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Notice: POLICY MANUAL UPDATES

This Program Policy Manual for the Master of Science in Physician Assistant Studies (MSPAS) contains policies and procedures unique to the MSPAS program and is distributed initially to students as they begin the first professional year. Updated versions of this Policy Manual may be provided during a student’s enrollment in the program, and the most recent Policy Manual will supersede all previously distributed versions. Where no specific MSPAS program policy exists, students are to consult the general guidelines of the Misericordia University Student Handbook. The MSPAS program reserves the right to update this Policy Manual without prior notice. In the event of an update without prior notice, all matriculated students will be provided with a written copy of any updated policies. A student’s continuation in the MSPAS program will be contingent upon submission of a signed and dated ‘Receipt and Acknowledgement’ form (see Appendix A) for the most recent update of the Policy Manual.

Version: Fall 2014
PART I:
GENERAL POLICIES AND PROCEDURES

Welcome to the Department of Physician Assistant Studies at Misericordia University!

We are pleased that you have chosen to join us for your education and we look forward to working with you to help achieve your professional goals.

This manual is designed to serve as a supplement to other University publications such as the Student Handbook and the Misericordia University Catalog. It will provide you with important information as you progress through your studies.
INTRODUCTION

The MSPAS Program Policy Manual is designed to provide students with general information regarding the MSPAS program. It is an adjunct to the Misericordia University academic catalog and the Misericordia University Student Handbook. Please keep this manual in a convenient location so you that can refer to it throughout your physician assistant training. This manual provides vital information about the MSPAS program and the PA profession. As a beginning MSPAS student, you are entering into the professional world. You will be afforded respect and honor as a PA. With this respect comes a great deal of responsibility. Most PAs look back at their student experience as one of the most challenging and rewarding times in their lives. We are confident that you will regard becoming a physician assistant as one of the most significant milestones in your life. Our faculty and staff are dedicated to your success, and we wish each of you a bright future as a competent, safe, effective, and compassionate healthcare provider.

PROGRAM ACCREDITATION

STANDARD A3.02 The program must inform students of program policies and practices.

The Misericordia University Master of Science in Physician Assistant Studies (MSPAS) program has applied for and been granted provisional accreditation by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA).

This handbook is in part based on the 4th edition Accreditation Standards for Physician Assistant Education, published in March 2010. The Standards will be referenced throughout the manual, as they inform and guide the curriculum, policies and procedures adopted by the MSPAS program. The Standards constitute the requirements to which an accredited program is held accountable and provide the basis on which the ARC-PA will confer or deny program accreditation. According to the ARC-PA, “these Standards were initially adopted in 1971 and were revised in 1978, 1985, 1990, 1997, 2000, 2005 and 2010.

ARC-PA commissioners include individuals nominated from the collaborating organizations of the ARC-PA, which include:

- American Academy of Family Physicians
- American Academy of Pediatrics
- American Academy of Physician Assistants
- American College of Physicians
- American College of Surgeons
- American Medical Association
- Physician Assistant Education Association

The collaborating organizations cooperate with the ARC-PA to establish, maintain, and promote appropriate standards of quality for entry level education of PAs and to provide recognition for educational programs that meet the requirements outlined in the Standards. These Standards are used for the development, evaluation, and self-analysis of PA programs.

Physician assistants are academically and clinically prepared to practice medicine under the direction and responsible supervision of a doctor of medicine or osteopathic medicine. The physician-PA team relationship is fundamental to the PA profession and enhances the delivery of
high-quality health care. Within the physician-PA relationship, PAs make clinical decisions and provide a broad range of diagnostic, therapeutic, preventive, and health maintenance services. The clinical role of PAs includes primary and specialty care in medical and surgical practice settings. PA practice is focused on patient care and may include educational, research, and administrative activities.

“The role of the Physician Assistant demands intelligence, sound judgment, intellectual honesty, appropriate interpersonal skills, and the capability to react to emergencies in a calm and reasoned manner. An attitude of respect for self and others, adherence to the concepts of privilege and confidentiality in communicating with patients, and a commitment to the patient’s welfare are essential attributes of the graduated PA. The professional curriculum for PA education includes basic medical, behavioral, and social sciences; introduction to clinical medicine and patient assessment; supervised clinical practice; and health policy and professional practice issues.

“The Standards recognize the continuing evolution of the PA profession and practice and endorse experiential competency-based education as a fundamental tenet of PA education. While acknowledging the interests of the sponsoring institution as it works with the program to meet the Standards, the Standards reflect a determination that a commonality in the core professional curriculum of programs remains desirable and necessary to offer curricula of sufficient depth and breadth to prepare all PA graduates for practice. The Standards allow programs to remain creative and innovative in program design and the methods of curriculum delivery and evaluation used to enable students to achieve program goals and student learning outcomes. Mastery of learning outcomes is key to preparing students for entry into clinical practice.

“The PA profession has evolved over time to one requiring a high level of academic rigor. Institutions that sponsor PA programs are expected to incorporate this higher level of academic rigor into their programs and award an appropriate master’s degree. The ARC-PA acknowledges ongoing changes in the delivery of health care and in the education of health professionals.”

- Accreditation Standards for Physician Assistant Education, 4th Edition

PROGRAM SPONSORSHIP AND PHILOSOPHY

Misericordia University accepted the first class of PA students in the MSPAS program in the fall semester of the 2012-13 academic years.

The mission statement of the MSPAS Program was developed in January 2011 to reflect program outcomes, the developing curriculum, and vision of the founding program director and medical director, and the Dean of the College of Arts and Sciences. As demonstrated below, the program mission statement reflects the underlying university mission statement.

University Mission Statement
Misericordia University is a Catholic, liberal arts-based, co-educational university. It was founded in 1924 and it is sponsored by the Religious Sisters of Mercy. The university offers both undergraduate and graduate programs. In 1978, the Board of Trustees approved a mission state-
ment that describes the nature and purpose of the university (formerly College Misericordia), and in 1994 it was revised as follows:

Misericordia University, a co-educational Catholic university sponsored by the Institute of the Sisters of Mercy of the Americas, is committed to providing quality education to its students and to shaping its educational programs and policies to express the founding Sisters’ values and attitudes of mercy, service, justice, and hospitality. The university welcomes individuals of all faiths.

The academic development of each student at the undergraduate level is ensured by the university’s commitment to provide a learning experience which cultivates higher-order thinking skills through the integration of liberal arts and professional studies. To emphasize academic excellence and to develop critical thinking, all undergraduate curricula provide a common liberal arts base, the objectives of which are further developed in the students’ major areas of study. The students’ educational programs prepare them for productive careers and continued personal and professional growth.

Graduate programs at Misericordia University emphasize intellectual discourse and focused academic growth. The cornerstone of each program is instruction and practice in methods of critical thinking which promote research and enhanced professional expertise.

**Program Mission Statement**

**Mission**
The mission of the Misericordia University Physician Assistant program is to provide opportunities for exceptional students to acquire the highest quality cognitive education and training experience in an atmosphere of academic excellence. Graduates will achieve their maximum potential as able, caring, compassionate, competent, idealistic professionals. The program’s educational environment will promote an ethos of service, responsibility, morals and ethics, a quest for excellence, and an avid desire for self-directed lifelong learning in a spiritually enriched environment, while preparing students to apply evidence-based knowledge.

**Vision statement:**
- Program graduates will exhibit honesty, communication skills, dedication, self-discipline, initiative, resourcefulness, and judgment as collaborating clinical practitioners.
- Program graduates will be dedicated to their patients and communities, showing respect for the dignity, worth, and rights of others.
- Program graduates will serve with integrity, accountability, and trust as leaders in an evolving profession.
- Program graduates will serve as advocates and innovators dedicated to augmenting, complementing, and advancing the quality, accessibility, and transformation of the healthcare system.
- Program graduates will develop skills in scientific inquiry and aspire to diverse roles such as PA education, leadership, and research.

**GOALS OF THE PHYSICIAN ASSISTANT PROGRAM**

The following are program goals for graduates of the Master of Science in Physician Assistant Studies (MSPAS) curriculum:
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 healthcare 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.

Goal 17: Upon graduation, be prepared to enter the workforce as a gainfully employed Physician Assistant with excellent job search skills and the knowledge to obtain and maintain licensure in any state to practice as a Physician Assistant.
DEPARTMENT FACULTY & STAFF

STANDARD A1.04 The sponsoring institution must provide the opportunity for continuing professional development of the Program Director and principal faculty by supporting the development of their clinical, teaching, scholarly and administrative skills.

STANDARD A2.01 All faculty must possess the educational and experiential qualifications to perform their assigned duties.

STANDARD A2.13 Instructional faculty must be: qualified through academic preparation and/or experience to teach assigned subjects and knowledgeable in course content and effective in teaching assigned subjects.

STANDARD A2.14 In addition to the principal faculty, there must be sufficient instructional faculty to provide students with the necessary attention, instruction and supervised clinical practice experiences to acquire the knowledge and competence required for entry into the profession.

The faculty and staff of the Department of Physician Assistant Studies (see Appendix B) are dedicated professionals who are focused on preparing you to become physician assistants. Both principal (full-time) and instructional (adjunct) faculty are carefully selected to teach courses based in their academic preparation and professional experience. Misericordia takes great care in selecting qualified faculty and investing in their continued education and professional growth. Thus, faculty members attend and present at local and national workshops and conferences throughout the year. Individual faculty members have national reputations as educators and conduct research on a variety of topics. Some faculty members continue to practice clinically. Thus, when you need to meet with a faculty member about issues related to your education, it is suggested that you make an appointment to meet with the appropriate individual to address your concerns.

If you cannot reach your MSPAS faculty advisor, or if there is a true emergency, you may contact the Interim Program Director, Darci Brown, PA-C and your issue will be promptly addressed.

INTERIM PROGRAM DIRECTOR

The Interim Program Director and Director of Clinical Education is Professor Darci Brown MSPAS, PA-C, a board-certified physician assistant with 20 years of clinical practice, laboratory testing, and management experience. She has a Bachelor’s Degree in Forensic Chemistry from Buffalo State College, having graduated Magna Cum Laude in 2000. After finishing her undergraduate degree, she worked in a forensic laboratory prior to attending graduate school at Arcadia University where she earned her Master of Science in Physician Assistant Studies degree. Professor Brown has also been a representative for the Pennsylvania Society of Physician Assistants for the past eight years and continues to practice clinically with experience in family medicine, orthopedics and plastic surgery. On the national level Professor Brown was elected as a member of the PAEA Finance Committee for a two year term (2013-2015).
MEDICAL DIRECTOR

The Medical Director, Stanley J. Dudrick, MD, FACS, is responsible for ensuring that classroom instruction and clinical experiences provide an appropriate level of instruction for students in the MSPAS program.

Dr. Dudrick, who holds the Robert S. Anderson, MD, Endowed Chair at Misericordia, is recognized throughout the world for his pioneering research in basic investigative development and subsequent successful clinical application of total parenteral nutrition (TPN), a central venous feeding technique that has been acknowledged as one of the four most significant accomplishments in the history of modern surgery, together with the discovery and development of asepsis and antisepsis, antibiotic therapy, and anesthesia. Dr. Dudrick brings to the proposed program a 40-year history in medical education and research, including leading appointments in the Yale School of Medicine, the University of Texas Medical School at Houston, the University of Pennsylvania Medical School, and the Pennsylvania Hospital. He retains an appointment as Professor of Surgery in the Yale University School of Medicine, and he is Director Emeritus of the Program in Surgery and Graduate Medical Education, and Chairman Emeritus of the Department of Surgery, at Saint Mary’s Hospital, in Waterbury, CT. In 2013, he also joined the faculty of The Commonwealth Medical College as Professor of Surgery part time. Dr. Dudrick’s list of published works numbers over 700 and his record of including students in research and publication are well-known.

Dr. Dudrick completed his medical training at the University of Pennsylvania School Of Medicine; his internship at the Hospital of the University of Pennsylvania; and his surgery residency and research fellowship at the Hospital of the University of Pennsylvania. Certified by the American Board of Surgery, Dr. Dudrick served this distinguished organization continuously for 26 years as an Examiner, Director of the Board, and a Senior Board Member. He is a Fellow of the American College of Surgeons. He is also a Fellow of the American College of Nutrition and served as a member of their 21st Century Board. He has served on more than 15 editorial boards, including the Annals of Surgery. He is a member of more than 100 academic, honorary, professional, and scientific societies, and he has been awarded more than 100 other honors, including the American College of Surgeons Jacobson Innovation Award; and the American Surgical Association Medallion for Scientific Achievement for Distinguished Service to Surgery. In 2014 he received the Distinguished Lifetime Service Award of the Society of Surgical Oncology.

PRINCIPAL FACULTY

The Director of Didactic Education is Professor Abigail Davis MPAS, PA-C, and a board-certified physician assistant with over nine years’ experience. Professor Davis teaches in Clinical Medicine, Patient Assessment, Special Populations, Medical Procedures/Surgery, and Emergency Medicine. Professor Davis graduated from Marywood University in 2005 with a Bachelor Degree of Health Science and a Master's degree in Physician Assistant studies. Immediately after graduation she began working in emergency medicine at a Level 2 trauma center emergency room. She has been practicing emergency medicine for the past nine years. During those years, she has been a clinical preceptor to Physician Assistant students from multiple programs in the area. Professor Davis is a member of the Pennsylvania Society of Physician Assistants for the
past 5 years as well as the American Academy of Physician Assistants for the past ten. On the national level Professor Davis was elected as a member of the PAEA End of Rotation Test Item Writing Committee for a two year term (2013-2015). She continues to practice emergency medicine part-time and lives in Dunmore with her husband and four children.

Diane McAvoy, MS, PA-C serves as Clinical Coordinator. Professor McAvoy assists in coordination of the clinical year as well teaching in Clinical Medicine, Patient Assessment, and Special Populations. Professor McAvoy received a Bachelor Degree in Physician Assistant Studies from King’s College in 1994 and a Master Degree in Advanced Physician Assistant Studies from A.T. Still University in 2010. For the past 20 years, she has remained board certified and practiced in rehabilitation medicine as well as outpatient medicine. For the past three years, she has served as the lead Physician Assistant at Volunteers in Medicine clinic, serving the uninsured population of Columbia and Montour Counties. In addition to her clinical experience, Professor McAvoy has held a position as Adjunct Faculty in the Physician Assistant program at the Pennsylvania College of Technology and been a clinical preceptor for students enrolled in various medical disciplines.

Jennifer Arnold, MHS, PA-C is a board certified physician assistant with over sixteen years’ experience. Professor Arnold serves as Assistant Professor for the didactic year of the program and teaches in Clinical Medicine, Patient Assessment, Special Populations, Medical Procedures/ Surgery, and Emergency Medicine. Professor Arnold graduated from Arcadia University in 1992 with a Bachelor of Science and from Hahnemann University in 1997 with a Bachelor of Science in Physician Assistant Studies. She graduated went on to earn her Master of Health Science degree from Drexel University in 2003. She has been practicing clinically as a Cardiothoracic surgery PA for the past 12 years in hospital systems that include University of Pennsylvania, Mainline Healthcare, and Einstein Medical Center. Throughout her time working clinically, she has precepted PA students from various programs throughout the Philadelphia area. She is a clinical trainer for endoscopic vessel harvesting and also proficient in the mini surgical maze procedure for atrial fibrillation. She is also a study coordinator at Einstein Medical Center for the right sided ventricular assist device trial. Jen has co-authored journal articles as well as written two chapters in a physician assistant board review book. She serves on the test writing committee at the NCCPA for the CAQ exam for pa's in CT surgery. Jen and her husband reside in their home that they built together on Lewis Lake in Union Dale, PA.

You will be assigned a faculty member as an advisor who will serve as your primary point of contact while you are in the program.

**INSTRUCTIONAL FACULTY**

We are fortunate having access to qualified instructional faculty to assist in teaching some of our non-clinical curriculum. Basic science coursework in the MSPAS program is conducted by university faculty with expertise in their appropriate fields. A number of physicians, physician assistants, and other healthcare providers on the faculty will also teach courses or lecture to you during your program.

Dr. Anthony A. Serino Ph.D. is an Associate Professor of Biology and the Department Chair at Misericordia University in Dallas, PA. Dr. Serino received his BS in Biology and his MS in Biochemistry from the University of Scranton in 1984 and 1987, respectively. In 1991, he earned
his Ph.D. in Physiology from The Pennsylvania State University. During his graduate tenure, Dr. Serino was awarded a pre-doctoral fellowship from the National Institutes of Aging. Dr. Serino’s teaching responsibilities include anatomy and physiology, general physiology, comparative anatomy, histology, gross anatomy and general biology. He has also received the Judge Max and Tillie Rosenn Endowed Excellence in Teaching Award at Misericordia University in 2005. Dr. Serino maintains a residence in Shavertown, PA with his wife and four children.

Dr. Angela Asirvatham Ph.D. is an Associate Professor for the Biology Department of Misericordia University. She received her B.V.Sc., (Bachelor of Veterinary Sciences, Tamilnadu Veterinary & Animal Sciences University) in Chennai, India; her M.S. in Reproductive Biology from University of Wyoming and her Ph.D. in Physiology from Kent State University. Dr. Asirvatham’s postdoctoral work includes Pulmonary Physiology at the University of California and signal transduction in T-lymphocytes at Oregon Health Sciences University. Her research interests focus on signal transduction in Schwann cells. Dr. Asirvatham teaches Immunology, General Physiology and Endocrinology. She will be teaching Pathophysiology I and II for the PA program. Dr. Asirvatham has also received the Judge Max and Tillie Rosenn Endowed Excellence in Teaching Award at Misericordia University in 2012.

Dr. Frank DiPino Jr., PhD is a Professor in the Biology Department at Misericordia University. Dr. DiPino received his PhD in Biology from Marquette University. His research area is in DNA interactions. He has worked in clinical human cytogenetics at State University of New York Upstate Medical Center and Valley Children's Hospital, Fresno California. He is a previous Chair of the Biology Department and the Division of Mathematical and Natural Sciences at Misericordia University. He teaches courses in Molecular Cell Biology, Developmental Biology, Molecular Genetics and Human Genetics.

Dr. Christopher DeFrancesco Pharm.D. received his Bachelor's degree in Pharmacy in 1994 from The Philadelphia College of Pharmacy and Science and his Doctorate in 2011 from Shenandoah University. He maintains a practice site at Rite Aid Pharmacy in Wilkes-Barre Pennsylvania with a focus on wellness, including adult immunizations. Dr. De Francesco also serves as an adjunct faculty member at Wilkes University Nesbitt School of Pharmacy and Nursing. He will be teaching Pharmacology for the PA program. In his free time he likes spending times outdoors and in the company of family and friends.

DEPARTMENT ADMINISTRATIVE SUPPORT

Our support staff includes Mrs. Kathy Michael, Administrative Assistant to the Department of Physician Assistant Studies and Rita Molino, Secretary to the Dean of the College of Arts and Sciences, the Humanities Faculty, and the Department of Physician Assistant Studies.

CLINICAL PRECEPTORS

You will be assigned to a clinical preceptor at each of your clinical sites while on rotation during the second year of the program. Your preceptor will set your schedule and guide you through the daily routine of each rotation.
**ADVISEMENT**

Faculty advisors will meet with students during the semester to discuss academic progress and other issues. Students must take responsibility for their own learning and will be asked to self-evaluate their progress by filling out the Mid-Semester Advisement Sheet (see Appendix C – sample for fall semester) prior to meeting with their advisor. Mid-semester evaluations will be placed in student files. Students with academic concerns should address the issue first with the course instructor. Should a student require further assistance, he/she should consult with the faculty advisor. The advisor will involve the Program Director or other university administrative personnel as the situation warrants.

Your advisor will assist you in identifying areas of strength and weakness to help you focus your studies. When problems arise, your advisor will discuss them with you in an attempt to clarify your options and devise a plan of action.

Your advisor is not able to act as a medical provider for you. If you have a medical problem, you should seek assistance from student health services or another provider.

Your advisor is also not able to act as a mental health counselor for you. If you have non-academic problems that require formal counseling, your advisor will be happy to help you access mental health services available at Misericordia.

Faculty schedules tend to be unpredictable due to clinical and research obligations. If you have a non-emergent need, it is best to make an appointment with your advisor via telephone or email. If you feel your need is emergent and your faculty advisor is not available, you may contact Darci Brown, PA-C, Interim Program Director for assistance.

**PROGRAM ESSENTIAL FUNCTIONS**

*Working as a medical professional is often physically, mentally, and emotionally demanding. All students receive a copy of the Program Technical Standards prior to matriculation. A copy of these Standards may be found in this section for future reference.*

The Misericordia University MSPAS program is committed to the education of all qualified individuals, including persons with disabilities who, with or without reasonable accommodation, are capable of performing the essential functions of the educational program in which they are enrolled and the profession that they pursue.

It is the policy of the program to comply with the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and state and local requirements regarding students and applicants with disabilities. Under these laws, no otherwise qualified and competent individual with a disability shall be denied access to or participation in services, programs, and activities solely on the basis of the disability.

In accord with federal regulations established by the Americans With Disabilities Act, the following standards are described to assist each candidate in evaluating his/her prospect for academic and clinical success. General standards for the MSPAS program are followed by stand-
ards that apply to the professional discipline to which you have applied (see additional standards below). When a student’s ability to perform is compromised, the student must demonstrate alternative means and/or abilities to perform the essential functions described.

It is important that you read each standard carefully. Each student is given the opportunity to read and acknowledge his/her understanding of the standards prior to beginning the program.

**TECHNICAL STANDARDS, MSPAS**

A candidate for the Misericordia University Master of Science in Physician Assistant Studies program must have, at a minimum, demonstrably acceptable skills in observation, communication, motor, intellect and behavior/socialization. Reasonable accommodation for persons with documented disabilities will be considered on an individual basis, but candidates must be able to perform in an independent manner.

To qualify for admission to the Master of Science in Physician Assistant Studies program, candidates must demonstrate to program principal faculty the ability to meet the following technical standards in timed settings and under stressful conditions:

- 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
- Sufficient skills to communicate verbally and in writing in 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

**Professional Responsibility:** Students must exhibit the ability to meet the challenges of any medical situation that requires a readiness for immediate and appropriate response without interference of personal or medical problems. This requires training for emergencies (e.g., CPR, infection control).

It is each student’s responsibility to attend and be able to travel to and from classes and clinical assignments on time, and possess the organizational skills and stamina for performing required tasks and assignments within allotted time frames. This involves frequent oral, written, and practical examinations or demonstrations. The student must have the ability to perform problem-solving tasks in a timely manner.

Students will exhibit adherence to policies of the university, their program, and clinical sites. This includes matters ranging from professional grooming, dress, and behavior, to attending to
their program’s academic schedule, which may differ from the University’s academic calendar and be subject to change at any time.

Students must demonstrate knowledge of and commitment to the code of ethics of their profession and behavior that reflects a sense of right and wrong in the helping environment. Students will take initiative to direct their own learning. They need to work cooperatively and collaboratively with other students on assigned projects, and participate willingly in a supervisory process involving evaluation of abilities and reasoning skills.

Additional standards relevant to specific discipline, Physician Assistant Program: In addition to the general standards above, students applying to the Physician Assistant Program must consider that they will be required to:

- Participate in patient assessment and evaluation.
- Participate in invasive and non-invasive procedures
- Participate in emergency care
- Work lengthy and irregular hours
- Attend and participated in didactic and clinical education training on or off campus.
- Perform physical examinations on male and female peers along with being examined by both male and female peers during laboratory instruction.

DISABILITY SERVICES

In accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990, students with documented disabilities may seek academic accommodations for their disability free of charge. These academic accommodations include extended time on tests, use of a note sharer, and tape-recording of lectures. If you are a student who requires academic accommodations due to a disability, please contact Carol Llewellyn in the Student Success Center/Office for Students with Disabilities (OSD) at cllewell@misericordia.edu or (570) 674-6408

PROFESSIONALISM

STANDARD C3.02 The program must document student demonstration of defined professional behaviors.

The MSPAS Technical Standards consider the physical, cognitive, and behavioral abilities required for satisfactory completion of the physician assistant curriculum. The essential required abilities for a physician assistant student include motor, sensory, communicative, intellectual, behavioral, and social aspects. Academic, clinical, and professional development are intertwined and related to each other. A student’s growth in the academic and clinical areas may be dependent on his/her growth as a professional.

Physician assistant students must recognize themselves as clinicians providing services to both the physician supervisor as well as to the patient. PA students must be aware that, even as students, they are viewed by both patients and medical providers as part of the larger medical com-
munity. It is critical, therefore, that professional development be assessed, just as academic and clinical skills are measured, during a student’s growth.

As healthcare practitioners, physician assistants are required to conform to the highest standards of ethical and professional conduct. Physician assistant students also are expected to adhere to the same high ethical and professional standards required of physician assistants.

The American Academy of Physician Assistants (AAPA) has identified four primary bioethical principles – autonomy, beneficence, non-maleficence, and justice – that form the foundation of the Statement of Values of The Physician Assistant Profession. The Statement of Values provides a guideline for ethical conduct by physician assistants. (A complete discussion of the ethical conduct required of physician assistants can be found at the American Academy of Physician Assistant website, www.aapa.org). In addition to the AAPA’s guidelines, The National Commission on Certification of Physician Assistants (NCCPA) recently adopted a code of conduct for certified and certifying physician assistants. The NCCPA’s code of conduct “outlines principles that all certified or certifying physician assistants are expected to uphold.” A complete discussion can be found at http://www.nccpa.net/CER_process_codeofconduct.aspx.

In addition to understanding and complying with the principles and standards promulgated by the AAPA, the NCCPA, and the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), physician assistant students are required to know and comply with the policies, procedures, and rules of the Master of Science in Physician Assistant Studies program and the university (including, without limitation, the Guiding Principles of Conduct that may be found in the Misericordia University Student Handbook); and the policies, procedures, and rules of each clinical site to which the student is assigned. Further, physician assistant students are required to conduct themselves in a manner that complies with the following principles and standards:

**RESPECT**

Physician assistant students are expected to treat all patients, faculty, staff, clinical preceptors, healthcare workers, and fellow students with dignity and respect. For example:

- Physician assistant students must recognize and embrace their roles as members of a team and interact with others on the team in a cooperative and considerate manner.

- Physician assistant students train closely with other students, including in physical examinations of fellow students and discussion groups that may reveal personal information. Students must maintain and exhibit respect for the privacy and confidentiality of fellow students.

- Students should offer criticism or suggestions in a thoughtful and reasoned manner that fosters respect and trust.

- When confronted with conduct by another member of the team that may be deemed inappropriate, students are not to respond angrily; rather, they must remain calm and respectful, and respond in accordance with the standards of professional conduct required of physician assistant students.
FLEXIBILITY

Although every effort is made to provide training activities at times and places scheduled in advance, physician assistant students often will be required to be flexible because of unavoidable changes in the schedule. For example, instructors who are also practicing clinicians may not have a regular schedule, and lectures or clinical sessions may, at times, need to be rescheduled with short notice. In addition, clinical sites create the student schedules for each rotation, and such schedules may require physician assistant students to work on weekends and nights.

HONESTY AND TRUSTWORTHINESS

Physician assistant students shall be honest and truthful in all respects. Students shall not intentionally mislead others.

STUDENT ROLE AND ACCOUNTABILITY

Physician assistant students have a unique role in health care delivery. In that role, students are accountable for such things as:

• Students shall perform only those procedures authorized by the program, clinical site, supervisor, and/or preceptor.

• Physician assistant students at clinical sites must always work under the supervision of a preceptor, and are prohibited from assuming primary responsibility for a patient’s care. For example, students shall not treat or discharge a patient without prior consultation with, and approval of, a clinical preceptor or supervisor.

• Students are responsible for timely completion of all assignments and duties effectively and to the best of their ability.

• Students are responsible for identifying and reporting unprofessional, unethical, and/or illegal behavior by healthcare professionals and students, faculty, and staff of the MSPAS program. If a physician assistant student has a reasonable belief that such conduct has occurred, he or she should report it to the Program Director, preceptor, supervisor, or faculty advisor, as may be appropriate under the circumstances.

• Physician assistant students are expected to accept and apply constructive feedback. Physician assistant students are always required to exercise sound judgment.

CONCERN FOR THE PATIENT

Physician assistant students must, by their words and behavior, demonstrate concern for the patient. Concern for the patient is manifested in many ways, including, but not limited to, the following:

• Physician assistant students must treat patients and their families with dignity and respect.
• At all times, the physical and emotional comfort of the patient are of paramount importance.

• Students must use appropriate verbal and non-verbal communication to convey concern, pleasantness, compassion, and professionalism to the patient.

• The patient’s modesty must be considered and respected at all times.

• Students shall deliver healthcare services to patients without regard to their patients’ race, religion, national origin, age, sex, marital status, citizenship, sexual orientation, creed, disability, medical condition, socioeconomic status or political beliefs, or any other belief or status protected by law.

• Students must not accept gifts or gratuities from patients or their families.

• Sexual or romantic relationships with patients are prohibited and will not be tolerated.

**PROFESSIONAL APPEARANCE**

Professional appearance demonstrates respect for patients and helps to build their confidence and trust. Physician assistant students must dress in professional, neat, and conservative attire. Good personal hygiene is always required and expected.

*Guidelines for all Program Related Experiences (the First Professional Year)*

• All students will be expected to wear conservative business casual attire
• No hats (men and women)  
• No shorts, sweats or cutoff pant legs
• No midriff, or halter tops
• No body jewelry/piercing that interferes with class function, especially during laboratory sessions
• No visible tattoos
• No open-toed shoes during laboratory sessions in which sharps are handled
• Men’s facial hair must be neatly groomed

Dress requirements for physical examination laboratory sessions may be found in the appropriate course syllabus. Scrubs may be worn for Gross Anatomy Laboratory only. When required to be present at clinical sites, please observe guidelines below.

*Guidelines for All Clinical Experiences (in addition to the criteria noted above)*

**STANDARD B3.01** PA students must be clearly identified in the clinical setting to distinguish them from physicians, medical students, and other health profession students and graduates.

• Professional dress is necessary for all clinical experiences and evening classes/meetings:
  ✓ Students will wear a clean, short white “consultation jacket”
  ✓ Males should wear a collared shirt with a tie
✓ Hair should be worn in a neat manner – no facial hair
✓ All attire will be clean and pressed
✓ Jeans, shorts and cutoffs are prohibited
✓ Open toed shoes are prohibited; sneakers are allowed when wearing scrubs only

- Students must display prominently at all times their nameplate issued from Misericordia University, which contains the student’s name and the title “Physician Assistant Student” (supplied by the program).

- Any additional dress requirements imposed by a clinical site supersede those of the program.

- “Scrubs” should be worn in accordance with facility policy. In general, they should not be worn outside of the operating or delivery room. Soiled scrubs should be left appropriately at the facility for laundering at the end of the assigned shift. Scrubs are not permitted on campus except as previously noted.

Students who appear in class or at a clinical site with inappropriate attire or hygiene may be directed to leave, and will not be permitted to make up missed assignments.

MAINTAINING COMPOSURE

Physician assistant students must maintain a professional and calm demeanor at all times, even in emergency and other highly stressful situations.

DRUGS AND ALCOHOL

Physician assistant students must comply with the University’s Drug and Alcohol Policy and all other applicable policies and procedures concerning the use of drugs and alcohol at clinical sites. All students must successfully complete a drug screen examination prior to entering the didactic phase of the program as well as a repeat examination prior to entering the clinical phase of the program. A clinical site may request additional drug screens prior to entering their site or during the rotation. Students must comply with this request or risk failure of that clinical rotation. Students are prohibited from appearing at any clinical site while under the influence of alcohol or any drug; medication, or substance that may affect performance or judgment. Drug screens are conducted at the student’s expense.

TIMELINESS AND ATTENDANCE

Attendance and timeliness are important aspects of professional behavior. Students must report to all classes, laboratories, seminars, call-back days, clinical sites, and other scheduled activities on time. Timely return from designated breaks is required. Students must return messages from program staff, faculty, clinical preceptors, and clinical sites in a timely manner (i.e., in less than 24 hours). Students must submit all required assignments and forms on or before the designated date, and/or time, that they are due. In formal classroom and clinical situations, students should address faculty and lecturers using the appropriate form of address (Professor/Doctor). Under no circumstances are children allowed in the classrooms during formal lectures.
CRIMINAL BACKGROUND CHECKS

Candidates for admission must satisfy a Level One criminal background check before being accepted to the program and must have this clearance updated prior to entering the clinical phase. This background check is carried out at the prospective student’s expense.

PROFESSIONAL DEVELOPMENT ASSESSMENT TOOL

The professional conduct of physician assistant students is evaluated on an on-going basis throughout the didactic and clinical years of the program. Violations of standards of conduct are subject to disciplinary actions administered by the university, and by the program.

As a PA student, you are expected to achieve the highest level of professionalism. The Professional Development Assessment Tool (PDAT) (see Appendix D) is an example of an assessment tool that will be used to determine if you have achieved professional competency to graduate and practice as a physician assistant. This instrument is completed at the end of each semester by your faculty advisor and also upon completion of the program.

If there are issues in professional behaviors that occur during the course of a semester, your advisor and/or the Program Director will request a meeting with you to discuss any concerning the behavior. The PDAT will be used to document such behaviors and will remain in the student file for the remainder of the academic year. If the behavior does not improve, the student can be subject to reprimand, disciplinary probation, and/or dismissal.

STUDENT CONDUCT IN CLINICAL FACILITIES

Students enrolled in the MSPAS program are expected to conduct themselves in a professional manner at all times. The criteria for evaluating professional performance include, but are not limited to, demonstrating professional competencies and skills; adhering to program and facility policies; displaying sensitivity to patients’ and community needs; demonstrating an ability to relate appropriately to peers and other members of the health care team; displaying a positive attitude; maintaining regular and punctual attendance; and maintaining acceptable physical appearance.

CONCLUSION

The requirements for professional performance have been established to protect the rights of patients and communities and to foster the team concept in the delivery of health care. More detailed information may be found in Part II of this manual.

CURRICULUM AND ACADEMIC POLICIES

STANDARD B1.02 The curriculum must include core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care.

STANDARD B1.03 The curriculum must be of sufficient breadth and depth to prepare the student for the clinical practice of medicine.

STANDARD B1.04 The curriculum design must reflect sequencing that enables students to develop the competencies necessary for current and evolving clinical practice.
The courses offered by the MSPAS program have been specifically designed and sequenced to prepare students to administer appropriate health care to patients. According to the ARC-PA 4th Edition Standards, the program curriculum should prepare students “to provide patient centered care and collegially work in Physician-PA teams in an inter-professional team environment. The curriculum establishes a strong foundation in health information technology and evidence-based medicine and emphasizes the importance of remaining current with the continually changing nature of clinical practice.”

Further, according to the ARC-PA 4th Edition Standards, the professional curriculum for PA education should include, “applied medical, behavioral and social sciences; patient assessment and clinical medicine; supervised clinical practice; and health policy and professional practice issues.”

In accordance with the ARC-PA Standards and with the desire to graduate competent healthcare practitioners who are capable of delivering high quality health care, rigorous academic standards have been established for continued matriculation in the MSPAS program. Students are expected to complete all course assignments as outlined in the individual course syllabus and to meet the university’s academic standards as outlined in this manual. Students will be given updates to these standards as changes or revisions occur.

Class of 2016

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 Profession</td>
<td>1</td>
</tr>
<tr>
<td>PA 530</td>
<td>Clinical Medicine I</td>
<td>5</td>
</tr>
<tr>
<td>PA 538</td>
<td>Patient Assessment I</td>
<td>4</td>
</tr>
<tr>
<td>PA 544</td>
<td>Gross Clinical Anatomy</td>
<td>3</td>
</tr>
<tr>
<td>PA 541</td>
<td>Pharmacology I</td>
<td>2</td>
</tr>
<tr>
<td>PA 546</td>
<td>Physiology / Pathophysiology I</td>
<td>2</td>
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Total 17 credits

Spring Semester

<table>
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<th>Course</th>
<th>Title</th>
<th>Credits</th>
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<tbody>
<tr>
<td>PA 527</td>
<td>Health Care Issues I</td>
<td>2</td>
</tr>
<tr>
<td>PA 531</td>
<td>Clinical Medicine II</td>
<td>6</td>
</tr>
<tr>
<td>PA 539</td>
<td>Patient Assessment II</td>
<td>4</td>
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<tr>
<td>PA 542</td>
<td>Pharmacology II</td>
<td>3</td>
</tr>
<tr>
<td>PA 547</td>
<td>Physiology / Pathophysiology II</td>
<td>2</td>
</tr>
<tr>
<td>PA 560</td>
<td>Clinical Genetics</td>
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Total 18 credits
Summer Semester

<table>
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<th>Course Code</th>
<th>Course Title</th>
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<tr>
<td>PA 528</td>
<td>Health Care Issues II</td>
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<tr>
<td>PA 532</td>
<td>Clinical Medicine III</td>
<td>3</td>
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<tr>
<td>PA 543</td>
<td>Pharmacology III</td>
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<tr>
<td>PA 550</td>
<td>Emergency Medicine</td>
<td>2</td>
</tr>
<tr>
<td>PA 552</td>
<td>Medical Procedures &amp; Surgery</td>
<td>2</td>
</tr>
<tr>
<td>PA 554</td>
<td>Special Populations</td>
<td>5</td>
</tr>
<tr>
<td>PA 570</td>
<td>Research, Epidemiology and Statistics</td>
<td>2</td>
</tr>
</tbody>
</table>

**Total** 17 credits

All course descriptions may be found on our Web site and in the university’s catalog for the academic year.

Curriculum Outline - Year II

Professional Year II clinical rotations include rotations in:

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Weeks</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA 601</td>
<td>Ambulatory Medicine</td>
<td>5</td>
<td>5</td>
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<tr>
<td>PA 603</td>
<td>Internal Medicine</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>PA 604</td>
<td>Pediatrics</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>PA 605</td>
<td>Psychiatry</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>PA 606</td>
<td>Surgery</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>PA 607</td>
<td>Women’s Health</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>PA 608</td>
<td>Emergency Medicine</td>
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<td>5</td>
</tr>
<tr>
<td>PA 609</td>
<td>General Elective Rotation 1</td>
<td>5</td>
<td>5</td>
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<tr>
<td>PA 609</td>
<td>General Elective Rotation 2</td>
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<td>5</td>
</tr>
<tr>
<td>PA 610</td>
<td>Research Rotation</td>
<td>4</td>
<td>0</td>
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</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 is held in December following Year II. The MSPAS degree is granted after completion of the summer semester.

**ACADEMIC PERFORMANCE STANDARDS**

Preparing for a career in the health sciences is a rigorous undertaking. Practitioners are expected to possess not only excellent cognitive and technical clinical skills, but also to practice according to the highest ethical and professional standards. Preparation for meeting these high standards begins during the student’s education. Some students may occasionally experience academic difficulties. Such difficulties are best addressed early, before they grow to unmanageable proportions.
As practitioners, students will be expected to exercise sound clinical judgment. As students, it is
also important to exercise sound academic judgment and seek academic assistance when neces-
sary. Students should consult with course instructors, academic advisors, and/or the Program Di-
rector as soon as a difficulty becomes apparent.

Progression Requirements for Advancement from Didactic Year to Clinical Year:

1) Cumulative GPA of 3.0 for Didactic year
2) Satisfactory completion of update on Level 1 background check
3) Satisfactory drug screen
4) Satisfactory physical examination
5) Satisfactory score on professional assessment
6) Students must also satisfactorily complete the complete history and physical
   OSCE at TCMC

All of these components must be satisfied in order for a didactic year PA student to progress to
the clinical phase of the program. Failure of any component will result in dismissal from the pro-
gram.

Academic Standards and Policies

1. All students must maintain a GPA of 3.0 or better to remain in good academic standing in the
   program.
2. Students must receive a minimum grade of C in all MSPAS courses during the didactic year. If
   the student earns a course grade below C this will result in suspension of the student. If the stu-
   dent earns less than a C in more than one course at any point in the didactic year the student will
   be dismissed permanently. Students wishing to repeat a course must petition the Program Direc-
   tor. Permission is at the discretion of the Program Director and this decision is final. If permis-
   sion to repeat a course is granted, the course will be taken the following academic year.
3. If the student earns a grade below C in a clinical rotation, they must petition the Program
   Director and complete the additional rotation at the end of the scheduled program delaying their
   graduation. If a student earns a grade below C in more than one clinical rotation, this will result
   in the student being permanently dismissed from the program. Permission to repeat a course is at
   the discretion of the Program Director and this decision is final.
4. The academic standing of each student will be reviewed at the end of each academic semester.
5. For students whose academic status is not consistent with program/course expectations, faculty
   members will submit mid-semester warning in accordance with university-designated dates and
   procedures.
6. Violation of the Honor Code, Code of Ethics and/or Program or University Policies in any way
   may be subject to reprimand, or more serious action, depending on the severity of the violation.
7. Students whose academic status is not consistent with program/course expectations at the end of
   a semester may be subject to the following:

Sanctions

Students who fail to meet the academic standards outlined may be subject to academic sanctions
including academic probation, suspension, establishment of a learning contract, and/or dismissal.
Program Probation

Grounds for being placed on academic probation include, but are not limited to:

- Failure to maintain a cumulative GPA above 3.0;
- Clinical Rotation Failure
- Lapses in professionalism.

Academic Probation

A student with a cumulative GPA below 3.0 will be placed on academic probation and receive a letter from the Program Director confirming such status. This written notice of probationary status will also include a notice that failure to reach the required 3.0 cumulative GPA by the end of the following academic semester will result in his/her dismissal from the program.

A student may only be on probation for a GPA below 3.0 one time throughout the entire program – a second term resulting in a cumulative GPA below 3.0 will result in automatic permanent dismissal from the program. This decision is final and not subject to appeal.

Each student on probation is required to meet with the Program Director and academic advisor by the end of the second week of the probationary semester to develop and agree to-in writing an Academic Improvement Plan (AIP). The AIP may include mandatory study/advising sessions, or other stipulations aimed at encouraging and supporting student success. A copy of a student’s AIP will be maintained in his/her advising folder, and a copy will also be forwarded to the office of the Dean of the College of Arts and Sciences.

Learning Contract

A learning contract is a document employed by the program in cases in which a student’s performance fails to meet required standards. The contract describes how a student’s performance has been deficient and outlines steps that should be taken to remediate a deficiency or improve performance. The student's advisor can implement a learning contract at any point during the didactic year. The stipulations and recommendations for the student’s academic improvement will be described in this document, and a copy of this document will be signed by the student and faculty member. This contract will remain in the students file until graduation. During the clinical year a learning contract will be initiated if the student does not achieve required numerical benchmarks in the formative and summative examinations which are part of the PANCE preparation system. Learning contracts may be established independently of or in addition to one of the above sanctions. Failure to comply with the conditions established in a learning contract constitutes grounds for further disciplinary action, including dismissal.

Academic Suspension

A student may be placed on Academic Suspension for:

- Receiving a grade of less than C in any class
- A breach of professionalism
• A violation of the Code of Ethics
• A breach in Academic Integrity
• A violation of the Student Code of Conduct as defined by the University
• Being dismissed from a clinical rotation for any reason

Students, who have been suspended from the program for any reason, including violation of professionalism or academic policy, must apply in writing for readmission to the Program Director prior to the fall semester of the next academic year. Students may be required to audit courses, repeat coursework, or pass written and/or practical examinations to demonstrate competence before returning to the program. Readmission is at the discretion of the Program Director and this decision is final and not subject to appeal.

Program Dismissal

Grounds for program dismissal include, but are not limited to, the following:

• Failure to raise the cumulative GPA above 3.0 at the completion of the semester of probation (this includes the summer session)
• Achieving grade less than C in more than one didactic course
• Achieving grade less than C in more than one clinical rotation
• Failure to meet conditions established in a learning contract
• Lapses in professionalism*

*Students are subject to the university’s Student Code of Conduct found in the Student Handbook

Student Grievance Policy

For Student Grievance Policy please refer to the University Student Handbook.

Clinical Evaluations

1) Student Evaluation of Clerkship: During the clinical year students are required to evaluate themselves at the mid-point of each clerkship as well as each preceptor and clinical site at the end of each clerkship. (see Appendix L & N). The information from these evaluations will be used to update the data on each clinical site, correct deficiencies if present, and as a resource for placing future students in that site. These data will be entered on E*Value. These evaluations are part of the clinical rotation grade. Failure to submit each evaluation in its entirety on E*Value by the due date will negate progression to the next rotation.

2) Preceptor Mid-Rotation and Final Evaluation of Student Performance: The student is to remind and encourage the preceptor to perform a mid-rotation evaluation to point out strengths and weaknesses that the student has demonstrated during the first-half of the rotation (see Appendix L). In this way, students are able to work on those areas of weakness for the remainder of the rotation. The preceptor is responsible for evaluating student performance during the clerkship as well as at the end of the clerkship and is encouraged (but not required) to discuss this evaluation with the student prior to the completion of the rotation. Students are evaluated on their basic medical knowledge and ability to obtain a medical history and to perform an appropriate physical
examination. In addition, students are evaluated on interpersonal and communication skills, professionalism, practice-based learning, and systems-based learning. Together these evaluations comprise 60% of the rotation grade.

Students must demonstrate competency in all categories on their final evaluation from the preceptor. **If the student receives less than a (2) average on one of the following competency domains the director of clinical education will investigate this result which may include discussions with the preceptor and the student.** The director of clinical education has the authority to modify a grade received from a preceptor based upon her investigation. **If a student fails to demonstrate this minimum competency in any of the following areas on their final evaluation, that student must repeat that rotation.** (see Academic Policy regarding failed rotations pg. 25) The evaluation system is presented below (see also Appendix M):

| For each of the following sections, please indicate the degree to which each of the statements is reflective of student performance. Please use the following scale in your evaluation: |
|---|---|
| 5 | Consistently exceeds expectations; outstanding performance |
| 4 | Occasionally exceeds expectations; above average performance |
| 3 | Meets expectations; average performance |
| 2 | Occasionally meets expectations; below average performance |
| 1 | Does not meet expectations; poor performance |
| N/A | Not applicable to this clinical experience |

The above evaluation system is applied to the following categories:

- **Medical Knowledge**
- **Patient Care**
- **Interpersonal and Communication Skills**
- **Professionalism**

All required clinical rotations must be satisfactorily completed as judged by the Program Director before the student can be recommended for graduation from the program.

If the student is not performing at an acceptable clinical and professional level at the rotation site and is either removed or dismissed from the site prior to the end of the rotation due to poor performance or unprofessional behavior; an investigatory process will be completed by the Director of Clinical Education. If it is determined that the student earned a less than satisfactory grade (less than “C”) for that rotation, that student will be required to repeat the rotation in its entirety. Once again, depending on the status of the student’s academic standing, he/she may be subject to dismissal from the program. (see Academic Policy regarding failure of clinical rotations pg. 25)

Students are subject to dismissal from the program if any of the following occur:

- a. Student fails to obtain a “C” or greater in a repeated rotation
- b. Student fails to obtain a “C” or better in two (2) required rotations
- c. Student is found to be deficient in professional competencies
- d. Student is unable to maintain an overall minimum GPA of 3.0
Students will be closely monitored throughout the clinical year. Preceptors are required to notify the Director of Clinical Education immediately upon having concerns about a student in order that necessary remedial work can begin as soon as possible.

3) **End of Rotation Examination:** Students will take End of Rotation Examinations (EORE) held at the University. End of Rotation Examinations will be primarily multiple-choice, to simulate the National Certification Examination (PANCE); however, other types of testing methods may be used such as problem oriented clinical examinations, Objective Structured Clinical Evaluation (OSCE), case studies, etc. An End of Rotation Examination will be administered (unless otherwise specified).

**Distance EORE and Call Back Policy:** Students on clinical rotations who are completing two sequential rotations at a greater than 500 mile distance from the campus *may* be allowed to complete their EOR examinations and professional development lectures and/or activities via distance learning methods.

- An adequate exam Proctor must be available and approved by the Director of Clinical Education or the Program Director.
- Distance learning methods must be available to both student and faculty in order to be able to deliver the professional development lectures and materials adequately.
- EOR examinations and call back may never be completed at a distance directly following an international rotation, or take place when PACKRAT, Summative I, or Summative II examinations are taking place.
- The program director must approve any distance EOR or call back situations
- The student may only complete one Call Back at a distance site

4) **Professional Seminar:** Students are required to attend mandatory 1 or 2-day seminars at a designated site as scheduled. Absence from any Professional Seminar requires a documented and approved excuse. Dates for these seminars will be given to the students prior to the beginning of their clinical year. Students are expected to present orally one case of a patient they have followed during the Pediatric, Internal Medicine and Ambulatory Medicine rotations and are evaluated on the presentation. The presentation will be evaluated as Pass/Fail. If the student does not receive a grade of “Pass,” a grade of “Incomplete” will be assigned for that rotation until the student achieves competency. A maximum of two attempts will be allowed for the presentation. If the student does not Pass the presentation after the second attempt, the rotation will be failed and must be repeated at the end of the program, thus delaying graduation. All electronic entries are due by the day preceding Professional Seminar for that rotation.

5) **Summative Evaluation:** This course provides a summative evaluation tool to measure cognitive, motor, and affective domains at a point near students’ completion of the program. Students perform an objective standardized clinical examination (OSCE) in order to demonstrate competency in interpersonal skills, comprehensive physical examination skills, and professional bearing. Students complete an end-of-course written examination providing proof of medical knowledge and clinical competence.
6) **Professional Development:** Course topics include résumé development, employment strategies, completing of state applications for practice, medical malpractice, reimbursement issues, and financial planning.

7) **PANCE Preparation:** This course prepares students for successful completion of the Physician Assistant National Certifying Examination (PANCE), necessary for entering medical practice. Students learn strategies for successful study and successful completion of board-style examinations. This course integrates study on clerkships and comprehensive review of all topics on the National Commission on Certification of Physician Assistant (NCCPA) blueprint.

**Leave of Absence**

The University does not recognize leaves of absence from graduate academic programs.

*STANDARD A3.11 The program must define, publish and make readily available to faculty and students the policies and procedures for processing student grievances and allegations of harassment.*

Page 14 of the University’s Student Handbook provides a definition and procedure for members of the university who perceive any potential harassment:

All employees and students have the right to work, learn, and study in an environment free from all forms of discrimination and conduct which can be considered harassing, coercive, or disruptive. Accordingly, it is the policy of the University that no member of the campus community may engage in conduct that is abusive to others. This includes any discriminatory, hostile, or hateful act toward another person’s personal, educational, or professional interests based on the individual’s race, color, gender, age, sexual orientation, marital status, religion, national origin, political affiliation, disability, or Vietnam or disabled veteran status. The university has special procedures for handling harassment or discrimination complaints. Students who believe they have been a victim of harassment should contact the Dean of Students. The Office of the Dean of Students is located in the Banks Center and can be contacted at extension 6304.

**PHYSICIAN ASSISTANT PROGRAM SPECIFIC GUIDELINES**

Grade-point-average calculation will be based only on courses taken in the PA program – Professional Phase. Thus, in the first year of the program, GPA will be based on grades in PA courses.

**Remediation**

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

The MSPAS program curriculum is a rigorous process that requires full commitment from both the students and the faculty. Thus, the program uses an “Early Alert System” to recognize students who may be experiencing academic or clinical difficulties and to offer help at the earliest possible time in the semester and in the curriculum. As described earlier, each student is assigned a faculty advisor. During regular faculty meetings, faculty members are informed of all student
grades across the curriculum. Faculty also share reports on the performance and progression of their advisees throughout the curriculum.

To facilitate the development of effective study skills preemptively. A series of study skills seminars will be conducted by the program director and the faculty during several sessions scheduled in the recitation slots during the first few weeks of the program. Students will be required to complete assignments such as learning style indicators. These sessions are mandatory and are paramount for improving the student’s likelihood of success in the PA program.

Students who are identified as having academic difficulty will be contacted by their advisor who will meet with them to identify problems and offer solutions. Further, faculty will complete a Student Academic Mentoring Form (see Appendix F) with the student detailing the remediation efforts that have been suggested, and will follow the student’s progress closely thereafter.

**Student Test Self Analysis**
If a student scores below 80% on any test in the didactic year, he/she must self-analyze the test using the “Test Self-Analysis” form. The test will then be reviewed with the faculty member teaching that class to understand better the student’s mistakes. The “Test Self-Analysis” form will remain in the student’s file as a legal document.

Students may be referred to one or more of the following services as needed:

- Referred to tutoring services
- Referred to Disability Services
- Referred to course coordinator/instructor
- Referred to Program Director – study skills
- Referred to mental health counseling services

**ACADEMIC INTEGRITY**

A career in medicine requires integrity. It is expected that all students will act in recognition of, and respect for, this requirement. Medical education is stressful, and sometimes otherwise well-intentioned people are tempted to make poor decisions. If you experience such difficulty, please contact your course instructor or faculty advisor for guidance. This section contains information regarding the program’s expectations for academic integrity.

**POLICY ON ACADEMIC HONESTY AND INTEGRITY**

*STANDARD B1.05 The curriculum must include instruction about intellectual honesty and appropriate academic and professional conduct.*

In order to ensure that the MSPAS program graduates are competent and ethical practitioners, the faculty of the program has developed the following information regarding academic honesty and integrity. This information will be reviewed with all students entering the program during orientation. Students will be given a short quiz to demonstrate their understanding of policies related to academic integrity. It is the responsibility of the student to visit these policies regularly to refresh their understanding of them and to reinforce their compliance with them.
The University’s policy found on page 24 of the Student Handbook states the following:

Student Code of Conduct

Misericordia University is a Catholic institution sponsored by the Religious Sisters of Mercy. The Core Values of Mercy, Service, Justice and Hospitality permeate the university community. In an effort to promote individual and collective responsibility among its members, the University has adopted certain regulations which act as guiding norms in the governance of student conduct. Students are required to engage in responsible social conduct grounded in the core values that reflect positively upon the university community, and to model good citizenship in any community. All students attending this institution are responsible for adhering to University policies as highlighted in this publication, the academic catalog, and other relevant University publications. The student code shall apply to a student’s conduct even if the student withdraws from the school while a disciplinary matter is pending. The Dean of Students shall decide at his/her discretion, whether the student code shall be applied to conduct occurring off campus on a case by case basis.

Definitions of Academic Dishonesty

Academic Integrity

Any form of cheating or dishonesty, including plagiarism, is a fundamental violation of the nature and purpose of Misericordia University. Such behavior will not be tolerated and will result in at least lowered grades, possibly failure in a class, program dismissal, and, in the most serious cases, dismissal from the University. Plagiarism is using someone else’s ideas or words and claiming them as one’s own. Students who use another person’s words must copy them accurately, enclose them in quotation marks, and identify the source clearly. If another person’s ideas are used in a student paper, the source must still be identified and the author of the ideas given credit. Students are responsible to make sure that they are using sources properly and documenting them properly.

The responsibility for maintaining personal integrity and honor in academic activities rests with the student. Each faculty member will provide information on academic integrity to students in the course outline at the beginning of the semester, including any necessary explanation of violations, possible infractions of academic integrity, and the scope of sanctions, e.g., warning, lowering of the grade on the assignment or course, course failure, or dismissal from the program or university.

Should a violation of academic integrity occur; the faculty member must inform the student of the violation before imposing any sanction. Should the violation be considered serious enough to merit any grade of a “D” or lower on any major assignment, or a more serious penalty, such as course failure or dismissal from the program, the faculty member must notify the Vice President of Academic Affairs (VPAA) and supply any supporting evidence. In the case of multiple violations, the VPAA will discuss this issue with the student and may impose additional sanctions up to and including dismissal from the university. In a case in which dismissal from the university is contemplated, the VPAA will consult with the faculty member, student’s advisor, department chair, and college dean.
In cases in which the student contests the accusations of academic dishonesty, the student may file a grievance under the undergraduate or graduate grievance procedure, whichever one is applicable.

**Ways to Avoid Involvement in Cheating:**

1. Do not lend your work to anyone. If you wish to help a friend, go over the work together and do not leave any copies in her/his possession.

2. Do not leave your work in any public place. Put your papers in an envelope and leave them in the faculty member’s mailbox. Give them to the department secretary if you cannot locate your faculty member.

3. When using campus computers, disguise file names or keep files only on personal drives. Be aware that print commands will result in printed copies, even hours later. Be sure to pick up all printed copies of your work, or delete any extra print commands when you are finished.

**Ways to Avoid Plagiarism:**

1. Acknowledge any ideas, facts, or language taken from another source. Use citations appropriately and include a reference list (see the most recent editions of the Publication Manual of the American Psychological Association or American Medical Association Manual of Style for specific information).

2. Quote—any language taken from your original source, even key words or short phrases, must be within quotation marks and quoted accurately. Reorganizing a sentence, substituting a synonym, or altering a word or two does not make it your own work!

3. Paraphrase—this means summarizing the source *in your own words*. Remember: paraphrased ideas must still be acknowledged. To paraphrase well, you must read carefully enough to digest ideas and make them your own.

"A final note on plagiarism: When you put your name on academic work and submit it, you are claiming ownership of the work. If through carelessness or design you've blurred the lines between what's yours and what you've taken from others, you are stealing intellectual property. Don't do it. Plagiarism is risky and counterproductive. It harms your intellectual and moral development. It leaves a permanent paper trail that can have devastating consequences, even years down the line. And, most of all, it’s wrong" (Harvey, 2002)

All forms of dishonesty, whether by act or omission, including, but not limited to, cheating, plagiarism, and knowingly furnishing false information to the University, are prohibited. Intentional disruption or obstruction of teaching, research, or administrative proceedings is prohibited. University sanctions may extend to suspension and dismissal.

Work submitted in courses must be the product of the efforts of the student presenting it, and contributions of others to the finished work must be appropriately acknowledged. The present-
tion of another’s work as one’s own is a serious violation of the academic process, and it is penalized accordingly. The decision on the appropriate penalty is in the first instance the professor’s, and it may extend to a failing grade for the course.

Physician assistant students are expected to comply with the University’s academic integrity policies. In addition, physician assistant students must know and comply with the academic integrity policy of the Master of Science in Physician Assistant Studies program which includes, but is not limited to, the following:

- Students are not permitted to use notes or other materials during examinations unless expressly authorized in advance to do so by the instructor.

- Students are required to do their own work and, without prior approval of the instructor, may not submit work created by others (including such things as papers purchased from commercial enterprises) as their own work.

- Students are required to sit for examinations that are submitted to fulfill their own academic obligations; students may not have another student or person take an examination for them.

- The same academic work may not be submitted more than once for credit or to fulfill the requirements of an academic exercise.

- Obtaining a copy of an examination or graded assignment (e.g., case presentation, patient education project) used in a previous year or completed by another person is prohibited.

- Prior to taking an examination or completing an assignment, students are not permitted to review prior related examination questions or answers and/or graded assignments completed by another person.

- Any student may not knowingly allow another student to copy or use his or her work.

- Student must give proper attribution when using the words or ideas of another person, whether in a written or oral academic exercise. This includes, among other things, proper citation of quoted and paraphrased material.

- Knowingly presenting false information to program faculty and staff, supervisors, patients, and clinical preceptors is prohibited.

- Falsifying any information including, but not limited to, laboratory data and patient information is prohibited.

- Falsifying any document is prohibited.

- Forging another’s name or signature is prohibited.

- Misrepresenting oneself as a graduate of the program or of one’s physician assistant student status as, for example, a physician assistant, nurse practitioner, medical resident, and the like, is prohibited.
Breaches of integrity are regarded as very serious offenses and will be conscientiously considered on a case-by-case basis.

**Any breach of integrity may serve as grounds for dismissal, even on a first offense.**

**Breaches in integrity will be reported to licensing agencies as required by law.**

### ACADEMIC SERVICES

Misericordia University has a wide variety of academic resources available to students. This section highlights some of the resources most likely to be of value to you.

**STANDARD A1.05 The sponsoring institution must provide academic and student health services to PA students that are equivalent to those services provided other comparable students of the institution.**

### ACADEMIC TUTORING

**Early Alert**

The Early Alert Program is a referral process used to enhance the retention of students at Misericordia University. Faculty, staff, or parents who are concerned about a student may submit referrals to the Retention Specialist for intervention assessments. After the initial assessment, the student will be directed to the appropriate services (i.e., academic support, tutoring, personal counseling, Insalaco Center for Career Development, Writing Center, minority mentoring, etc.).

**Student Success Center**

The Student Success Center (SSC) offers services to students who wish to improve the quality of their learning. The center offers comprehensive support services through the following programs: peer and professional tutoring, study skill support, ESL support, writing support, and workshops. Individual assessment and intervention services regarding study skills and learning strategies are also offered, as well as developmental intervention programs for students on academic probation or for those who are not satisfied with their level of performance. The SSC is located in the lower level of Alumnae Hall. All services are free of charge.

**Tutorial Assistance**

Misericordia University offers a variety of tutorial options to assist students in achieving academic goals. Individual and group tutoring is provided in most core curriculum courses and some professional courses. Professional staff is available to assist those students who wish to improve their study skills. Tutorial services are provided by the Student Success Center which is located in the lower level of Alumnae Hall. All tutorial services are free of charge.
CAREER CENTER

Insalaco Center for Career Development

Preparing for a successful future demands more than just obtaining a quality education. Truly successful students begin to develop career planning competency as first-year students and build upon this foundation throughout their academic and professional lives.

The Insalaco Center for Career Development provides the resources and assistance necessary to turn academic achievement into career opportunity. Recognizing that the world of work requires life-long learning, the Insalaco Center promotes the development of short-range goals as part of long-range career plans. This approach helps ensure that students build flexibility into their career plans. The Center serves all University students and alumni with its state-of-the-art career resource library and team of professional staff. The mission of the Center is to prepare students for employment, graduate school or professional school, and to manage their careers throughout their working lives.

COMPUTER LABORATORIES

The University has 136 computer workstations or units available for student use. Computer laboratories are located in the following facilities:

- Bevevino Library Second Floor Research Lab- 25 Windows XP computers
- Hafey-McCormick Science Building Room 205- 15 Windows 7 computers
- Insalaco Hall Open Computer Lab- 16 Windows 7 computers
- John J. Passan Hall -3 Windows 7 computers
- Mercy Hall Room 335- 16 Windows 7 computers
- Room 349- 20 Windows 7 computers

Computer Lab Hours (except Library Labs)
Fall or Spring Everyday: 8:00AM - 11:00 PM
Summer Everyday: 8:00AM - 8:00 PM

DISABILITY SERVICES

Office for Students with Disabilities

In accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990, students with documented disabilities may seek academic accommodations for their disability free of charge. These academic accommodations include extended time on tests, use of a note sharer, and tape recording of lectures.

Alternative Learners Project

The Alternative Learners Project (ALP) is a fee-based program of services offered in addition to the services Misericordia University is required to provide to students with disabilities under 504. ALP services include an eight-week course in Learning Strategies and an individualized Program of Accommodations (POA). The POA may include writing support instruction, access
to a dedicated study room, and time management skills. Each student meets individually with a Program Coordinator on a weekly basis.

**FINANCIAL AID**

**Student Financial Services**

*Administrative Regulation and Payment of Tuition and Fees*

Misericordia University students are expected to pay their bills in a timely manner.

The Office of Student Financial Services assists students in meeting their obligations and will discuss reasonable payment schedules in extraordinary cases. In order to assure the collection of funds due to the University, students with an unpaid balance for tuition, fees, bookstore charges, library fines, parking fines or any other Misericordia University approved fee or fine will be denied the following privileges or services:

- Class registration
- Participation in graduation ceremonies and the awarding of diplomas; also, seniors may be denied final examinations
- Transcript issue
- Residence hall reservation privileges

*Definition of Academic Year*

Misericordia University defines its academic year as the period of at least 30 weeks of instructional time which begins on the first day of classes in the fall semester and ends on the last day of examinations in the spring semester. The MSPAS program does not align with the undergraduate catalog. During the didactic year students’ classes will extend throughout the entire summer term. During the clinical year the students will not be on the same timeframe as the university defined calendar. This is necessary to ensure that students receive sufficient clinical training during the program. In addition this more rigorous schedule will help to prepare the students for actual professional roles and responsibilities as physician assistants.

The Student Financial Services staff is available from 8:30am to 4:30pm to discuss individual problems and to advise students in matters regarding financial aid.

*Institutional Refund Procedure Relating to Withdrawals*

When a student withdraws, he or she must begin the withdrawal process with the Retention Specialist located in the Student Success Center. The percentage of refund is determined by the date the withdrawal process is completed by the student (see Withdrawal from University). Please refer to the University Catalog for a complete description of the refund policies of the University.

**UNIVERSITY LIBRARY**

The Mary Kintz Bevevino Library, named in honor of an alumna who graduated in the class of 1987, is located at the heart of the campus between Mercy Hall and the McHale and Gildea Residence Halls.
The library’s mission is to provide quality services with diverse resources for intellectual growth and development. Library staff members are always available and ready to assist students with all their research needs consistent with the Misericordia objectives of providing quality academics, professional preparation, and service leadership. Whether patrons are seeking research assistance, available computer workstations, group study areas, or just a quiet place to read and reflect, the library facilities are designed to meet your needs.

**STUDENT HEALTH**

As you progress through your formal education, it is important that you pay attention to your own health. A career in medicine is stressful, and medical providers are frequently guilty of setting a poor example for their patients. Proper nutrition, exercise and stress coping skills will contribute to your success as a student.

*STANDARD A1.05* The sponsoring institution must provide academic and student health services to PA students that are equivalent to those services provided other comparable students of the institution.

*STANDARD A3.09* Principal faculty, the Program Director, and the Medical Director must not participate as health care providers for students in the program.

**STUDENT HEALTH SERVICES**

Student Health Center

The Student Health Center, located on the lower level of the Anderson Sports/Health Center, is directed by a registered nurse with a master’s degree. A nurse practitioner and a part-time registered nurse are also on staff and function under the guidance of the university’s medical physician. Health care providers have regularly scheduled clinic hours on campus. Health care providers are also available by telephone for advice and referrals during the week. The Health Center is open Monday through Friday, 9:00 a.m. to 5:00 p.m. If medical services for resident students are needed after hours, the student should contact their respective resident advisor (RA) who will, if necessary, contact and inform the Director of the Health Center of the student’s healthcare issue. The program’s principal faculty, the Program Director, and the Medical Director will not participate as health care providers for students in the program.

**MENTAL HEALTH AND COUNSELING**

*STANDARD A3.10* The program must have written policies that provide for timely access and/or referral of students to services addressing personal issues which may impact their progress in the PA program.

Counseling Center

The services offered by the Counseling Center are available to all full-time and part-time undergraduate and graduate students. Services include individual counseling, group counseling, consultation services, referral services, and crisis intervention.
Misericordia also offers programs on a variety of personal development topics and issues throughout the academic year. All services are free of charge and all counseling contacts are confidential. Records of counseling contacts are maintained separately from a student’s medical or academic records.

**HEALTH INSURANCE**

Insurance is required for all students. Students not covered by their parents’ insurance are eligible to purchase a student group health insurance selected by the University. Student insurance forms are available in the Office of the Dean of Students.

All resident students and students in athletic programs must carry health insurance. If a student is covered by their parent's plan, a Xeroxed copy of the insurance card must be provided to the Health Center and updated on a yearly basis.

**HEALTH AND IMMUNIZATION DOCUMENTATION**

*STANDARD A3.21 Student health records are confidential and must not be accessible to, or reviewed by, program, principal or instructional faculty, or staff except for immunization and tuberculosis screening results which may be maintained and released with written permission from the student.*

*STANDARD A3.07 The program must have and implement a policy on immunization of students, and such policy must be based on current Centers for Disease Control recommendations for health professionals.*

**Student Health Records and Immunizations**

In order to meet the accreditation standards of the ARC-PA for the Master of Science in Physician Assistant Studies 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 to all students the health forms that are required and must be completed. Upon receipt of your health forms, CERTIPHI will provide the student with a membership card which will enable the student to have all of the necessary contact information as well as their CERTIPHI account number. Additionally, each 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 August. 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. Proof of personal health insurance throughout the entire program
2. Proof of a satisfactory physical examination
3. Proof of TB tine test (positive results will require the student to receive a chest x-ray and further evaluation)
4. Proof of Hepatitis B vaccine and positive Hepatitis B Antibody test
5. Proof of MMR vaccine or immunity
6. Proof of Varicella history or vaccination
7. Proof of tetanus/diphtheria/pertussis vaccine
8. Satisfactory drug screen
9. Satisfactory Level One criminal background check

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

1. Proof of current BLS/ACLS certification
2. Proof of updated annual TB PPD or tine test
3. Proof of blood-borne pathogen orientation course
4. Proof of current personal health insurance, throughout the clinical year
5. Satisfactory Level One criminal background check
6. Satisfactory physical examination
7. Satisfactory drug screen

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.

**INJURIES & NEEDLE STICK/BLOOD/BODILY FLUIDS CONTAMINATION PROTOCOL**

*STANDARD A3.08 The program must inform students of written policies addressing student exposure to infectious and environmental hazards before students undertake any educational activities that would place them at risk.*

Accidents will occasionally occur in the laboratory or in the clinical setting. If a student is injured in a laboratory or classroom setting, the instructor should be notified immediately. If a student is injured at a clinical site, the clinical preceptor should be notified immediately and the student must follow that site’s protocol for dealing with injuries. In many facilities, this will require students to seek treatment in the employee health department, the occupational medicine depart-
ment, or the emergency department. If the clinical site lacks these resources, treatment should be sought in the nearest emergency department.

Exposure to blood borne pathogens is a risk assumed by all healthcare providers. Students will receive training to minimize their risk during orientation. Individual clinical sites may also provide orientation sessions regarding blood borne pathogens. Observing universal precautions is one method to reduce risk.

The principle of universal precautions recognizes that any patient may be infected with microorganisms that could be transmitted to other persons. Of particular concern are the primarily blood-borne pathogens HIV (human immunodeficiency virus) and HBV (hepatitis B virus). However, body fluids other than blood, secretions, and excretions are included in universal precautions. Since infected patients may be asymptomatic, it becomes necessary to use basic precautions with every patient. Observance of universal precautions will help to provide better protection for every staff member. Students should also familiarize themselves with the hospital/clinical sites’ specific policies regarding universal precautions.

**Universal Precautions Guidelines:**

- Act as though all patients with whom you have contact have a potentially contagious blood borne disease
- Avoid direct contact with blood, body fluids, secretions, excretions, mucous membranes, non-intact skin, and lesions
- Avoid injuries from all “sharps”
- Avoid direct contact with items, objects, and surfaces contaminated with blood, body fluids, secretions, and excretions
- Dispose of all “sharps” promptly in the appropriate special puncture resistant containers
- Dispose of all contaminated articles and materials in a safe manner prescribed by law

**In practice, using Universal Precautions also requires:**

- Washing hands frequently and thoroughly, especially if they become contaminated with blood, body fluids, secretions, and excretions.
- Depending on job duties and risk of exposure, using appropriate barriers, including gloves, gowns, aprons, caps, shoe covers, leggings, masks, goggles, face shields, and equipment such as resuscitation devices.

These barriers are to be used to protect:

A. Skin, especially non-intact skin (where there are cuts, chapping, abrasions, or any other break in the skin)
B. Mucous membranes, especially eyes, nose, and mouth

**NOTE:** _These items of protective apparel, including gloves are removed after each use and are properly disposed. The same pair of gloves, etc., are NOT to be worn from one patient or activity to another._
• Students will wear protective equipment as directed by their clinical preceptor or facility protocol
• All patient specimens are bagged per facility protocol before transport to the laboratory

In the event a student is injured by a contaminated “sharp” or is exposed in any manner to blood or potentially infectious bodily fluids in the course of their assigned clinical work, the following steps should to be followed for proper treatment and follow-up for the student.

Upon possible exposure to a blood borne pathogen:

1. For skin and wounds, wash the affected area with soap and water. Eyes and mucous membranes should be copiously flushed with water. Notify your clinical preceptor immediately.
2. Follow facility protocols regarding evaluation. Most facilities will require you to report immediately to employee health or the emergency department following exposure. Failure to follow up properly may make it difficult or impossible to obtain source patient blood in facilities in cases in which this may be possible.
3. In sites without employee health or emergency departments, or if the site protocol is unclear, proceed immediately to the nearest emergency department for assessment. In cases in which prophylactic medical treatment is indicated, it is believed to be most effective when administered as quickly as possible.
4. The treating healthcare professional will request information about your medical history, the source patient’s history (if known) and the nature of the exposure. They may request permission to draw baseline laboratory studies. They will discuss your risk of contracting a blood borne disease and the risks and benefits of prophylactic treatment. In deciding whether to receive post-exposure prophylactic treatment, students might also wish to consult with the National Clinicians Post-Exposure Prophylaxis Hotline: 888-448-4911.
5. Students should follow up as directed by their treating healthcare provider. Ongoing follow-up may take place at the initial treating facility or the student may be referred to a healthcare provider with expertise in infectious disease. The program may be able to assist the student in finding an infectious disease specialist as requested or required.
6. Since students are neither employees of Misericordia University nor the clinical sites, payment for assessment and treatment is the responsibility of the student and their insurance carrier.

All students who experience an injury or exposure must complete an incident report and submit it to the Program Director as soon as possible. However, students should not delay prompt evaluation and treatment in order to complete paperwork.

ABSENCE, LEAVE AND WITHDRAWAL

ABSENCE – GENERAL

Physician assistant education is intensive. There is a mandatory attendance policy for all required learning experiences throughout the program. It is recognized that situations beyond your control occasionally arise, but you should make every attempt to attend all scheduled sessions.

Students should exercise sound judgment skills when making decisions regarding missing course lectures, assignments, examinations, or clinical rotations. Mild upper respiratory infections may
not warrant missing course work or examinations. Weddings, family vacations, or expensive airline reservations may not be considered a valid excuse for missing an examination or requesting an alternative examination date. Unexcused absences may result in a score of zero on assignments and examinations. Make-up examinations may be offered at the discretion of the course instructor on a case-by-case basis. Make-up examinations may be given in an alternate format.

During the didactic year students are allowed **three sick days**. If a student determines that they are too ill to attend class, they must contact the department administrative assistant, Kathy Michael by 9:00am. Failure to notify the department by 9:00am will result in a subtraction of 10 points from the next exam for *each* course scheduled for that day. Any absence of two consecutive days or more requires a note from a health care provider regarding the illness. Friday and Monday will be considered consecutive absence. Failure to produce an acceptable note from a health care provider will result in immediate probationary status to last the remainder of the didactic year. Absence of more than the three allotted sick days without a documented medical excuse will result in immediate probationary status for the remainder of the didactic year. Any additional absence can be grounds for immediate dismissal.

During the clinical year each student will be given a two week break during the Christmas and New Year holidays as well as an allotment of 5 days to be used for absences of any kind. The following rules apply to the use of these days:

### Anticipated Absence

Students who know in advance that they will be absent due to events such as employment interviews and religious observances not provided for on the university calendar should clear the anticipated absence at least 30 days in advance. Time off must generally be made up within one week.

<table>
<thead>
<tr>
<th>Anticipated Absence</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Professional Year</td>
<td>Contact your faculty advisor at least 30 days in advance to discuss clearance.</td>
</tr>
<tr>
<td>Second Professional Year</td>
<td>Contact the Director of Clinical Education and your clinical preceptor at least 30 days in advance to discuss clearance.</td>
</tr>
</tbody>
</table>

### Unanticipated Absence

Occasionally, a student is unable to attend class or rotation due to an unexpected personal or family emergency. Documentation of the event may be required by the Program.

<table>
<thead>
<tr>
<th>Unanticipated Absence</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Professional Year</td>
<td>Contact your faculty advisor or program secretary as soon as possible.</td>
</tr>
<tr>
<td>Second Professional Year</td>
<td>Contact the program secretary, the Director of Clinical Education, and your clinical preceptor as soon as possible.</td>
</tr>
</tbody>
</table>
ABSENCE FROM EXAMINATIONS

**STANDARD C3.01** The program must conduct frequent, objective and documented evaluations of students related to learning outcomes for both didactic and supervised clinical education components.

Students are required to be present for examinations as scheduled. Students who are late for examinations forfeit the time allotted and will not be permitted to recover that examination time. In the event of serious personal illness/injury or the death of an immediate family member, students may be excused from course work or examinations as necessary. The program may require a written statement from a licensed physician or health care provider explaining your illness or injury. A copy of the immediate family member’s death certificate may be requested by the program as proof of the student’s absence.

**Under no circumstances will students be permitted to take an examination before the regularly scheduled examination.** In other words, there will be no “make-up” examination administered prior to the official examination date and time.

ABSENCE FROM CLINICAL ROTATION

Attendance at clinical sites is an absolutely essential component of a student’s education. Each student will be allotted **5 personal days** to use in case of illness, job interviews or personal activities. These days must be approved by the Director of Clinical Education and the clinical preceptor.

Students must inform their clinical preceptors and the program when, **for any reason**, they will not be at their clinical site. Students should contact the **program secretary and the Director of Clinical Education** via phone or email; they will in turn inform the Program Director.

As graduation approaches, it is expected that students will need to schedule employment interviews. As with any other absence, these must be cleared with the clinical preceptor and the Director of Clinical Education.

WEATHER-RELATED EMERGENCIES

In the event of severe weather, students should check with the MU webpage or call the university. Students are expected to use their best judgment in deciding to travel. Students on rotation sites not affected by the adverse weather conditions are required to attend their rotation even if the University is closed. Conversely, students at a clinical site with significant adverse weather conditions must use their best judgment in consultation with their preceptors in determining their attendance at the site regardless of the University’s status. Students must notify the program of non-attendance as noted above. Every attempt must be made to make up the missed time during clinical rotations.

BEREAVEMENT

Absence from class or a rotation will be granted for the death of a first-degree relative (parent, sibling, and child) or grandparent. The student will normally be allowed three (3) business days for in-state services and four (4) days for out-of-state services. The faculty advisor and Program
Director should be consulted so that a study plan can be put in place to allow the student adequate time for make-up work.

**LEAVE OF ABSENCE**

The university does not recognize leaves of absence from graduate academic programs.

**WITHDRAWAL**

It is not unusual for students to experience stress in adjusting to the rigors of physician assistant education. Students considering a withdrawal from the program should consult with their faculty advisor and/or the Program Director before initiating the withdrawal process.

A student may withdraw from the program by written request to the Program Director. It may be possible for a student who is withdrawing from the program to maintain matriculation at Misericordia University. Students should consult with their faculty advisor and the university catalogue for further information.

**COMMUNICATION**

**CELLULAR PHONES**

Out of respect for your classmates and lecturers, please turn your cellular telephone off prior to class. This does not mean the vibrate setting, it means OFF.

**EMAILS**

While enrolled as a student in the program, the email address of record shall be the E-MU email address assigned upon admission to the program. It is strongly encouraged that students check their E-MU email account as well as any Blackboard course announcements at least once every 24 hours.

**EMERGENCY PHONE CALLS**

Please inform friends and family that they should contact the program secretary if an emergency should arise while class is in session. A message will be delivered to the student, as cellular telephones must be switched off while in class. Please contact Mrs. Kathy Michael at 570.674.6716.

**STUDENT REPRESENTATION**

Each class may elect a class representative who will bring issues that affect the entire class to the attention of the Program Director.

The Physician Assistant Student Society of Misericordia University (MISPASS) will represent the entire student body of the PA Program. MISPASS will elect officers and hold class meetings as needed to determine the consensus of the entire student body regarding any issues affecting
the entire class. A faculty advisor will be assigned to MISPASS to aid in the use of resources and will coordinate activities of the student body within the Student Academy of the American Academy of Physician Assistants (SAAAPA).

**DIRECTOR'S HOUR**

Every semester the Program Director will meet with each class as a whole to discuss any outstanding issues and to answer any questions. Students may request a director’s hour at any time via the class representative. For issues affecting individual students, however, students are encouraged to make individual appointments with the Program Director at any time.

**MISCELLANEOUS POLICIES**

**EMPLOYMENT DURING THE PROGRAM**

In order to enhance student learning and assure student success in the physician assistant program, it is recommended that students minimize the hours worked outside of the program. If a student chooses to work during the academic year, the work schedule must not interfere with class performance or clinical rotation schedules.

**EXAMINATION SECURITY**

To maintain security during examinations, examination proctors reserve the right to inspect anything that a student brings into an examination room.

**HOLIDAYS**

During the first year of the program, students will observe the usual academic calendar issued by the university.

While on rotation during the second year of the program, students will experience an irregular schedule. No student should make travel arrangements without consulting with the Director of Clinical Education and his/her clinical preceptor.

Students are not required to attend their rotations on holidays designated at the discretion of the clinical sites. Students may request time off for bona fide religious observances, but patient needs take priority, and there is no guarantee that such requests will be honored by a clinical site.

**WEATHER-RELATED EMERGENCIES**

In the event of severe weather, students should check with the MU webpage or call the university. Students are expected to use their best judgment in deciding to travel. Students on rotation sites not affected by the adverse weather conditions are required to attend their rotation even if the University is closed. Conversely, students at a clinical site with significant adverse weather conditions must use their best judgment in consultation with their preceptors in determining their attendance at the site regardless of the University’s status. Students must notify the program of non-attendance as noted above.
PART II: POLICIES, PROCEDURES AND OBJECTIVES RELATED TO CLINICAL ROTATIONS

CLINICAL ROTATIONS & AFFILIATION AGREEMENTS

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

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

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

Misericordia University has affiliation agreements in place with physicians and healthcare institutions allowing for a complete course of clinical rotations to be set up for each student by the program. In general, rotations are assigned randomly based upon their availability. Students will
be afforded the opportunity to select an elective rotation, and it is also occasionally possible for a student to set up a rotation outside of the program’s presently-established clinical sites. More information on these situations may be found below.

**CORE ROTATIONS**

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

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

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

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

**Curriculum Outline - Year II**

*Professional Year II clinical rotations include rotations in:*

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Name</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 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>5 credits</td>
</tr>
<tr>
<td>PA 609</td>
<td>General Elective Rotation</td>
<td>5 weeks</td>
<td>5 credits</td>
</tr>
<tr>
<td>PA 610</td>
<td>Research Rotation</td>
<td>4 weeks</td>
<td>0 credits</td>
</tr>
<tr>
<td>PA 631</td>
<td>Professional Development</td>
<td></td>
<td>1 credit</td>
</tr>
<tr>
<td>PA 632</td>
<td>PANCE Preparation</td>
<td></td>
<td>2 credits</td>
</tr>
<tr>
<td>PA 633</td>
<td>Summative Evaluation</td>
<td></td>
<td>1 credit</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td></td>
<td><strong>49 credits</strong></td>
</tr>
</tbody>
</table>
ELECTIVE ROTATIONS

Students will have the opportunity to select two elective rotations from several specialties. The specialties available may vary from year to year depending upon site availability. Any international rotation will count as an elective.

STUDENT-INITIATED ROTATIONS

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

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

MEDICAL MISSIONS

At this time the MSPAS program does offer international rotations/experiences in Belize and Ghana. Students may also have the opportunity to participate in short (7-10 days) international medical missions. Such experiences are best scheduled during breaks in the assigned schedule. In keeping with the program’s mission statement, which specifies that “The program’s educational environment will promote an ethos of service, responsibility, morals and ethics,” the program will be seeking to develop international clerkships in the future.

ROTATION-SPECIFIC POLICIES

ASSIGNMENTS

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

CHARTING

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

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

**CONFIDENTIALITY**

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

**HOLIDAYS**

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

**IDENTIFICATION**

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

**INTERVIEWS**

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

**PATIENT SAFETY**

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

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

**STUDENT SCOPE OF PRACTICE**

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

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

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

Students come to our program with a variety of life experiences, which may affect their comfort level with certain tasks. All students should exhibit a baseline of medical knowledge and clinical skills. Typical tasks assigned to PA students include:

1. Taking histories and performing physical examinations;
2. Assessing common medical problems and recommending appropriate management;
3. Performing and assisting in diagnostic and therapeutic procedures;
4. Assisting the preceptor in hospital/nursing home rounds, recording progress notes, transcribing specific orders of the preceptor – *as allowed by the facility*;
5. Following protocols or standing orders of the preceptor.
6. Presenting patient cases orally and in a written problem-oriented format.
7. Discussing the basic pathophysiologic mechanisms that have produced the signs, symptoms, and disease processes under investigation.
8. Completing assigned readings and preparing presentations as requested by clinical preceptors and/or program faculty.
9. Attending all teaching rounds and conferences.
10. Following the assigned on-call schedule.

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

**SITE SPECIFIC POLICIES**

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

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

SITE VISITS

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

STANDARD C4.02 The program must document that each clinical site provides the student access to physical facilities, patient populations and supervision necessary to fulfill program expectations of the clinical experience.

A faculty member (usually the Director of Clinical Education) will be performing on-site visits. The purpose of the site visit is two-fold. First, as per the ARC-PA standards, clinical sites must be assessed continually to make sure that the site is student ready and is an appropriate and quality teaching environment. Second, site visits help faculty observe the progress of each student and observe the interactions between student, patient, and preceptor.

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

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

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

During the site visit, the faculty member may ask to observe the student interacting with a patient including obtaining a medical history, performing an appropriate physical examination, collecting pertinent data specific to the case, and presenting the case to the clinical preceptor. The faculty member may also ask to inspect any documentation recorded by the student.
Site visits for all rotations may be arranged randomly at the discretion of the program. Site visits may occur during any rotation and may be unannounced. A Site Visit Evaluation form (see Appendix I) or an online equivalent will be completed by faculty after each site visit and will be placed in the student’s file.

## ACADEMIC REQUIREMENTS FOR CLINICAL COURSES

### E*VALUE

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

### CLINICAL LOGS

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

### WRITTEN ASSIGNMENTS

For each clinical rotation, students will submit one written assignment. Most commonly, students will be assigned to complete and document an appropriate history and physical examination (H&P) (see Appendix J) for a patient under their care. With the approval of the student’s faculty advisor, an alternate assignment such as a topic paper may be substituted for the H&P.

**History and Physical Examination Write-Up**

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

**Grading of Written History and Physical Examination Write Ups**

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

Grading of H&Ps will be performed according to a rubric established by the program and published as the Clinical Rotation Written History and Physical Examination form (see Appendix J). Unless previous arrangements are made with a faculty advisor, late submission will result in grade reduction by one letter grade.
**Topic Papers**

For elective rotations students will submit a 4 to 5 page topic paper to their faculty advisor in addition to a written H&P on or before the last day of the rotation. The topic for this paper must be approved by the faculty advisor and conform to *American Medical Association Manual of Style* guidelines. Additionally, the paper must have a minimum of three major source references published within the past five years.

Grading of topic papers will be performed according to a rubric established by the program and published as the Evaluation of Topic Paper form (see Appendix K). Unless previous arrangements are made with a faculty advisor, late submission will result in grade reduction by one letter grade.

**MID-ROTATION EVALUATIONS**

Mid-rotation evaluations (see Appendix L) are designed to give the preceptor an opportunity to provide feedback to students on their performances during each clinical rotation. Students should take this information and opportunity to strengthen their skills. A portion of the mid-rotation evaluation is designed for you to self-reflect on your clinical experience and to identify areas of improvement as well as strengths. Students must complete this portion of the evaluation in its entirety before submission on E*Value.

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

The mid-rotation evaluation helps to avoid surprises related to your grade at the end of the semester. If any academic or clinically related problems arise from this interaction that are of concern, it is in the students’ best interest to discuss this with their faculty advisor. Your signature indicates your review of the evaluation: do not sign the mid-clerkship evaluation until your preceptor has completed the evaluation form. Only the assigned preceptor should fill out the evaluation.

**END-OF-ROTATION PRECEPTOR EVALUATION**

The program has adopted a standard grading rubric for clinical preceptors. Grading may be completed online through the E*Value system, or clinical preceptors may choose to submit a paper evaluation (see Appendix M). Students will be evaluated by each clinical preceptor on the basis of their general medical background, knowledge, and ability to obtain a medical history and perform an appropriate physical examination. Included in the evaluation will be the student’s ability to organize a database, propose a management plan, present cases, and demonstrate rapport with patients and co-workers. Dependability, attitude toward learning, and work habits are also part of the evaluation.

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

**POST-ROTATION EXAMINATIONS**

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

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

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

**STUDENT EVALUATION OF PRECEPTOR & CLINICAL SITE**

The student evaluation is designed to provide the program with student feedback regarding each preceptor and clinical site. It is used to evaluate and improve the site and in turn the student’s clinical experience. This process is important for continued quality control and feedback. A student’s rotation grade will not be released until he or she has completed an evaluation of the preceptor and the clinical site. Evaluations will be completed online using the E*Value system (for a sample of this evaluation form, see Appendix N). Failure to complete both of these evaluations will result in the student not being allowed to progress to the next rotation.

**SEMINAR**

All students in the clinical phase of the program are required to attend regularly scheduled seminars. These seminars are integral to the clinical phase of the MSPAS Program, and are generally used to prepare for the Physician Assistant National Certifying Examination (PANCE). Attendance is mandatory. Specific information relating to the seminar schedule will be sent to the students by the faculty member facilitating the seminar. The student will be required to complete the following study system:

**EORE STUDY PLAN**

The program utilizes the clerkship discipline examinations developed by PAEA. The examination topics compiled by PAEA can be found in the individual clerkship syllabi. Students are to
utilize these topics to study for these examinations. Suggested methods to study for these examinations include the use of PanceMaster website. However students are free to use whatever study method that they feel best facilitates learning. At this time there is no retrospective data or correlation of PANCE scores based upon these examinations. The program will use the following policy regarding student scores on these examinations. If the student scores below 10 percentage points below the national average they will be required to complete a program developed examination within 7 days of the original EORE. This examination will not be used to calculate the student’s grade in any way. The students will then be able to analyze their incorrect responses. At the next call back session the students will be required to discuss these self-analysis results with their faculty advisors.

INSTRUCTIONAL STRATEGIES

PANCE simulation examinations SUMM I, PACKRAT, and comprehensive examination SUMM II scores will be used to give each student a predicted score that will guide the final study process in the last 3 months prior to graduation.

The following assessment techniques will be employed during the clinical year to measure student’s acquisition of knowledge:

- Completion of assigned PanceMaster questions/ practice tests
- Completion of the PANCE formative examination called PACKRAT and SUMM I, and a cognitive summative examination called SUMM II which is used to identify individual student’s strengths and weaknesses in preparation for the PANCE taken after graduation from the program.
- To receive passing grades in PA 631/632/633 students must complete all elements of the Courses; including satisfactory completion of required remediation and study contracts based upon performance on the SUMM I, PACKRAT, SUMM II, and also based upon the average test scores by risk stratification as depicted below:

![Average Test Scores by Risk](https://example.com/image.png)

<table>
<thead>
<tr>
<th>Risk Level</th>
<th>PANCE</th>
<th>PP</th>
<th>SUMM II</th>
<th>SUMM I</th>
<th>PACKRAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - Fail</td>
<td>370</td>
<td>323</td>
<td>456</td>
<td>187</td>
<td>109</td>
</tr>
<tr>
<td>2 - Critical Risk</td>
<td>386</td>
<td>379</td>
<td>484</td>
<td>192</td>
<td>122</td>
</tr>
<tr>
<td>3 - Risk</td>
<td>415</td>
<td>427</td>
<td>507</td>
<td>208</td>
<td>131</td>
</tr>
<tr>
<td>4 - Concern</td>
<td>462</td>
<td>477</td>
<td>525</td>
<td>220</td>
<td>141</td>
</tr>
<tr>
<td>5 - Strong</td>
<td>542</td>
<td>544</td>
<td>550</td>
<td>237</td>
<td>156</td>
</tr>
<tr>
<td>6 - Very Strong</td>
<td>658</td>
<td>633</td>
<td>582</td>
<td>261</td>
<td>175</td>
</tr>
</tbody>
</table>
• Any student who achieves a score within the concern category or risk category will be required to participate in a learning contract during the clinical year. If the student shows sufficient improvement during subsequent formative or summative examinations he/she may be released from the supervised study contract. Any student who achieves a score in the critical risk or fail category will be required to complete all elements of a study contract supervised by a faculty advisor. The faculty advisor can determine if the student has not satisfied the required remediation which can result in a grade of incomplete in PA 631/632/633. Failure to satisfy the required remediation as defined by the study contract can result in a delay in program completion. A copy of this contract is provided in Appendix R.

**ORAL PRESENTATIONS**

The oral presentation is based on an actual patient case in which the student has taken an active role. The faculty advisor, other MSPAS faculty member(s), and fellow students, will attend the oral presentation. All present can participate in a discussion of the presentation, but only the faculty members will grade the student presenting. The program will determine which rotations require presentations and the dates that these will be scheduled.

The objectives for the oral presentation are:

• To present concisely pertinent medical history and physical examination findings to other health care professionals
• To formulate and discuss problem lists, assessments, and probable differential diagnoses
• To review treatment plans and the indications for laboratory tests and imaging studies
• To describe disease entities in an informed and professional manner appropriate to the level of education
• To discuss the clinical course and outcomes of the treatment plan

The topic of the presentation must be submitted to the faculty advisor at least two weeks before the scheduled presentation. In addition, students must submit the following written materials on the day of the presentation:

• History & Physical Examination
• Admitting Orders (if applicable)
• SOAP Notes (if applicable)
• Off-service or discharge note (if applicable)

Oral presentations will be graded according to a rubric created by the program (see Appendix O).

**CLINICAL EVALUATION**

**ROTATION GRADING**

A grade for each clinical rotation is derived as follows:

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

<table>
<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 Examination</td>
<td>25%</td>
</tr>
<tr>
<td>Mid-Rotation Eval from Preceptor</td>
<td>10%</td>
</tr>
<tr>
<td>Written H&amp;P and Topic Paper</td>
<td>10%</td>
</tr>
<tr>
<td>Required Electronic Entries</td>
<td>15%</td>
</tr>
<tr>
<td>Includes weekly reports, study bank questions, student evaluation of clinical sites &amp; preceptors, and logging of patient encounters</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>100%</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 which meet program standards
2. Failing evaluation by the clinical preceptor
3. Excessive or unexcused absences from the rotation site
4. Overall rotation grade below 2.0 in any of the main competency areas
   a. Medical Knowledge
   b. Patient Care
   c. Interpersonal and Communication Skills
   d. Professionalism

**REMEDIATION PROCEDURES**

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

**Written Assignments**

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

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

**Preceptor Evaluations**

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

If a student receives low, but passing, grades on a preceptor evaluation, the faculty advisor will arrange a meeting to discuss the cause and suggest a solution.
TIPS FOR SUCCESS ON ROTATIONS

Know the Clinical Site

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

Things to Discuss with Your Preceptor

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

Additional Considerations

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

**ROTATION SUMMARY**

The table below summarizes assignments associated with clinical rotations:

<table>
<thead>
<tr>
<th>Assignment</th>
<th>Responsibility</th>
<th>Format</th>
<th>Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review of Goals and Objectives</td>
<td>Student and Preceptor</td>
<td>Paper</td>
<td>First week of each rotation</td>
</tr>
<tr>
<td>Mid-rotation Review</td>
<td>Preceptor</td>
<td>Paper or Online Online</td>
<td>Midpoint of each rotation</td>
</tr>
<tr>
<td></td>
<td>Student</td>
<td></td>
<td></td>
</tr>
<tr>
<td>End of Rotation Evaluation</td>
<td>Preceptor</td>
<td>Paper or online Online</td>
<td>Last day of each rotation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student Evaluation of Clinical Site</td>
<td>Student</td>
<td>Online</td>
<td>Last day of each rotation</td>
</tr>
<tr>
<td>Written Materials (i.e., H&amp;P)</td>
<td>Student</td>
<td>Online</td>
<td>Last day of each rotation</td>
</tr>
<tr>
<td>EORE (if applicable)</td>
<td>Student</td>
<td>Online</td>
<td>Last day of each rotation</td>
</tr>
<tr>
<td>Oral Presentation (if applicable)</td>
<td>Student</td>
<td>Presentation</td>
<td>As scheduled by program</td>
</tr>
</tbody>
</table>

**ROTATION GOALS AND OBJECTIVES**

**GENERAL GOALS AND OBJECTIVES FOR ALL CLINICAL ROTATIONS**

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

**MEDICAL HISTORY**

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

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

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

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

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

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

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

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

o Organization of a complete family history that includes a review of the health status of all members of the immediate family as well as a history of familial disease

o Organization of a complete social history that includes social habits (including use of alcohol, medications, substances), nutritional history, military history, occupational history, marital history, educational history, sexual history, environmental conditions, and social support systems

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

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

**PHYSICAL EXAMINATION**

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

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

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

- Perform the physical examination utilizing all diagnostic equipment properly (e.g. sphygmomanometer, stethoscope, otoscope, ophthalmoscope, tuning fork, percussion hammer, etc.).
• Perform the physical examination using proper techniques of physical examination (e.g.,
technique of percussion, palpation, auscultation, and inspection, as well as special maneuvers
such as straight leg raise or testing for meningeal or peritoneal irritation).

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

ANCILLARY STUDIES

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

DIAGNOSTIC ANALYSIS

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

THERAPEUTIC ANALYSIS:

• Formulate an appropriate plan of specific treatment and supportive care based on the problem
list and assessment.

• Revise the therapeutic approach as the patient's condition changes and/or as new data are
available.

• Counsel, educate, and instruct patients in specific disease-related and preventive medicine
areas such as diabetes care, breast self-examination, etc.

• Acquire general knowledge of, and utilize appropriately, the referral sources within the
health care facility and the community.

GENERAL SKILLS AND PROCEDURES

• Perform and become proficient in the following procedures:

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

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

**GOALS AND OBJECTIVES FOR SPECIFIC ROTATIONS**

Throughout all clinical rotations, the student will continue to refine the knowledge and skills outlined above as general goals and objectives. The goals and objectives on the following pages are designed to provide more information for specific rotations.

The following pages also contain a reading list and suggested references for each rotation. The topics on these reading lists are drawn from the PANCE Blueprint and are intended to serve as a starting point for your studies. Neither the PANCE Blueprint nor these reading lists are intended to be completely comprehensive.
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, 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

**Grading:**

<table>
<thead>
<tr>
<th>Evaluation</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Final Evaluation from Preceptor</td>
<td>40%</td>
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<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

**Disability Statement**
If you are a student who requires academic accommodations due to a disability, please contact Carol Llewellyn in the Student Success Center/Office for Students with Disabilities (OSD) at ellewell@misericordia.edu or (570) 674-6408

**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
Tuberculosis
Lung cancer
Tobacco use/dependence
Sleep disorders

**Cardiovascular System:**
Hypertension
Coronary artery disease
Peripheral vascular disease
Arrhythmias
Endocarditis
Hyperlipidemia
Hypertriglyceridemia
Angina
Congestive Heart Failure
Chest Pain
Valvular disease

**EENT (Eyes, Ears, Nose and Throat):**
Eye Disorders
  - Blepharitis
  - Chalazion
  - Conjunctivitis
  - Dacryoadenitis
  - Ectropion
  - Entropion
  - Hordeolum
  - Pterygium
  - Corneal abrasion
  - Corneal ulcer
  - Glaucoma
  - Hyphema
  - Macular degeneration
  - Papilledema
  - Retinal detachment

Ear Disorders
  - Retinal vascular occlusion
  - Retinopathy
  - Cholesteatoma
Ear Disorders
  - Cerumen impaction
  - Mastoiditis
  - Meniere's disease
  - Labyrinthitis
  - Otitis externa/media
  - Vertigo
  - Tinnitus
  - Tympanic membrane perforation

Nose/Sinus Disorders
  - Acute/chronic sinusitis
  - Nasal polyps
  - Allergic Rhinitis
  - Epistaxis

Mouth/Throat Disorders
  - Acute pharyngitis
  - Acute tonsillitis
  - Dental abscess
  - Laryngitis
  - Parotitis
  - Sialadenitis
  - Aphthous ulcers
  - Peritonsillar abscess

**Gastrointestinal System/Nutrition**
Esophagitis
Stomach
  - Gastroesophageal reflux disease
  - Gastritis
  - Peptic ulcer disease
  - Gastroenteritis
  - Gastrointestinal bleeding
Pancreatitis
Appendicitis
Viral Hepatitis
Jaundice
Cholecystitis/Cholelithiasis
Cirrhosis
Giardiasis/parasitic infections
Hiatal hernia
Small Intestine/Colon
- Irritable bowel syndrome
- Inflammatory bowel disease
Rectum
- Anal fissure
- Fecal impaction
- Colorectal Cancer
- Diarrhea/Constipation
- Hemorrhoids
- Bowel obstruction

Genitourinary System
Infectious/Inflammatory Conditions
- Cystitis
- Epididymitis
- Orchitis
- Prostatitis
- Urethritis
- Hernias
- Pyelonephritis
- Glomerulonephritis
- Nephrolithiasis
- Benign prostatic hypertrophy
- Balanitis
- Testicular Cancer

Musculoskeletal System
Disorders of the Forearm/Wrist/Hand
- Tenosynovitis
- Carpal tunnel syndrome
- de Quervain's tenosynovitis
- Elbow tendinitis
- Epicondylitis
- Ganglion cysts
- Costochondritis
- Rheumatoid arthritis
- Osteoarthritis
- Reactive arthritis
- Gout
- Systemic Lupus Erythematosus
- Fibromyalgia
- Plantar Fasciitis
- Overuse syndrome
Disorders of the Back/Spine
- Kyphosis/scoliosis
  - Low back pain
- Disorders of the Knee
- Bursitis
- Neoplastic Disease

Dermatologic System
Eczematous Eruptions
- Nummular

Hematologic System
Iron deficiency

Dermatitis
- Atopic
- Contact
- Nummular eczematous
- Perioral
- Seborrheic
- Stasis
Dyshidrosis
Lichen simplex chronicus
Papulosquamous Diseases
Dermatophyte infections
- Tinea versicolor
Lichen planus
Acneiform Lesions
Rosacea
Folliculitis
Verrucaous Lesions
Seborrheic keratosis
Actinic keratosis
Basal Cell Carcinoma
Kaposi’s sarcoma
Melanoma
Cellulitis
Erysipelas
Impetigo
Hidradenitis suppurativa
Hair and Nails
- Alopecia areata
- Androgenetic alopecia
- Onycomycosis
Paronychia
Viral Diseases
Molluscum contagiosum
Drug Eruptions
Acanthosis nigricans
Melasma
Vitiligo
Pityriasis rosea
Psoriasis
Erythema multiforme
Steve-n-Johnson Syndrome
Toxic Epidermal Necrolysis
Bullous pemphigoid
Lice
Scabies
Lipomas/epithelial inclusion cysts
Pilonidal disease
Pressure ulcers
Urticaria
Folliculitis
Anemia
Leukemia
Thrombocytopenia
Clotting disorders
Lymphomas
Polycythemia

Endocrinology
Diabetes mellitus
Adrenal Insufficiency
Cushing’s disease
Hyperthyroidism
Hypothyroidism

Reproductive System
Dysmenorrheal
Dysfunctional uterine bleed
Vaginitis
Pelvic Inflammatory Disease
Breast mass
Breast cancer
Cystocele
Rectocele
Menopause
Intrauterine pregnancy
Contraception
Cervical Cancer
Spontaneous abortion

Neurology
Dizziness
Syncope
Seizure disorder
Transient ischemic attack
Cerebral Vascular Accident
Alzheimer’s disease
Parkinson’s disease
Essential Tremor
Bell’s Palsy
Dementia
Delirium
Headaches (Cluster, migraine, tension)

Urgent Care
Respiratory Failure
Deteriorating Mental Status/Unconscious Pt
Allergic Reaction/anaphylaxis

Acute Abdomen
Burns
Third Trimester Bleeding
Bites/Stings
Foreign Body Aspiration
Cardiac Failure/Arrest
Fractures/Dislocations
Sprains/Strains
Myocardial Infarction
Hypertensive Crisis
Pulmonary Embolus
Pneumothorax
Ingesting Harmful Substances (poisoning)
Orbital Cellulitis

Infectious Diseases
Bacterial Disease
Chlamydia
Gonorrhea
Parasitic Disease
• Amebiasis
• Spirochetal Disease
Lyme borreliosis
• Lyme disease
Rocky Mountain spotted fever
Viral Disease
Influenza
Mononucleosis
HIV
Meningitis
Salmonellosis
Shigellosis

Psychiatry/Behavioral Science
Depression
Generalized Anxiety disorder
Panic Disorder
Phobias
Post-traumatic stress disorder
Insomnia
Anorexia
Bulimia
Mood disorders
Substance Abuse disorders
Domestic Violence
Suicide
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, 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 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 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
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Total 100%

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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*

The following is a list of End of Rotation Examination Topics for this Rotation

**Cardiovascular System**
- Dilated
- Hypertrophic

Cardiomyopathy
• Restrictive
• Congestive Heart Failure
• Myocardial Infarction
• Hypertension
• Essential
• Secondary
• Malignant

Ischemic Heart Disease
Cardiac Arrhythmias/Conduction disorders
Myocarditis
Pericarditis
Angina pectoris
• Stable
• Unstable
• Prinzmetal’s/variant

Vascular Disease (peripheral, coronary)
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
Hyperlipidemia
Rheumatic heart disease

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
Pulmonary neoplasm
Carcinoid tumor
Solitary pulmonary nodule
Hypoventilation syndrome

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
• Type 1
• Type 2
• Hypoglycemia
Lipid Disorders
• Hypercholesterolemia
Addison’s disease
Pheochromocytoma
Hypocalcemia
Hypercalcemia
Hyponatremia
Hypernatremia
Paget’s disease of the bone
Thyroid cancer
Pituitary adenoma

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
Ulcerative Colitis
Crohn’s disease
Diverticular disease
Hiatal hernia
Gastroenteritis
Mallory-Weiss Tear
Esophageal strictures
Esophageal varices
Cancer of rectum, colon, esophagus, stomach
Hepatic cancer
Cholelithiasis
Cholecystitis
Cholangitis
Celiac Disease
Irritable Bowel syndrome
Anal fissure/fistula
Hemorrhoid
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
Benign prostatic hypertrophy
Prostate cancer
Prostatitis
Erectile dysfunction
Incontinence
Urinary tract infection
Hydrocele
Varicocele
Testicular Torsion
Epididymitis
Bladder cancer
Hypervolomia
Hypovolemia
Renal Diseases
- Acute/chronic renal failure
- Glomerulonephritis
- Nephrotic syndrome
- Polycystic kidney disease
- Nephritis
- Nephritic syndrome
- Renal calculi
- Pyelonephritis
- Acute interstitial nephritis
- Hydronephrosis
- Renal cell carcinoma

Electrolyte and Acid/Base Disorders
- Hypo/hypermotremia
- Hypo/hyperkalemia
- Hypo/hypercalcemia
- Hypomagnesemia
- Metabolic alkalosis/acidosis
- Respiratory alkalosis/acidosis

Musculoskeletal System
 Disorders of the Back/Spine
- Ankylosing spondylitis
- Acute/chronic osteomyelitis
- Osteoarthritis
- Osteoporosis
- Fibromyalgia
- Gout/pseudogout
- Juvenile rheumatoid arthritis
- Polyarteritis nodosa
- Polymyositis
- Polymyalgia rheumatic
- Reiter's syndrome
- Rheumatoid arthritis
- Systemic lupus erythematosus
- Scleroderma Sjogren's syndrome
- Reactive arthritis
- Systemic sclerosis (scleroderma)

Neurologic System
- Alzheimer's disease
- Diseases of Peripheral Nerves
- Diabetic peripheral neuropathy
- Guillain-Barre syndrome
- Myasthenia gravis
- Syncope
- Intracranial tumors
- Meningitis
- Giant cell arteritis
- Bell’s Palsy
- Cerebral aneurysm
- Concussion
- Delirium
- Dementia
- Complex regional pain syndrome
- Headaches
- Cluster headache
- Migraine
- Tension headache
- Encephalitis

Movement Disorders
- Essential tremor
- Huntington's disease
Parkinson's disease
Multiple Sclerosis
Seizure Disorders
Generalized convulsive disorder
Generalized non-convulsive 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
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
Sickle cell anemia
Anemia of chronic disease
Hypercoagulable state
Idiopathic thrombocytopenia purpura

**Infectious Diseases**
Chlamydia
Diptheria
Gonococcal infections
Pertussis
Lyme disease
Rocky Mountain Spotted Fever
Cytomegalovirus
Epstein-Barr infection
Influenza
Rabies
Varicella Zoster
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
- Herpes simplex infection

**Critical Care**
Acute adrenal insufficiency
Thyroid Storm
Diabetic ketoacidosis/ acute hypoglycemia
Acute glaucoma
Pulmonary embolism
Acute respiratory distress/failure
Pneumothorax
Angina pectoris
Myocardial infarction
Cardiac arrest
Cardiac arrhythmiasblocks
Cardiac failure
Hypertensive crisis
Acute gastrointestinal bleed
Acute abdomen
Seizures
Shock
Coma
Cardiac tamponade
Pericardial effusion
Status epilepticus
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

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Total 100%

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**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
- Acute rheumatic fever
- Kawasaki disease
- Hypertrophic cardiomyopathy
- Syncope

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

**Endocrine System**
- Dwarfism
- Hyperthyroidism
- Hypothyroidism
- Hypercalcemia
- Obesity
- Diabetes mellitus

**Gastrointestinal System/Nutrition**
- Stomach
  - Pyloric stenosis
  - Gastroenteritis
  - GERD
- Appendicitis
- Dehydration
- Colic
- Hirschsprung’s disease
- Foreign body ingestion
- Encopresis
- Hepatitis
- Jaundice
- Duodenal atresia
- Inguinal hernia
- Umbilical hernia
- Small Intestine/Colon
  - Constipation
  - Inflammatory bowel disease
  - Intussusception

**EENT (Eyes, Ears, Nose and Throat)**
- Eye Disorders
  - Orbital cellulites
  - Strabismus
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
Enuresis
Hypospadias
Vesicourethral reflux
Glomerulonephritis
Cystitis
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
Scoliosis
Congenital hip dysplasia
Avascular necrosis
Juvenile rheumatoid arthritis

Neurologic System
Cerebral Palsy
Infectious Disorders
Meningitis
Normal growth and development
Immunization guidelines
Anticipatory guidance
Teething
Febrile seizures
Epilepsy
Turner syndrome
Down syndrome

Psychiatry/Behavioral Science
ADHD
Autistic disorder
Eating disorders
Depression
Anxiety
Conduct disorders
Suicide
Child abuse

Dermatologic System
Eczematous Eruptions
Dermatitis
• Diaper
• Perioral
• Contact
• Atopic
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
Drug eruptions
Lichen planus
Pityriasis rosea
Steven-Johnson syndrome
Erythema multiforme
Androgenic alopecia
Burns
Urticaria
Hematologic System

Anemias
- Sickle cell anemia
- Bleeding disorders
- Coagulation Disorders
- Leukemia
- Lymphoma
- Neutropenia
- Brain tumors
- Hemophilia
- Lead poisoning
- 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
- Atypical mycobacterial disease
- Hand foot mouth disease
- Pertussis
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

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

**Attention-Deficit Disorder**
ADHD
Conduct disorder
Oppositional defiant disorder

**Autistic Disorder**

**Eating Disorders**
Anorexia nervosa
Bulimia nervosa
Obesity

**Mood Disorders**
Adjustment
Depressive
Dysthymic
Bipolar
Cyclothymia

**Personality Disorders**
Antisocial
Avoidant
Borderline
Histrionic
Narcissistic
Obsessive-compulsive
Paranoid

**Psychoses**
Delusional disorder
Schizophrenia
Schizoaffective disorder
Schizophreniform disorder
Somatoform Disorders
Dependent
Body dysmorphic disorder
Hypochondriasis
Factitious disorder
Malingering

**Paraphilias & Sexual Dysfunction**
Hypoactive sexual desire disorder
Sexual aversion disorder
Exhibitionism
Fetishism
Pedophilia
Sexual masochism
Voyeurism

**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

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**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 neuro-muscular 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**

Chronic/acute arterial occlusion

Vascular Disease

Peripheral vascular disease

Aortic aneurysm/dissection

Varicose veins

Arterial embolism/thrombosis

Valvular Disease
Aortic stenosis/insufficiency
Mitral stenosis/insufficiency
Mitral valve prolapsed
Tricuspid stenosis/insufficiency
Pulmonary stenosis/insufficiency
Chest pain/history of angina
Syncope
Dyspnea on exertion
Claudication

**Pulmonary System**
Hemoptysis
Pleural effusion
Post-Op Pneumonia
Pneumothorax
• *Traumatic*
• *Tension*
Neoplastic Disease
Bronchogenic carcinoma
Carcinoid tumors
Metastatic tumors
Pulmonary nodules

**Hematologic System**
Easy bruising/bleeding
Anemia
Fatigue

**Endocrine System**
Hyperparathyroidism
Hyperthyroidism
Thyroid nodules
Adrenal carcinoma
Thyroid carcinoma
Pheochromocytoma

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

**Gastrointestinal System/Nutrition**
Anorexia
Hematemesis
Hematochezia
Peptic Ulcer Disease
Cholangitis
Gastric cancer
Pyloric stenosis

**Genitourinary System**
Urinary retention
Wilm’s Tumor
Chronic renal failure (shunts/access)
Nephrolithiasis
Benign prostatic hyperplasia
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
• Fibrocystic breast disease

Musculoskeletal System
Disorders of the Shoulder
Rotator cuff disorders
Disorders of the Back/Spine
Cauda equina
Herniated nucleus pulposis
Disorders of the Hip
Fractures/dislocations

Disorders of the Knee
Fractures/dislocations
Meniscal injuries

Disorders of the Ankle/Foot
Fractures/dislocations
Neoplastic Disease
Bone cysts/tumors

Dermatologic System
Neoplasms
Basal cell carcinoma
Melanoma
Squamous cell carcinoma
Post-operative drug eruptions
Post-operative urticarial
Burns
Cellulitis

Other
Decubitus ulcers/leg ulcers
Hidradenitis suppurativa
Lipomas/epithelial inclusion cysts

Risk Assessment
Cardiac disease: history of MI, unstable angina, valvular disease, hypertension, arrhythmias, heart failure
Pulmonary disease: history of asthma, COPD
Metabolic disease: history of diabetes, adrenal insufficiency
Hematologic disease: history of clotting disorders, anticoagulant use
Tobacco use
Substance abuse
Post-Op fever
Wound infections
DVT
Fluid/volume disorders
Electrolyte disorders
Acid/base disorders

Neurologic System
Cerebral aneurysm
Carotid disease
Subarachnoid hemorrhage
Subdural hematoma
Epidural hematoma
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.
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**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.
• 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**

Breast cancer

Uterus

- Dysfunctional uterine bleeding
- Endometrial cancer
- Endometriosis/adenomyosis
- Leiomyoma
- Metritis
- Prolapse

Ovary

- Cysts
- Torsion

- Neoplasms
- Cervix
- Carcinoma
- Cervicitis
- Dysplasia
- Incompetent
- Vagina/Vulva
- Cystocele
- Neoplasm
- Prolapse
- Rectocele
- Vaginitis
Menstrual Disorders
Dysfunctional uterine bleeding
Amenorrhea
Dysmenorrhea
Premenstrual syndrome
Menopause
Breast
Abscess
Carcinoma
Fibroadenoma
Fibrocystic disease
Mastitis
Pelvic Inflammatory Disease

Other
Domestic violence
Sexual assault
Urinary incontinence

Contraceptive Methods

Infertility

Uncomplicated Pregnancy
Prenatal diagnosis/care
Normal labor/delivery
Physiology of pregnancy
Fetal position
Multiple gestation
APGAR scoring

Complicated Pregnancy
Abortion
Abruptio placenta
Dystocia
Ectopic pregnancy
Fetal distress
Gestational diabetes
Gestational trophoblastic disease
Choriocarcinoma
Incompetent cervix
Molar pregnancy
Multiple gestation

Placenta previa
Postpartum hemorrhage
Preeclampsia/eclampsia
Pregnancy-induced hypertension
Premature rupture of membranes
Prolapsed umbilical cord
Preterm labor
Breech presentation
Rh incompatibility

Postpartum Care
Postpartum hemorrhage
Endometritis
Perineal laceration/episiotomy care
Normal physiology changes of puerperium

Dermatologic System
Viral Diseases
Condyloma acuminatum

Infectious Diseases
Bacterial Disease
Chlamydia
Viral Disease
Human papillomavirus
Gonorrhea
Herpes Simplex
Trichomoniasis
Bacterial vaginosis
Atrophic vaginitis
Candidiasis
Syphilis
Chancroid
Lymphogranuloma venereum
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

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Ma et al. *Emergency Medicine: Just*

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- Perform diagnostic procedures as indicated and directed to do so by a supervising provider.
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- Perform comprehensive examinations for all aged patients, including preventative screenings and prenatal care with patient and family education.
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  - Phlebotomy / IV placement
  - Endotracheal intubation
  - Surgical scrub and gowning / 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
  - Potentially Fatal Thoracic Injuries:
    - Pulmonary Contusion
    - Traumatic Aortic Rupture
    - Injuries to Tracheobronchial Tree
    - Myocardial Contusion
    - Esophageal injury
    - Traumatic Diaphragmatic hernia
  - Non-life-threatening Thoracic Injuries
    - Simple pneumothorax
    - Non-massive hemothorax
    - Rib fractures
  - Extremity Trauma
    - Crush injuries
    - Compartment syndromes
    - Traumatic amputation
    - Open fractures
    - Tetanus Prophylaxis
  - 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

**Burns**
- 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
Syncope
Heart failure
Hypertensive emergencies
Angina pectoris
Unstable angina
Aortic aneurysm/dissection
Aortic stenosis/regurgitation
Mitral stenosis/regurgitation
Acute/subacute bacterial endocarditis
Cardiac tamponade
Pericardial effusion

**Pleural Diseases**
Pleural effusion
Pneumothorax
  - Primary
  - Secondary
Pulmonary Circulation
Pulmonary embolism
Hemoptyis
Acute bronchitis
Acute bronchiolitis
Respiratory syncytial virus
Pneumonia (bacterial, viral, fungal, HIV)
Acute epiglottitis
Croup
Influenza
Pertussis
Acute respiratory distress syndrome
Foreign body aspiration

**Gastrointestinal System/Nutrition**
Esophagus
Mallory-Weiss tear
Hematemesis
Jaundice
Melena, hematochezia
Change in bowel habits; diarrhea,
Constipation
Esophagitis
Peptic ulcer disease
Acute cholecystitis
Cholangitis
Acute hepatitis
Acute pancreatitis
Acute appendicitis
Diverticular disease
Ischemic bowel disease
Inflammatory bowel disease
Toxic megacolon
Obstruction (small bowel, large bowel, volvulus)
Anal fissure/ fistula/ abscess
Hemorrhoids (thrombosed)
Hernia (incarcerated/strangulated)
Infectious diarrhea

**EENT (Eyes, Ears, Nose and Throat)**
Eye Disorders
  - Blowout fracture
  - Corneal abrasion
  - Foreign body
  - Glaucoma
  - Hyphema
  - Retinal vascular occlusion
  - Vision loss
  - Blepharitis
  - Conjunctivitis

- Dacryoadenitis
- Macular degeneration
- Optic neuritis
- Orbital cellulitis
- Papillodema
- Retinal detachment

Ear Disorders
  - Barotrauma
  - Otitis externa/media
  - Trauma/ hematoma to ear
  - Labrynthitis
  - Mastoiditis
  - Tympanic membrane perforation

Nose/Sinus Disorders
  - Epistaxis
  - Acute sinusitis
  - Foreign body

Mouth/Throat Disorders
  - Dental abscess
  - Pharyngitis
  - Peritonsillar abscess
  - Acute laryngitis
  - Epiglottis

Infectious diarrhea
Genitourinary System
Benign Conditions of the GU Tract
Nephro/uroliithiasis
Infectious/Inflammatory Conditions
Pyelonephritis
Electrolyte and Acid/Base Disorders
Volume depletion
Volume excess
Incontinence
Testicular torsion
Cystitis
Epididymitis
Orchitis
Urethritis
Acute renal failure
Glomerulonephritis

Reproductive System
Pelvic Inflammatory Disease
Ovarian cysts
Dysmenorrhea
Amenorrhea
Endometriosis
Vaginitis
 Mastitis/breast abscess
Spontaneous abortion
Abruption placenta
Ectopic pregnancy
Placenta previa
Premature rupture of membranes
Fetal distress

Musculoskeletal System
Fractures/dislocations (shoulder, forearm, wrist, hand, hip, knee, ankle, foot)
• Boxer's
• Colles’
• Gamekeeper's thumb
• Humeral
• Scaphoid
Shoulder Separations
Sprain/strain
Soft tissue injuries
Low back pain
Cauda equine
Herniated disc
Osteomyelitis
Septic arthritis

Neurologic System
Diseases of Peripheral Nerves
• Paresthesias
• Weakness
• Paralysis
• numbness
Bell's palsy
Loss of consciousness
Change in mental status
Loss of memory
Headache (cluster, migraine, tension)
Subarachnoid hemorrhage
Cerebral aneurysm
Intracranial hemorrhage
Coma
Head trauma/concussion/contusion
Epidural/subdural hematoma
Encephalitis
Meningitis
Multiple Sclerosis
Seizure Disorders
Status epilepticus
Vascular Diseases
Stroke
Syncope
Transient ischemic attack
Vertigo
Guillain-Barré syndrome
Spinal cord injury

Hematologic System
Aplastic anemia
Hemolytic anemia
Sickle cell anemia/crisis
Clotting factor disorders
Hypercoagulable states
Thrombocytopenia
Acute leukemia

Endocrinology
Hyperparathyroidism
Hyperthyroidism
Thyroiditis
Adrenal insufficiency
Diabetes insipidus
Diabetic ketoacidosis
Non-ketotic hyperglycemia

Psychiatry/Behavioral Science
Thought disorders
Changes in mood
Hallucinations
Suicidal/homicidal ideations/attempt
Depression
Generalized anxiety disorder
Panic disorder
PTSD
Substance abuse disorder
Child/elder abuse
Domestic violence

**Dermatologic System**
Papulosquamous Diseases
Drug eruptions
Bacterial Infections
Cellulitis/vasculitis
Erysipelas
Dermatitis (eczema, contact)
Burns
Urticaria
Insects/Parasites-Spider bites

Steven-Johnson syndrome
Toxic epidermal necrolysis
Bullous pemphigoid
Lice
Scabies
Herpes zoster
Impetigo
Pilonidal cyst
Pressure sores

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

Disability Statement

If you are a student who requires academic accommodations due to a disability, please contact Carol Llewellyn in the Student Success Center/Office for Students with Disabilities (OSD) at ellewell@misericordia.edu or (570) 674-6408

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>
</tbody>
</table>

*Includes weekly reports, student evaluation of preceptors, and patient encounters*

Total 100%

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

5. Failure to submit written assignments meeting program standards
6. Failing evaluation by the Clinical Preceptor
7. Excessive or unexcused absences from the rotation site
8. Overall rotation grade below 2.0
PART III: PREPARING FOR GRADUATION AND THE PANCE

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

FORMATIVE AND SUMMATIVE EVALUATIONS

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

FORMATIVE EVALUATION

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

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

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

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

### SUMMATIVE EVALUATION

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

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

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

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

4. **Summer Semester, 2nd Year: Summative Professionalism Assessment Tool** (see Appendix Q). Evaluation of professionalism is an on-going process throughout the program. Prior to graduation, students and their advisor will complete the summative tool and discuss their strengths and weakness in this area.

5. To receive passing grades in PA 631/632/633 students must complete all elements of the Courses; including satisfactory completion of their self-authored clinical vignette and question portfolio, SUMM I, PACKRAT, SUMM II. The grade in these courses is not based upon the numerical score achieved in these formative and summative examinations. The scores as defined in the graphic below which is entitled “average test scores by
“risk” is used to determine whether students require additional remediation and mentoring during the clinical year. Students with the highest level of risk will be required to complete more extensive remediation assignments defined in the study contract.

The program will use the risk analysis score stratification to determine whether a student requires remediation and mentoring during the clinical year. Any student who achieves scores within the concern category or risk category will be required to participate in a learning contract during the clinical year. If the student shows sufficient improvement during subsequent formative or summative examinations they may be released from the supervised study contract. Any student who achieves scores in the critical risk or fail category will be required to complete all elements of a study contract supervised by a faculty advisor. The faculty advisor can determine if the student has not satisfied the required remediation which can result in a grade of incomplete in PA 631/632/633. Failure to satisfy the required remediation as defined by the study contract can result in a delay in program completion.

No student will be eligible for graduation until he or she has completed the remediation study program.
MSPAS PROGRAM GRADUATION COMPETENCIES

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

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

Medical Knowledge

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

• Understand etiologies, risk factors, underlying pathologic process, and epidemiology for medical conditions

• Identify signs and symptoms of medical conditions

• Select and interpret appropriate diagnostic or laboratory studies

• Manage general medical and surgical conditions to include understanding the indications, contraindications, side effects, interactions, and adverse reactions of pharmacologic agents and other relevant treatment modalities

• Identify the appropriate site of care for presenting conditions, including identifying emergent cases and those requiring referral or admission

• Identify appropriate interventions for prevention of conditions
• Identify the appropriate methods to detect conditions in an asymptomatic individual

• Differentiate between the normal and the abnormal in anatomic, physiological, laboratory findings, and other diagnostic data

• Appropriately use history and physical examination findings and diagnostic studies to formulate a differential diagnosis

• Provide appropriate care to patients with chronic conditions

**Interpersonal & Communication Skills**

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

• Use effective listening, nonverbal, explanatory, questioning, and writing skills to elicit and provide information

• Appropriately adapt communication style and messages to the context of the individual patient interaction

• Work effectively with physicians and other health care professionals as a member or leader of a health care team or other professional group

• Apply an understanding of human behavior

• Demonstrate emotional resilience and stability, adaptability, flexibility, and tolerance of ambiguity and anxiety

• Accurately and adequately document and record information regarding the care process for medical, legal, quality, and financial purposes

**Patient Care**

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

• Work effectively with physicians and other health care professionals to provide patient-centered care

• Demonstrate caring and respectful behaviors when interacting with patients and their families
• Gather essential and accurate information about their patients

• Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment

• Develop and carry out patient management plans

• Counsel and educate patients and their families

• Competently perform medical and surgical procedures considered essential in the area of practice

• Provide health care services and education aimed at preventing health problems or maintaining health

**Professionalism**

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

• Understanding of legal and regulatory requirements, as well as the appropriate role of the physician assistant

• Professional relationships with physician supervisors and other health care providers

• Respect, compassion, and integrity

• Commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices

• Sensitivity and responsiveness to patients’ culture, age, gender, and disabilities

• Self-reflection, critical curiosity, and initiative

**Practice-Based Learning & Improvement**

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

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

Systems-Based Practice

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

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

PREPARING FOR THE PANCE

The clinical phase of training comes at the end of the MSPAS program, as does studying for the PANCE. It is difficult to study for the PANCE during rotations, because parallel processes are occurring: you are acquiring new clinical skills and studying specific topics for the end of rotation examination, while trying to prepare broadly for the PANCE by studying many other diseases perhaps unrelated to your rotation. For this reason, we have attempted to integrate the process to minimize duplication of study and create synergy. As a result, if you study all the topics we have listed for each rotation, by the time you finish your rotations, you will have studied all of the topics on the NCCPA Content Blueprint for PANCE & PANRE (see Appendix E) and will be thoroughly prepared for the PANCE.
Many questions on the certification (PANCE) examination are drawn from the NCCPA Content Blueprint. The Content Blueprint contains two helpful documents: the “Content Blueprint Sample Disease/Disorders by Organ System,” and the “Content Blueprint Physician Assistant Practice Task Areas.” Both students and faculty use these documents to know which topics are important and the depth and breadth to which they should be covered.

The organ-system blueprint is a comprehensive list of diseases and disorders commonly encountered in clinical practice and thus on the certification examinations. The list is arranged by organ system and also indicates the approximate percentage of questions per organ system that you may expect on the PANCE (See Appendix E, Table 1). This information is important to consider when deciding the depth and breadth of study. Because cardiovascular, pulmonary, gastrointestinal/nutritional, and musculoskeletal topics comprise a large portion of the examination (about 48 percent of the questions), faculty and students spend more time on them. Students who have a poor knowledge base in these four organ systems generally receive poor grades on the PANCE.

The task-areas blueprint is a list of seven main PA knowledge areas that have been identified as important to clinical practice. It details the cognitive skills and knowledge in each area that students must attain for competence. Many of these task areas are covered on the PANCE. Since it is impossible to study everything about every item in the Content Blueprint, this document helps you determine what is most important to know.

The task-areas blueprint also indicates the approximate percentage of questions per task you may expect on the PANCE and PANRE (See Appendix E, Table 2). This is helpful as you begin studying, so that you can focus your efforts on task areas more commonly seen on the exams. The organ systems and task areas that are more heavily weighted by the NCCPA receive more in-depth treatment on the NCCPA examination.

The formulation of a comprehensive and effective study plan requires consideration of many factors. Haphazard, non-strategic studying that does not take into account the NCCPA Content Blueprint, the weighting of task areas and organ systems, and your own strengths and weaknesses can lead to disaster. This Rotation Study Program was developed by taking each item on the “Content Blueprint Sample Disease/Disorders by Organ System” and placing it in the appropriate discipline. For example, it makes sense to include cardiovascular system conduction disorders such as atrial and ventricular blocks in the emergency medicine rotation. Emergency-oriented eye disorders such as glaucoma also may be found there. You will discover a large number of organ-system blueprint items in the outpatient medicine and inpatient medicine rotations. This is because there is greater depth and breadth of disorders seen in internal medicine than in family practice. In the general surgery rotation, items were chosen from the respective system areas that are most likely to be treated surgically. For example, valvular insufficiencies, malignancies of the pulmonary system and gastrointestinal system, gallbladder disease, and appendicitis all may be found in the general surgery chapter.

Because many diseases and disorders can be treated in multiple settings, items repeat across different rotations. While the result is not perfect, considerable effort has been expended to match the “Content Blueprint Sample Disease/Disorders by Organ System” items to the most appropriate discipline. In addition to testing-specific blueprint topics, there will also be some case-based
questions that are not specifically linked to a blueprint topic, but are discipline related, and will test knowledge and skills gained at the rotation site.

PA students typically are overwhelmed by the amount of time they must spend at the clinical site during a rotation, and how little time is left for actual study. Therefore, it is important to set short-term (daily), intermediate (weekly), and long-term (end-of-rotation) study goals. For example, you should calculate how many topics you must cover daily to be ready. As the student, you must take charge of your learning by determining how you will manage your schedule so that you are able to complete and study the required topics within the timeframe you have set. You should also dedicate a few extra days before any testing cycle for review and reinforcement of materials learned. Because you know how you best learn, taking the time thoughtfully to set a study schedule is critical.
PART IV: ADDITIONAL RESOURCES

ACCREDITATION REVIEW COMMISSION ON EDUCATION FOR THE PHYSICIAN ASSISTANT, INC. (ARC-PA)

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

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

www.arc-pa.org

AMERICAN ACADEMY OF PHYSICIAN ASSISTANTS (AAPA)

The AAPA is the national professional organization of physician assistants. Its membership includes graduate and student physician assistants as well as affiliate membership for physicians and physician assistant educators. The Academy provides a wide range of services for its members, including representation before federal and state governments and health related organizations, public education, pamphlets and brochures, insurance and financial programs, and employment assistance.
As an AAPA member, you also receive multiple publications and are entitled to a membership discount for the annual spring conference. Student Physician Assistant Societies are an integral part of the AAPA and make up a body referred to as the Student Academy of the American Academy of Physician Assistants (SAAAPA). The Student Academy meets yearly at the national spring conference to elect officers and representatives. Release time to attend the national conference held in May of each year can be requested from the Program and will be allowed on a case-by-case basis.

The national organization represents you and as such deserves your support during your student years and as a graduate Physician Assistant. Support for membership in professional organizations is another benefit also routinely covered by employers.

www.aapa.org

NATIONAL COMMISSION ON CERTIFICATION OF PHYSICIAN ASSISTANTS (NCCPA)

All graduates of Physician Assistant Programs accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) are eligible to sit for the national certifying examination (PANCE) offered by the NCCPA.

Registration applications are completed during the senior year of the Physician Assistant Program. Most states require graduates to take and successfully pass the national boards to continue employment. Please refer to the link below for exam scheduling requirements.

Once certified through the NCCPA, each graduate must obtain and report 100 hours of accredited CME every two years. Recertification examinations are also required every six years, in addition to the CME requirement.

www.nccpa.net

PENNSYLVANIA SOCIETY OF PHYSICIAN ASSISTANTS (PSPA)

The Pennsylvania Society of Physician Assistants (PSPA) was established in 1976. As a growing nonprofit organization, the PSPA strives to be representative of all physician assistants within the Commonwealth of Pennsylvania.

The goals and objectives of the Society are to enhance quality medical care to the people of Pennsylvania through a process of continuing medical education, both to the membership and to the public; to provide loyal and honest service to the public and to the medical profession; to promote professionalism among its membership; and to promote understanding of the PA profession.

The PSPA is a constituent chapter of the American Academy of Physician Assistants (AAPA). The Society sends delegates to the AAPA House of Delegates which meets annually to perform policy making activities under the Academy's bylaws.

www.pspa.net
PART V: APPENDICES

This section contains examples of forms that you will use frequently during your time with us.
I acknowledge that I have received and read the Class of 2016 Physician Assistant Program Policy Manual. I have had an opportunity to have any questions answered with regard to its content. I agree to abide by the policies and procedures contained therein.

I have been made aware that, as a student enrolled in a Misericordia University program, I am required to comply with the University's policies on Health and Immunization and Student Health Insurance.

I have also been made aware that I am bound by policies and procedures contained in the Misericordia University Student Handbook and University Catalogue.
### APPENDIX B

#### Department of Physician Assistant
Contact List

<table>
<thead>
<tr>
<th><strong>Dean, School of Arts and Sciences</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Russ Pottle, Ph.D.; MER 329; ext. 1484</td>
<td><a href="mailto:rpottle@misericordia.edu">rpottle@misericordia.edu</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Interim Program Chair/Director</strong></th>
<th><strong>Medical Director</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Darci Brown, MSPAS, PA-C,</td>
<td>Dr. Stan Dudrick, MD</td>
</tr>
<tr>
<td>Director of Clinical Education</td>
<td><a href="mailto:Sdudrick@misericordia.edu">Sdudrick@misericordia.edu</a></td>
</tr>
<tr>
<td><a href="mailto:dbrown@misericordia.edu">dbrown@misericordia.edu</a></td>
<td>Sci 117A, ext. 3064</td>
</tr>
<tr>
<td>SCI 121, ext. 3061</td>
<td></td>
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</table>

<table>
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<tr>
<th><strong>Principal Faculty</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Abigail Davis, MPAS, PA-C,</td>
<td><a href="mailto:adavis@misericordia.edu">adavis@misericordia.edu</a></td>
</tr>
<tr>
<td>Director of Didactic Education</td>
<td>SCI 119, ext. 6733</td>
</tr>
<tr>
<td>Diane McAvoy, MS, PA-C,</td>
<td><a href="mailto:dmcavoy@misericordia.edu">dmcavoy@misericordia.edu</a></td>
</tr>
<tr>
<td>Clinical Coordinator</td>
<td>SCI 116A</td>
</tr>
<tr>
<td>Jennifer Arnold, MHS, PA-C,</td>
<td><a href="mailto:jarnold@misericordia.edu">jarnold@misericordia.edu</a></td>
</tr>
<tr>
<td>Didactic Professor</td>
<td>SCI</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Department Administrative Assistants</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Kathryn Michael</td>
<td><a href="mailto:kmichael@misericordia.edu">kmichael@misericordia.edu</a></td>
</tr>
<tr>
<td>SCI 112; ext 6716</td>
<td>Fax 570-674-3068</td>
</tr>
<tr>
<td>Rita Molino; MER 314; ext. 8184</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th><strong>Clinical Site Visitors</strong></th>
<th></th>
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</thead>
</table>
APPENDIX C

Mid-Semester Advisement Sheet: Fall 2014

Student: ________________________________ Date:__________________

General Information

How do you feel about your performance in the program so far?

What do you feel has been your greatest strength?

What has been your greatest weakness?

Coursework

<table>
<thead>
<tr>
<th>Course</th>
<th>Projected Grade</th>
<th>Comments</th>
</tr>
</thead>
</table>

How your stress is level related to school?

How is your stress level apart from school?

Describe your study habits.
How many hours per day do you usually study?

How happy are you with your study habits?

Is there anything else that is important to you that your faculty advisor should know?

____________________________________________              __________________
Signature                                                        Date

Faculty Notes/Follow Up:
### APPENDIX D

**Professional Development Assessment Tool**

<table>
<thead>
<tr>
<th>Assessment Category</th>
<th>Always</th>
<th>Usually</th>
<th>Occasionally</th>
<th>Seldom</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the student exhibit a positive and professional attitude?</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Does the student exhibit emotional stability, maturity, empathy, and physical and mental stamina?</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Does the student maintain current immunizations, CPR, and background checks?</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Does the student act appropriately in stressful situations?</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Did the student report any physical handicap or health issues that may affect his/her ability to provide safe, effective medical care?</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Professional</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the student show respect for other students and faculty members?</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Does the student comply with dress codes on campus and/or clinical sites?</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Is the student and on time for classes and clinical rotations?</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Does the student exhibit unprofessional behavior (including unnecessary conversations in class during lectures or laboratory sessions)?</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Is the student able to work cooperatively, promoting and preserving relationships with peers and other members of the health care team?</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Academic</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the student demonstrate ability to learn and function in a wide variety of didactic and clinical settings? This includes demonstrating cognitive abilities necessary to master relevant content in basic science and clinical courses to provide the standard of care.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Is there evidence that the student can communicate effectively, both verbally and written, using appropriate grammar, spelling, and vocabulary?</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Question</td>
<td>Rating</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>------------------------------------------------------------------------</td>
<td>--------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the student exhibit academic integrity?</td>
<td>4 3 2 1</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the student demonstrate adaptability relative to changing situations, environments, and new information?</td>
<td>4 3 2 1</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Clinical</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the student protect the patient’s safety and promote the patient’s well-being?</td>
<td>4 3 2 1</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the student uphold ethical standards for health care?</td>
<td>4 3 2 1</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the student provide competent medical care and extend to each patient the full measure of professional ability as a dedicated, empathetic student healthcare provider during clinical rotations?</td>
<td>4 3 2 1</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the student provide competent medical care under the supervision of an assigned preceptor?</td>
<td>4 3 2 1</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the student demonstrate the ability to learn and function in a wide variety of clinical settings?</td>
<td>4 3 2 1</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments**

Faculty Signature__________________________ Date______________

Student Signature____________________________ Date______________
### Table 1: PANCE Organ System Breakdown

<table>
<thead>
<tr>
<th>Organ System</th>
<th>Exam Content (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular</td>
<td>16</td>
</tr>
<tr>
<td>Pulmonary</td>
<td>12</td>
</tr>
<tr>
<td>Endocrine</td>
<td>6</td>
</tr>
<tr>
<td>EENT</td>
<td>9</td>
</tr>
<tr>
<td>Gastrointestinal/Nutritional</td>
<td>10</td>
</tr>
<tr>
<td>Genitourinary</td>
<td>6</td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>10</td>
</tr>
<tr>
<td>Reproductive</td>
<td>8</td>
</tr>
<tr>
<td>Neurologic</td>
<td>6</td>
</tr>
<tr>
<td>Psychiatry/Behavioral</td>
<td>6</td>
</tr>
<tr>
<td>Dermatologic</td>
<td>5</td>
</tr>
<tr>
<td>Hematologic</td>
<td>3</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>3</td>
</tr>
</tbody>
</table>

### Table 2: PANCE Exam Content by Task Area

<table>
<thead>
<tr>
<th>Task Area</th>
<th>Exam Content (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>History-taking and performing physical examinations</td>
<td>16</td>
</tr>
<tr>
<td>Using laboratory and diagnostic studies</td>
<td>14</td>
</tr>
<tr>
<td>Formulating most likely diagnosis</td>
<td>18</td>
</tr>
<tr>
<td>Health maintenance</td>
<td>10</td>
</tr>
<tr>
<td>Clinical interventions</td>
<td>14</td>
</tr>
<tr>
<td>Pharmaceutical therapeutics</td>
<td>18</td>
</tr>
<tr>
<td>Applying basic science concepts</td>
<td>10</td>
</tr>
</tbody>
</table>

# Cardiovascular System

<table>
<thead>
<tr>
<th>Congenital Heart Disease</th>
<th>Congestive Heart Failure</th>
<th>Vascular Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atrial septal defect</td>
<td>Hypertension</td>
<td>Acute rheumatic fever</td>
</tr>
<tr>
<td>Coarctation of aorta</td>
<td>Essential</td>
<td>Aortic aneurysm/dissection</td>
</tr>
<tr>
<td>Patent ductus arteriosus</td>
<td>Secondary</td>
<td>Arterial embolism/thrombosis</td>
</tr>
<tr>
<td>Tetralogy of Fallot</td>
<td>Malignant</td>
<td>Chronic/acute arterial occlusion</td>
</tr>
<tr>
<td>Ventricular septal defect</td>
<td>Hypotension</td>
<td>Giant cell arteritis</td>
</tr>
<tr>
<td></td>
<td>Cardiogenic shock</td>
<td>Peripheral vascular disease</td>
</tr>
<tr>
<td></td>
<td>Orthostasis/postural</td>
<td>Phlebitis/thrombophlebitis</td>
</tr>
<tr>
<td></td>
<td>Ischemic Heart Disease</td>
<td>Venous thrombosis</td>
</tr>
<tr>
<td></td>
<td>Acute myocardial infarction</td>
<td>Varicose veins</td>
</tr>
<tr>
<td></td>
<td>Angina pectoris</td>
<td>Phlebitis/thrombophlebitis</td>
</tr>
<tr>
<td></td>
<td>• Stable</td>
<td>Venous thrombosis</td>
</tr>
<tr>
<td></td>
<td>• Unstable</td>
<td>Varicose veins</td>
</tr>
<tr>
<td></td>
<td>• Prinzmetal's/variant</td>
<td>Phlebitis/thrombophlebitis</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Conduction Disorders</th>
<th>Cardiac Myopathy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atrial fibrillation/flutter</td>
<td>Dilated</td>
</tr>
<tr>
<td>Atrioventricular block</td>
<td>Hypertrophic</td>
</tr>
<tr>
<td>Bundle branch block</td>
<td>Restrictive</td>
</tr>
<tr>
<td>Paroxysmal supraventricular tachycardia</td>
<td>Congenital Heart Disease</td>
</tr>
<tr>
<td>Premature beats</td>
<td>Atrial septal defect</td>
</tr>
<tr>
<td>Ventricular tachycardia</td>
<td>Coarctation of aorta</td>
</tr>
<tr>
<td>Ventricular fibrillation/flutter</td>
<td>Patent ductus arteriosus</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Vascular Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute rheumatic fever</td>
</tr>
<tr>
<td>Aortic aneurysm/dissection</td>
</tr>
<tr>
<td>Arterial embolism/thrombosis</td>
</tr>
<tr>
<td>Chronic/acute arterial occlusion</td>
</tr>
<tr>
<td>Giant cell arteritis</td>
</tr>
<tr>
<td>Peripheral vascular disease</td>
</tr>
<tr>
<td>Phlebitis/thrombophlebitis</td>
</tr>
<tr>
<td>Venous thrombosis</td>
</tr>
</tbody>
</table>

# Pulmonary System

<table>
<thead>
<tr>
<th>Infectious Disorders</th>
<th>Pulmonary Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute bronchitis</td>
<td>Bronchogenic carcinoma</td>
</tr>
<tr>
<td>Acute bronchiolitis</td>
<td>Carcinoid tumors</td>
</tr>
<tr>
<td>Acute epiglottitis</td>
<td>Metastatic tumors</td>
</tr>
<tr>
<td>Croup</td>
<td>Pulmonary nodules</td>
</tr>
<tr>
<td>Influenza</td>
<td>Obstructive Pulmonary Disease</td>
</tr>
<tr>
<td>Pertussis</td>
<td>Asthma</td>
</tr>
<tr>
<td>Pneumonias</td>
<td>Bronchiectasis</td>
</tr>
<tr>
<td>• Bacterial</td>
<td>Chronic bronchitis</td>
</tr>
<tr>
<td>• Viral</td>
<td>Cystic fibrosis</td>
</tr>
<tr>
<td>• Fungal</td>
<td>Emphysema</td>
</tr>
<tr>
<td>• HIV-related</td>
<td>Neoplastic Disease</td>
</tr>
<tr>
<td>Respiratory syncytial virus infection</td>
<td>Bronchogenic carcinoma</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>Carcinoid tumors</td>
</tr>
<tr>
<td></td>
<td>Metastatic tumors</td>
</tr>
<tr>
<td></td>
<td>Pulmonary nodules</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Forms of Heart Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute and subacute bacterial endocarditis</td>
</tr>
<tr>
<td>Acute pericarditis</td>
</tr>
<tr>
<td>Cardiac tamponade</td>
</tr>
<tr>
<td>Pericardial effusion</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Neoplastic Disease</th>
<th>Vascular Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bronchogenic carcinoma</td>
<td>Acute rheumatic fever</td>
</tr>
<tr>
<td>Carcinoid tumors</td>
<td>Aortic aneurysm/dissection</td>
</tr>
<tr>
<td>Metastatic tumors</td>
<td>Arterial embolism/thrombosis</td>
</tr>
<tr>
<td>Pulmonary nodules</td>
<td>Chronic/acute arterial occlusion</td>
</tr>
<tr>
<td></td>
<td>Giant cell arteritis</td>
</tr>
<tr>
<td></td>
<td>Peripheral vascular disease</td>
</tr>
<tr>
<td></td>
<td>Phlebitis/thrombophlebitis</td>
</tr>
<tr>
<td></td>
<td>Venous thrombosis</td>
</tr>
<tr>
<td></td>
<td>Varicose veins</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Valvular Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aortic stenosis/insufficiency</td>
</tr>
<tr>
<td>Mitral stenosis/insufficiency</td>
</tr>
<tr>
<td>Mitral valve prolapsed</td>
</tr>
<tr>
<td>Tricuspid stenosis/insufficiency</td>
</tr>
<tr>
<td>Pulmonary stenosis/insufficiency</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Obstructive Pulmonary Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
</tr>
<tr>
<td>Bronchiectasis</td>
</tr>
<tr>
<td>Chronic bronchitis</td>
</tr>
<tr>
<td>Cystic fibrosis</td>
</tr>
<tr>
<td>Emphysema</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Forms of Heart Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute and subacute bacterial endocarditis</td>
</tr>
<tr>
<td>Acute pericarditis</td>
</tr>
<tr>
<td>Cardiac tamponade</td>
</tr>
<tr>
<td>Pericardial effusion</td>
</tr>
</tbody>
</table>
### Endocrine System

<table>
<thead>
<tr>
<th>Diseases of the Thyroid Gland</th>
<th>Diseases of the Adrenal Glands</th>
<th>Diabetes Mellitus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hyperparathyroidism</td>
<td>Cushing's syndrome</td>
<td>Type 1</td>
</tr>
<tr>
<td>Hypoparathyroidism</td>
<td>Corticoadrenal insufficiency</td>
<td>Type 2</td>
</tr>
<tr>
<td>Hyperthyroidism</td>
<td></td>
<td>Hypoglycemia</td>
</tr>
<tr>
<td>Hypothyroidism</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thyroiditis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neoplastic disease</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diseases of the Pituitary Gland</th>
<th>Lipid Disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acromegaly/gigantism</td>
<td>Hypercholesterolemia</td>
</tr>
<tr>
<td>Dwarfism</td>
<td>Hypertriglyceridemia</td>
</tr>
<tr>
<td>Diabetes insipidus</td>
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</tr>
</tbody>
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### EENT

<table>
<thead>
<tr>
<th>Eye Disorders</th>
<th>Retinopathy</th>
<th>Mouth/Throat Disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blepharitis</td>
<td>• Diabetic</td>
<td>Acute pharyngitis</td>
</tr>
<tr>
<td>Blowout fracture</td>
<td>Hyperensive</td>
<td>Acute tonsillitis</td>
</tr>
<tr>
<td>Cataract</td>
<td>Strabismus</td>
<td>Aphthous ulcers</td>
</tr>
<tr>
<td>Chalazion</td>
<td></td>
<td>Dental abscess</td>
</tr>
<tr>
<td>Conjunctivitis</td>
<td></td>
<td>Epiglottitis</td>
</tr>
<tr>
<td>Corneal abrasion</td>
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<td>Laryngitis</td>
</tr>
<tr>
<td>Dacryoadenitis</td>
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<td>Oral candidiasis</td>
</tr>
<tr>
<td>Entropion</td>
<td></td>
<td>Oral herpes simplex</td>
</tr>
<tr>
<td>Foreign body</td>
<td></td>
<td>Oral leukoplakia</td>
</tr>
<tr>
<td>Glaucoma</td>
<td></td>
<td>Parotitis</td>
</tr>
<tr>
<td>Hordeolum</td>
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<td>Sialadenitis</td>
</tr>
<tr>
<td>Hyphema</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Macular degeneration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orbital cellulitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pterygium</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retinal detachment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retinal vascular occlusion</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ear Disorders</th>
<th>Ear Disorders</th>
<th>Nose/Sinus Disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute/chronic otitis media</td>
<td>Barotrauma</td>
<td>Acute/chronic sinusitis</td>
</tr>
<tr>
<td>Cerumen impaction</td>
<td>Hearing impairment</td>
<td>Allergic rhinitis</td>
</tr>
<tr>
<td>Mastoiditis</td>
<td>Meniere's disease</td>
<td>Epistaxis</td>
</tr>
<tr>
<td>Labyrinthitis</td>
<td>Otitis externa</td>
<td>Nasal polyps</td>
</tr>
<tr>
<td>Otitis externa</td>
<td>Typanic membrane perforation</td>
<td></td>
</tr>
<tr>
<td>Vertigo</td>
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<td></td>
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<table>
<thead>
<tr>
<th>Nose/Sinus Disorders</th>
<th>Mouth/Throat Disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute/chronic sinusitis</td>
<td>Acute pharyngitis</td>
</tr>
<tr>
<td>Allergic rhinitis</td>
<td>Acute tonsillitis</td>
</tr>
<tr>
<td>Epistaxis</td>
<td>Aphthous ulcers</td>
</tr>
<tr>
<td>Nasal polyps</td>
<td>Dental abscess</td>
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</tbody>
</table>

### Neurologic System

<table>
<thead>
<tr>
<th>Alzheimer's Disease</th>
<th>Infectious Disorders</th>
<th>Multiple Sclerosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cerebral Palsy</td>
<td>Encephalitis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Meningitis</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diseases of Peripheral Nerves</th>
<th>Infectious Disorders</th>
<th>Multiple Sclerosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bell's palsy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetic peripheral neuropathy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guillain-Barre syndrome</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Myasthenia gravis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Headaches</th>
<th>Infectious Disorders</th>
<th>Multiple Sclerosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cluster headache</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Migraine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tension headache</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Movement Disorders</th>
<th>Infectious Disorders</th>
<th>Multiple Sclerosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Essential tremor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Huntington's disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parkinson's disease</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Seizure Disorders</th>
<th>Infectious Disorders</th>
<th>Multiple Sclerosis</th>
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<tbody>
<tr>
<td>Generalized convulsive disorder</td>
<td></td>
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<tr>
<td>Generalized nonconvulsive disorder</td>
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<td>Status epilepticus</td>
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<table>
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<th>Vascular Diseases</th>
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<tr>
<td>Cerebral aneurysm</td>
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<td>Stroke</td>
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<td>Transient ischemic attack</td>
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### Gastrointestinal System/Nutrition

<table>
<thead>
<tr>
<th>Esophagus</th>
<th>Pancreas</th>
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<td>Esophagitis</td>
<td>Acute/chronic pancreatitis</td>
<td>Hiatal</td>
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<td>Motor disorders</td>
<td>Neoplasms</td>
<td>Incisional</td>
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<tr>
<td>Mallory-Weiss tear</td>
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<td>Inginal</td>
</tr>
<tr>
<td>Neoplasms</td>
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<td>Umbilical</td>
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<tr>
<td>Strictures</td>
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<td>Ventral</td>
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<tr>
<td>Varices</td>
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<table>
<thead>
<tr>
<th>Stomach</th>
<th>Small Intestine/Colon</th>
<th>Infectious Diarrhea</th>
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<tbody>
<tr>
<td>Gastroesophageal reflux disease</td>
<td>Appendicitis</td>
<td></td>
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<tr>
<td>Gastritis</td>
<td>Constipation</td>
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</tr>
<tr>
<td>Neoplasms</td>
<td>Diverticular disease</td>
<td></td>
</tr>
<tr>
<td>Peptic ulcer disease</td>
<td>Inflammatory bowel disease</td>
<td></td>
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<tr>
<td>Pyloric stenosis</td>
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<td>Irritable bowel syndrome</td>
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<td>Ischemic bowel disease</td>
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<td>Neoplasms</td>
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<td></td>
<td>Obstruction</td>
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<td>Toxic megacolon</td>
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<table>
<thead>
<tr>
<th>Gallbladder</th>
<th>Rectum</th>
<th>Nutritional Deficiencies</th>
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<tbody>
<tr>
<td>Acute/chronic cholecystitis</td>
<td>Anal fissure</td>
<td></td>
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<tr>
<td>Cholelithiasis</td>
<td>Anorectal abscess/fistula</td>
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<table>
<thead>
<tr>
<th>Liver</th>
<th></th>
<th>Metabolic Disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute/chronic hepatitis</td>
<td>Fecal impaction</td>
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<td>Cirrhosis</td>
<td>Hemorrhoids</td>
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<tr>
<td>Neoplasms</td>
<td>Neoplasms</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pilonidal disease</td>
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</tr>
<tr>
<td></td>
<td>Polyps</td>
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### Hernia
- Hiatal
- Incisional
- Inginal
- Umbilical
- Ventral

### Infectious Diarrhea

### Nutritional Deficiencies
- Niacin
- Thiamine
- Vitamin A
- Riboflavin
- Vitamin C
- Vitamin D
- Vitamin K

### Metabolic Disorders
- Lactose intolerance
- Phenylketonuria

### Genitourinary System

<table>
<thead>
<tr>
<th>Benign Conditions of the GU Tract</th>
<th>Infectious/Inflammatory Conditions</th>
<th>Neoplastic Diseases</th>
<th>Renal Diseases</th>
<th>Electrolyte and Acid/Base Disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benign prostatic hyperplasia</td>
<td>Cystitis</td>
<td>Bladder carcinoma</td>
<td>Acute/chronic renal failure</td>
<td>Hypo/hypernatremia</td>
</tr>
<tr>
<td>Cryptorchidism</td>
<td>Epididymitis</td>
<td>Prostate carcinoma</td>
<td>Glomerulonephritis</td>
<td>Hypo/hyperkalemia</td>
</tr>
<tr>
<td>Erectile dysfunction</td>
<td>Orchitis</td>
<td>Renal cell carcinoma</td>
<td>Nephrotic syndrome</td>
<td>Hypo/hypercalcemia</td>
</tr>
<tr>
<td>Hydrocele/varicocele</td>
<td>Prostatitis</td>
<td>Testicular carcinoma</td>
<td>Polycystic kidney disease</td>
<td>Hypomagnesemia</td>
</tr>
<tr>
<td>Incontinence</td>
<td>Pyelonephritis</td>
<td>Wilms' tumor</td>
<td>Renal Diseases</td>
<td>Metabolic alkalosis/acidosis</td>
</tr>
<tr>
<td>Nephro/urourothiasis</td>
<td>Urethritis</td>
<td></td>
<td>Renal Diseases</td>
<td>Respiratory alkalosis/acidosis</td>
</tr>
<tr>
<td>Paraphimosis/phimosis</td>
<td></td>
<td></td>
<td>Renal Diseases</td>
<td>Volume depletion</td>
</tr>
<tr>
<td>Testicular torsion</td>
<td></td>
<td></td>
<td>Renal Diseases</td>
<td>Volume excess</td>
</tr>
</tbody>
</table>

### 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
- Volume depletion
- Volume excess
### Reproductive System

<table>
<thead>
<tr>
<th>Uterus</th>
<th>Vaginitis</th>
<th>Complicated Pregnancy</th>
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<tbody>
<tr>
<td>Dysfunction uterine bleeding</td>
<td>Rectocele</td>
<td>Abortion</td>
</tr>
<tr>
<td>Endometrial cancer</td>
<td>Vaginitis</td>
<td>Abruptio placenta</td>
</tr>
<tr>
<td>Endometriosis/adenomyosis</td>
<td>Menstrual Disorders</td>
<td>Dystocia</td>
</tr>
<tr>
<td>Leiomyoma</td>
<td>Amenorrhea</td>
<td>Ectopic pregnancy</td>
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<tr>
<td>Metritis</td>
<td>Dysmenorrhea</td>
<td>Fetal distress</td>
</tr>
<tr>
<td>Prolapse</td>
<td>Premenstrual syndrome</td>
<td>Gestational diabetes</td>
</tr>
<tr>
<td>Ovary</td>
<td>Menopause</td>
<td>Gestational trophoblastic disease</td>
</tr>
<tr>
<td>Cysts</td>
<td>Breast</td>
<td>Molar pregnancy</td>
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<tr>
<td>Neoplasms</td>
<td>Abscess</td>
<td>Multiple gestation</td>
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<td>Cervix</td>
<td>Carcinoma</td>
<td>Placenta previa</td>
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<td>Carcinoma</td>
<td>Fibroadenoma</td>
<td>Postpartum hemorrhage</td>
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<tr>
<td>Cervicitis</td>
<td>Fibrocystic disease</td>
<td>Pregnancy-induced hypertension</td>
</tr>
<tr>
<td>Dysplasia</td>
<td>Mastitis</td>
<td>Premature rupture of membranes</td>
</tr>
<tr>
<td>Incompetent</td>
<td>Pelvic Inflammatory Disease</td>
<td>Rh incompatibility</td>
</tr>
<tr>
<td>Vagina/Vulva</td>
<td>Contraceptive Methods</td>
<td></td>
</tr>
<tr>
<td>Cystocele</td>
<td>Infertility</td>
<td></td>
</tr>
<tr>
<td>Neoplasm</td>
<td>Uncomplicated Pregnancy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prenatal diagnosis/care</td>
<td></td>
</tr>
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<td></td>
<td>Normal labor/delivery</td>
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### Musculoskeletal System

<table>
<thead>
<tr>
<th>Disorders of the Shoulder</th>
<th>Disorders of the Back/Spine</th>
<th>Infectious Diseases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fractures/dislocations</td>
<td>Ankylosing spondylitis</td>
<td>Acute/chronic osteomyelitis</td>
</tr>
<tr>
<td>Rotator cuff disorders</td>
<td>Back strain/sprain</td>
<td>Septic arthritis</td>
</tr>
<tr>
<td>Separations</td>
<td>Cauda equina</td>
<td></td>
</tr>
<tr>
<td>Sprain/sprain</td>
<td>Herniated nucleus pulposis</td>
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<tr>
<td>Disorders of the Forearm/Wrist/Hand</td>
<td>Kyphosis/scoliosis</td>
<td></td>
</tr>
<tr>
<td>Fractures/dislocations</td>
<td>Low back pain</td>
<td></td>
</tr>
<tr>
<td>• Boxer’s</td>
<td>Spinal stenosis</td>
<td></td>
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<tr>
<td>• Colles’</td>
<td>Disorders of the Hip</td>
<td></td>
</tr>
<tr>
<td>• Gamekeeper’s thumb</td>
<td>Aseptic necrosis</td>
<td></td>
</tr>
<tr>
<td>• Humeral</td>
<td>Fractures/dislocations</td>
<td></td>
</tr>
<tr>
<td>• Nursemaid’s elbow</td>
<td>Slipped capital femoral epiphysis</td>
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<tr>
<td>• Scaphoid</td>
<td>Disorders of the Knee</td>
<td></td>
</tr>
<tr>
<td>Sprains/strains</td>
<td>Bursitis</td>
<td></td>
</tr>
<tr>
<td>Tenosynovitis</td>
<td>Fractures/dislocations</td>
<td></td>
</tr>
<tr>
<td>• Carpal tunnel syndrome</td>
<td>Meniscal injuries</td>
<td></td>
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<tr>
<td>• de Quervain’s tenosynovitis</td>
<td>Osgood-Schlatter disease</td>
<td></td>
</tr>
<tr>
<td>• Elbow tendinitis</td>
<td>Sprains/strains</td>
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<tr>
<td>• Epicondylitis</td>
<td>Disorders of the Ankle/Foot</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fractures/dislocations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sprains/strains</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Infectious Diseases</td>
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<tr>
<td></td>
<td>Rheumatologic Conditions</td>
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<td></td>
<td>Fibromyalgia</td>
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<td></td>
<td>Gout/pseudogout</td>
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<tr>
<td></td>
<td>Juvenile rheumatoid arthritis</td>
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<td>Polyarteritis nodosa</td>
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<td>Polymyositis</td>
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<td>Polymyalgia rheumatic</td>
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<td>Reiter’s syndrome</td>
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<td>Rheumatoid arthritis</td>
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<td>Systemic lupus erythematosus</td>
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<td>Scleroderma Sjogren’s syndrome</td>
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### Psychiatry/Behavioral Science

<table>
<thead>
<tr>
<th>Anxiety Disorders</th>
<th>Mood Disorders</th>
<th>Psychoses</th>
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<tr>
<td>Panic disorder</td>
<td>Adjustment</td>
<td>Delusional disorder</td>
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<td>Generalized anxiety disorder</td>
<td>Depressive</td>
<td>Schizophrenia</td>
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<td>Posttraumatic stress disorder</td>
<td>Dysthymic</td>
<td>Schizoaffective disorder</td>
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<td>Phobias</td>
<td>Bipolar</td>
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<tr>
<th>Attention-Deficit Disorder</th>
<th>Personality Disorders</th>
<th>Somatoform Disorders</th>
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<tbody>
<tr>
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<td>Antisocial</td>
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<tr>
<td></td>
<td>Avoidant</td>
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<tr>
<td></td>
<td>Borderline</td>
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<td>Histrionic</td>
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<td></td>
<td>Narcissistic</td>
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</tr>
<tr>
<td></td>
<td>Obsessive-compulsive</td>
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<tr>
<td></td>
<td>Paranoid</td>
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<td>Schizoid</td>
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<th>Substance Use Disorders</th>
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<tr>
<td></td>
<td>Alcohol abuse/dependence</td>
</tr>
<tr>
<td></td>
<td>Drug abuse/dependence</td>
</tr>
<tr>
<td></td>
<td>Tobacco use/dependence</td>
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<table>
<thead>
<tr>
<th>Eating Disorders</th>
<th>Other Behavior/Emotional Disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anorexia nervosa</td>
<td>Acute reaction to stress</td>
</tr>
<tr>
<td>Bulimia nervosa</td>
<td>Child/elder abuse</td>
</tr>
<tr>
<td>Obesity</td>
<td>Domestic violence</td>
</tr>
<tr>
<td></td>
<td>Uncomplicated bereavement</td>
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### Dermatologic System

<table>
<thead>
<tr>
<th>Eczematous Eruptions</th>
<th>Vesicular Bullae</th>
<th>Viral Diseases</th>
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<tbody>
<tr>
<td>Dermatitis</td>
<td>Bullous pemphigoid</td>
<td>Condyloma acuminatum</td>
</tr>
<tr>
<td>• Atopic</td>
<td></td>
<td>Exanthenms</td>
</tr>
<tr>
<td>• Contact</td>
<td></td>
<td>Herpes simplex</td>
</tr>
<tr>
<td>• Diaper</td>
<td></td>
<td>Molluscum contagiosum</td>
</tr>
<tr>
<td>• Nummular eczematous</td>
<td></td>
<td>Verrucae</td>
</tr>
<tr>
<td>• Perioral</td>
<td></td>
<td>Varicella-zoster virus infections</td>
</tr>
<tr>
<td>• Seborrheic</td>
<td></td>
<td></td>
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<tr>
<td>• Stasis</td>
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<tr>
<td>Dyshidrosis</td>
<td></td>
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<tr>
<td>Lichen simplex chronic</td>
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<table>
<thead>
<tr>
<th>Papulosquamous Diseases</th>
<th>Acneiform Lesions</th>
<th>Bacterial Infections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dermatomyphi infections</td>
<td>Acne vulgaris</td>
<td>Cellulitis/vasculitis</td>
</tr>
<tr>
<td>• Tinea versicolor</td>
<td>Rosacea</td>
<td>Erysipelas</td>
</tr>
<tr>
<td>• Tinea corporis/pedis</td>
<td>Folliculitis</td>
<td>Impetigo</td>
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<tr>
<td>Drug eruptions</td>
<td></td>
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<td>Lichen planus</td>
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<tr>
<td>Pityriasis rosea</td>
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<td>Psoriasis</td>
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<table>
<thead>
<tr>
<th>Desquamation</th>
<th>Viral Diseases</th>
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<tbody>
<tr>
<td>Stevens-Johnson syndrome</td>
<td>Condyloma acuminatum</td>
</tr>
<tr>
<td>Toxic epidermal necrolysis</td>
<td>Exanthenms</td>
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<tr>
<td>Erythema multiforme</td>
<td>Herpes simplex</td>
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<table>
<thead>
<tr>
<th>Vesicular Bullae</th>
<th>Viral Diseases</th>
</tr>
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<tbody>
<tr>
<td>Acneiform Lesions</td>
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<tr>
<td>Verrucose Lesions</td>
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<table>
<thead>
<tr>
<th>Insects/Parasites</th>
<th>Neoplasms</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lice</td>
<td>Basal cell carcinoma</td>
<td>Acanthosis nigricans</td>
</tr>
<tr>
<td>Scabies</td>
<td>Melanoma</td>
<td>Burns</td>
</tr>
<tr>
<td>Spider bites</td>
<td>Squamous cell carcinoma</td>
<td>Decubitus ulcers/leg ulcers</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Neoplasms</th>
<th>Hair and Nails</th>
<th>Other</th>
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</thead>
<tbody>
<tr>
<td>Basal cell carcinoma</td>
<td>Alopecia areata</td>
<td>Acanthosis nigricans</td>
</tr>
<tr>
<td>Melanoma</td>
<td>Androgenetic alopecia</td>
<td>Burns</td>
</tr>
<tr>
<td>Squamous cell carcinoma</td>
<td>Onycomycosis</td>
<td>Decubitus ulcers/leg ulcers</td>
</tr>
<tr>
<td></td>
<td>Paronychia</td>
<td>Hidradenitis suppurativa</td>
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<table>
<thead>
<tr>
<th>Viral Diseases</th>
<th>Bacterial Infections</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cellulitis/vasculitis</td>
<td>Acanthosis nigricans</td>
</tr>
<tr>
<td></td>
<td>Erysipelas</td>
<td>Burns</td>
</tr>
<tr>
<td></td>
<td>Impetigo</td>
<td>Decubitus ulcers/leg ulcers</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other</th>
<th>Viral Diseases</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Bacterial Infections</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
</tbody>
</table>

- Acanthosis nigricans
- Burns
- Decubitus ulcers/leg ulcers
- Hidradenitis suppurativa
- Lipomas/epithelial inclusion cysts
- Melasma
- Urticaria
- Vitiligo
### Hematologic System

<table>
<thead>
<tr>
<th>Anemias</th>
<th>Coagulation Disorders</th>
<th>Malignancies</th>
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<tbody>
<tr>
<td>Aplastic anemia</td>
<td>Factor VIII disorders</td>
<td>Acute/chronic lymphocytic leukemia</td>
</tr>
<tr>
<td>Vitamin B12 deficiency</td>
<td>Factor IX disorders</td>
<td>Acute/chronic myelogenous leukemia</td>
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<tr>
<td>Folate deficiency</td>
<td>Factor XI disorders</td>
<td>Lymphoma</td>
</tr>
<tr>
<td>Iron deficiency</td>
<td>Thrombocytopenia</td>
<td>Multiple myeloma</td>
</tr>
<tr>
<td>G6PD deficiency</td>
<td>• Idiopathic thrombocytopenic purpura</td>
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</tr>
<tr>
<td>Hemolytic anemia</td>
<td>• Thrombotic thrombocytopenic purpura</td>
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</tr>
<tr>
<td>Sickle cell anemia</td>
<td>• Von Willebrand’s disease</td>
<td></td>
</tr>
<tr>
<td>Thalassemia</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Infectious Diseases

<table>
<thead>
<tr>
<th>Fungal Disease</th>
<th>Mycobacterial Disease</th>
<th>Viral Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Candidiasis</td>
<td>Tuberculosis</td>
<td>Cytomegalovirus infections</td>
</tr>
<tr>
<td>Cryptococcosis</td>
<td>Atypical mycobacterial disease</td>
<td>Epstein-Barr virus infections</td>
</tr>
<tr>
<td>Histoplasmosis</td>
<td></td>
<td>Erythema infectiosum</td>
</tr>
<tr>
<td>Pneumocystis</td>
<td></td>
<td>Herpes simplex</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HIV infection</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Human papillomavirus infections</td>
</tr>
<tr>
<td>Bacterial Disease</td>
<td>Parasitic Disease</td>
<td>Influenza</td>
</tr>
<tr>
<td>Botulism</td>
<td>Amebiasis</td>
<td>Mumps</td>
</tr>
<tr>
<td>Chlamydia</td>
<td>Hookworms</td>
<td>Rabies</td>
</tr>
<tr>
<td>Cholera</td>
<td>Malaria</td>
<td>Roseola</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>Pinworms</td>
<td>Rubella</td>
</tr>
<tr>
<td>Gonococcal infections</td>
<td>Toxoplasmosis</td>
<td>Measles</td>
</tr>
<tr>
<td>Salmonellosis</td>
<td></td>
<td>Varicella-zoster virus infections</td>
</tr>
<tr>
<td>Shigellosis</td>
<td>Spirochetal Disease</td>
<td></td>
</tr>
<tr>
<td>Tetanus</td>
<td>• Lyme borreliosis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Lyme disease</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rocky Mountain spotted fever</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Syphilis</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX F

STUDENT ACADEMIC MENTORING FORM

Student:________________________________________ Date:____________________

Faculty:________________________________________ Time Start: __________End: __________

Mode of Contact:

☐ Student Initiated    ☐ Faculty Initiated    ☐ Other: ____________________________

Describe the reason for this encounter:
________________________________________________________
________________________________________________________
________________________________________________________

Academic Remediation Methods Reviewed:

☐ Organization of Notes    ☐ Group Study Plan

☐ Study Strategies    ☐ Other (see below)

COMMENTS/NOTES:

________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

PLANS and/or REFERRALS TO STUDENT

☐ Referred to Graduate Assistant for Tutoring

☐ Referred to Disability Services

☐ Referred to Course Coordinator

☐ Referred to Faculty Advisor

☐ Referred to Program Director – Study Skills

☐ Referred to counseling services
## FOLLOW-UP SUMMARIES

<table>
<thead>
<tr>
<th>Date: __________</th>
<th>Faculty: __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: __________</td>
<td>Faculty: __________________________</td>
</tr>
<tr>
<td>Date: __________</td>
<td>Faculty: __________________________</td>
</tr>
<tr>
<td>Date: __________</td>
<td>Faculty: __________________________</td>
</tr>
</tbody>
</table>
STUDENT HEALTH RECORDS & IMMUNIZATIONS

Dear Incoming Student,

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 immunization forms prior to matriculation. 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.
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.
Incident Report

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 an 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 Health/Occupational Health or Emergency Department</td>
<td></td>
</tr>
<tr>
<td>Director of Clinical Education or Program Director</td>
<td></td>
</tr>
</tbody>
</table>

Student Signature _____________________________ Date _____________________________

Submit this form to the Director of Clinical Education – fax: 570-674-3068

**Additional Follow Up / For Program Use**
APPENDIX I

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: ____________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Evaluator ___________________ Signature ___________________ Date ___________________
### SITE VISIT EVALUATION

**Student:** ___________________________  **Date:** __________________

**Rotation:** ___________________________  **Preceptor:** ___________________________

**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:

**Comprehensive**

- Complete HPI, PMH, FH, SocH, ROS, PEX, laboratory studies, assessment, including differential diagnosis, and plan.

**Detailed**

- Relevant features of all elements of presentation, but able to use terms such as “noncontributory” or “unremarkable” for categories. Acceptable to say laboratory studies are normal, PE normal except for.... Highlights pertinent positives and negatives; avoids irrelevant information.

**Brief**

- Limited HPI and PMH. Limited Physical Examination and laboratory studies. Limited differential diagnosis, assessment, and plan. Certainly no more than 6 sentences total.

- Not to exceed 7 minutes speaking at an understandable pace.

- Not more than 3 minutes.

- 30 seconds – 1 minute

**Assessment Areas**

<table>
<thead>
<tr>
<th>Area</th>
<th>Deficient</th>
<th>Below Avg</th>
<th>Avg</th>
<th>Above Avg</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 ___________________________
Clinical Rotation Written
Full History and 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>
</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></td>
</tr>
<tr>
<td></td>
<td>Observed</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: ___________________________ Date: _________________
Signature: ___________________________ Date: _________________
# Evaluation of Written H&P

**Full History and 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 to each category, average the ranks to obtain an overall rating of student performance.

<table>
<thead>
<tr>
<th>Date/Time/Signature/ID/Source/Reliability</th>
<th>Not present or only one element present.</th>
<th>Two elements present with correct format</th>
<th>Three or more elements present with correct format</th>
<th>All elements present with correct formatting</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

**History of Present Illness (HPI): Chief Complaint**

Majority of vital information regarding chief complaint is missing. Remediation needed.

<table>
<thead>
<tr>
<th>Missing</th>
<th>One or two details present. Missing some vital information relevant to CC. OLDCARTS not adhered to</th>
<th>All major concepts presented but still missing details.</th>
<th>Complete, written in logical format adhering to OLDCARTS.</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**Past Medical History (PMH)**

<table>
<thead>
<tr>
<th>Missing</th>
<th>Missing two or more components. Years of diagnosis and treatment included.</th>
<th>Missing one component but is otherwise complete.</th>
<th>Complete, organized PMH including relevant negatives.</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**Allergies/ADR’s/Medications**

<table>
<thead>
<tr>
<th>Missing</th>
<th>One component included.</th>
<th>Two or more components included but not complete (dose, route, frequency)</th>
<th>All allergies ADR’s and medications present. Dose route, frequency included for each medication.</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**Family History (FH)**

<table>
<thead>
<tr>
<th>Missing</th>
<th>Two or more pertinent negative illness omitted. Relevant family members omitted. Pertinent negatives not included.</th>
<th>No more than one component missing. Relevant information included. Pertinent negatives included.</th>
<th>Complete and accurate with all pertinent positive and negative illnesses presented.</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**Social History (SH)**

<table>
<thead>
<tr>
<th>Missing</th>
<th>Two or more components missing. Relevant social history not included.</th>
<th>No more than one required data item omitted. Relevant social history is included.</th>
<th>Complete, consistent and accurate with all required data presented.</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**Review of Systems (ROS)**

<table>
<thead>
<tr>
<th>Missing</th>
<th>More than two components missing or poorly addressed.</th>
<th>One or two components missing or poorly addressed.</th>
<th>Complete, consistent and accurate with all pertinent positive and negative data presented.</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**Physical Examination (PE)**

Lacks several pertinent elements; key body system lacking.

<table>
<thead>
<tr>
<th>Lacks several pertinent elements; key details missing.</th>
<th>Includes most pertinent elements; key details missing.</th>
<th>All pertinent elements present but lacks accuracy or specificity in description. Needs better organization.</th>
<th>Complete, consistent and accurate with all required data presented to allow reader a complete picture.</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
### Assessment

<table>
<thead>
<tr>
<th>Failed to list multiple problems present in H&amp;P which were pertinent to successful diagnosis, testing, and treatment of patient.</th>
<th>Most pertinent problems listed but lacks documentation of some clinical abnormalities. Failure to address problems which may have effect on overall testing/diagnosis.</th>
<th>All problems listed but have minor flaws in organization/clinical reasoning.</th>
<th>Complete and logically addresses ALL issues raised in history and physical section and includes clinical reasoning for each item.</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

### Plan

<table>
<thead>
<tr>
<th>Plan inappropriate, impractical or fails to address significant issue raised in assessment.</th>
<th>Significant problems with organization and/or clinical thinking.</th>
<th>Addresses all issues, minor flaws in organization/clinical thinking.</th>
<th>Comprehensive 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>
</tr>
</tbody>
</table>

### Mechanics/Medical Terms/Abbreviations

<table>
<thead>
<tr>
<th>Frequent spelling and/or grammar errors OR frequently fails to use or improperly uses medical terminology and/or abbreviations.</th>
<th>One grammar or spelling error or inappropriate use of medical terminology. Abbreviations may not have been used properly.</th>
<th>No grammar/spelling or terminology errors. Abbreviation errors.</th>
<th>Grammar, spelling, medical terminology and abbreviations are all correct and organized well.</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: ________________
Clinical Rotation Written
Targeted History and 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>
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<td></td>
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<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: ___________________________ Date: __________________

Signature: ___________________________ Date: __________________
# Evaluation of Written Targeted History and 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 to each category, average the ranks to obtain an overall rating of student performance.

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</thead>
<tbody>
<tr>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

### History of Present Illness (HPI): Chief Complaint

- Majority of vital information regarding chief complaint is missing. Remediation needed.
- Missing some vital information relevant to CC. OLDCARTS not adhered to.
- Some non-vital information relevant to chief complaint missing and/or OLDCARTS not adhered to.
- Complete, written in logical format adhering to OLDCARTS.

<table>
<thead>
<tr>
<th>History of Present Illness (HPI): Chief Complaint</th>
<th>0</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missing or incomplete.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two or more components missing or incomplete.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One component is missing or incomplete.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete, organized HPI including relevant negatives.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Past Medical History (PMH)

- Missing
- Two or more components missing or incomplete.
- One component is missing or incomplete.
- Complete, organized PMH including relevant negatives.

<table>
<thead>
<tr>
<th>Past Medical History (PMH)</th>
<th>0</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two or more components missing or incomplete.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One component is missing or incomplete.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete, organized PMH including relevant negatives.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Allergies/ADR’s/Medications

- Missing
- One component included.
- Two or more components included but not complete (dose, route, frequency)
- All allergies ADR’s and medications present. Dose route, frequency included for each medication.

<table>
<thead>
<tr>
<th>Allergies/ADR’s/Medications</th>
<th>0</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One component included.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two or more components included but not complete (dose, route, frequency)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All allergies ADR’s and medications present. Dose route, frequency included for each medication.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Family History (FH)

- Missing
- FMH scant or irrelevant
- FMH is relevant but scant
- Complete and accurate with all pertinent positive and negative illnesses presented for first degree relatives.

<table>
<thead>
<tr>
<th>Family History (FH)</th>
<th>0</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FMH scant or irrelevant</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FMH is relevant but scant</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete and accurate with all pertinent positive and negative illnesses presented for first degree relatives.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Social History (SH)

- Missing
- Two or more components missing. Relevant social history not included.
- No more than one relevant social history component missing.
- Complete, relevant social history.

<table>
<thead>
<tr>
<th>Social History (SH)</th>
<th>0</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two or more components missing. Relevant social history not included.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No more than one relevant social history component missing.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete, relevant social history.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Review of Systems (ROS)

- Missing
- More than two relevant components missing or poorly addressed.
- One relevant components missing or poorly addressed.
- Complete and relevant with all pertinent positive and negative data presented.

<table>
<thead>
<tr>
<th>Review of Systems (ROS)</th>
<th>0</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>More than two relevant components missing or poorly addressed.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One relevant components missing or poorly addressed.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete and relevant with all pertinent positive and negative data presented.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Physical Examination (PE)

- Lacks more than two pertinent elements; key body system lacking.
- Includes most pertinent elements; key details missing.
- All pertinent elements present but lacks accuracy or specificity in description.
- Complete, consistent and accurate with all required data presented to allow reader a complete picture.

<table>
<thead>
<tr>
<th>Physical Examination (PE)</th>
<th>0</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lacks more than two pertinent elements; key body system lacking.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Includes most pertinent elements; key details missing.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All pertinent elements present but lacks accuracy or specificity in description.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete, consistent and accurate with all required data presented to allow reader a complete picture.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Assessment

<table>
<thead>
<tr>
<th>Description</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failed to list multiple problems present in H&amp;P which were pertinent to successful diagnosis, testing, and treatment of patient.</td>
<td>0</td>
</tr>
<tr>
<td>Most pertinent problems listed but lacks documentation of some clinical abnormalities. Failure to address problems which may have effect on overall testing/diagnosis.</td>
<td>2</td>
</tr>
<tr>
<td>All problems listed but have minor flaws in organization/clinical reasoning.</td>
<td>3</td>
</tr>
<tr>
<td>Complete and logically addresses ALL issues raised in history and physical section and includes clinical reasoning for each item.</td>
<td>4</td>
</tr>
</tbody>
</table>

### Plan

<table>
<thead>
<tr>
<th>Description</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan inappropriate, impractical or fails to address significant issue raised in assessment.</td>
<td>0</td>
</tr>
<tr>
<td>Significant problems with organization and/or clinical thinking.</td>
<td>2</td>
</tr>
<tr>
<td>Addresses all issues, minor flaws in organization/clinical thinking.</td>
<td>3</td>
</tr>
<tr>
<td>Comprehensive which appropriately addresses all issues raised in assessment.</td>
<td>4</td>
</tr>
</tbody>
</table>

### Mechanics/Medical Terms/Abbreviations

<table>
<thead>
<tr>
<th>Description</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequent spelling and/or grammar errors OR frequently fails to use or improperly uses medical terminology and/or abbreviations.</td>
<td>0</td>
</tr>
<tr>
<td>One grammar or spelling error or inappropriate use of medical terminology. Abbreviations may not have been used properly.</td>
<td>2</td>
</tr>
<tr>
<td>No grammar/spelling or terminology errors. Abbreviation errors.</td>
<td>3</td>
</tr>
<tr>
<td>Grammar, spelling, medical terminology and abbreviations are all correct and organized well.</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: ___________________________
# Evaluation of Topic Paper

**Student Name:** ____________________________________  **Date:** _____________

**Rotation Location and Specialty:** _________________________________________

**Topic:** ______________________________________________________________

## Introduction

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</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>
</tr>
<tr>
<td>2</td>
<td>Conveys topic, but not key question(s). Describes subtopics to be reviewed. General thesis statement.</td>
</tr>
<tr>
<td>3</td>
<td>Conveys topic and key question(s). Clearly delineates subtopics to be reviewed. General thesis statement.</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>
</tr>
</tbody>
</table>

## Research

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

## Conclusion

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</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>
</tr>
<tr>
<td>3</td>
<td>Strong review of key conclusions. Strong integration with thesis statement. Discusses impact of researched material on topic.</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>
</tr>
</tbody>
</table>

## Grammar and Mechanics

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

Mid-Rotation Evaluation

Student Name:_________________________________________ Rotation Dates:__________

Clinical Site:___________________________ Preceptor:__________________________

STUDENT SELF-ASSESSMENT

Self-Assessment

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

What are your greatest strengths on this rotation?

What improvements do you need to make?
# Preceptor Assessment of Student Performance

## Student Assessment

<table>
<thead>
<tr>
<th></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,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>comprehensive physical examination?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>How do you rate this student’s ability to present findings orally</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>to you as preceptor or to other clinicians?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>How do you rate this student’s ability to formulate a differential</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>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 ro-</td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>tation?</td>
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<td></td>
<td></td>
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</tr>
</tbody>
</table>

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

- [ ] Yes
- [ ] No
- [ ] Uncertain

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

Additional Comments/Suggestions:

Preceptor’s Signature: ___________________________ Date: __________

Student’s Signature: ___________________________ Date: __________
APPENDIX N

End of Rotation Evaluation
Preceptor Evaluation

Student Name: _____________________________ Date: ___________

Rotation: ______________________________________________________________

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

| 5 | Consistently exceeds expectations; outstanding performance |
| 4 | Occasionally exceeds expectations; above average performance |
| 3 | Meets expectations; average performance |
| 2 | Occasionally meets expectations; below average performance |
| 1 | Does not meet expectations; poor performance |
| N/A | Not applicable to this clinical experience |

Medical Knowledge

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

| The student can explain disease etiologies, risk factors, underlying pathologic process, and epidemiology for medical conditions. | 1 | 2 | 3 | 4 | 5 | N/A |
| The student can describe signs and symptoms for disease states related to the most frequent presentation for a given disorder. | 1 | 2 | 3 | 4 | 5 | N/A |
| The student can form appropriate differential diagnoses during patient presentations. | 1 | 2 | 3 | 4 | 5 | N/A |
| 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. | 1 | 2 | 3 | 4 | 5 | N/A |
| The student can identify the appropriate site of care for presenting conditions, including identifying emergent cases and those requiring referral or admission. | 1 | 2 | 3 | 4 | 5 | N/A |
| The student selects and interprets appropriate diagnostic or laboratory studies. | 1 | 2 | 3 | 4 | 5 | N/A |
| The student can identify appropriate interventions for prevention of pathophysiologic conditions. | 1 | 2 | 3 | 4 | 5 | N/A |
The student derives sufficient, essential, and accurate history to direct physical examination and develops appropriate diagnoses. 1 2 3 4 5 NA

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

Demonstrates knowledge of normal physical examination findings. 1 2 3 4 5 NA

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. 1 2 3 4 5 NA

### 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 appropriately. 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 regard 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>Requirement</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 toward, and works appropriately with,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>preceptors, staff, and patients at all times.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>Demonstrates timely attendance and appropriate dress, and accomplishes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>assigned tasks on time.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>Demonstrates self-directed study.</td>
<td></td>
<td></td>
<td></td>
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<td>NA</td>
</tr>
<tr>
<td>Recognizes personal learning needs and limitations and seeks to rectify</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>them.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>Promptly completes assigned tasks.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>Openly seeks, and positively responds to, constructive criticism from pre-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>ceptors and staff.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>Demonstrates the ability to use criticism to change behavior/attitudes.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NA</td>
</tr>
</tbody>
</table>

### Practice-based Learning

<table>
<thead>
<tr>
<th>Requirement</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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>to patients’ health problems.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>Applies knowledge of study designs and statistical methods to the appraisal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>of clinical studies and other information on diagnostic and therapeutic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>effectiveness.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NA</td>
</tr>
</tbody>
</table>

### Systems-based Learning

<table>
<thead>
<tr>
<th>Requirement</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>
<td></td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>Applies information technology to manage information; is able to access</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>online medical information and support didactic and clinical education.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NA</td>
</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>
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</tr>
</tbody>
</table>
Student Evaluation of Preceptor/Clinical Site

Student Name: ___________________________ Rotation Dates: __________

Clinical Site: ____________________________________________

Name(s) of Preceptor(s): ___________________________________

### Preceptor Evaluation

<table>
<thead>
<tr>
<th>Category</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Clinical Preceptor:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discussed goals and objectives of rotation with me at the beginning of the rotation.</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Was readily available to me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Set aside time for teaching.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Appeared enthusiastic about teaching and having me as a student.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Encouraged me to ask questions.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Provided feedback regarding my strengths and weaknesses in a constructive manner.</td>
<td></td>
<td></td>
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</tr>
<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>
<td></td>
</tr>
<tr>
<td>Provided appropriate supervision during history taking, physical examinations and procedures.</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>
<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>
<tr>
<td>Formally discussed my final evaluation.</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>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
## The Clinical Site

<table>
<thead>
<tr>
<th>Category</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Clinical Site:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provided an orientation to the practice/site.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Incorporated me into the team of healthcare providers.</td>
<td></td>
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</tr>
<tr>
<td>Administrative and support staff were supportive.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Demonstrated an active interest in medical education/teaching.</td>
<td></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>
<td></td>
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</tr>
<tr>
<td>Provided access to learning experiences such as lectures, conferences and teaching rounds.</td>
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</tr>
<tr>
<td>Provided access to other educational resources, such as a library or the internet.</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</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: _______________
APPENDIX P

Oral Presentation Grading

Student Name: _______________________________________ Date: __________________________

Rotation: ____________________________________________________________________________

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>
<th>N/A</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>
<td>N/A</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>
<td>N/A</td>
</tr>
<tr>
<td>HPI chronology clear</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</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>
<td>N/A</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>
<td>N/A</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>
<td>N/A</td>
</tr>
<tr>
<td>● Pregnancy and delivery history included if appropriate</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></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>
<td>N/A</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>
<td>N/A</td>
</tr>
<tr>
<td>Social history described as appropriate. Should generally include:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>● Alcohol</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>● Tobacco</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>● Drugs</td>
<td></td>
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<td></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>
<td>N/A</td>
</tr>
<tr>
<td>ROS described as appropriate. Systems well-selected. Pertinent positives and negatives addressed. If not previously addressed, should generally include:</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>● Pulmonary</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>● Cardiac</td>
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<td></td>
</tr>
<tr>
<td>● Abdomen</td>
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</tr>
<tr>
<td>ROS positive findings appropriately addressed.</td>
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<td></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>
<td>N/A</td>
</tr>
<tr>
<td>Physical Examination described as appropriate. Should always include:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>● General appearance</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>● Vital Signs</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>● Pulmonary</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>● Cardiac</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>● Abdomen</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></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>
<td>N/A</td>
</tr>
</tbody>
</table>
### Diagnostic Studies
- Describes diagnostic studies performed: 0 2 3 4 5 N/A
- Provides rationale for studies selected: 0 2 3 4 5 N/A
- Discusses contraindications and limitations of studies: 0 2 3 4 5 N/A
- Accurately interprets findings of studies, recognizing ambiguous results: 0 2 3 4 5 N/A
- Suggests additional diagnostic studies as appropriate: 0 2 3 4 5 N/A

### Assessment
- Student demonstrates ability to develop logical differential diagnosis based upon the history, physical examination, and diagnostic studies: 0 2 3 4 5 N/A
- Student demonstrates awareness of any chronic conditions in need of maintenance: 0 2 3 4 5 N/A
- Student recognizes issues related to prevention (smoking, obesity, etc.): 0 2 3 4 5 N/A

### Plan
- Plan follows logically from assessment; addresses all issues: 0 2 3 4 5 N/A
- Plan is practical, consistent with patient’s education level, socioeconomic status, and support system: 0 2 3 4 5 N/A

### Presentation
- Presentation organized; flowed logically: 0 2 3 4 5 N/A
- Responded appropriately to questions: 0 2 3 4 5 N/A
- Presented without prompting: 0 2 3 4 5 N/A

### Score:

- □ Pass
- □ Fail - score <2.0
- □ Fail - critical omission(s):

### Comments:

Evaluator #1
Evaluator #2
APPENDIX Q

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>Skill</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>understand etiologies, risk factors, underlying pathologic process, and epidemiology for medical conditions</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>identify signs and symptoms of medical conditions</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>select and interpret appropriate diagnostic or laboratory studies</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>manage general medical and surgical conditions to include understanding the indications, contraindications, side effects, interactions, and adverse reactions of pharmacologic agents and other relevant treatment modalities</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>identify the appropriate site of care for presenting conditions, including identifying emergent cases and those requiring referral or admission</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>identify appropriate interventions for the prevention of pathophysiologic conditions</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>identify the appropriate methods to detect pathophysiologic conditions in an asymptomatic individual</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>differentiate between the normal and the abnormal in anatomic, physiological, laboratory findings, and other diagnostic data</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>appropriately use history and physical findings and diagnostic studies to formulate a differential diagnosis</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>provide appropriate care to patients with chronic pathophysiologic conditions</td>
<td>4 3 2 1</td>
</tr>
</tbody>
</table>
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:

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

PATIENT CARE

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

<table>
<thead>
<tr>
<th>Task</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>work effectively with physicians and other health care professionals to provide patient-centered care</td>
<td>4</td>
</tr>
<tr>
<td>demonstrate caring and respectful behaviors when interacting with patients and their families</td>
<td>4</td>
</tr>
<tr>
<td>gather essential and accurate information about their patients</td>
<td>4</td>
</tr>
<tr>
<td>make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment</td>
<td>4</td>
</tr>
<tr>
<td>develop and carry out patient management plans</td>
<td>4</td>
</tr>
<tr>
<td>counsel and educate patients and their families</td>
<td>4</td>
</tr>
<tr>
<td>competently perform medical and surgical procedures considered essential in the area of practice</td>
<td>4</td>
</tr>
<tr>
<td>provide health care services and education aimed at preventing health problems or maintaining health</td>
<td>4</td>
</tr>
</tbody>
</table>

PROFESSIONALISM

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

| Understanding of legal and regulatory requirements, as well as the appropriate role of the physician assistant | 4 | 3 | 2 | 1 |
| Professional relationships with physician supervisors and other health care providers | 4 | 3 | 2 | 1 |
| Respect, compassion, and integrity | 4 | 3 | 2 | 1 |
| Responsiveness to the needs of patients and society | 4 | 3 | 2 | 1 |
| Develop and carry out patient management plans | 4 | 3 | 2 | 1 |
| Accountability to patients, society, and the profession | 4 | 3 | 2 | 1 |
| Commitment to excellence and on-going professional development | 4 | 3 | 2 | 1 |
| Commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices | 4 | 3 | 2 | 1 |
| Sensitivity and responsiveness to patients’ culture, age, gender, and disabilities | 4 | 3 | 2 | 1 |
| Self-reflection, critical curiosity, and initiative | 4 | 3 | 2 | 1 |

**PRACTICE-BASED LEARNING AND IMPROVEMENT**

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

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

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

### Summative Professionalism Assessment Tool

<table>
<thead>
<tr>
<th>Assessment Category</th>
<th>Always</th>
<th>Usually</th>
<th>Occasionally</th>
<th>Seldom</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the student exhibit a positive and profession attitude?</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Did the student exhibit emotional stability, maturity, empathy, and physical and mental stamina?</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Did the student maintain current immunizations, CPR, and background checks?</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Did the student act appropriately in stressful situations?</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Did the student report any physical handicap or health issues that may affect their ability to provide safe, effective medical care?</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Professional</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the student show respect for other students and faculty members?</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Did the student comply with dress codes on campus and/or clinical sites?</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Was the student on time for classes and clinical rotations?</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Did the student exhibit unprofessional behaviors (including unnecessary conversation in class during lectures or laboratory sessions)?</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Was the student able to work cooperatively, promoting and preserving relationships with peers and other members of the healthcare team?</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Academic</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the student demonstrate the ability to learn and function in a wide variety of didactic and clinical settings? This includes demonstrating cognitive abilities necessary to master relevant content in basic science and clinical courses to provide the standard of care.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Was there evidence that the student can communicate effectively, both verbally and written, using appropriate grammar, spelling, and vocabulary?</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Question</td>
<td>Rating</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>--------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the student exhibit academic integrity?</td>
<td>4 3 2 1</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the student demonstrate adaptability relative to changing situations, environments and new information?</td>
<td>4 3 2 1</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Clinical**

<table>
<thead>
<tr>
<th>Question</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the student protect the patient’s safety and promote the patient’s well-being?</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>Did the student uphold ethical standards for health care?</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>Did the student provide competent medical care and extend to each patient the full measure of professional ability as a dedicated, empathetic student healthcare provider during clinical rotations?</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>Did the student provide competent medical care under the supervision of an assigned preceptor</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>Did the student demonstrate the ability to learn and function in a wide variety of clinical settings?</td>
<td>4 3 2 1</td>
</tr>
</tbody>
</table>

**Comments**

Faculty Signature ____________________________  Date ____________

Student Signature ____________________________  Date ____________
APPENDIX S

Study Plan Contract

STUDENT PANCE PREPARATION STUDY CONTRACT

Student: _____________________________________________

Date: __________________________

Faculty: _____________________________

Time Start: _____________End: _____________

Mode of Contact:

☐ Student Initiated ☐ Faculty Initiated ☐ Other: __________________________

Describe the reason for this encounter:
Any student who achieves scores within the concern category or risk category will be required to participate in a learning contract during the clinical year. If the student show sufficient improvement during subsequent formative or summative examinations they may be released from the supervised study contract. Any student who achieves scores in the critical risk or fail category will be required to complete all elements of a study contract supervised by a faculty advisor. The faculty advisor can determine if the student has not satisfied the required remediation which can result in a grade of incomplete in PA 631/632/633. Failure to satisfy the required remediation as defined by the study contract can result in a delay in program completion.

SCORE STATUS SUMM I PACKRAT SUMM II PP
1 – Fail

2 - Critical Risk

3 - Risk

4 - Concern

5 - Strong

6 - Very Strong
COMMENTS ABOUT SCORES AND PP

PANCE STUDY ACADEMIC REMEDIATION METHODS REVIEWED:

Clerkship study method_____

EORE remediation _____

Test self-analysis_____

COMPLETED TOPICS IN CLERKSHIP STUDY LIST

Recommendations for improvement:
COMMENTS/NOTES:

_________________________________________________________________

PLANS RECOMMENDED FOR STUDENT

☐ COMPLETE PANCE/MASTER TEST BANK ASSIGNMENT
   BY DATE______________

☐ COMPLETE TWO NCCPA PRACTICE EXAMS

☐ FOLLOW UP EVERY _____WEEKS

☐ COMPLETE TEST QUESTION STUDY PROGRAM

☐ SEND ALL TEST SCORES BY EMAIL TO ADVISOR

FOLLOW-UP SUMMARIES

Date: ___________  Faculty: __________________________

TOPICS
PANCE/MASTER CUMULATIVE PERFORMANCE
NCCPA PRACTICE EXAM SCORES
STATUS OF CLINICAL YEAR STUDY PROGRAM
**TOPICS**
- PANCE/MASTER CUMULATIVE PERFORMANCE
- NCCPA PRACTICE EXAM SCORES
- STATUS OF CLINICAL YEAR STUDY PROGRAM

**Terms:** Student understands that failure to complete study plan will result in a grade of I (Incomplete) in PA 632/633 and will delay graduation.

Student Agreement to above study plan and terms ________________________________

Faculty signature ________________________________

Course ________________________________