
Spirochetal Disease
Syphilis
Viral Disease
HIV infection
PEDIATRICS

Physician Assistant 604 Pediatrics

Credits

5 Semester Hours

Catalog Description

The five-week rotation provides practical clinical experience in pediatric medicine. Students engage in all aspects of patient care, including history-taking, physical examination, treatment plan design and evaluation. Students’ application of patient and family education to treatment and preventive measures is emphasized.

Prerequisites/Co-requisites (if applicable)

Admission to the clinical year of the program

Suggested References

Nelson’s Textbook of Pediatrics

Curriculum Goals Addressed by the Course

Goal 1: Develop the ability to perform a complete physical examination and to organize, integrate, interpret and present clinical data in a clear, concise manner.
Goal 2: Support effective and sensitive communication with patients.
Goal 3: Develop critical thinking and evaluative skills
Goal 4: Develop effective communication and teamwork skills with health care teams
Goal 5: Provide a comprehensive approach to normal human health and development, both physical and mental
Goal 6: Provide an explanation and demonstration of the skills needed to assess core diseases encountered in primary care
Goal 7: Integrate diagnostic assessment skills with knowledge of patient presentation, pharmacology and health care subspecialties to synthesize appropriate treatment plans.
Goal 8: Promote cross-cultural and socioeconomic sensitivity, confront prejudice, and support the development of effective medical practice in a diverse society
Goal 9: Promote a commitment to provide effective, accessible, continuous, comprehensive, and personalized health care.
Goal 10: Emphasize the fundamental importance of ethical behavior in medical practice.
Goal 11: Promote teaching of patients, community and colleagues
Goal 12: Participate in the generation of new knowledge in medicine, whether through research, health policy administration, or as distinguished practitioners.
Goal 13: Develop cutting edge knowledge of the Physician Assistant profession and participate as leaders at the local, state, and national level shaping future policy and legislation to promote Physician Assistant practice

Goal 14: Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness, and integrate evidence from scientific studies related to their patients’ health problems

Goal 15: Apply knowledge of basic science concepts to facilitate understanding of the medical sciences

Goal 16: Demonstrate competency in basic clinical procedures performed by a graduate Physician Assistant

**Course Objectives**

- Perform problem oriented evaluation of patients with new complaints and established diagnoses
- Perform diagnostic procedures as indicated and directed to do so by a supervising provider
- Demonstrate patient management plans with provider supervision
- Perform comprehensive examinations for all adult patients, including preventative screenings, with patient and family education
- Maintain all patient encounters in electronic data base used by the Physician Assistant Program
- Submit Weekly Reports and other paperwork as required by the Physician Assistant Program
- Attend all educational conferences/meetings/lectures offered by the clinical site and/or preceptor when possible
- Participate in after-hour call if available
- If possible the student should perform the following procedures:
  - Phlebotomy / IV placement
  - Splinting
  - Suturing
  - Audiometry
  - Tympanometry
  - Injections for Vaccinations
Upon completion of the pediatric clinical rotation, the student will be expected to demonstrate basic knowledge of the following diseases and disorders seen in pediatric practice:

**Cardiovascular System**
- Congenital Heart Disease
- Atrial septal defect
- Coarctation of aorta
- Patent ductus arteriosus
- Tetralogy of Fallot
- Ventricular septal defect

**Pulmonary System**
- Acute bronchiolitis
- Acute epiglottitis
- Croup
- Influenza
- Pertussis
- Pneumonias
- Respiratory syncytial virus infection
- Obstructive Pulmonary Disease
- Cystic fibrosis
- Other Pulmonary Disease
- Hyaline membrane disease

**Endocrine System**
- Dwarfism

**EENT (Eyes, Ears, Nose and Throat)**
- Eye Disorders
- Orbital cellulites
- Strabismus
- Ear Disorders
- Acute/chronic otitis media
- Hearing impairment
- Otitis externa
- Tympanic membrane perforation
- Nose/Sinus Disorders
- Allergic rhinitis
- Mouth/Throat Disorders
- Acute pharyngitis
- Acute tonsillitis
- Aphthous ulcers
- Epiglottitis
- Oral candidiasis
- Oral herpes simplex
- Peritonsillar abscess

**Gastrointestinal System/Nutrition**
- Stomach
- Pyloric stenosis
- Small Intestine/Colon
- Constipation
- Inflammatory bowel disease
- Intussusception
- Nutritional Deficiencies
- Niacin
- Thiamine
- Vitamin A
- Riboflavin
- Vitamin C
- Vitamin D
- Vitamin K
- Metabolic Disorders
- Lactose intolerance
- Phenylketonuria

**Genitourinary System**
- Benign Conditions of the GU Tract
- Cryptorchidism
- Hydrocele/varicocele
- Paraphimosis/phimosis
- Testicular torsion
- Neoplastic Diseases
- Wilms' tumor

**Musculoskeletal System**
- Disorders of the Forearm/Wrist/Hand
  - Nursemaid's elbow
  - Disorders of the Hip
  - Slipped capital femoral
  - Disorders of the Knee
  - Osgood-Schlatter disease
  - Neoplastic Disease
  - Osteosarcoma

**Neurologic System**
- Cerebral Palsy
- Infectious Disorders
- Meningitis

**Psychiatry/Behavioral Science**
- Other Behavior/Emotional Disorders
- Child/elder abuse

**Dermatologic System**
- Eczematous Eruptions
Dermatitis
  • Diaper
Papulosquamous Diseases
Dermatophyte infections
  • Tinea corporis/pedis
Pityriasis rosea
Desquamation
Toxic epidermal necrolysis
Acneiform Lesions
Acne vulgaris
Insects/Parasites
Lice
Scabies
Viral Diseases
Exanthems
Herpes simplex
Verrucae
Varicella-zoster virus infections
Bacterial Infections
Impetigo

Hematologic System

Anemias
  Sickle cell anemia
Coagulation Disorders
Thrombocytopenia
  • Idiopathic thrombocytopenic purpura

Infectious Diseases
Parasitic Disease
Hookworms
Pinworms
Spirochetal Disease
Syphilis
Viral Disease
Cytomegalovirus infections
Epstein-Barr virus infections
Erythema infectiosum
Herpes simplex
Mumps
Roseola
Rubella
Measles
Varicella-zoster virus infections
PSYCHIATRY

Physician Assistant 605 Psychiatry

Credits
5 Semester Hours

Catalog Description
The five-week rotation provides practical clinical experience in psychiatric medicine. Students engage in all aspects of patient care, including history-taking, physical examination, treatment plan design and evaluation. Students’ application of patient and family education to treatment and preventive measures is emphasized.

Prerequisites/Co-requisites (if applicable)
Admission to the clinical year of the program

Suggested References
Kay and Tasman’s Psychiatry: Behavioral Science and Clinical Essentials
Ebert et al. Current Diagnosis and Treatment Psychiatry
Goldman et al. Cecil Textbook of Medicine

Curriculum Goals Addressed by the Course
Goal 1: Develop the ability to perform a complete physical examination and to organize, integrate, interpret and present clinical data in a clear, concise manner.
Goal 2: Support effective and sensitive communication with patients.
Goal 3: Develop critical thinking and evaluative skills
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Goal 15: Apply knowledge of basic science concepts to facilitate understanding of the medical sciences

Goal 16: Demonstrate competency in basic clinical procedures performed by a graduate Physician Assistant

Course Objectives

- Perform problem oriented evaluation of patients with new complaints and established diagnoses.
- Demonstrate patient management plans with provider supervision.
- Maintain all patient encounters in electronic data base used by the Physician Assistant Program.
- Submit Weekly Reports and other paperwork as required by the Physician Assistant Program.
- Attend all educational conferences/meetings/lectures offered by the clinical site and/or preceptor when possible.
- Participate in after-hour call if available.
- Comprehend and utilize the following:
  - Assessment tools (common office tools: e.g., the Beck scale)
  - Pharmacotherapy, psychotherapy, and counseling
  - DSM-IV

Upon completion of the psychiatry clinical rotation, the student will be expected to demonstrate basic knowledge of the following disorders seen in psychiatric practice:

**Anxiety Disorders**
- Panic disorder
- Generalized anxiety disorder
- Posttraumatic stress disorder
- Phobias

**Attention-Deficit Disorder**

**Autistic Disorder**

**Eating Disorders**
- Anorexia nervosa
- Bulimia nervosa
- Obesity

**Mood Disorders**
- Adjustment
- Depressive
- Dysthymic
- Bipolar

**Personality Disorders**
- Antisocial
- Avoidant

**Borderline**
- Histrionic
- Narcissistic
- Obsessive-compulsive
- Paranoid
- Schizoid
- Schizotypal
- Psychoses
- Delusional disorder
- Schizophrenia
- Schizoaffective disorder
- Somatoform Disorders

**Substance Use Disorders**
- Alcohol abuse/dependence
- Drug abuse/dependence
- Tobacco use/dependence

**Other Behavior/Emotional Disorders**
- Acute reaction to stress
- Uncomplicated bereavement
SURGERY

Physician Assistant 606 General Surgery

Credits

5 Semester Hours

Catalog Description

The five-week rotation provides practical clinical experience in general surgery. Students engage in all aspects of patient care, including history-taking, physical examination, treatment plan design and evaluation. Students’ application of patient and family education to treatment and preventive measures is emphasized.

Prerequisites/Co-requisites (if applicable)

Admission to the clinical year of the program

Suggested References

Lawrence: Essentials of General Surgery
Lawrence: Essentials of Surgical Specialties
Townsend et al. Sabiston Textbook of Surgery

Curriculum Goals Addressed by the Course

Goal 1: Develop the ability to perform a complete physical examination and to organize, integrate, interpret and present clinical data in a clear, concise manner.
Goal 2: Support effective and sensitive communication with patients.
Goal 3: Develop critical thinking and evaluative skills
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Goal 14: Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness, and integrate evidence from scientific studies related to their patients’ health problems

Goal 15: Apply knowledge of basic science concepts to facilitate understanding of the medical sciences

Goal 16: Demonstrate competency in basic clinical procedures performed by a graduate Physician Assistant

Course Objectives

Students will:

- Perform problem oriented evaluation of patients with new complaints and established diagnoses
- Perform pre-operative clearances and post-operative care
- Perform diagnostic procedures as indicated and directed to do so by a supervising provider
- Demonstrate patient management plans with provider supervision
- Maintain all patient encounters in electronic data base used by the Physician Assistant Program
- Submit Weekly Reports and other paperwork as required by the Physician Assistant Program
- Attend all educational conferences/meetings/lectures offered by the clinical site and/or preceptor when possible
- Participate in after-hour call if available
- If possible the student should perform the following procedures:
  - Phlebotomy / IV placement
  - Endotracheal intubation
  - Surgical scrub and gowning / gloving procedures
  - Suturing
  - Surgical tube placement and removal
  - Central line placement
  - Arterial Blood Gas sampling
  - Punch /shave/ excisional /needle biopsy
  - Foley catheter placement
  - Assist in operative procedures
  - Patient preparation: draping & skin preparation
  - Local, regional and epidural anesthesia blocks
  - Incision and drainage of abscesses
  - Placement and change of sterile dressings
  - Operation of laparoscopic cameras and instruments
  - Nasogastric intubation

Upon completion of the general surgery clinical rotation the student will be able to:

- Identify the special laboratory studies necessary for surgical patients preoperatively
- Explain the fundamentals of wound care and wound healing. Explain how co-morbidities may affect healing time and change wound management
Differentiate common suture materials and wound closure materials (stainless steel wire, catgut, silk, synthetic non-absorbable, synthetic absorbable, tapes, staples and glues) and their appropriate use sites

Specify common types of stitches including simple interrupted, simple running, running locking, subcuticular, vertical mattress, horizontal mattress, and purse string stitch

Identify, evaluate and manage various chronic wounds and ulcers including:
- Venous stasis ulcers
- Decubitus ulcers
- Arterial ulcers

Explain the principles of fluid and electrolyte balance as it applies to the surgical patient, specifically: composition of fluid compartments, regulation of electrolytes, disorders of volume, correction of electrolyte imbalances, and disorders of acid-base balance

Evaluate bleeding and blood replacement as it applies to the surgical patient specifically: special tests of hemostasis, causes of surgical bleeding, bleeding in the post-operative period, and blood and/or blood product replacement

Explain common surgical procedures; their indications, contraindications, and possible complications:
- Nasogastric intubation
- Urethral catheterization
- Vascular catheterization
- Arterial catheterization
- Phlebotomy
- Common primary care procedures:
  - Incision and drainage of abscesses (pilonidal)
  - Paronychia / felon treatment
  - Ingrown toenail removal
  - Subungual hematoma

Differentiate etiologies of fever in the post-operative period

Distinguish common types of anesthesia including, general anesthesia, regional blocks, and local anesthesia. Include commonly used medications for local anesthesia and possible complications and contraindications:
- Discuss issues of general anesthesia including airway management and maintenance of neuromuscular blockade, and complications including malignant hyperthermia and aspiration pneumonitis.
- Discuss epidural and spinal anesthesia; their benefits and risks
- Discuss issues of the immediate post-anesthetic period including immediate recovery and most common complications, nausea and vomiting, and pain management

Explain use and placement, and describe and evaluate information obtained from, a Swan-Ganz catheter

Describe basic principles of organ transplantation including indications and contraindications for transplantation, organs and tissues currently used for transplantation, criteria of establishing brain death, laboratory studies needed for determining organ suitability for transplant, organ preservation, and rejection

Explain and evaluate the following diagnostic tests; their indications, contraindications, and risks:
- Endoscopic retrograde cholangiopancreatography
- Esophagogastroduodenoscopy
- Percutaneous transhepatic cholangiography
- Radionuclide biliary scan (HIDA/PIPIDA)
- Ventilation-perfusion scan

Describe the following surgical procedures, their indications, contraindications and possible complications:
- Hernia repair
- Nissen Fundoplication
- Appendectomy
- Cholecystectomy (open and laparoscopic)
- Whipple resection (pancreaticojejunostomy)
- Mastectomy
  - Radical
  - Modified radical
  - Simple
  - Segmental (lumpectomy)
- Thyroid lobectomy
- Vascular surgery
  - Carotid endarterectomy
  - Femoral-popliteal bypass
  - Varicose vein stripping
- Skin cancer techniques and removal guidelines
- Fasciotomy
- Escharotomy

- Identify the following surgical landmarks, signs and areas:
  - Hesselbach’s Triangle
  - Triangle of Calot
  - Charcot’s Triad
Upon completion of the general surgery clinical rotation, the student will be expected to demonstrate basic knowledge of the following topics seen in surgical practice:

**Cardiovascular System**
- Vascular Disease
- Aortic aneurysm/dissection
- Arterial embolism/thrombosis
- Chronic/acute arterial occlusion
- Peripheral vascular disease
- Varicose veins
- Valvular Disease
- Aortic stenosis/insufficiency
- Mitral stenosis/insufficiency
- Mitral valve prolapsed
- Tricuspid stenosis/insufficiency
- Pulmonary stenosis/insufficiency

**Pulmonary System**
- Pneumothorax
  - Traumatic
- Tension
- Neoplastic Disease
- Bronchogenic carcinoma
- Carcinoid tumors
- Metastatic tumors
- Pulmonary nodules

**Endocrine System**
- Neoplastic disease

**EENT (Eyes, Ears, Nose and Throat)**
- Eye Disorders
- Cataract
- Retinal detachment
- Mouth/Throat Disorders
- Oral leukoplakia

**Gastrointestinal System/Nutrition**
- Esophagus
- Neoplasms
- Strictures
- Varices
- Stomach
- Neoplasms
- Gallbladder
- Acute/chronic cholecystitis
- Cholelithiasis
- Liver
- Neoplasms
- Pancreas
- Neoplasms
- Small Intestine/Colon
- Appendicitis
- Diverticular disease
- Ischemic bowel disease
- Neoplasms
- Obstruction
- Toxic megacolon
- Rectum
- Anorectal abscess/fistula
- Hemorrhoids
- Neoplasms
- Pilonidal disease
- Polyps
- Hernia
- Hiatal
- Incisional
- Inguinal
- Umbilical
- Ventral

**Genitourinary System**
- Benign Conditions of the GU Tract
- Benign prostatic hyperplasia
- Neoplastic Diseases
- Bladder carcinoma
- Prostate carcinoma
- Renal cell carcinoma
- Testicular carcinoma

**Reproductive System**
- Uterus
- Dysfunctional uterine bleeding
- Endometrial cancer
- Endometriosis/adenomyosis
- Ovary
- Neoplasms
- Cervix
- Carcinoma
- Vagina/Vulva
- Neoplasm
- Breast
- Abscess
- Carcinoma
- Fibroadenoma
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OBSTETRICS AND GYNECOLOGY

Physician Assistant 607 Women’s Health

Credits

5 Semester Hours

Catalog Description

The five-week rotation provides practical clinical experience in women’s health. Students engage in all aspects of patient care, including history-taking, physical examination, treatment plan design and evaluation. Students’ application of patient and family education to treatment and preventive measures is emphasized.

Prerequisites/Co-requisites (if applicable)

Admission to the clinical year of the program

Suggested References

Goldman et al. *Cecil Textbook of Medicine*
Townsend et al. *Sabiston Textbook of Surgery*
Hacker: *Textbook of Obstetrics and Gynecology*
Lawrence: *Essentials of General Surgery*
Lawrence: *Essentials of Surgical Specialties*

Curriculum Goals Addressed by the Course

Goal 1: Develop the ability to perform a complete physical examination and to organize, integrate, interpret and present clinical data in a clear, concise manner.
Goal 2: Support effective and sensitive communication with patients.
Goal 3: Develop critical thinking and evaluative skills
Goal 4: Develop effective communication and teamwork skills with health care teams
Goal 5: Provide a comprehensive approach to normal human health and development, both physical and mental
Goal 6: Provide an explanation and demonstration of the skills needed to assess core diseases encountered in primary care
Goal 7: Integrate diagnostic assessment skills with knowledge of patient presentation, pharmacology and health care subspecialties to synthesize appropriate treatment plans.
Goal 8: Promote cross-cultural and socioeconomic sensitivity, confront prejudice, and support the development of effective medical practice in a diverse society
Goal 9: Promote a commitment to provide effective, accessible, continuous, comprehensive, and personalized health care.
Goal 10: Emphasize the fundamental importance of ethical behavior in medical practice.
Goal 11: Promote teaching of patients, community and colleagues
Goal 12: Participate in the generation of new knowledge in medicine, whether through research, health policy administration, or as distinguished practitioners.
Goal 13: Develop cutting edge knowledge of the Physician Assistant profession and participate as leaders at the local, state, and national level shaping future policy and legislation to promote Physician Assistant practice

Goal 14: Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness, and integrate evidence from scientific studies related to their patients’ health problems

Goal 15: Apply knowledge of basic science concepts to facilitate understanding of the medical sciences

Goal 16: Demonstrate competency in basic clinical procedures performed by a graduate Physician Assistant

Course Objectives

- Perform problem oriented evaluation of patients with new complaints and established diagnoses
- Perform diagnostic procedures as indicated and directed to do so by a supervising provider
- Demonstrate patient management plans with provider supervision
- Perform comprehensive examinations for all aged patients, including preventative screenings and prenatal care with patient and family education
- Maintain all patient encounters in electronic data base used by the Physician Assistant Program.
- Submit Weekly Reports and other paperwork as required by the Physician Assistant Program.
- Attend all educational conferences/meetings/lectures offered by the clinical site and/or preceptor when possible.
- Participate in after-hour call if available
- If possible the student should perform the following procedures:
  - Phlebotomy / IV placement
  - Vaginal delivery
  - Pap smears
  - STD screenings
  - Pre-natal examinations
  - Ultrasound examinations
  - Colposcopy
  - IUD placement
  - Assist in Caesarian delivery
  - Assist in operative procedures

Upon completion of the women’s health clinical rotation the student will be able to:

- Demonstrate knowledge of the normal anatomy and physiology of the female breast and reproductive system including:
  - Abdominal wall
  - Inguinal region
  - Pudendum
- Bony pelvis
- Contents of the pelvic cavity
- Structures of the bony pelvis
- Placenta

- Pathology: Recognize and assess the pathologic disease manifestations of benign and malignant breast disease, gynecologic disease, and pregnancy
- Physiology: Recognize and assess the elements of the normal menstrual cycle, hormone changes of pregnancy and menopause
- Recommend the appropriate management of a victim of rape including general office procedures, legal issues and appropriate laboratory testing as well as treatment
- Identify the presumptive, probable, and positive manifestations of pregnancy
- Integrate the elements of prenatal care including.
  - The initial office visit, including history-taking, physical examination, and laboratory testing
  - Subsequent visits
  - Maternal well-being as a sign of fetal well-being
  - Preparation for labor
  - Nutrition in pregnancy
  - Common complaints during pregnancy
  - Drugs, cigarette smoking, and alcohol during pregnancy
  - Other matters of concern during pregnancy
- Assess fetal presentation, position, and lie
- Assess the three stages of labor in terms of stages, transition points, and management of stages
- Specify aids to normal delivery:
  - Episiotomy
  - Induction of Labor
  - Natural childbirth
- Recognize and evaluate malpresentation and recommend management for the various types of breech presentation
  - Frank breech
  - Complete breech
  - Footling breech
- Determine indications for Caesarean Section.
  - Cephalo-pelvic disproportion
  - Uterine inertia
  - Placenta previa
  - Premature separation of the placenta
  - Malposition and malpresentation
  - Preeclampsia-eclampsia
  - Fetal distress
  - Cord prolapse
  - Diabetes, Erythroblastosis or other threatening conditions
  - Carcinoma of the cervix
  - The “X Factor”
  - Cervical dystocia
  - Previous uterine incision
- Recognize common drugs that are teratogenic or fetotoxic
• Recommend patient education relative to contraceptive choices including efficacy, risks, benefits, contraindications, and availability
• Define prevention of hemolytic disease of the newborn.
• Apply appropriate postpartum education and care issues including postpartum depression
• Define the following terms:
  - Gravidity
  - Parity
  - Preterm infant
  - Abortion
  - Immature infant
  - Premature infant
  - Low birth weight infant
  - Small-for-date infant
  - Post mature infant
  - Excessive size
  - Neonatal interval
  - Perinatal interval
  - Nagele’s Rule
  - Term fetus
Upon completion of the women’s health clinical rotation the student will be expected to demonstrate basic knowledge of the following topics seen in women’s health practice:

**Reproductive System**
- Uterus
- Dysfunctional uterine bleeding
- Endometrial cancer
- Endometriosis/adenomyosis
- Leiomyoma
- Metritis
- Prolapse
- Ovary
- Cysts
- Neoplasms
- Cervix
- Carcinoma
- Cervicitis
- Dysplasia
- Incompetent
- Vagina/Vulva
- Cystocele
- Neoplasm
- Prolapse
- Rectocele
- Vaginitis

**Menstrual Disorders**
- Amenorrhea
- Dysmenorrhea
- Premenstrual syndrome
- Menopause
- Breast
- Abcess
- Carcinoma
- Fibroadenoma
- Fibrocystic disease
- Mastitis
- Pelvic Inflammatory Disease

**Contraceptive Methods**

**Infertility**

**Uncomplicated Pregnancy**
- Prenatal diagnosis/care
- Normal labor/delivery

**Complicated Pregnancy**
- Abortion
- Abruptio placentae
- Dystocia
- Ectopic pregnancy
- Fetal distress
- Gestational diabetes
- Gestational trophoblastic disease
- Molar pregnancy
- Multiple gestation
- Placenta previa
- Postpartum hemorrhage
- Pregnancy-induced hypertension
- Premature rupture of membranes
- Rh incompatibility

**Dermatologic System**
- Viral Diseases
- Condyloma acuminatum

**Infectious Diseases**
- Bacterial Disease
- Chlamydia
- Viral Disease
- Human papillomavirus
EMERGENCY MEDICINE

Physician Assistant 608 Emergency Medicine

Credits

5 Semester Hours

Catalog Description

The five-week rotation provides practical clinical experience in emergency medicine. Students engage in all aspects of patient care, including history-taking, physical examination, treatment plan design and evaluation. Students’ application of patient and family education to treatment and preventive measures is emphasized.

Prerequisites/Co-requisites (if applicable)

Admission to the clinical year of the program

Suggested References

Goldman et al. Cecil *Textbook of Medicine*
Ma et al. *Emergency Medicine: Just*

Curriculum Goals Addressed by the Course

Goal 1: Develop the ability to perform a complete physical examination and to organize, integrate, interpret and present clinical data in a clear, concise manner.
Goal 2: Support effective and sensitive communication with patients.
Goal 3: Develop critical thinking and evaluative skills
Goal 4: Develop effective communication and teamwork skills with health care teams
Goal 5: Provide a comprehensive approach to normal human health and development, both physical and mental
Goal 6: Provide an explanation and demonstration of the skills needed to assess core diseases encountered in primary care
Goal 7: Integrate diagnostic assessment skills with knowledge of patient presentation, pharmacology and health care subspecialties to synthesize appropriate treatment plans.
Goal 8: Promote cross-cultural and socioeconomic sensitivity, confront prejudice, and support the development of effective medical practice in a diverse society
Goal 9: Promote a commitment to provide effective, accessible, continuous, comprehensive, and personalized health care.
Goal 10: Emphasize the fundamental importance of ethical behavior in medical practice.
Goal 11: Promote teaching of patients, community and colleagues
Goal 12: Participate in the generation of new knowledge in medicine, whether through research, health policy administration, or as distinguished practitioners.
Goal 13: Develop cutting edge knowledge of the Physician Assistant profession and participate as leaders at the local, state, and national level shaping future policy and legislation to promote Physician Assistant practice

Goal 14: Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness, and integrate evidence from scientific studies related to their patients’ health problems

Goal 15: Apply knowledge of basic science concepts to facilitate understanding of the medical sciences

Goal 16: Demonstrate competency in basic clinical procedures performed by a graduate Physician Assistant

**Course Objectives**

- Perform problem oriented evaluation of patients with new complaints and established diagnoses
- Perform diagnostic procedures as indicated and directed to do so by a supervising provider
- Demonstrate patient management plans with provider supervision
- Perform comprehensive examinations for all aged patients, including preventative screenings and prenatal care with patient and family education
- Maintain all patient encounters in electronic database used by the Physician Assistant Program.
- Submit Weekly Reports and other paperwork as required by the Physician Assistant Program.
- Attend all educational conferences/meetings/lectures offered by the clinical site and/or preceptor when possible.
- Participate in after-hour call if available
- If possible the student should perform the following procedures:
  - Phlebotomy / IV placement
  - Endotracheal intubation
  - Surgical scrub and gowing / gloving procedures
  - Suturing
  - Arterial Blood Gas sampling
  - Foley catheter placement
  - Local and regional anesthesia blocks
  - Incision and drainage of abscesses
  - Nasogastric intubation
  - Fracture splinting
  - Therapeutic and diagnostic injections
  - Participate in trauma and cardiac codes
  - Wound irrigation

Upon completion of the emergency medicine clinical rotation the student will be able to:

- Summarize the fundamentals of wound care and wound healing. Explain how co-morbidities may affect healing time and change wound management
- Recommend common suture materials and wound closure materials (stainless steel wire, catgut, silk, synthetic non-absorbable, synthetic absorbable, tapes, staples and glues) and their appropriate use sites.
- Apply common types of stitches including simple interrupted, simple running, running locking, subcuticular, vertical mattress, horizontal mattress, and purse string stitch
- Assess and judge acute clinical emergencies versus non-emergency diagnoses
- Manage shock, its etiology, presentation and treatment
- Define hemorrhagic shock in terms of its quantification in classes and treatments according to those classifications
- Choose a trauma panel of laboratory studies
- Interpret x-ray findings associated with injury to the thoracic aorta
- Define and apply Glasgow Coma Scale scores, their meaning and prognostic value
- Describe and manage the mechanisms by which CNS trauma causes altered consciousness
- Describe burn body area assessment by the Rule of Nines
- Assess and manage environmental emergencies such as hypothermia and hyperthermia
- Recognize primary pathogens & application of treatment for bites: spider, cat, dog, and human
- Apply treatment of drug overdose for narcotics, tricyclic antidepressants, and acetaminophen (Tylenol)
- Formulate emergency management of patients who have been exposed to or ingested poisons. Include symptoms, antidotes, and other treatments or procedures. Specifically discuss the following poisons or drugs:

  - Atropine & Anticholinergics
  - Beta Blockers
  - Calcium channel blockers
  - Carbon Monoxide
  - Chemical Warfare Agents
  - Chlorinated Insecticides
  - Cocaine
  - Cyanide
  - Digitalis
  - Ethanol, Barbiturates, Benzodiazepines
  - Gamma Hydroxybutyrate
  - Iron
  - Lead
  - LSD
  - Mercury
  - Methanol & Ethylene Glycol
  - Monoamine oxidase inhibitors
  - Opioids
  - Pesticides: cholinesterase inhibitors
  - Salicylates
  - Tricyclic Antidepressants

- Discuss the indications, contraindications, and risks of the following emergency procedures:

  - Tracheal Intubation
  - Cricothyroidotomy
  - Pneumatic Antishock Garment use
  - Needle thoracentesis:
    - Pericardiocentesis
    - Tube thoracostomy
    - Peritoneal Lavage

- Recognize and manage the etiology, epidemiology, signs and symptoms, associated appropriate diagnostic studies, differential diagnosis, treatments, and prognosis for the below-listed problem/disease states:
  - Rapidly Fatal Thoracic Injuries:
    - Airway Obstruction
    - Open Pneumothorax
    - Tension Pneumothorax
    - Cardiac Tamponade
    - Massive hemothorax
    - Flail Chest
o Potentially Fatal Thoracic Injuries:
  ■ Pulmonary Contusion
  ■ Traumatic Aortic Rupture
  ■ Injuries to Tracheobronchial Tree
  ■ Myocardial Contusion
  ■ Esophageal injury
  ■ Traumatic Diaphragmatic hernia

o Non-life-threatening Thoracic Injuries
  ■ Simple pneumothorax
  ■ Non-massive hemothorax
  ■ Rib fractures

o Extremity Trauma
  ■ Crush injuries
  ■ Compartment syndromes
  ■ Traumatic amputation
  ■ Open fractures
  ■ Tetanus Prophylaxis

o Burns
  ■ Inhalation injury
  ■ Chemical burns
  ■ Electrical burns
  ■ Special considerations: sepsis, fluid regulation, temperature regulation

Upon completion of the emergency medicine clinical rotation the student will be expected to demonstrate basic knowledge of the following:

**Cardiovascular System**
- Conduction Disorders
- Atrial fibrillation/flutter
- Atrioventricular block
- Bundle branch block
- Paroxysmal supraventricular tachycardia
- Premature beats
- Ventricular tachycardia
- Ventricular fibrillation/flutter
- Hypotension
- Cardiogenic shock
- Orthostasis/postural
- Ischemic Heart Disease
- Acute myocardial infarction
- Vascular Disease
- Phlebitis/thrombophlebitis
- Venous thrombosis
- Pleural Diseases
- Pleural effusion
- Pneumothorax
  - *Primary*
  - *Secondary*
- Pulmonary Circulation
- Pulmonary embolism

**Other Pulmonary Disease**

**Acute respiratory distress syndrome**
- Foreign body aspiration

**EENT (Eyes, Ears, Nose and Throat)**
- Eye Disorders
- Blowout fracture
- Corneal abrasion
- Foreign body
- Glaucoma
- Hyphema
- Retinal vascular occlusion
- Ear Disorders
- Barotrauma
- Tympanic membrane perforation
- Nose/Sinus Disorders
- Epistaxis
- Mouth/Throat Disorders
- Dental abscess

**Gastrointestinal System/Nutrition**
- Esophagus
- Mallory-Weiss tear
Genitourinary System
Benign Conditions of the GU Tract
Nephro/uro lithiasis
Infectious/Inflammatory Conditions
Pyelonephritis
Electrolyte and Acid/Base Disorders
Volume depletion
Volume excess

Multiple Sclerosis
Seizure Disorders
Status epilepticus
Vascular Diseases
Stroke
Transient ischemic attack

Reproductive System
Pelvic Inflammatory Disease

Psychiatry/Behavioral Science
Other Behavior/Emotional Disorders
Child/elder abuse
Domestic violence

Musculoskeletal System
Disorders of the Shoulder
Fractures/dislocations
Separations
Sprain/strain

Dermatologic System
Papulosquamous Diseases
Drug eruptions
Bacterial Infections
Cellulitis/vasculitis
Erysipelas
Other
Burns
Urticaria
Insects/Parasites-Spider bites

Disorders of the Forearm/Wrist/Hand
Fractures/dislocations
• Boxer’s
• Colles’
• Gamekeeper’s thumb
• Humeral
• Scaphoid
Disorders of the Back/Spine
Back strain/sprain
Spinal stenosis
Disorders of the Hip
Aseptic necrosis
Disorders of the Knee
Sprains/strains
Disorders of the Ankle/Foot
Sprains/strains
Infectious Diseases
Septic arthritis

Infectious Diseases
Bacterial Disease
Botulism
Diphtheria
Gonococcal infections
Tetanus
Viral Disease
Rabies

Neurologic System
Diseases of Peripheral Nerves
Bell’s palsy
Infectious Disorders
Encephalitis
Meningitis
RESEARCH MEDICINE

Physician Assistant 610 Research Medicine

Credits
2 Semester Hours

Catalog Description
The four-week rotation provides practical clinical experience in clinical research medicine.

Prerequisites/Co-requisites (if applicable)
Admission to the clinical year of the program

Curriculum Goals Addressed by the Course

Goal 1. To learn about research design, hypothesis generation, and the development of research questions/problem formulation.
Goal 2. To learn to access, assimilate, and critically evaluate the medical literature pertaining to the research topic.
Goal 3. To learn about research ethics, informed consent, and the regulatory processes that must be followed in the conduct of research - as appropriate to the project.
Goal 4. To learn about statistics and data analysis - as appropriate to the project.
Goal 5. To conduct research and acquire any skills needed to do so (e.g. laboratory techniques, computer skills).
Goal 6. To gather data for the project, interpret the data, and integrate the data with information obtained from the literature review.
Goal 7. To write a report about the research project at the end of the elective

Course Objectives

Upon completion of this supervised clinical practice experience, the learner will:

- Create a safe working environment that minimizes risk to patients, self, and others
- Exhibit professional behavior during all supervised clinical practice activities
- Communicate verbally and nonverbally with others in an appropriate and timely manner
- Demonstrate a systematic understanding of formulating a clinical research question
- Critically evaluate the phases of clinical trial activity and their order of conduct
- Critically appraise the history of and landmark examples of clinical research and debate their impact on evaluation of clinical research
- Demonstrate a critical comprehension of the roles and responsibilities of the clinical research team and evaluate the characteristics and skills required to successfully perform each function
- Systematically evaluate research objectives and outcomes and propose and defend their appropriateness to the design stage
- Apply current research to support clinical decisions
- Document patient encounters in electronic database program
- Submit weekly reports and other paperwork, as required
- Perform at designated times during the supervised clinical practice experience a self-assessment of skills required to function in the role of physician assistant in the clinical setting, in order to identify strengths and weaknesses
- Develop a plan to address deficits identified in self-assessment, with provider supervision

Assessment of Course Objectives

Research Report

The student will write a report that documents the research project that they were participating in during this experience. Using the format below the student will document the following elements of the research project. Depending upon the research design not all elements below may be covered. The student is encouraged to adapt this report according to the research methodology. In the sample table of contents are the subheadings that should be used in order. In some proposals not all subheadings may be used. The manuscript should be written according to APA 5th/6th edition or AMA style. The cover page for the paper should follow the attached model. The length of this paper is not predetermined but the student must address the important elements of the clinical research project or be deemed inadequate. Student is to use all resources available to draft this document. A copy of the institutions IRB with the elements of the research project or documents taken directly from a grant will not be accepted. This must be in the student's own words.

SUGGESTED FORMAT – (NOT ALL REQUIRED)

Section

I. Introduction

Background to the problem
Statement of the problem
Purpose of the study
Research questions
Rationale for the study
Importance/significance of the study
Definitions
Limitations of the study

II. Review of Literature

Provide a brief review of appropriate citations utilized in this study. This may be obtained from the grant application or other institutional documents. In your own words provide a review of literature that provides a conceptual framework for the study.

III. Methodology and Procedures

Description of population and sample
Identification of the independent and dependent variables and statement of the research hypothesis
Instrumentation
Research design (Procedure for data analysis)
Procedures for data collection
Human subject review clearance
The final grade for this course will be calculated using the following percentages for each module:

<table>
<thead>
<tr>
<th>Module</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Final Evaluation from Preceptor</td>
<td>40%</td>
</tr>
<tr>
<td>End-of-Rotation Research Report</td>
<td>40%</td>
</tr>
<tr>
<td>Professional Seminar Attendance</td>
<td>10%</td>
</tr>
<tr>
<td>Required Electronic Entries</td>
<td>10%</td>
</tr>
<tr>
<td><em>Includes weekly reports, student evaluation of preceptors, and patient encounters</em></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

The criterion for a failing grade for a rotation is **any one** of the following:

1. Failure to submit written assignments meeting program standards
2. Failing evaluation by the Clinical Preceptor
3. Excessive or unexcused absences from the rotation site
4. Overall rotation grade below 2.0
Dear Incoming Student,

STUDENT HEALTH RECORDS & IMMUNIZATIONS

In order to meet the accreditation standards of the ARC-PA for the Master of Science in Physician Assistant degree at Misericordia University, the University has contracted with CERTIPHI to store, monitor and maintain confidential student health records. CERTIPHI is a confidential student health record service. CERTIPHI will mail all students the health forms that are required and must be filled out. Upon receipt of your health forms, CERTIPHI will provide the student with a membership card which will enable the student to have all the necessary contact information as well as their CERTIPHI account number.

Additionally, the student will receive a letter from CERTIPHI indicating compliance with University requirements. It is imperative that the student complete all required health records and immunizations forms prior to matriculation in January. Failure to provide complete health records may delay entry or the ability to participate in required clinical rotations.

In addition to storing student health information, CERTIPHI will keep the director of clinical education at Misericordia University up-to-date with the status of all student immunizations. Student health records will not be released without written permission from the student. Health screening, immunizations and/or healthcare services will not be conducted by program personnel.

Health packages include:
Student Health History and Information form
Physical Examination form
Immunization Verification Form

Specific health screening and immunization requirements are based on current Centers for Disease Control Recommendations for health professionals.

Requirements include:

1. Provide proof of personal health insurance throughout the entire program;
2. Provide proof of a satisfactory physical examination;
3. Provide proof of TB Tine Test (positive results will require the student to receive a chest x-ray and further evaluation);
4. Provide proof of Hepatitis B vaccine and positive Hep B Ab;
5. Provide proof of MMR vaccine or immunity;
6. Provide Varicella history or vaccination.
7. Tetanus/Diphtheria/Pertussis vaccine
8. Pneumococcal polysaccharide PPV vaccine
9. Drug Screen

Prior to entering the clinical phase of the program, students must again update their immunization record and provide proof of the following:

1. Provide proof of current CPR certification;
2. Provide proof of updated annual TB PPD or tine test;
3. Provide proof of blood-borne pathogen orientation course; and
4. Provide proof of current personal health insurance, throughout the clinical year.
5. Background check
6. Satisfactory physical examination
7. Satisfactory drug screen

Note: Health Screening and student immunizations may not be conducted by faculty or staff of Misericordia University.

Misericordia University student health records are confidential and will not be maintained by or accessible to the physician assistant program faculty or staff except for immunizations and tuberculosis screening results.

Student health records will not be released without written permission from the student. Health screening, immunizations and/or healthcare services will not be conducted by program personnel.
In the event you are injured, your highest priority is prompt treatment. Do not delay seeking appropriate treatment to fill out paperwork or make notifications. Students should comply with all accident/injury protocols in place at the clinical site. In the absence of a protocol, seek treatment in the nearest emergency department.

Student Name: ____________________________________________ Date: ________________
Rotation: ______________________________________________________________________

**Nature of Incident**

Date of Incident: ________________ Approximate Time of Incident: ________________

Did Incident Involve Possible Exposure to Bloodborne Pathogen? □ No □ Yes (see below)

Description of Incident: __________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Actions/First Aid Taken Immediately Following Incident: _______________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

**Bloodborne Pathogen Exposure**

Students who are potentially exposed to bloodborne pathogens should seek prompt evaluation. Evidence suggests that prophylactic medications are more likely to be effective when taken soon after and exposure. Students should also consider contacting the National Clinicians’ Post-Exposure Prophylaxis Hotline: 888-448-4911.
<table>
<thead>
<tr>
<th>Notifications</th>
<th>Date and Time Notified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Preceptor</td>
<td></td>
</tr>
<tr>
<td>Onsite Health Services / Employee</td>
<td></td>
</tr>
<tr>
<td>Health/Occupational Health</td>
<td></td>
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<tr>
<td>or</td>
<td></td>
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<tr>
<td>Emergency Department</td>
<td></td>
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<tr>
<td>Director of Clinical Education</td>
<td></td>
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<tr>
<td>or</td>
<td></td>
</tr>
<tr>
<td>Program Director</td>
<td></td>
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</tbody>
</table>

Student Signature ___________________________ Date ___________________________

**Additional Follow Up / For Program Use**


APPENDIX E

Site Visit Evaluation

Student: ____________________________  Date: __________________

Rotation: ____________________________  Preceptor: ____________________________

Site / Preceptor Evaluation

<table>
<thead>
<tr>
<th>Category</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical layout of facility is adequate and conducive for learning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preceptor/facility provides orientation to facility/staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preceptor available to meet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preceptor appears enthusiastic about teaching</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student work hours are appropriate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student integrated into healthcare team</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Site provides appropriate responsibilities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Site allows students to document in chart</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number and diversity of patients provide well-rounded experience</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Site provides formal lectures/conferences/teaching rounds</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Site provides access to the following educational resources:
- Medical Library
- Internet
- Formal lectures/conferences/teaching rounds

Inpatient: Number of patients followed by student ______

Outpatient: Approximate number of patients seen by student daily ______

What procedures is student permitted to perform on this site?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Comments regarding site:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
### Student Evaluation

<table>
<thead>
<tr>
<th>Category</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student on site</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student readily identifiable as a PA student</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attire / Appearance is appropriate for clinical environment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Able to observe student taking history?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Able to observe student performing physical examination?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Patient Presentation: Ask student to present one or more patients in one or more of the following formats:

<table>
<thead>
<tr>
<th>Comprehensive</th>
<th>Detailed</th>
<th>Brief</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete HPI, PHM, FHX, Soc Hx, ROS, PEX, labs, assessment including differential, and plan.</td>
<td>Relevant features of all elements of presentation, but able to use terms such as “noncontributory”, “unremarkable” for categories. OK to say labs normal, PEx normal except for..... Highlights pertinent positives and negatives, avoids irrelevant information.</td>
<td>Roughly 1 sentence HPI and PMH. One sentence Physical Exam and labs. 1 sentence on DDX, assessment, and plan. Certainly no more than 6 sentences total.</td>
</tr>
<tr>
<td>Not to exceed 7 minutes speaking at an understandable pace.</td>
<td>Not more than 3 minutes.</td>
<td>30 seconds – 1 minute</td>
</tr>
</tbody>
</table>

### Assessment Areas

<table>
<thead>
<tr>
<th></th>
<th>Deficient</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student communicates clearly.</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>Student able to integrate findings from PE, history and diagnostic studies.</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>Student able to articulate a logical differential diagnosis</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>Student develops management plan that logically follows from differential diagnosis.</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>Student shows awareness of preventive/health maintenance concerns.</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>Student demonstrates sufficient knowledge of patient’s medications, including classes, indications, contraindications, and potential interactions.</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Comments regarding student performance: ____________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

____________________________________ ______________________________ _____________
Evaluator       Signature      Date
APPENDIX F
Clinical Rotation Written History & Physical Examination

Student Name: ____________________________ Date: __________________

Rotation Location and Specialty: ___________________________________________

Case Information

Patient Age: ________ Patient Gender:  M   F    Patient Race: _____________
Admission/Visit Date: __________ Date(s) Under Your Care (if different): __________

Presenting Complaint: ___________________________________________________

<table>
<thead>
<tr>
<th>Primary Diagnosis/Diagnoses</th>
<th>ICD Code(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Major Procedures</th>
<th>Involvement</th>
<th>CPT Code(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Performed</td>
<td>Observed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Clinical Preceptor Certification

I certify that the above-named student was substantially involved in the care of
the patient indicated above and in the attached written history and physical
examination report.
Preceptor Name and Title: ________________________________________________

Signature: ____________________________ Date: __________________

MISERICORDIA PA PROGRAM PRECEPTOR MANUAL
Appendix G

Evaluation of Written History & Physical Examination

Student Name: ___________________________________ Date: _________________
Rotation Location and Specialty: ___________________________________________

**Evaluation of Written H&P**

**Evaluation Instructions:** Please carefully read each of the narratives associated with each of the evaluation criteria found below. After becoming familiar with each of the narratives assign a numeric rank for the student based on the narrative that best describes the student’s level of performance. Once you have assigned a rank each category, average the ranks to obtain an overall rating of student performance.

### Date/Time/Signature/ID/Source/Reliability/CC

<table>
<thead>
<tr>
<th>Incomplete or inaccurate with deficiencies throughout.</th>
<th>Incomplete or inaccurate involving no more than 4 items or details.</th>
<th>Incomplete or inaccurate involving no more than 2 items or details.</th>
<th>Complete and accurate with all data presented. Errors in formatting, spelling or abbreviations only.</th>
<th>Complete and accurate with all data presented in the appropriate format.</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

### History of Present Illness (HPI): Content

<table>
<thead>
<tr>
<th>Incomplete or inconsistent or inaccurate with one or more major details omitted.</th>
<th>One or two details omitted or impertinent ROS included.</th>
<th>All major and minor details presented, but with a substantial amount of extraneous information.</th>
<th>All major and minor details presented with a minimal amount of extraneous information.</th>
<th>Complete, consistent and accurate. All major and minor details presented without any extraneous information.</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

### History of Present Illness (HPI): Chronology

<table>
<thead>
<tr>
<th>Fragmented and confusing. Cannot get a clear picture of the sequence of events.</th>
<th>Occasionally fragmented or difficult to follow.</th>
<th>Chronology not entirely clear or understandable as to the sequence of events.</th>
<th>Chronology of events presented in a clear, understandable progression. Could be more concise.</th>
<th>Chronology of events presented in a clear, understandable, concise progression.</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

### History of Present Illness (HPI): Organization

<table>
<thead>
<tr>
<th>Major data items not grouped appropriately. Disorganized throughout.</th>
<th>Three or four minor data items not grouped appropriately. Reader has to look for information.</th>
<th>One or two minor data items not grouped appropriately.</th>
<th>All data grouped appropriately and presented in an organized, concise manner, in the appropriate format. Errors with formatting only.</th>
<th>All data grouped appropriately and presented in an organized, concise manner, in the appropriate format.</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
### Allergies/ADR’s/Medications

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>One medication ADR or allergy missing.</td>
</tr>
<tr>
<td>2</td>
<td>Allergies ADR’s and medications present. One or more medications spelled incorrectly AND/OR dose or route or frequency missing for one or more medications.</td>
</tr>
<tr>
<td>3</td>
<td>Allergies ADR’s and medications present. Dose route, frequency included for each medication. One medication spelled incorrectly.</td>
</tr>
<tr>
<td>4</td>
<td>Allergies ADR’s and medications present. Dose, route, frequency included for each medication.</td>
</tr>
<tr>
<td>5</td>
<td>All allergies ADR’s and medications present.</td>
</tr>
</tbody>
</table>

### Past Medical History (PMH)

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Event(s) missing</td>
</tr>
<tr>
<td>2</td>
<td>Multiple problems with format AND/OR associated details omitted for multiple events.</td>
</tr>
<tr>
<td>3</td>
<td>All events presented, but associated details omitted for one or two events.</td>
</tr>
<tr>
<td>4</td>
<td>Complete, consistent and accurate with all events presented. Formatting problems only.</td>
</tr>
<tr>
<td>5</td>
<td>Complete, consistent and accurate with all events and associated details presented in the appropriate format.</td>
</tr>
</tbody>
</table>

### Family History (FH)

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>One pertinent positive illness omitted OR deficiencies throughout the pedigree diagram.</td>
</tr>
<tr>
<td>2</td>
<td>One or two pertinent negative illness omitted AND minor inaccuracies on the pedigree diagram. OR family members omitted.</td>
</tr>
<tr>
<td>3</td>
<td>All pertinent positive illnesses presented. One or two pertinent negative illness omitted.</td>
</tr>
<tr>
<td>4</td>
<td>Complete and accurate with all pertinent positive and negative illnesses presented. Minor inaccuracies on the pedigree diagram.</td>
</tr>
<tr>
<td>5</td>
<td>Complete; with all pertinent positive and negative illnesses and pedigree diagram presented accurately.</td>
</tr>
</tbody>
</table>

### Social History (SH)

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Incomplete or inconsistent or inaccurate or with organizational deficiencies throughout.</td>
</tr>
<tr>
<td>2</td>
<td>One or two required data items omitted AND needs better organization.</td>
</tr>
<tr>
<td>3</td>
<td>One or two required data items omitted.</td>
</tr>
<tr>
<td>4</td>
<td>Complete, consistent and accurate with all required data presented. Needs better organization.</td>
</tr>
<tr>
<td>5</td>
<td>Complete, consistent and accurate with all required data presented in an organized, concise fashion.</td>
</tr>
</tbody>
</table>

### Review of Systems (ROS)

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Multiple pertinent negative data AND/OR pertinent positive data item omitted OR data in ROS that belongs in HPI.</td>
</tr>
<tr>
<td>2</td>
<td>Positive data not presented first OR one or two pertinent positive data items omitted.</td>
</tr>
<tr>
<td>3</td>
<td>Consistent and accurate with only one or two pertinent negative data items omitted.</td>
</tr>
<tr>
<td>4</td>
<td>Complete, consistent and accurate with all pertinent positive and negative data presented. Errors in formatting only.</td>
</tr>
<tr>
<td>5</td>
<td>Complete and accurate with all pertinent positive and negative data presented in the appropriate format.</td>
</tr>
</tbody>
</table>

### Physical Examination (PE)

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Incomplete or inconsistent or inaccurate or with organizational deficiencies throughout.</td>
</tr>
<tr>
<td>2</td>
<td>One or two required data items omitted AND needs better organization.</td>
</tr>
<tr>
<td>3</td>
<td>One or two required data items omitted.</td>
</tr>
<tr>
<td>4</td>
<td>Complete, consistent and accurate with all required data presented. Needs better organization.</td>
</tr>
<tr>
<td>5</td>
<td>Complete, consistent and accurate with all required data presented in an organized, concise fashion.</td>
</tr>
</tbody>
</table>

### Assessment

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Assessment does not logically follow data obtained from history and examination.</td>
</tr>
<tr>
<td>2</td>
<td>Assessment not comprehensive or minor flaws in logical thinking.</td>
</tr>
<tr>
<td>3</td>
<td>Minor flaw in assessment or significant flaw in organization.</td>
</tr>
<tr>
<td>4</td>
<td>Complete and comprehensive, minor flaws in organization.</td>
</tr>
<tr>
<td>5</td>
<td>Completely and logically addresses all issues raised in history and examination.</td>
</tr>
</tbody>
</table>
### Plan

<table>
<thead>
<tr>
<th>Plan inappropriate, impractical or fails to address significant issue in assessment.</th>
<th>Significant problems with organization OR fails to address minor issue.</th>
<th>Addresses all issues, minor flaws in organization.</th>
<th>Comprehensive but with some impractical choices.</th>
<th>Comprehensive plan which appropriately addresses all issues raised in assessment.</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

### Mechanics/Medical Terms/Abbreviations

<table>
<thead>
<tr>
<th>Any miscategorizing data. Frequent spelling and/or grammar errors OR frequently fails to use or improperly uses medical terminology and/or abbreviations. Patient identifiers not removed.</th>
<th>All information categorized properly. Occasional grammar or spelling errors AND instances of not using or inappropriate use of medical terminology or abbreviations.</th>
<th>All information categorized properly. One or two instances of not using medical terminology and/or abbreviations where appropriate.</th>
<th>All information categorized properly. One or two grammar or spelling errors. Appropriate use of medical terminology and abbreviations. Patient identifiers removed.</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

### Overall Rating of WRITTEN HISTORY AND PHYSICAL EXAMINATION

Take an average of the criteria listed above and circle this result on the top scale provided below.

<table>
<thead>
<tr>
<th>H&amp;P Score</th>
<th>&lt; 1.8</th>
<th>1.8-2.21</th>
<th>2.22-2.59</th>
<th>2.6-2.99</th>
<th>3.0-3.39</th>
<th>3.4-3.79</th>
<th>3.8-4.39</th>
<th>4.4-5.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Letter Grade</td>
<td>F</td>
<td>C</td>
<td>C+</td>
<td>B-</td>
<td>B</td>
<td>B+</td>
<td>A-</td>
<td>A</td>
</tr>
<tr>
<td>Conversion to 4.0 Scale</td>
<td>0</td>
<td>2.0</td>
<td>2.33</td>
<td>2.67</td>
<td>3.0</td>
<td>3.33</td>
<td>3.67</td>
<td>4.0</td>
</tr>
</tbody>
</table>

**Comments:**

- 
- 
- 
- 

Faculty Advisor: ___________________________ Date: ________________
## Appendix H

### Evaluation of Topic Paper

*Student Name: __________________________ Date: _____________*

*Rotation Location and Specialty: _________________________________________

*Topic: __________________________________________________________________

### Introduction

<table>
<thead>
<tr>
<th>Gravesity</th>
<th>Description</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Does not adequately convey topic. Does not describe subtopics to be reviewed. Lacks adequate thesis statement.</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>Conveys topic, but not key question(s). Describes subtopics to be reviewed. General thesis statement.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Conveys topic and key question(s). Clearly delineates subtopics to be reviewed. General thesis statement.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Strong introduction of topic’s key question(s), terms. Clearly delineates subtopics to be reviewed. Specific thesis statement.</td>
<td></td>
</tr>
</tbody>
</table>

### Research

<table>
<thead>
<tr>
<th>Gravesity</th>
<th>Description</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Inadequate sources supporting thesis. Sources insignificant or unsubstantiated.</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>Sources generally acceptable but not peer-reviewed / evidence based.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Sources well selected to support thesis with some research in support of thesis.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Strong peer reviewed research based support for thesis.</td>
<td></td>
</tr>
</tbody>
</table>

### Conclusion

<table>
<thead>
<tr>
<th>Gravesity</th>
<th>Description</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Does not summarize evidence with respect to thesis statement. Does not discuss the impact of researched material on topic.</td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>Strong review of key conclusions. Strong integration with thesis statement. Discusses impact of researched material on topic.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Strong review of key conclusions. Strong integration with thesis statement. Insightful discussion of impact of the researched material on topic.</td>
<td></td>
</tr>
</tbody>
</table>

### Grammar and Mechanics

<table>
<thead>
<tr>
<th>Gravesity</th>
<th>Description</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Grammatical errors or spelling &amp; punctuation substantially detract from the paper.</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>Moderate grammatical, spelling or punctuation errors interfere with reading the paper.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grammatical errors or spelling &amp; punctuation are rare and do not detract from the paper.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>The paper is free of grammatical errors and spelling &amp; punctuation.</td>
<td></td>
</tr>
</tbody>
</table>

### Style and Communication
<table>
<thead>
<tr>
<th>Errors in AMA style detract substantially from the paper. Word choice is informal in tone. Writing is choppy, with many awkward or unclear passages.</th>
<th>Errors in AMA style are noticeable. Word choice occasionally informal in tone. Writing has a few awkward or unclear passages.</th>
<th>Rare errors in AMA style that do not detract from the paper. Scholarly style. Writing has minimal awkward or unclear passages.</th>
<th>No errors in AMA style. Scholarly style. Writing is flowing and easy to follow.</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**Citations and References**

<table>
<thead>
<tr>
<th>Reference and citation errors detract significantly from paper.</th>
<th>Two references or citations missing or incorrectly written.</th>
<th>One reference or citation missing or incorrectly written.</th>
<th>All references and citations are correctly written.</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Average: _________________

Comments: _________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Evaluator ___________________________ Date ___________________________
APPENDIX I

Mid-Rotation Review of Goals and Objectives

Student Name: ___________________________ Rotation Dates: ____________
Clinical Site: ___________________________ Preceptor: ________________________

**STUDENT SELF-ASSESSMENT**

<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 orally present your findings 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>
<td></td>
</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>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How do you rate your professional behavior on this rotation?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What are your greatest strengths on this rotation?

What improvements do you need to make?
<table>
<thead>
<tr>
<th>Student 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 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 orally present your findings to your preceptor/other clinicians?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</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>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you consider this student’s current performance in this rotation to merit a passing grade?

[ ] Yes [ ] No [ ] Uncertain

What are the most important things this student should do to improve their performance?

Additional Comments/Suggestions:

Preceptor’s Signature: ___________________________ Date: __________

Student’s Signature: ___________________________ Date: __________
### Medical Knowledge

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

<table>
<thead>
<tr>
<th>Statement</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>N/A</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>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</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>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The student can form appropriate differential diagnoses during patient presentations.</td>
<td></td>
<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, interactions and adverse reactions of pharmacological agents and other relevant treatment modalities.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>The student can identify the appropriate site of care for presenting conditions, including identifying emergent cases and those requiring referral or admission.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>The student selects and interprets appropriate diagnostic or lab studies.</td>
<td></td>
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</tr>
<tr>
<td>The student can identify appropriate interventions for prevention of conditions.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>The student collects sufficient essential and accurate history to direct physical examination and develops correct diagnoses.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates ability to use historical information to direct a focused examination. (Evidence: Case presentations to preceptor reflect a logical</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>connection between historical information and physical examination findings.)</td>
<td></td>
<td></td>
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<td>---</td>
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<td>---</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates knowledge of normal physical examination findings.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>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.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
</tbody>
</table>

### Patient Care

|The student can develop and carry out patient management plans. | 1 | 2 | 3 | 4 | 5 | NA |
|---|---|---|---|---|---|
|Demonstrates appropriate physical examination skills. Evidence: Findings are reproducible by preceptor. | 1 | 2 | 3 | 4 | 5 | NA |
|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. | 1 | 2 | 3 | 4 | 5 | NA |
|Student demonstrates correct use of instruments, skills in performing procedures, gives clear instructions to assistants, and maintains calm in the face of unplanned complications. | 1 | 2 | 3 | 4 | 5 | NA |
|Sets appropriate boundaries for effective patient relationships. | 1 | 2 | 3 | 4 | 5 | NA |
|Counsels and educates patients and their families. | 1 | 2 | 3 | 4 | 5 | NA |

### Interpersonal and Communication Skills

|The student appropriately adapts communication style to the context of all patient interactions. | 1 | 2 | 3 | 4 | 5 | NA |
|---|---|---|---|---|---|
|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. | 1 | 2 | 3 | 4 | 5 | NA |
|Documentation demonstrates improvement over the course of the rotation with regards to physical exam descriptions and economy of words. | 1 | 2 | 3 | 4 | 5 | NA |
|Conducts respectful interviews, with empathy and sensitivity. | 1 | 2 | 3 | 4 | 5 | NA |
### Professionalism

<table>
<thead>
<tr>
<th>Skill</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></td>
</tr>
<tr>
<td>Demonstrates timely attendance, appropriate dress and accomplishes assigned tasks on time.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Demonstrates self-directed study.</td>
<td></td>
<td></td>
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</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></td>
</tr>
<tr>
<td>Promptly completes assigned tasks.</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Openly seeks and positively responds to constructive criticism from preceptors and staff.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Demonstrates the ability to use criticism to change behavior/attitudes.</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### Practice-based Learning

<table>
<thead>
<tr>
<th>Skill</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>
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<td></td>
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</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>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Systems-based Learning

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

### Additional Comments

Please add comments regarding this student’s individual strengths/weakness.
Please add any comments regarding MU PA students in general with regard to weaknesses or suggestions to improve their preparedness for this rotation.

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                                                                Date

__________________________________________________
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>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>
## APPENDIX K

### Student Evaluation of Preceptor/Clinical Site

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Rotation Dates:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Site:</td>
<td></td>
</tr>
</tbody>
</table>

**Name(s) of Preceptor(s):**

### Preceptor Evaluation

<table>
<thead>
<tr>
<th>The Clinical Preceptor:</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discussed goals and objectives of rotation with me at the beginning of the rotation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was readily available to me.</td>
<td></td>
<td></td>
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<tr>
<td>Set aside time for teaching.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Appeared enthusiastic about teaching and having me as a student.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Encouraged me to ask questions.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Provided feedback regarding my strengths and weaknesses in a constructive manner.</td>
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<tr>
<td>Encouraged me to accept appropriate responsibilities in working with patients.</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Provided appropriate supervision during history taking, physical examinations and procedures.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Encouraged discussion of patient treatment plans.</td>
<td></td>
<td></td>
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<tr>
<td>Assisted me in meeting most of the goals and objectives for this rotation.</td>
<td></td>
<td></td>
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<tr>
<td>Formally discussed my final evaluation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Served as a model of the type of healthcare provider I would like to become.</td>
<td></td>
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</tr>
</tbody>
</table>

### The Clinical Site

<table>
<thead>
<tr>
<th>The Clinical Site:</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provided an orientation to the practice/site.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incorporated me into the team of healthcare providers.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Administrative and support staff were supportive.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Demonstrated an active interest in medical education/teaching.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Provided an adequate opportunity to practice clinical skills.</td>
<td></td>
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</tr>
<tr>
<td>Provided an adequate patient load (in terms of number and variety).</td>
<td></td>
<td></td>
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<tr>
<td>Provided access to learning experiences such as lectures, conferences and teaching rounds.</td>
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<td></td>
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</tr>
<tr>
<td>Provided access to other educational resources, such as a library or the internet.</td>
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</tr>
</tbody>
</table>
Inpatient rotations: Approximately how many patients did you follow on a daily basis? ___

Outpatient rotations: How many patients did you evaluate on an average day? _______

What did you like best about this rotation?

What did you like least about this rotation?

What could be done to enhance this clinical site?

Signature: ___________________________ Date: _______________
Please assess the oral presentation according to the following rubric. Please provide comments for any area assessed as “unacceptable” or regarded to be a critical omission.

<table>
<thead>
<tr>
<th>Patient History and Physical Examination</th>
<th>Unacceptable</th>
<th>Below Average</th>
<th>Average</th>
<th>Very Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Complaint stated (with indication of duration if appropriate)</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>HPI addresses onset, intensity, duration, alleviating/exacerbating factors, etc.</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>HPI chronology clear</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>HPI contains appropriate ROS systems</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>HPI free of extraneous information</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Childhood history described as appropriate</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Adult history described as appropriate</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Medications described as appropriate. Student demonstrates knowledge of all of patient’s medications, medication classes, and potential side effects. Recognizes potential for interactions as appropriate.</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Social history described as appropriate. Should almost always cover:</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>- Alcohol</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>- Tobacco</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>- Drugs</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Family history described as appropriate</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Adult history described as appropriate</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>ROS described as appropriate. Systems well-selected. Pertinent positives and negatives addressed. If not previously addressed, should almost always cover:</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>- Pulmonary</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>- Cardiac</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>- Abdomen</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>ROS positive findings appropriately addressed.</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>ROS description avoids extraneous systems.</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Physical Examination described as appropriate. Should always cover:</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>- General appearance</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>- Vital Signs</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>- Pulmonary</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>- Cardiac</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>- Abdomen</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Physical examination description avoids extraneous systems.</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
### Diagnostic Studies

<table>
<thead>
<tr>
<th>Description</th>
<th>Score 0 2 3 4 5 N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describes diagnostic studies performed</td>
<td>0 2 3 4 5 N/A</td>
</tr>
<tr>
<td>Provides rationale for studies selected</td>
<td>0 2 3 4 5 N/A</td>
</tr>
<tr>
<td>Discusses contraindications and limitations of studies</td>
<td>0 2 3 4 5 N/A</td>
</tr>
<tr>
<td>Accurately interprets findings of studies, recognizing ambiguous results</td>
<td>0 2 3 4 5 N/A</td>
</tr>
<tr>
<td>Suggests additional diagnostic studies as appropriate</td>
<td>0 2 3 4 5 N/A</td>
</tr>
</tbody>
</table>

### Assessment

<table>
<thead>
<tr>
<th>Description</th>
<th>Score 0 2 3 4 5 N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student demonstrates ability to develop logical differential diagnosis based upon the history, physical exam and diagnostic studies.</td>
<td>0 2 3 4 5 N/A</td>
</tr>
<tr>
<td>Student demonstrates awareness of any chronic conditions in need of maintenance</td>
<td>0 2 3 4 5 N/A</td>
</tr>
<tr>
<td>Student recognizes issues related to prevention (smoking, obesity, etc.)</td>
<td>0 2 3 4 5 N/A</td>
</tr>
</tbody>
</table>

### Plan

<table>
<thead>
<tr>
<th>Description</th>
<th>Score 0 2 3 4 5 N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan follows logically from assessment, addresses all issues</td>
<td>0 2 3 4 5 N/A</td>
</tr>
<tr>
<td>Plan is practical given patient’s education level, socioeconomic status, support system</td>
<td>0 2 3 4 5 N/A</td>
</tr>
</tbody>
</table>

### Presentation

<table>
<thead>
<tr>
<th>Description</th>
<th>Score 0 2 3 4 5 N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presentation organized, flowed logically</td>
<td>0 2 3 4 5 N/A</td>
</tr>
<tr>
<td>Responded appropriately to questions</td>
<td>0 2 3 4 5 N/A</td>
</tr>
<tr>
<td>Presented without prompting</td>
<td>0 2 3 4 5 N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Score:</th>
<th>Pass</th>
<th>Fail - score &lt; 2.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Fail - critical omission(s):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

Evaluator #1

Evaluator #2
APPENDIX M

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:

<table>
<thead>
<tr>
<th>Competencies</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understand etiologies, risk factors, underlying pathologic process, and</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>epidemiology for medical conditions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify signs and symptoms of medical conditions</td>
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<tr>
<td>Select and interpret appropriate diagnostic or lab studies</td>
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<tr>
<td>Manage general medical and surgical conditions to include understanding</td>
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<td>the indications, contraindications, side effects, interactions, and adverse</td>
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<td>reactions of pharmacologic agents and other relevant treatment modalities</td>
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<tr>
<td>Identify the appropriate site of care for presenting conditions, including</td>
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<td>identifying emergent cases and those requiring referral or admission</td>
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<td>Identify appropriate interventions for the prevention of conditions</td>
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<tr>
<td>Identify the appropriate methods to detect conditions in an asymptomatic</td>
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<tr>
<td>individual</td>
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<tr>
<td>Differentiate between the normal and the abnormal in anatomic, physiological,</td>
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<td>laboratory findings, and other diagnostic data</td>
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<tr>
<td>Appropriately use history and physical findings and diagnostic studies to</td>
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<td>formulate a differential diagnosis</td>
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<tr>
<td>Provide appropriate care to patients with chronic conditions</td>
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INTERPERSONAL & COMMUNICATION SKILLS

Interpersonal and communication skills encompass verbal, nonverbal and written exchange of information. Physician assistants must demonstrate interpersonal and communication skills that result in effective information exchange with patients, their patients’ families, physicians, professional associates, and the health care system. Physician assistants are expected to:
Create and sustain a therapeutic and ethically sound relationship with patients  4 3 2 1
Use effective listening, nonverbal, explanatory, questioning, and writing skills to elicit and provide information  4 3 2 1
Appropriately adapt communication style and messages to the context of the individual patient interaction  4 3 2 1
Work effectively with physicians and other health care professionals as a member or leader of a health care team or other professional group  4 3 2 1
Apply an understanding of human behavior  4 3 2 1
Demonstrate emotional resilience and stability, adaptability, flexibility, and tolerance of ambiguity and anxiety  4 3 2 1
Accurately and adequately document and record information regarding the care process for medical, legal, quality, and financial purposes  4 3 2 1

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  4 3 2 1
Demonstrate caring and respectful behaviors when interacting with patients and their families  4 3 2 1
Gather essential and accurate information about their patients  4 3 2 1
Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment  4 3 2 1
Develop and carry out patient management plans  4 3 2 1
Counsel and educate patients and their families  4 3 2 1
Competently perform medical and surgical procedures considered essential in the area of practice  4 3 2 1
Provide health care services and education aimed at preventing health problems or maintaining health  4 3 2 1

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

**SYSTEMS-BASED PRACTICE**

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

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