CLINICAL MANUAL

Marietta College
Physician Assistant Program

Academic Year 2009-2010
Introduction

Congratulations students! You have completed the didactic phase and are about to embark on the clinical phase of your physician assistant education. The next 15 months will be the most challenging, rewarding, and yes, at times frustrating segment on your journey to becoming a physician assistant. Each of your preceptors during your clinical rotations also has a copy of the Clinical Handbook.

The opportunities for learning, enhancing your skills, and developing your identity as a physician assistant will never be greater than they will be during the clinical phase. The responsibilities to yourself, your preceptors, and your patients will be tremendous; you need to take advantage of every opportunity and live up to the responsibilities – ultimately you and your patients will be the major beneficiaries.

Temptations to choose the “easy road” during this time will be great, but allowing yourself to take this path will be a disservice to your preceptors, your patients, and especially to yourself. Discipline and challenge yourself to study to make the most of the opportunities afforded to you during this time – remember there is always something new to learn, even in the most mundane tasks and that each clinical encounter will be as successful as you make it.

During the next 15 months, keep in mind that you are representing the physician assistant profession as well as the Marietta College Physician Assistant Program. Many times you may be the first contact that a patient or other healthcare professional has had with the PA profession or Marietta College, so make every attempt to be a “positive representative” for your profession and for the college.

The faculty and staff of the Marietta College Physician Assistant Program want to offer any help and guidance you may need during this time, remember we are only a phone call away. We wish you the best of luck and hope your clinical phase is both enjoyable and rewarding.

All information is accurate at time of publication. The program reserves the right to make changes at any time with timely notification to students.
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Marietta College Physician Assistant Program

THE COLLEGE MISSION

Marietta College offers students a contemporary liberal arts education. The institution's mission is to provide students with an integrated, multidisciplinary approach to critical analysis, problem solving, and the leadership skills required to translate what is learned into effective action.

PHYSICIAN ASSISTANT PROGRAM

Marietta College established the Physician Assistant Program within the Physician Assistant Department. In May 1999, the Marietta College Board of Trustees identified the development of a Master's level Physician Assistant Program as a goal to serve the needs of the public by providing a health profession educational program to help meet the health care provider needs of Ohio and the region. The Marietta College Physician Assistant Program is accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) with the next site visit in 2010. The Marietta College PA Program graduated their first class of students in August 2004.

The Physician Assistant Department offers a 27-month Master's Degree program and upon successful completion of the program, students graduate with a Master of Science in Physician Assistant Studies (MSPAS). As a graduate of an ARC-PA accredited program, our students are eligible to sit for the Physician Assistant National Certifying Examination (PANCE), which is required for licensure.

PA PROGRAM MISSION

The mission of the Marietta College Physician Assistant Program is to help meet the need for qualified health care providers. The program accomplishes this by selecting individuals who have the academic, clinical and interpersonal aptitudes necessary for education as physician assistants.

PROGRAM GOALS

To design a curriculum that builds the cognitive, clinical, interpersonal, and professional skills needed for the supervised practice of medicine as physician assistants.
To provide the educational tools so that graduates will be able to identify, analyze and manage clinical problems, and provide effective, efficient, and humane patient care with physician supervision.

**PROGRAM GENERAL OBJECTIVES**

Marietta College Physician Assistant Program is designed to provide students with the skills and activities that enhance their professional and personal growth as physician assistants through course objectives which cover three areas of learning: Cognitive Skills (knowledge base), Psychomotor Skills (manipulative and motor skills), and Affective Skills (attitudes and values).

The graduate will be able to demonstrate:

1. The knowledge of the structures of the human body and how they function at the biochemical and physiological level.
2. An understanding of the common pathophysiological disturbances that occur in each of the organ systems and those disease processes in human beings resulting from immunological disorders or from infectious organisms.
3. The knowledge of the principles of drug absorption, distribution, action, toxicity, and elimination.
4. A practical, working knowledge of commonly prescribed drugs.
5. The knowledge and the application of the use of the clinical laboratory in the diagnosis and management of disease states.
6. An understanding of the health care and social service systems, and the role of the PA/Physician Team within those systems.
7. The knowledge and appreciation of the importance of legal and ethical concepts related to medical care.
8. An understanding of the PA profession, its origin, and development.
9. The application of scientific method to the solution of medical problems.
10. The knowledge and ability to perform the skills necessary for patient evaluation, monitoring, diagnostic/therapeutics, counseling, and appropriate referral.
11. An understanding of the principles of scientific inquiry and research design, so that they will be able to apply those principles to critically interpret medical literature and enhance their ability to provide quality health care.
12. The attitudes and skills which show a commitment to personal growth and sensitivity to cultural and individual differences.

**TECHNICAL STANDARDS**

Marietta College Physician Assistant Program students are expected to perform and be competent in many functions and tasks which signify that the holder is an individual prepared for entry-level employment as a PA. In a professional role the physician assistant can provide medical services under the supervision of a Doctor of Medicine or Doctor of Osteopathy in accordance with the laws of medical practice. The services must, for the safety and welfare of the patient, be of the same professional quality that
would be rendered by the supervising physician. The physician assistant must have the knowledge and skills to function in a broad variety of clinical situations and to render a wide spectrum of patient care. They must be able to integrate all information received by whatever sense(s) employed, consistently, quickly, and accurately, and they must have the intellectual ability to learn, integrate, analyze and synthesize data.

A candidate for the physician assistant profession must have abilities and skills including observation, communication, motor, conceptual, integrative and quantitative, and behavioral and social and professional standards. Technological compensation can be made for some disabilities, but such a candidate should be able to perform in a reasonably independent manner.

I. **Observation**: A candidate must be able to observe a patient accurately at a distance and close at hand. Observation necessitates the functional use of the sense of vision and somatic sensation. It is enhanced by the functional use of the sense of smell and touch. The candidate must possess adequate sensation of vision, hearing, equilibrium, smell, taste, touch, pain, temperature, position, pressure, movement, stereognosis, and vibration in the observation of changes in symmetry. The candidate must be able to observe demonstrations, experiments, and results in the basic sciences and clinical courses.

II. **Communication**: A candidate must be able to communicate effectively and sensitively with patients, physicians, and other health care professionals. The candidate must be able to communicate effectively and efficiently in oral and written form with all members of the health care team. A candidate should be able to speak, to hear, and to observe patients in order to elicit information, describe changes in mood, activity and posture, and perceive nonverbal communications.

III. **Motor**: Candidates should have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers. A candidate should be able to do basic laboratory tests, carry out treatment and diagnostic procedures, and read EKGs and X-rays. A candidate should be able to execute motor movements reasonably required to provide general care and emergency treatment of patients. Examples of emergency treatment reasonably required of physician assistants are cardiopulmonary resuscitation, the administration of intravenous medication, the application of pressure to stop bleeding, the opening of obstructed airways, the suturing of simple wounds, and the performance of simple obstetrical maneuvers. Such actions require coordination of both gross and fine muscular movements, equilibrium and functional use of the senses of touch and vision.

IV. **Intellectual-Conceptual, Integrative and Quantitative Abilities**: These abilities include measurement, calculation, reasoning, analysis and synthesis. Problem solving, the critical skill demanded of physician assistants, requires all of these intellectual abilities. In addition the candidate should be able to
comprehend three-dimensional relationships and to understand the spatial relationships of structures.

V. Behavioral and Social Attributes: A candidate must possess the emotional health and stability required for full utilization of his/her intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients, and the development of mature, sensitive and effective relationships with patients. Candidates must be able to tolerate physically taxing workloads and to function effectively under stress. They must be able to adapt to changing environments, to display flexibility and to learn to function in the face of uncertainties inherent in the clinical problems of many patients. Compassion, integrity, concern for others, interpersonal skills, and interest and motivation are all personal qualities that are assessed during the admissions and education processes.

VI. Professional Standards: A candidate must consistently display honesty, integrity, respect for self and others, tolerance, caring, fairness, and dedication to their patients, peers, PA faculty and staff, Marietta College faculty and staff, the community and the PA profession.

GRADUATE FUNCTIONS AND TASKS

Marietta College Physician Assistant Program graduates are expected to perform and be competent in many functions and tasks as entry-level physician assistants. The entry-level physician assistant must be able to function in various clinical encounters, including: initial workups, continued care, and emergency care. The graduate must be able to identify, analyze, and manage clinical problems and be able to apply a scientific method to the solution of the medical problems. The graduate's functions and tasks are divided into six categories: evaluation, monitoring, diagnostics, therapeutics, counseling, and referral.

A. Evaluation

The graduate will be able to perform an accurate and comprehensive history and physical examination for patients of any age, in any health care setting, and be able to recognize and interpret pertinent factors in the patient’s history and physical findings.

The medical information obtained will be organized and presented in a form that lends itself to physician interpretation and will be recorded in the medical record.

B. Monitoring

The graduate will be able to manage health care activities in the acute care, long term care, home care and outpatient settings by making routine rounds, ordering needed diagnostic tests and therapies, accurately recording progress notes and other documentation, providing services necessary for continuity of care, nursing homes and
house calls. The graduate will be able to focus on identifying risk factors and characteristics for patient population groups at risk.

C. Diagnostics

The graduate will be able to initiate requests for routine diagnostic procedures, assist with obtaining quality specimens and/or performing common laboratory and diagnostic procedures, and establish priorities for appropriate diagnostic and laboratory testing.

The graduate will be able to order and interpret common laboratory procedures, such as, CBCs, sedimentation rates, serum chemistries, urinalyses, microbiological smears and cultures from various sites, pulmonary function testing, electrocardiograms, and plain film radiographs.

D. Therapeutics

The graduate will be able to perform routine therapeutic and/or diagnostic procedures including injections, immunizations, applying and removing casts and splints, debriding and repairing minor lacerations and wound care, managing and caring for simple conditions, assisting surgeons, and assisting in the management of complex illnesses and injuries such as: initiating evaluation and management of acute life-threatening situations from motor vehicle accidents and trauma injuries, cardiac arrest, respiratory failure and other life-threatening situations.

E. Counseling

The graduate will be able to provide patient education and counseling services such as: instructing preventive medicine measures and the impact of habits and lifestyles on health; fostering an awareness of signs, symptoms and precautions for certain diseases common to certain age groups; helping patients and families understand issues of normal growth and development; sensitively working with patients making family planning decisions; helping patients cope with emotional problems of daily living; help patients and family members cope with the emotional issue of the dying patient; and being able to discuss implications of certain diagnostic and therapeutic procedures, diseases, and medications.

F. Referral

The graduate will be able to recognize their own limitations and the limitations of their practice setting, facilitating timely referral of patients to appropriate physicians and others in the interdisciplinary health care team and social service agencies.
Clinical Year Policies
Physician Assistant Program

The clinical rotations provide further instruction in anatomy, pathophysiology and clinical medicine, focusing on the areas traditionally defined by family medicine, internal medicine, pediatrics, prenatal/gynecology, emergency medicine, surgery, orthopedics, and psychiatry/behavioral medicine. Training experiences occur in ambulatory, emergency, in-hospital and long-term care settings. Physician assistant students learn to deliver health care services to diverse patient populations of all ages with a range of acute and chronic medical and surgical conditions. Students interview and examine patients, identify health care risks and problems, transmit patient information in verbal and written form to physicians, obtain specimens for diagnostic testing, participate in surgeries, monitor programs of evaluation and therapy, and discuss preventive health care behaviors with patients and families.

HEALTH INSURANCE

Policies require that all Marietta College PA students carry major medical health insurance during their education at Marietta College. Students may indicate that they wish to maintain coverage through parent, spouse or a private plan for the medical health insurance portion of this plan. The student is required to show proof of coverage at the beginning of each school year, and if changes are made they must be reported immediately to the program.

DOCUMENTATION OF IMMUNIZATIONS

Marietta College Physician Assistant Program takes seriously its responsibility to maximally protect students, staff, and patients from all potential health threats including infections. This is accomplished, in part, by requiring proof of all of the following immunizations PRIOR to entry into the Marietta College Physician Assistant Program.

Measles, Mumps & Rubella (MMR)
- Students must show proof of having received 2 doses of MMR and provide proof of immunity with titers for measles, mumps, and rubella.

Diphtheria, Pertussis, Tetanus (DPT)
- Students must show proof of having received the entire DPT series and of having a Td or Tdap (preferred) booster within the past ten years.

Varicella (Chicken Pox)
- Students must show proof of immunity with a titer after having had the disease or having received the vaccination.
Tuberculosis
- Students must show proof of a two-step tuberculin skin test administered within the year prior to entering the PA Program.
- If tuberculin skin test is or has been positive in the past, documentation from a health care provider of the treatment course recommended and a report of the baseline chest x-ray (to be kept on file with Student Health) must be provided.

Hepatitis B
- Students must show proof of having received the Hepatitis B series and provide proof of immunity with post-vaccination testing for antibody to Hepatitis B Surface Antigen (Anti-HBs).

HIPAA COMPLIANCE

Prior to entrance into the clinical year, all students are trained in the Health Insurance Portability Accountability Act (HIPAA) (http://www.hhs.gov/ocr/hipaa/privacy.html) medical privacy regulations. Students will not be permitted to begin the clinical year without HIPAA training. Students must demonstrate continuous compliance with these regulations throughout the clinical year. Failure to do so may result in suspension or dismissal from the program.

COMPLIANCE WITH UNIVERSAL PRECAUTIONS

Safety is an important objective for the student and for patients. During the didactic phase of the program, each student received training on Universal Precautions and learned about the appropriate methods of handling blood, tissues and bodily fluids as well as dealing with the management of communicable diseases. As part of professional development, each student is responsible for incorporating these precautionary measures into the daily routine while taking care of patients throughout the clinical year. It is the student’s responsibility to become familiar with the policies and procedures for employing these precautions at each of the rotation sites to which the student is assigned. All students will participate in clinical affiliation requirements for safety and quality assurance compliance at the direction of the clinical affiliation personnel.

GUIDELINES FOR STUDENT EXPOSURES

Seek medical treatment immediately and follow the procedure outlined below:
- Decontamination – vigorous flushing of mucous membranes, eyes and/or thorough hand washing.
- Immediately report incident to appropriate office or hospital personnel and follow established protocol.
- If no established protocol, seek treatment at the nearest Emergency Department.
Provide thorough and detailed history of incident to include:

- Date/time of incident and procedure being performed when the incident occurred
- Who assigned the duties
- Nature of the accident — how it happened
- Nature of the injury — puncture, scratch, bite, etc.
- Extent of injury — depth, amount of blood or fluid potentially injected or on exposed surface
- Name and medical record number/social security of patient whose blood or fluid you were exposed to and any pertinent information known about the patient; if the source is HIV+, the stage of disease, viral load, and antiretroviral resistance information, if known
- Personal protective equipment worn at the time of the exposure
- Decontamination/first aid provided at time of incident
- Name(s) of other personnel that witnessed incident
- Name(s) of personnel notified of incident

Contacts:

- Clinician’s Post Exposure Prophylaxis Hotline – 1-800-448-4911 or www.cdc.gov/NIDSH/topics/bbp

Cost of testing and treatment following incident, if not covered by the facility or student’s health insurance, will be the responsibility of the student.

The Marietta College Physician Assistant Program (740-376-4458) should be notified of incident within 24 hours with a detailed history of the incident.

PROGRAM RESPONSIBILITIES

The Program will be responsible for assuring that during the clinical rotations each student keeps in force professional liability insurance in the amount of $1,000,000 per occurrence and $3,000,000 in the aggregate covering students of the College for claims involving bodily injury, or death on account of alleged malpractice, professional negligence, failure to provide care, breach of contract, or other claim based upon failure to obtain informed consent for an operation or treatment. This document will be provided to the preceptor prior to the start of the rotation.

- The Program will be responsible for assuring that during the clinical rotations each student keeps in force personal health insurance as stipulated by the College.
- The Program will protect the student and their educational learning experience if it is deemed they are in danger or in an environment not conducive of learning.
- The Program will withdraw any student from a rotation at the request of the preceptor when it is deemed that the student’s work, conduct, or health is considered detrimental to patients or the practice site.
• The Program will withdraw any student from a rotation if there is a significant conflict between the student and preceptor that would deter from the rotation experience.
• The Program will coordinate the assignment of students with the preceptor and designate a faculty member(s) who shall act as a liaison and information resource for the preceptor.
• The Program will evaluate rotation sites to assess student progress and to address any preceptor and/or student issues.
• The Program will maintain frequent communication with students while they are on rotations.
• The Program will determine the final grades for students in the clinical year.

CRIMINAL BACKGROUND CHECKS

The Marietta College PA Program performs a background check on all matriculated students prior to the first day of classes. A second background check (including electronic finger printing) will be performed prior to the start of the clinical rotation phase of the PA program. The College reserves the right to dismiss any student for not declaring a criminal record.

PRECEPTOR RESPONSIBILITIES

• The preceptor agrees to accept responsibility for the student and to provide careful supervision of the clinical activities of the student, insuring the highest standards of patient care and safety, while providing a sound educational experience for the student.

• The preceptor agrees to promptly inform the Clinical Coordinator (740-376-4987) or Program Director (740-376-4458) if significant problems of a personal or professional nature develop requiring faculty attention, knowledge, or consultation.

• The preceptor agrees to provide clinical hours (minimum of 40 hours/week) for the student to attend and participate in clinical activities at the rotation site.

• The preceptor agrees to insure provision of quality medical care and agrees to monitor (to the point he/she deems necessary) the clinical performance of the student and to countersign all orders, chart entries, etc. as stipulated by state regulation and facility rules.

• The preceptor agrees to review the educational objectives provided by the Program and to make reasonable efforts to assist the student in attaining the competencies and skills listed in the objectives.

• The preceptor agrees to take responsibility for introducing the student to personnel at the practice site and local medical facilities, informing these persons
of the proposed student clinical activities and clarifying the role and responsibilities of the student.

- The preceptor agrees to evaluate the student's performance by providing verbal and written feedback to the student as the preceptor deems necessary.

- The preceptor agrees to arrange an alternate preceptor or to give an assignment to the student if they will not be able to precept the student for more than 2 days.

- The preceptor agrees not to use students as a substitute for regular clinical or administrative staff.

- The preceptor agrees to provide supervision of a student's clinical activities in the clinical/office setting:
  - Histories, physical exams, laboratory/radiology tests, making assessment and treatment plans.
  - Case presentations or research projects as required by the preceptor.
  - Clinical procedures that are consistent with patient care.

- The preceptor agrees to provide supervision of the student's clinical activities in the Hospital setting:
  - Daily rounds: in-patient rounding, physical exams, recording progress notes and performing procedures that are consistent with patient care.
  - Assisting in surgery as directed by the preceptor.
  - Documentation (written/dictated) of admission/discharge summaries utilizing the established protocols.

- The preceptor agrees not to provide money or material goods to the student in return for his/her assistance in the medical care of patients.

- The preceptor agrees to allow site visits by faculty of the Marietta College Physician Assistant Program to assess the progress of students.

- The preceptor agrees to complete and return the end of rotation evaluation form as soon as possible. The final grade for the student cannot be assigned until the Program receives this evaluation.

- The preceptor agrees to supervise the student within the preceptors' scope of practice. The Ohio Scope of Practice for PAs is provided below as an example.

**Ohio Scope of Practice for Physician Assistants**

The following are services that a physician assistant may provide in the State of Ohio. The services when supervised by a clinical preceptor are well within a physician assistant student's scope of practice during clinical rotations in office or hospital settings. The
following information was obtained from the Ohio Revised Code, chapter 4731 on the State Medical Board of Ohio website http://med.ohio.gov/medpa.htm to help serve as guidelines for the clinical preceptors.

(A) The physician assistant shall perform only in the manner and to the extent set forth in the standard utilization plan and any supplemental plans of the supervising physician as approved by the state medical board. Further, the physician assistant shall perform only within the degree of supervision specified in the standard utilization plan and any supplemental plans of the supervising physician as approved by the state medical board.

(B) Pursuant to a standard utilization plan as approved by the board, a supervising physician may authorize a physician assistant to perform the following functions:

(1) Under “off-site supervision, on-site supervision, or direct supervision” as defined by rule 4731-4-03 of the Administrative Code:

(a) Obtaining comprehensive patient histories;

(b) Performing physical examinations, including audiometry screening, routine visual screening and pelvic, rectal, and genital-urinary examinations when indicated;

(c) Initiating, requesting and/or performing routine laboratory, radiologic and diagnostic studies as indicated;

(d) Identifying normal and abnormal findings on histories, physical examinations, and commonly performed initial laboratory studies;

(e) Assessing patients;

(f) Developing treatment plans for patients;

(g) Implementing treatment plans that have been reviewed and approved by the supervising physician, subject to the supervision requirements of rule 4731-4-03(D) of the Administrative Code;

(h) Monitoring the effectiveness of therapeutic interventions;

(i) Providing patient education;

(j) Instituting and changing orders on patient charts as directed by the supervising physician, with any such orders written by the physician assistant to be reviewed by a supervising physician within twenty-four (24) hours after the order is written and countersigned if the order is appropriate;
(k) Screening patients to aid the supervising physician in determining need for further medical attention;

(l) Performing developmental screening examinations on children as relating to neurological, motor and mental functions;

(m) Performing care and suturing and removal of sutures of minor lacerations;

(n) Applying cast or splint and removing such cast or splint under direction of the supervising physician. Such application shall be made only after examination by the supervising physician;

(o) Administering medication and intravenous fluids upon order of the supervising physician;

(p) Removing superficial foreign bodies after consultation with the supervising physician and under his direction;

(q) Inserting a Foley or Caudae catheter into the urinary bladder or removing the catheter;

(r) Performing cardio-pulmonary resuscitation;

(s) Carrying out or relaying the supervising physician’s orders for medication, to the extent permitted under laws pertaining to drugs;

(t) Noninvasive application of skeletal traction under physician order;

(u) Removing intrauterine devices;

(v) Performing punch biopsies of superficial lesions;

(w) Removing arterial lines;

(x) Removing central venous catheter;

(y) Inserting and removing nasogastric tube; and

(z) Adjusting skeletal traction, excluding cervical traction, as ordered by the supervising physician.

(2) Under “on-site or direct supervision” as defined by rule 4731-4-03 of the Administrative Code:

(a) Injection of contrast for IVP under direct supervision.
(3) Assisting in surgery in a hospital, as defined in section 3727.01 of the Revised Code, or an outpatient surgical care center affiliated with the hospital if the center meets the same credential, quality assurance and plan review standards as the hospital, provided that these physician-supervised procedures have been delineated within the scope of practice of a physician assistant and approved by the appropriate committee of the hospital or outpatient surgical care center where such services are to be rendered.

(a) A physician assistant shall function as a physician assistant assisting in surgery only when under the direct supervision of the surgeon who is present during the surgery and only when the participation of a physician assistant assisting in surgery is indicated on the informed consent form. The performance of the following listed tasks is solely for the purpose of assisting the surgeon in performing a safe operation and shall not be construed to allow the physician assistant to perform surgery. The tasks a physician assistant assisting in surgery may perform include, but are not limited to, the following:

(i) handling of tissue;

(ii) using instruments (e.g., retractors);

(iii) providing hemostasis; and

(iv) placing sutures as part of the surgical procedure;

(b) A physician assistant functioning as a physician assistant assisting in surgery may close subcutaneous tissue and skin when the surgeon who performed the surgery provides supervision in close proximity within the surgical suite.

(c) No physician assistant shall otherwise perform surgery, act as a surgeon, hold himself or herself out as a surgeon, practice medicine independently, or hold himself or herself out as a physician as defined in Chapter 4731 of the Revised Code.

(d) No person registered as a physician assistant under Chapter 4730 of the Revised Code shall engage in the practice of assisting in surgery unless the physician assistant meets the requirements of Chapter 4730 of the Revised Code and this Chapter of the Administrative Code.

(e) No physician assistant shall perform a surgical task or procedure which is the primary purpose of the surgery.
**STUDENT RESPONSIBILITIES**

- The student will conduct themselves in a courteous, respectful, and professional manner at all times.
- The student will identify themselves as a Marietta College Physician Assistant Student.
- The student will be hardworking, conscientious and accountable.
- The student will be responsible for taking an active role in their clinical education.
- The student will demonstrate awareness of professional limitations and will only perform activities assigned by and under the supervision of their preceptor.
- On the first day of the rotation, the student will inform the preceptor of their individual needs; this includes sharing with the preceptor where the student feels he/she “is” and where he/she “ought to be” in specific clinical requirements and clinical skills. He/she will review rotation objectives and evaluation form with the preceptor.
- The student will adhere to the regulations and policies of the Marietta College PA Student Handbook and the Marietta College PA Clinical Handbook.
- The student will follow the rules and regulations of the hospital or other institutions in which he/she works and agrees to complete any additional training and/or testing required by the facilities.
- The student will make all reasonable efforts to maintain good relationships at all times with patients, staff, and preceptors.
- The student will complete all assignments as well as site and preceptor evaluations on Web CT at the completion of each rotation.
- The student is responsible for discussing with preceptor a midpoint evaluation for each rotation.
- The student will never see, treat and discharge a patient without having the preceptor see the patient.

**ROTATION ATTIRE AND APPEARANCE**

- The student must always look like a professional.
- The student will dress in a conservative fashion.
- The student will wear a clean and pressed, white waist-length lab coat at all times.
- The student will always wear their Marietta College ID badge.
- The student’s body will be adequately covered. Inappropriate skin exposure includes the torso, back, shoulders, thighs, and cleavage.
- Inappropriate clinical clothing includes camisoles, tank tops, t-shirts, anything denim, sweatshirts, belly shirts, low-riders, mini-skirts, anything transparent or see-through, and any stained, ripped, or torn clothing.
- The student’s clothing should always appear clean and pressed.
- Shoes will be comfortable and quiet with closed-toes.
- Nails should be short, clean with no brightly colored polish.
- Jewelry should be minimal. The only appropriate piercings are two per ear.
- The student should attempt to conceal any offensive tattoos.
• Cologne/perfume is not appropriate in clinic.
• Make-up should be minimal.
• Hair should be clean and neat. Women should keep hair pulled back from face. Men should keep hair above the collar and must be free of facial hair.

Appearance projects a professional image representing the student, the profession and the College. Students improperly attired can expect to receive a verbal warning from a clinical preceptor or faculty member. A second infraction during the same rotation will result in a letter of concern and/or dismissal from the rotation until the student can appear in proper attire.

TRAVEL, TRANSPORTATION AND HOUSING

Students are responsible for all transportation while on rotations. It is the student’s responsibility to provide their housing during rotations.

ATTENDANCE AND LEAVE OF ABSENCE

• The student is expected to be in attendance daily and when asked, to be available to the preceptor which may include evenings and/or weekends.
• The student must notify the PA Program office (740-376-4458) AND their preceptor of any absence.
• An absence of two or more consecutive days requires a written excuse from a health care provider.
• An unexcused or extended absence will require that the student appear before the PA Program Progress and Conduct Committee.
• Unexcused absences from a rotation may jeopardize the student’s enrollment in the Program.
• Emergency leave needs to be discussed with the Clinical Coordinator and be approved by the Program. Depending on the circumstance and length of time missed there may be a need to repeat the rotation. Upon re-entrance to clinical rotations the student will follow the clinical handbook currently being used by the Program.
• Holidays – students are expected to follow the schedule of their Preceptor with the exception of scheduled MC PA Program vacation.

A leave of absence from the Marietta College Physician Assistant Program may be granted by the Marietta College PA Program Director for a specific period of time if deemed necessary for medical or personal reasons. Requests for leaves of absence must be made in writing to the PA Program Director. Reasons for a leave of absence may include, but not limited to: family or personal medical leave, pregnancy, birth of a child, injury or disability. Such students will be permitted to resume course work upon satisfactory resolution of the problem necessitating the leave of absence.
Funeral – Individual arrangements are between the student and the PA Program. The details of making up missed work will be discussed between the preceptor and the PA Program Director.

Jury Duty – Immediately, upon receiving a notice for jury duty the student must provide the PA Program Director with a copy of the notice. The PA Program Director will provide you with a letter documenting your position and standing in the program for the court. Any work missed due to jury duty will be the responsibility of the student.

Military - If you are called to serve as a member of the U.S. Armed Forces and are a student in the program, you are eligible for re-admission following your term of service. The procedure is as follows:
1. You must show your orders to the PA Program as soon as you receive them.
2. You satisfactorily complete your active duty service.

Pregnancy – Students who become pregnant while enrolled in the Physician Assistant Program are advised to notify the PA Program Director as soon as possible. Because there is always some risk of exposure to infectious disease, it is important that the student take the necessary precautions to avoid harm to the fetus. If a student chooses to remain a part of the program, she must provide a note from her health care practitioner indicating permission to continue in the curriculum. A leave of absence due to pregnancy may be granted by the Marietta College PA Program Director.

OUTSIDE EMPLOYMENT

Due to the rigorous nature of the clinical year, the demands placed on students are extremely high, particularly with respect to their clinical work schedule and associated study requirements. In order to meet these demands and successfully complete the rotational experience, the student must be flexible and make the clinical year a top priority for a finite period of time. It is for this reason that the program prohibits outside employment throughout the clinical year.

USE OF STUDENTS AS STAFF

Clinical rotations should be an educational experience for the physician assistant student. At no time during the clinical experiences should the student be called upon or used to substitute for regular clinical or administrative staff. If a situation arises where an individual is asked to perform in a role other than that of student or to substitute for a staff member, the student should contact the program immediately for guidance.

EMERGENCY CONTACT

All students must provide current address, phone number(s) and emergency contact information to the PA Program. Any changes to this information must be reported to the Program immediately. The student will give their preceptors and/or site (office)
direct and current contact number and get a direct number for both the preceptor and site (office).

**HARASSMENT**

Harassment of any sort by students, faculty or staff will not be tolerated. (See Marietta College Student Handbook, pgs. 46-57).

**HOW TO RESOLVE PROBLEMS**

A student who has any clinical rotation concerns should address them in a professional manner.

1. If it is a question or concern about a rotation. First, you should talk with the preceptor.
2. If preceptor cannot help you resolve the matter, you should then speak to the Clinical Coordinator who will consider the problem and attempt to resolve the issue.
3. If the situation needs further review or you do not feel that the question/problem has been addressed, it will then be presented to the Chair/Director.

Do not allow small problems to turn into large problems, address those issues immediately so that the issue can be resolved quickly.

**STATEMENT OF NONDISCRIMINATION**

Marietta College admits students of any race, color, national or ethnic origin, disability, gender orientation, or religious affiliation to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin, disability, gender orientation, or religious affiliation in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other college-administered programs. If you have questions regarding our non-discrimination policy, please contact our Director of Human Resources.

**SERVICES FOR STUDENTS WITH DISABILITIES**

Marietta College complies with Section 504 of the Rehabilitation Act of 1973 and the American with Disabilities Act regarding non-discrimination against persons with disabilities. Any person having inquiries concerning Marietta College’s compliance with Section 504 of the Rehabilitation Act of 1973 should contact the 504 Compliance Officer, Barb Cheadle, Academic Resource Center, Marietta College, Marietta, OH 45750 (740) 376-4467, who has been designated by the College to coordinate efforts to comply with Section 504.
The College seeks to offer support to all students and strives to make reasonable accommodations for individuals with protected disabilities. All campus services for students with disabilities are coordinated through the College’s Academic Resource Center (known as “ARC”). Documentation of non-obvious disabilities must be provided to the ARC to establish recommended accommodations. In addition to reviewing documentation to facilitate arrangements for specific classroom accommodations, ongoing individualized guidance is available from the ARC’s Disabilities Specialist to include referrals to outside agencies for testing and assessment as necessary. Additional services available include tutoring, study skills assistance, access to adaptive technology (such as the Kurzweil 300 Scan/Read System, the Dragon Naturally Speaking Voice Dictation Software, and a TTY) and other personalized services based upon documented needs.

Students needing assistance with disability-related issues should contact the ARC (Andrews Hall, 740-376-4700, arc@marietta.edu) for more information. In addition, students are strongly encouraged to discuss individual class-specific needs with each faculty member at the outset of each academic course.

INCLEMENT WEATHER

The student will follow the policies of the clinical rotation site regarding attendance during inclement weather. If weather conditions at the time of call back days are uncertain, the College will make every effort to arrive at a decision regarding delayed opening or closing due to inclement weather at the earliest possible time. Every effort will be made to notify all radio and television stations by 5:30 a.m. Early closing because of inclement weather will be made known to students, staff and faculty using the closed circuit television system of the College, email and telephone communication from the Office of College Relations, and in-class announcements to students. Information regarding College delayed opening or closing will also be recorded on the telephone message system of the College. The number to call to receive this information is 740-376-4458. The College will also post the information on the main page of the college’s website – www.marietta.edu.

Students assigned to clinical rotations outside of the Marietta area are expected to follow the policies regarding weather-related closings and are responsible for exercising their own judgment concerning whether road conditions are safe enough for travel to the clinical site. The student is advised to begin by discussing the inclement weather policy for the assigned rotation site with the preceptor at the time of initial orientation. If the student decides against attending a clinical site because of inclement weather, the student must call and discuss this decision with the clinical preceptor and Clinical Coordinator of the MC PA Program.
Clinical Year Master Schedule  
Physician Assistant Program

The Marietta College Physician Assistant Program offers students a challenging course of study designed to prepare them for future roles as a Physician Assistant. The innovative curriculum leads to a Master of Science in Physician Assistant Studies (MSPAS) degree. The curriculum is used to provide each student with the knowledge, skills and attitudes requisite to providing quality medical care, functioning as an effective member of the health care team, and serving in an advocacy role for persons seeking medical care.

THE CLINICAL CURRICULUM

The clinical year involves an in-depth exposure to patients in a variety of clinical settings. It is during this phase of the student’s education that the student shapes and reinforces the skills described within the clinical role of the Physician Assistant. Completion of the student’s clinical rotations phase of the curriculum prepares the student to deliver quality illness prevention and disease management services in a wide variety of practice settings. The clinical year curriculum includes:

CLINICAL YEAR

<table>
<thead>
<tr>
<th>Fall Semester</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PASP 660</td>
<td>Family Medicine I</td>
</tr>
<tr>
<td>PASP 650</td>
<td>Internal Medicine</td>
</tr>
<tr>
<td>PASP 651</td>
<td>General Surgery</td>
</tr>
<tr>
<td>PASP 652</td>
<td>Prenatal Care/GYN</td>
</tr>
<tr>
<td>PASP 653</td>
<td>Pediatrics</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Spring Semester</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PASP 654</td>
<td>Emergency Medicine</td>
</tr>
<tr>
<td>PASP 655</td>
<td>Orthopedics</td>
</tr>
<tr>
<td>PASP 657</td>
<td>Psychiatry/Behavioral Medicine</td>
</tr>
<tr>
<td>PASP 658</td>
<td>Elective(s)</td>
</tr>
<tr>
<td>PASP 661</td>
<td>Family Medicine II</td>
</tr>
<tr>
<td>PASP 690</td>
<td>Capstone Project</td>
</tr>
</tbody>
</table>

Total Credits 56
CLINICAL ACADEMIC CALENDAR 2009-2010
The clinical calendar indicate the students’ arrival and departure times to the clinical preceptors and indicate the times when the student will be away because of holidays, vacations, examinations and call back days.

Family Medicine

Core Rotations
Internal Medicine, Emergency Medicine, General Surgery, Prenatal Care/GYN, Pediatrics, Orthopedics, Psychiatry
July 27, 2009 – August 27, 2009
August 31, 2009 – October 1, 2009
October 5, 2009 – November 5, 2009
November 9, 2009 – December 10, 2009

Vacation
December 12, 2009 – January 1, 2010

Elective Rotation I
Total of 8 weeks, may be all done at 1 or 2 site(s)
January 4, 2010 – January 28, 2010

Core Rotations
(Continued from above)
February 1, 2010 – March 4, 2010
March 8, 2010 – April 8, 2010
April 12, 2010 – May 13, 2010

Family Medicine II
May 17, 2010 – June 10, 2010

Elective Rotation II
June 14, 2010 – July 9, 2010

Summative Evaluations and Board Preparation
July 12, 2010 – July 16, 2010

Graduation
July 16, 2010
**Rotation Call Back Days**

Call back days are used to capture feedback from students about their rotational experiences, orient students to their upcoming clinical rotations, evaluate student knowledge and performance, and provide the student with enrichment seminars. All students are required to return to the Marietta College campus for "call back days". **Attendance is mandatory.** If you do not attend a call back day, you will be placed on probation. If you are late or leave early, 10 points will be deducted from your final grade for the rotation.

Each student is allotted $500 during their clinical year for travel expenses to and from their clinical site for call back days. A “Request for Reimbursement” form (obtain from Web CT) must be completed at each call back day. Mileage reimbursement will be paid at a rate of 50.5 cents per mile. Students that must travel greater than 180 miles (one way) may receive reimbursement for hotel expense up to $75. Reimbursement forms and hotel bills must be submitted on the call back day, they cannot be submitted at a later date. Reimbursement will be made in the form of a check which will be mailed to the student. Reimbursement will be available until the $500 per student is depleted.

The call back days will consist of end of rotation exams specific for the area of medicine recently finished, as well as instructional time, case presentations and lectures. Call back dates are listed below:

- **July 24, 2009** Family Medicine I Exam
- **August 28, 2009** Exam
- **October 2, 2009** Exam
- **November 6, 2009** Exam
- **December 11, 2009** Exam
- **January 29, 2010** PACKRAT
- **March 5, 2010** Exam
- **April 9, 2010** Exam
- **May 14, 2010** Exam
- **June 11, 2010** Family Medicine II Exam
- **July 12, 2010 – July 16, 2010** Comprehensive Exams
  - Physical Exam Evaluations
  - Board Preparation
ROTATION ORIENTATION AND ASSIGNMENTS

At the time students receive their rotation assignments, they will receive site profiles, including contact information. Two weeks prior to the rotation start date, students need to make contact with the site to arrange a meeting time and location as well as receive site-specific information (regarding parking, badges, etc.).

Rotation assignments will be distributed in a timely manner throughout the rotational year so that students have appropriate time to plan travel and housing if needed. At a minimum, students will be provided with at least five-week notice of their subsequent assignments unless an unexpected change occurs in the schedule.

SITE VISITS

At the discretion of the program’s clinical faculty site visits maybe scheduled to meet with the student and/or the preceptor to discuss progression and other pertinent issues in and around the rotational experience.

CLINICAL ROTATION PERFORMANCE

The process of student performance evaluation goes on throughout each rotation. The MC PA Clinical Coordinator will contact each student during the first and/or second week of the rotation to assess their progress. Each student will be visited by a MC PA faculty member twice during their clinical year.

The program uses several tools to help evaluate the MCPAP clinical year curriculum and clinical sites. Each of these tools is briefly described below.

- Preceptor and Site Profile – This form is used by the program to help evaluate the appropriateness of the site and the preceptor to provide adequate instruction to our students. This form is completed prior to students being assigned to a site. (See Appendix 1)

- Preceptor Evaluation of Clinical Skills – The student’s clinical preceptor completes a form after each of the clinical rotations. The form provides information about the student’s performance along different parameters. The information provided for each student allows us to amass a global picture of the clinical and cognitive abilities of the entire class at specified points in time throughout the clinical year. (See Appendix 2)

- Student Evaluation of Preceptor and Site – Each student will complete a preceptor and site evaluation online via Web CT at the conclusion of each rotation. These forms provide feedback regarding the effectiveness of the rotation, the effectiveness of the preceptor as a teacher, the ability of the rotation to help the student understand defined clinical principles and develop technical skills, and the ability of the setting to
strengthen the student's capacity to perform essential role responsibilities. (See Appendix 3)

- Patient Encounter Tracking System – Students will be required to enter patient encounter data online. Specifically, students will enter data daily throughout the clinical year to record patient encounters. This documentation allows the program to evaluate the level of involvement with patients and quantify student skills learned. If a student does not consistently enter patient encounter data, this will be reflected in his/her professional behavior grade.

The information derived from using these tools allows us to make informed decisions regarding the quality of the clinical experience offered any one student, class or group of students over time.

**PA Summative Examination**

At the conclusion of the clinical year each student is required to successfully complete (70% or >) the MC PA Summative Examination. Students unable to successfully pass the summative examination on the first administration will be allowed to retake the exam. Failure to pass the Summative Examination on the second attempt will result in a remediation plan and/or recommendation for dismissal to the Provost.
Course Requirements, Assessment, and Grading
Physician Assistant Program

Performance Evaluation Process

Students are responsible for the following

- Obtaining the evaluation form from Web CT
- Providing the form to the preceptor
- Reviewing the evaluation form with preceptor at beginning of rotation
- Obtaining the completed form from the preceptor at the end of the rotation
- Submitting completed form to Clinical Coordinator. Grades will not be assigned until this evaluation is received.

Calculating the Final Rotation Grade

The final rotation grade for the family medicine and all core rotations is derived from the following components:

<table>
<thead>
<tr>
<th>Component</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preceptor Evaluation of Clinical Skills</td>
<td>45%</td>
</tr>
<tr>
<td>Rotation Examination</td>
<td>45%</td>
</tr>
<tr>
<td>Rotation Assignments/Evaluations</td>
<td>10%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

The final rotation grade for the elective rotations is derived as follows:

If student rotates at 1 site for 8 weeks:

<table>
<thead>
<tr>
<th>Component</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preceptor Evaluation of Clinical Skills</td>
<td>90%</td>
</tr>
<tr>
<td>Patient Tracking/Evaluations</td>
<td>10%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

If a student rotates at 2 sites for 4 weeks each:

<table>
<thead>
<tr>
<th>Component</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elective 1 Preceptor Evaluation of Clinical Skills</td>
<td>45%</td>
</tr>
<tr>
<td>Elective 2 Preceptor Evaluation of Clinical Skills</td>
<td>45%</td>
</tr>
<tr>
<td>Patient Tracking/Evaluations</td>
<td>10%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>
**ROTATIONAL EXAM**

Rotational exams will be 50 questions.  
Time limit for rotational exams will be 50 minutes.  
- There will be **NO** rotational exam retakes  
- If a student’s cumulative GPA falls below a 3.0 the student will be informed by mail that they are on academic probation. Students not receiving a 3.0 cumulative GPA at the completion of the Program will not graduate.

**ROTATION ASSIGNMENTS AND EVALUATIONS**  
**FOR ALL ROTATIONS**

<table>
<thead>
<tr>
<th>Assignment</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient tracking (50 points for rotation)</td>
<td>Patient Encounters - Students are required to enter patient encounter data online using the Physician Assistant Student Tracking (PAST) online software provided by Typhon Group. Students must log on to the site <a href="http://www.typhongroup.net/marietta/">http://www.typhongroup.net/marietta/</a>. Encounters must be logged within 7 days of the patient encounter. Please enter data daily throughout the clinical year to record patient encounters. Failure to submit tracking will result in deduction of 10 points per week.</td>
</tr>
<tr>
<td>Fall/Spring Assignments (50 points)</td>
<td>See page 33-34</td>
</tr>
</tbody>
</table>
| E-mail/phone contact with Clinical Coordinator (50 points)               | 1st week check in and submit rotation schedule to the clinical coordinator  
24 hour reply to ALL e-mails/phone calls  
Only Marietta College accounts are to be used  
Repeated failure to maintain contact will result in deduction of points and/or appearance before the PA Program Progress & Conduct Committee. |
| Preceptor/Site Evaluation                                                | Complete on Web CT prior to call back day. Failure to complete will result in an assignment grade of zero points |
FALL ROTATION ASSIGNMENTS  
(JUNE – DECEMBER ROTATIONS)

| Written case and presentation  
  (50 points) |
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Must include ALL of following:</td>
</tr>
<tr>
<td>• History of Present Illness</td>
</tr>
<tr>
<td>Include “CLORIDPPA”</td>
</tr>
<tr>
<td>• Past Medical History</td>
</tr>
<tr>
<td>• Family History</td>
</tr>
<tr>
<td>• Social History</td>
</tr>
<tr>
<td>• Review of Systems</td>
</tr>
<tr>
<td>• Physical Exam</td>
</tr>
<tr>
<td>• Assessment</td>
</tr>
<tr>
<td>• Top three differential diagnoses</td>
</tr>
<tr>
<td>• Results of diagnostics that were ordered</td>
</tr>
<tr>
<td>• Treatment/Plan</td>
</tr>
<tr>
<td>Written case should be prepared in both a:</td>
</tr>
<tr>
<td>• Medical document format</td>
</tr>
<tr>
<td>• POWER Point presentation</td>
</tr>
<tr>
<td>Must incorporate evidence based medicine report into assignment, approximately ½ page, double spaced – citing reference from BOTH:</td>
</tr>
<tr>
<td>• 1 Journal (&lt; 3 years old)</td>
</tr>
<tr>
<td>• 1 Reference Text</td>
</tr>
<tr>
<td>All students should be prepared to present their case to the class if chosen.</td>
</tr>
<tr>
<td>E-mail to assigned faculty member one week prior to CBD (page 36)</td>
</tr>
</tbody>
</table>

Patient confidentiality is to be protected at all times. Patient identification is to include age, race, sex. Patient names and initials are not to be used. Also, the name of the facility and the preceptor is not to be provided. The remainder of the document is also to be HIPAA compliant. A student will automatically “fail” if they do not maintain patient confidentiality.

This comprehensive case write-up is to be submitted to your assigned faculty member one week prior to CBD. The case write-up can be submitted to the faculty by email. Failure to submit the write-up on time will be reflected in the evaluation grade as well as the professional behavior evaluation. (Refer to page 91 for the sample guidelines for the write up).
**PATIENT CASE PRESENTATION**

Selected students will orally present their presentation during call back day. Each student is to prepare a PowerPoint presentation that is **not to exceed 20 minutes**. The areas of information that are to be covered include a **problem focused** history and physical followed by the top three differentials including why the differential was selected and given the assigned rank, results of diagnostics that were ordered, treatment plan and any final “take home” messages. The student should come prepared for questions. This includes an understanding of the current medical literature related to the patient’s diagnosis and management. Again, patient confidentiality is to be maintained during the presentation. Media Services are available to help with development of the PowerPoint presentation and the Writing Center is available for those who may require some assistance with referencing.

**Guidelines for Presentation:**
- Present Case
- Present differentials
- Explanation of each differential with rationale as to why the patient may or may not have (approximately 1 to 2 slides per differential)
- Results of diagnostics
- Final Diagnosis with treatment or management plan and rationale for the plan
- Any take home messages or important things to consider regarding the diagnosis (evidence-based medicine should be incorporated)
- The entire presentation should not exceed 20 minutes

**SPRING ROTATION ASSIGNMENTS**
*(FEBRUARY - JULY ROTATIONS)*

| Write 5 clinical vignette test questions (50 points) | Clinical vignette test questions:
Must be in Word document in the correct format (see pages)
Must reference from one of the following:
• Current series
• Cecil
• Harrison’s
E-mail to assigned faculty member for the rotation **the Friday before CBD.**
Students must explain each correct and incorrect answer and be ready to discuss the question on call back day. A group test will be made using student questions. |
|-----------------------------------------------|--------------------------------------------------|
| OR Perform a problem oriented physical examination (Must receive an 80% or greater to receive full credit) | **Problem oriented physical examination:**
Each student must perform a problem focused physical examination. This will be scheduled on each CBD during the second half of the year. Each student will be scheduled once and will not be required to turn in clinical vignette questions that CBD. |
Clinical Vignette Question Format

Question:
Answer
Answer
Answer
Answer
Answer
Answer

1. Choose 1 of the following subject banks:
   Cardiology, pulmonology, endocrinology, HEENT, infectious diseases,
gastrointestinal, genitourinary, musculoskeletal, neurology, psychiatry, integument,
hematology, general pediatrics

2. List the correct answer for the question and explain why the answer is correct
   and the other choices are incorrect

3. Choose 1 of the following areas:
   History & physical, diagnostic studies, diagnosis, clinical intervention, clinical
   therapeutics, health maintenance, scientific concepts

4. List your reference from 1 of the following:
   Harrison's, Cecil or Current series (include edition number)

5. List the page number(s) of reference

6. Choose 1 of the following rotations:
   FM, IM, General surgery, ER, Pediatrics, Prenatal/GYN, Psychiatry, or Orthopedics

Question writing tips

- Use patients you are seeing in clinic and modify. You have a good start for
  everything you need...age, signs/symptoms, labs, etc
- Make the stem of the question clear enough that the reader will know the answer
  without looking at the options
- Make all answer options the same i.e.: all treatments, all medications, all
  diagnostic tests
- Do not use “but/except”, “which of the following are true/false” or multiple
  answer questions
- Do not use “in the above question” questions
- Include both the generic and trade names for drugs
Faculty Assigned for Clinical Rotations:

<table>
<thead>
<tr>
<th>Department</th>
<th>Faculty Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Medicine I &amp; II</td>
<td>Mrs. Jennifer Childers</td>
</tr>
<tr>
<td>Prenatal Care/GYN</td>
<td>Mrs. Jennifer Childers</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>Mr. William Childers</td>
</tr>
<tr>
<td>Psychiatry/Behavioral Medicine</td>
<td>Mr. William Childers</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>Mrs. Miranda Collins</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>Mrs. Miranda Collins</td>
</tr>
<tr>
<td>General Surgery</td>
<td>Dr. John Grosel</td>
</tr>
<tr>
<td>Orthopedics</td>
<td>Dr. Gloria Stewart</td>
</tr>
</tbody>
</table>

EVALUATION PROCESS

The assigned MC PA program faculty member or appointed designee will be responsible for guiding the student in preparation and evaluation of the patient case presentation and clinical vignette questions.

PROFESSIONAL BEHAVIOR

Any student who receives a mark in the Professional Attributes section of the preceptor evaluation form will be required to appear before the PA Program Progress and Conduct Committee.

FINAL ROTATION GRADE

Students who receive a grade below B- on their preceptor evaluation will be required to appear before the PA Program Progress & Conduct Committee. Students must receive a grade of “C” or better on all final rotational grades. Failure to do so will require the student to appear before the Progress and Conduct Committee and may require the rotation to be repeated.

If a student fails (final grade of less than a “C”) one rotation, they will have one opportunity to repeat the rotation for a passing grade at the end of the clinical year. Failure (final grade of less than a “C”) on two or more rotations will result in dismissal from the program.
A student cannot progress onto a new rotation until the clinical faculty has documented successful completion of all the components of the final rotations grade. Below is the grade conversion chart for determining the final letter grade.

**GRADING SCALE**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>90-100%</td>
</tr>
<tr>
<td>B</td>
<td>80-89.9%</td>
</tr>
<tr>
<td>C</td>
<td>70-79.9%</td>
</tr>
<tr>
<td>D</td>
<td>60-69.9%</td>
</tr>
<tr>
<td>F</td>
<td>&lt;59.9%</td>
</tr>
</tbody>
</table>

**ACADEMIC HONESTY AND EXAMS**

Dishonesty within the academic community is a very serious matter, because dishonesty destroys the basic trust necessary for a healthy educational environment. Academic dishonesty is any treatment or representation of work as if one were fully responsible for it when it is in fact the work of another person.

Academic dishonesty includes cheating, plagiarism, theft or improper manipulation of laboratory or research data. A substantiated case of academic dishonesty may result in disciplinary action, including a failing grade on the project, or failing grade in the course, or expulsion from the College.

In cases of suspected academic dishonesty, the instructor is advised to consult with his or her department chair. If it is determined that academic dishonesty has occurred, it is the responsibility of the instructor to notify the PA Program Director who will then notify the Provost.

Students have the right to appeal any penalties imposed for academic dishonesty in accordance with the Academic Grievance procedures described in the Marietta College Graduate Catalog (page 31).

The clinical coordinator is responsible for the proper conduct of examinations and will assign faculty to serve as proctors for final examinations.

Instructors are expected to assist in the promotion of academic honesty, through the following practices:

1. Students are expected to take examinations at the time designated.
2. Students will not take any material other than a pencil or pen into the exam.
3. All books, beepers, cellular phones and other communication devices are not permitted during examinations.
4. Each student is responsible to properly mark the answers on the computer (LXR) and on the answer sheet.
5. A student who arrives late to an exam will not be given additional time.
6. Students must not communicate with each other in any way.
7. At the end of the exam the student must return all exam materials before leaving the room.
8. Students may go to the rest room one at a time. No extra time will be allotted to complete the exam.
9. Students may not reenter the room after they have completed the exam.
10. Attendance at all examinations is mandatory.
11. In the event of an illness, the student must contact the PA Office, BEFORE the test.
12. If a student missed an examination due to excused illness or personal crisis, a make-up exam will be offered to the student at the discretion of the program.
13. Any questions or discrepancies regarding an exam should be addressed in writing, citing the discrepancy and listing references.
14. Changes in test scores will be made at the discretion of the clinical coordinator with input from the PA faculty.

In order to deter plagiarism and ensure appropriate use of resources in student research and learning, the College subscribes to a plagiarism prevention service, www.turnitin.com. Faculty may request that students submit their written work to the service to ensure that others' ideas are cited appropriately.

GOOD ACADEMIC STANDING

1) Within the meaning of these guidelines, a course is defined as a subject listed in the catalog under a specific name and number with a specific number of credit hours and for which registration will be allowed, in both the didactic and clinical phases of the PA Program curriculum. A grade of "C" or above represents acceptable professional work for the Marietta College PA Program.

2) Within the meaning of these guidelines, a grade of below "C" assigned after completion of the regular course term, will be considered to be a failing grade.

3) All students receiving a failing grade ("D" or "F") will be placed on academic probation immediately and referred to the PA Program Progress and Conduct Committee for evaluation. Students receiving a failing grade are not eligible to proceed in the program until the deficiency has been removed. A student who receives a failing grade in one course may remove the deficiency in a manner satisfactory to the program. A failing grade obtained during a clinical rotation may require repeating the rotation at a time convenient to the department. A student receiving two or more failing grades (original or repeated course work), either in the didactic and/or clinical phase of the curriculum, is automatically dismissed from the program.
4) **Students must maintain a cumulative GPA of 3.0 or higher throughout the program to be considered in good academic standing and to graduate from the program.**

5) Any student receiving a failing grade on a repeated course will be notified by the Program Director of their dismissal from the program. A student dismissed for academic reasons has fifteen (15) days to appeal in writing any adverse decision to the Graduate Council.

6) The Graduate Council will hear the graduate student’s case and make a recommendation to the Provost who will make the final decision. There is no appeal of the Provost’s decision.
Internal Medicine Rotation- PASP 650
Overview and Expectations

DESCRIPTION

The student will apply knowledge and principles learned in the didactic phase of the Program to interview, examine, evaluate, diagnose, and treat disease and injury encountered in an internal medicine practice setting.

INSTRUCTIONAL GOALS

The rotation will:

• Expose student to a variety of diseases and injuries involving all body systems, including cardiovascular, pulmonary, gastrointestinal, genitourinary, psychological, musculoskeletal, neurological, endocrine, and hematological. Nutritional disorders and infectious diseases will also be encountered.
• Develop the student’s ability to obtain an appropriate history.
• Develop the student’s ability to conduct a thorough and accurate physical examination.
• Develop the student’s understanding of the indications, limitations, and costs of various diagnostic studies used in the evaluation of disease and injury and disease prevention.
• Familiarize student with the therapeutic needs of patients with medical disorders, as well as the indications, limitations, and side effects of these therapeutic efforts.
• Develop the student’s ability to generate written documentation of each patient encounter.
• Develop the student’s ability to generate differential diagnoses.
• Develop the student’s ability to select a definitive diagnosis.
• Develop the student’s ability to choose the appropriate treatment plan for each patient encounter, including pharmacologic and non-pharmacologic therapies.
• Develop the student’s ability to recognize situations where referral to other healthcare providers is necessary and to identify the appropriate referral resource.
• Facilitate the student’s use of written and computer-based medical records for the documentation and transmission of patient-centered information to other members of the healthcare team.
INTERNAL MEDICINE TOPICS
The following are suggested topics and are not all inclusive.

Cardiovascular System
- Cardiomyopathy: Dilated, Hypertrophic, Restrictive
- Hypertension: Primary, Secondary, Malignant
- Congestive Heart Failure
- Acute Coronary Syndromes: Unstable Angina Pectoris, Myocardial Infarction
- Stable Angina Pectoris
- Dyslipidemia
- Vascular Disease: Aortic Aneurysm, Arterial Embolism/Thrombosis, Peripheral Vascular Disease, Venous Thrombosis
- Valvular Disease: Aortic Sclerosis/Stenosis/Regurgitation, Mitral Stenosis/Regurgitation, Mitral Valve Prolapse, Tricuspid Stenosis/Regurgitation, Pulmonary Stenosis/Regurgitation
- Bacterial Endocarditis; Rheumatic Fever
- Pericarditis
- Pericardial Effusion
- Cardiac Tamponade
- Cardiac Arrhythmias: tachycardia, bradycardia, atrial fibrillation, atrial flutter, supraventricular tachycardia, premature ventricular contractions, ventricular fibrillation, ventricular tachycardia, premature atrial contractions, multifocal atrial tachycardia, Torsades de Pointes
- Conduction Abnormalities: first, second, and third degree heart block, right bundle branch block, left bundle branch block, anterior hemiblock, posterior hemiblock

Pulmonary System
- Infectious Disorders: Influenza, Pneumonias (bacterial, viral, fungal, community-acquired, nosocomial), Tuberculosis, Pertussis
- Acute Respiratory Distress Syndrome
- Lung Cancer
- Solitary Pulmonary Nodules
- Chronic Obstructive Pulmonary Disease: Chronic Bronchitis, Emphysema
- Asthma
- Pleural Effusion
- Pulmonary Embolism
- Pulmonary Hypertension/Cor Pulmonale
- Interstitial Lung Disease

Gastrointestinal System/Nutrition
- Esophagus: GERD, Mallory-Weiss Tear, Strictures, Varices, Neoplasms, Rings, Achalasia
- Stomach: PUD, Neoplasms
- Liver: Acute/Chronic Hepatitis, Cirrhosis, Neoplasms
- Pancreas: Acute/Chronic Pancreatitis, Neoplasms
• Diverticular Disease
• Inflammatory Bowel Disease: Ulcerative Colitis, Crohn’s Disease
• Colorectal Cancer
• Small and Large Bowel Obstructions
• Infectious Diarrhea
• Cholelithiasis, Cholecystitis
• Biliary Disease: choledocholithiasis, stricture, primary sclerosing cholangitis

Genitourinary System
• BPH
• Prostatitis
• Urinary Tract Infections, Pyelonephritis
• Carcinoma: Bladder, Prostate, Renal Cell
• Renal Disease: Chronic Kidney Disease, Acute Renal Failure, Glomerulonephritis, Nephrotic/Nephritic Syndromes
• Electrolyte Disorders: Hypo/Hypernatremia, Hypo/Hyperkalemia, Hypo/Hypercalcemia, Hypomagnesemia
• Acid/Base Disorders: Metabolic Alkalosis/Acidosi, Respiratory Alkalosis/Acidosis
• Nephrolithiasis

Rheumatological System
• Systemic Lupus Erythematosus
• Giant Cell Arteritis
• Gout
• Rheumatoid Arthritis
• Polymyalgia Rheumatica
• Scleroderma
• Fibromyalgia

Musculoskeletal System
• Osteoarthritis
• Disorders of the Spine: stenosis, kyphosis, lordosis, spinal stenosis
• Disorders of the Bone: Osteomyelitis, Osteoporosis
• Infectious arthritis

Endocrine System
• Thyroid: Hypo/hyperthyroidism, Thyroiditis, Neoplasms, Myxedema, Thyrotoxicosis, Thyroid Nodule, Thyroid Carcinoma
• Hypo-/Hyperparathyroidism
• Cushing’s Syndrome/Disease
• Addison’s Disease
• Adrenal Crisis
• Diabetes Insipidus
• Diabetes Mellitus, Type 1 and Type 2
Neurological System
- Guillain-Barré Syndrome
- Diabetic Peripheral Neuropathy
- Myasthenia Gravis
- Multiple Sclerosis
- Seizure Disorders
- Cerebral Aneurysm
- Cerebrovascular Accident
- Transient Ischemic Attack
- Headaches
- Parkinson’s Disease
- Dementia

Hematological System
- Anemias: Aplastic, Vitamin B$_12$ Deficiency, Folate Deficiency, Iron Deficiency, G6PD Deficiency, Hemolytic, Sickle Cell, Thalassemias
- Transfusions
- Coagulation Disorders: Thrombocytopenia (ITP, TTP, Von Willebrand’s), Protein C and Protein S Deficiencies, Hemophilia A and B
- Leukemia: Acute/Chronic Lymphocytic, Acute/Chronic Myelogenous
- Lymphoma
- Multiple Myeloma

Infectious Disease
- HIV/AIDS
- Epstein Barr Virus
- Lyme Disease
- Meningitis
- Encephalitis

COGNITIVE OBJECTIVES
Upon completion of the rotation, the student must be able to:

- Identify the risk factors, signs and symptoms, and pertinent historical and physical examination findings of adults for each of the previous medical conditions.
- Compare and contrast the preventive care practices for adults according to age, including immunizations, disease screening, and accident prevention.
- Explain the clinical manifestations, anatomy, epidemiology, physiology, pathophysiology, and natural history associated with each of the previous medical conditions.
- Differentiate normal from abnormal human anatomy and physiology to include growth, development, and sexuality across the lifespan.
- Assess genetic mutations/disorders and chromosomal anomalies and make appropriate referral.
- Evaluate risk factors, signs and symptoms, and pertinent historical and physical examination findings associated with each of the previous medical conditions.
• Evaluate the patient’s clinical presentation in relation to the epidemiology, physiology, pathophysiology, and natural history associated with each of the previous medical conditions.
• Choose the appropriate laboratory and imaging studies needed to accurately diagnose the above medical conditions, taking into consideration the indications, contraindications, complications and cost-effectiveness of each.
• Interpret normal and abnormal diagnostic results including but not limited to blood, urine, sputum, cerebrospinal; pleural and peritoneal fluids, plain film, CT scan, MRI, angiography, ultrasound, EKG, and PFTs associated with each of the previous medical conditions.
• Generate differential diagnoses based on history and physical examination findings for each of the previous medical conditions.
• Select the definitive diagnosis based on history, physical examination findings, and laboratory and imaging studies.
• Construct an appropriate therapeutic management plan for each of the previous medical conditions.
• Choose the appropriate pharmacological treatments for the previous medical conditions, taking into consideration indications, contraindications, complications and cost-effectiveness.
• Select the appropriate diagnostic tests and follow-up needed for short- and long-term management of the previous medical conditions.
• Assess modifiable risk factors and lifestyle modifications associated with each of the previous medical conditions, and educate the patients about these risk factors and lifestyle modifications.
• Evaluate the social, emotional, and physical manifestations of sexual abuse, sexual assault, elder abuse, and substance abuse along with the reporting requirements under state law.
• Educate the patient about the indications for hospitalization for each of the previous medical conditions.

**PSYCHOMOTOR OBJECTIVES**
Upon completion of the rotation, the student must be able to:

• Assess the normal growth and development of individuals across the life span.
• Perform a complete and accurate history emphasizing those areas specific to the patient encounter.
• Perform an integrated and systematic physical examination with specific emphasis on pertinent system(s) as related to the patient encounter.
• Select the appropriate laboratory and radiographic diagnostic studies to order for the problem(s) encountered.
• Perform selected laboratory procedures including but not limited to: venipuncture, bladder catheterization, lumbar punctures, NGT placement, arterial blood gases, IV placement, and wound care.
• Interpret normal and abnormal results of various laboratory and radiographic diagnostic studies as related to the problem(s) encountered.
• Generate a problem list from the patient encounter.
• Generate differential diagnoses based on history, physical examination findings, and laboratory and imaging studies.
• Design a therapeutic plan for risk factor reduction and disease management in accordance with existing standards of practice for each of the medical conditions previously listed.
• Monitor a patient’s progress through continuous physical examination, data collection and analysis.
• Develop understanding in completing medical records (including reimbursement, coding and billing).
• Communicate information in a clear, concise and complete manner to physicians, other members of the healthcare team, and to patients.
• Assess and recognize their limitations and utilize proper referral (i.e.: physician, hospital, social agency) for treatment.
• Utilize and integrate evidence-based research in medical decision making and problem solving.
• Demonstrate cultural sensitivity and appreciation for cultural differences on patient-provider interactions.

**AFFECTIVE OBJECTIVES**

At all times throughout the rotation, the student will demonstrate:

• Compliance with HIPAA regulations regarding patient confidentiality.
• Sensitivity regarding the emotional, cultural and socioeconomic aspects of the patient and his/her illness.
• Professional interactions with all members of the healthcare team.
• Willingness to seek help from others when appropriate.
• Respect for patients and preceptors by performing assigned duties promptly, thoroughly and carefully.
• Appreciate and recognize the ethical and legal concepts as they relate to healthcare and the role of the physician assistant.
• Openness to receiving, considering, and appropriately acting upon constructive criticism.
• A genuine and earnestly constructive, self-critical manner consistent with lifelong learning.

It is important that the student spend some time reviewing these objectives before starting the rotation as they will be used to develop the measures for evaluating the student’s clinical performance.
General Surgery Rotation - PASP 651
Overview and Expectations

**DESCRIPTION**

This rotation will provide students an introduction to patients of various ages with surgically managed disorders. Students will be exposed to the pre-operative evaluation and preparation of patients as well as intra-operative and postoperative care.

**INSTRUCTIONAL GOALS**

The rotation will:

- Expose student to a range of common surgical problems with an emphasis on early recognition of acute surgical problems.
- Develop the student’s ability to take a history and physical examination specific to the work-up of patients with surgically managed disease.
- Shape the student’s approach to rapport development with patients to facilitate the efficient collection of health risk and disease-related information.
- Provide student with insight into the needs of surgical patients to engender a greater understanding of the role of empathy in clinical practice.
- Improve the student’s understanding of pre-operative management, fluid and electrolyte balance, wound healing and repair, and the care of the postoperative patient.
- Expand the student’s understanding of the indications, limitations, and costs of various diagnostic studies used in the evaluation of the surgical patient.
- Familiarize student with the indications for and limitations of common surgical procedures used in the management of surgical patients.
- Facilitate the student’s use of written and computer-based medical records for the documentation and transmission of patient-centered information to other members of the healthcare team.

**SURGICAL TOPICS**

The following are suggested topics and are not all inclusive.

**Cardiovascular System**

- Vascular Disease: Aneurysm, Dissection, Arterial Embolism/Thrombosis, Coronary Artery Disease and Bypass Grafting, Peripheral Vascular Disease (including Atherosclerosis, Hypertension, and Diabetes), Raynaud’s, Thromboangiitis Obliterans, and other vasculitides, DVT, Varicose Veins
- Valvular Disease: Endocarditis, Aortic Stenosis/Insufficiency, Mitral Stenosis/Insufficiency, Mitral Valve Prolapse, Endocarditis, Tricuspid Stenosis/Insufficiency, Pulmonary Stenosis/Insufficiency
• Pericardial Effusion
• Congenital Heart Disease

**Pulmonary System**
- Neoplastic Disease, Pulmonary Nodules
- Emphysema, Chronic Bronchitis
- Pneumonia and Abscess
- Atelectasis and Collapse
- Pleural Disease: Effusion, Pneumothorax
- Pulmonary Embolism

**Gastrointestinal System**
- Esophagus: Mallory-Weiss Tear, Neoplasms, Strictures, Varices, Congenital Abnormalities, Gastroesophageal Reflux Disease, Barrett Esophagus
- Stomach/Duodenum: Neoplasms, Peptic Ulcer Disease, Pyloric Stenosis, Malrotation
- Gallbladder: Acute/Chronic Cholecystitis, Cholelithiasis
- Liver and Pancreas: Neoplasms, Pancreatitis and its complications, Trauma
- Small Intestine/Colon: Appendicitis, Diverticular Disease, Inflammatory Bowel Disease, Obstructive Neoplasms, Colitis, Bowel Perforation, Bowel Obstruction, Volvulus, Trauma, Mesenteric Ischemia/Infarction
- Rectum: Anorectal Abscess/Fistula, Hemorrhoids, Neoplasms, Pilonidal Disease, Polyps
- Hernia: Hiatal, Incisional, Inguinal, Umbilical
- Obesity

**Spleen**
- Neoplasia and Trauma

**Genitourinary System**
- Prostate: Benign Prostatic Hyperplasia, Carcinoma
- Testes: Cryptorchidism, Hydrocele/Varicocele, Torsion, Carcinoma
- Urinary Tract: Urolithiasis, Urothelial Carcinoma, Trauma
- Kidney: Neoplasm, Abscess, Cyst, Trauma and Nephrolithiasis

**Endocrine System**
- Thyroid Disease: Hyperthyroidism, Neoplasms, Thyroidectomy
- Parathyroid Gland: Hyperparathyroidism
- Adrenal Gland: Pheochromocytoma

**Dermatologic System**
- Neoplasms: Basal Cell, Squamous Cell, Malignant Melanoma
- Decubitus Ulcers
- Wounds and Wound Healing

**Breast**
- Neoplasms and Infections
Management of the Surgical Patient

- Pain Control
- Local, Regional, and General Anesthesia
- Common Complications of Surgical Procedures
- Postoperative Fever, Infection, Ileus
- Fluid, Electrolyte Management
- Surgical Wound Care
- Transfusions and Blood typing
- Pre-operative assessment and preparation: especially reference to Heparin, Coumadin, Diabetes medications
- Incision and Drainage of wounds
- Burn care

Cognitive Objectives

Upon completion of the rotation, the student must be able to:

- Identify risk factors, signs and symptoms, and pertinent historical and physical examination findings associated with each of the previous medical/surgical conditions.
- Understand the clinical manifestations, anatomy, epidemiology, physiology, pathophysiology, and natural history associated with each of the previous medical conditions.
- Describe the preventive care practices for children and adults according to age, including immunizations, disease screening, and accident prevention.
- Distinguish normal from abnormal human anatomy and physiology to include growth, development, and sexuality across the lifespan.
- Demonstrate knowledge of genetic mutations/disorders and chromosomal anomalies and make appropriate referral.
- Recognize the social, emotional, and physical manifestations of sexual abuse, sexual assault, elder abuse, and substance abuse along with the reporting requirements under state law.
- Understand the indications, contraindications, complications, and cost-effectiveness of various laboratory and radiological studies and procedures associated with the previous medical/surgical conditions.
- Explain normal and abnormal diagnostic results including but not limited to blood, urine, sputum, peritoneal fluids, x-ray, CT, MRI, fluoroscopy, and ultrasound associated with each of the previous medical/surgical conditions.
- Explain the generation of differential diagnoses based on history and physical examination findings for each of the previous medical/surgical conditions.
- State the indications for surgical care and management for each of the previous medical conditions.
- Identify surgical anatomy landmarks for each of the previous surgical conditions.
- Describe the normal pre-operative, intra-operative and postoperative course associated with each of the previous surgical conditions.
- Explain informed consent, procedure benefits and associated risks/complications for each of the previous surgical conditions.
- State the factors that determine the use of local, regional, general anesthesia for patients with surgically managed disease.
- State the factors that determine the use of laparoscopic versus open surgical procedures.

**Psychomotor Objectives**
Upon the completion of the rotation, the student must be able to:

- Assess the normal growth and development of individuals across the life span.
- Accomplish a complete and accurate history emphasizing those areas specific to the patient encounter.
- Perform an integrated and systemic physical examination with specific emphasis on the pertinent system(s) as related to the patient encounter.
- Select and interpret the appropriate laboratory and radiographic diagnostic studies for the problem(s) encountered.
- Perform selected procedures including but not limited to: venipuncture, IV insertion, nasogastric intubation, and urinary catheter insertion.
- Assist with the performance of surgical procedures.
- Monitor a patient’s progress through continuous physical examination, data collection and analysis.
- Identify infection around surgical incision sites.
- Develop understanding in completing medical records (including reimbursement, coding and billing).
- Communicate information in a clear, concise and complete manner to physicians, other members of the healthcare team, and to patients.
- Assess and recognize their limitations and utilize proper referral (i.e.: physician, hospital, social agency) for treatment.
- Utilize and integrate evidence-based research in medical decision making and problem solving.
- Demonstrate cultural sensitivity and appreciation for cultural differences on patient-provider interactions.

**Affective Objectives**
At all times during the rotation, the student will demonstrate:

- Compliance with HIPAA regulations regarding patient confidentiality.
- Sensitivity regarding the emotional, cultural, and socioeconomic aspects of the patient and his/her illness.
- Professional interactions with all members of the healthcare team.
- Willingness to seek help from others when appropriate.
- Openness to receiving, considering, and appropriately acting upon constructive criticism.
- A genuine and earnestly constructive, self-critical manner consistent with lifelong learning.
- Respect patients and preceptors by performing assigned duties promptly, thoroughly and carefully.
- Appreciate and recognize the ethical and legal concepts as they relate to health care and the role of the physician assistant.

It is important that the student spend some time reviewing these objectives before starting the rotation as they will be used to develop the measures for evaluating the student’s clinical performance.
Prenatal Care/GYN Rotation - PASP 652
Overview and Expectations

DESCRIPTION

This rotation provides an exposure to the spectrum of problems and issues affecting a woman’s health. The learning experience emphasizes routine well-woman screening and examinations, family planning and birth control, recognition and treatment of sexually transmitted disease, the evaluation of common gynecologic problems, cancer detection, and prenatal care. Exposure and participation in the surgical management of gynecological and obstetrical problems may also be provided.

INSTRUCTIONAL GOALS

The rotation will:

- Involve student in the care of a wide range of women’s health problems with emphasis on the early recognition of acute gynecologic illness and disease.
- Improve the student’s understanding of the menstrual cycle, contraception, fertilization, pregnancy, menopause, and the causes of infertility.
- Shape the student’s approach to rapport development with patients to facilitate the efficient collection of health risk and disease related-information during the interview and physical examination.
- Provide student with insight into the needs of patients while in a state of ill health to engender a greater understanding of the role of empathy in clinical practice.
- Develop student’s ability to take a history and perform a physical examination specific to the evaluation of women during their reproductive years and menopause.
- Expand the student’s understanding of the indications, limitations, and costs of various diagnostic procedures used in the detection of common problems specific to women during their reproductive years and menopause.
- Familiarize student with the therapeutic needs of women with gynecologic and obstetrical needs, as well as the indications, limitations, and untoward effects of these conventional therapeutic modalities.
- Develop an understanding of the medical and behavioral health issues and counseling interventions unique to women seeking health care services.
- Facilitate the student’s use of written and computer-based medical recording and transmission of patient-centered information to other members of the healthcare team.
WOMEN’S HEALTH TOPICS
The following are suggested topics and are not all inclusive.

- **The Well Woman**
  Stages of Sexual Development, Menarche, Menstrual Cycle, Menopause, Health Maintenance, Multiple Gestations,

- **Disorders of the Uterus**
  Dysfunctional Uterine Bleeding, Endometriosis, Leiomyomas, Metritis, Prolapse, Endometrial Cancer

- **Disorders of the Ovaries**
  Cysts, Neoplasms and associated risk factors, Polycystic Ovarian Syndrome

- **Disorders of the Cervix**
  Cervicitis, Dysplasia, Neoplasms and associated risk factors, Incompetent Cervix

- **Disorders of the Vagina/Vulva**
  Cysts, Neoplasms, Cystocele, Rectocele, Vaginitis, Vulvovaginitis, Prolapse, Bartholin’s cysts

- **Breast Disorders**
  Abscess (specific bacterial causes), Fibroadenoma, Fibrocystic Breast Disease, Carcinoma and associated genes and risk factors, Causes of Galactorrhea

- **Menstrual Problems**
  Dysmenorrhea, Premenstrual Syndrome, Primary and Secondary Amenorrhea, Polymenorrhea

- **Hormonal Changes Throughout the Lifecycle**
  Menarche, Pregnancy, Menopause; including estrogen, progesterone, estradiol, LH, FSH, inhibins, TSH, FT4, T3

- **Management of the Abnormal Pap Smear**
  Infections, Dysplasia, Carcinoma

- **Management of Sexually Transmitted Diseases**
  Candida, Trichomoniasis, GC and Chlamydia, Bacterial Vaginosis, HPV, HIV, Syphilis, Herpes

- **Methods of Contraception**
  Benefits, Risks, Side Effects, Post Coital

- **Management of Pregnancy**
  Normal Pregnancy and Physiologic Changes Related to Pregnancy, Prenatal Care, Testing during pregnancy: ultrasound, chorionic villus sampling, AFP, glucose tolerance testing, amniocentesis, non stress testing, Normal Labor and Delivery, Pelvic Shape

- **Special Signs in Pregnancy**
  Chadwick’s, Hagar’s, Leopold’s Maneuver’s

- **Complicated Pregnancy**
  Abruptio Placentae, Placenta Previa, Congenital Malformations of the Fetus, Ectopic Pregnancy, Pre-eclampsia and Eclampsia, Therapeutic and Spontaneous Abortion, Urinary Tract Infections, Rh Incompatibility, Multiple Gestations, Gestational Diabetes, Pregnancy in Advanced Maternal Age, Pregnancy Induced Hypertension, PROM, Premature Labor, Hyperemesis Gravidarum, Hydatidiform Mole, Dystocia, Fetal Distress, Post-Partum Hemorrhage
Pregnancy in Females with Chronic Disease
HIV Infection, Diabetes Mellitus, Hypertension, Thyroid Disease, Polycystic Ovarian Syndrome

Social Issues
Domestic Violence, Sexual Assault, Abuse, Adolescent Pregnancy, Unintentional Pregnancy, Dyspareunia

Management of Menopause
Atrophic Vaginitis, Hormone Replacement, Sexual Dysfunction

Cognitive Objectives
Upon completion of the rotation, the student must be able to:

- Describe the normal course of ovulation, conception, and pregnancy
- Identify risk factors, signs and symptoms, and pertinent historical and physical examination findings associated with each of the previous conditions.
- Understand the clinical manifestations, anatomy, epidemiology, physiology, pathophysiology, and natural history associated with each of the previous medical conditions.
- Describe the preventive care practices for women according to age, including immunizations, disease screening, and accident prevention.
- Distinguish normal from abnormal human anatomy and physiology to include growth, development, and sexuality across the lifespan.
- Demonstrate knowledge of genetic mutations/disorders and chromosomal anomalies and make appropriate referral.
- Recognize the social, emotional, and physical manifestations of sexual abuse, sexual assault, elder abuse, and substance abuse along with the reporting requirements under state law.
- Outline an interview, physical examination and diagnostic study strategy for the identification of each of the health problems identified previous.
- Understand the indications, contraindications, complications and cost-effectiveness of various laboratory and radiological diagnostic studies and procedures associated with each of the previous conditions.
- Explain normal and abnormal diagnostic results including but not limited to blood, urine, ultrasound, vaginal cultures and pap smears.
- Explain the generation of a differential diagnoses based on history and physical examination findings for each of the previous conditions.
- Understand therapeutic management plans for each of the above conditions.
- Understand the indications, contraindications, complications, and cost-effectiveness of pharmacological treatments and their untoward effects associated with each of the previous conditions.
- Explain modifiable risk factors and lifestyle modifications associated with each of the previous conditions.
- Formulate a plan for the education of women and their partners regarding sex education, family planning, birth control, abnormal pap smears, genetic testing for pre-conception risk assessment, pregnancy and disease management.
PSYCHOMOTOR OBJECTIVES
Upon completion of the rotation, the student must be able to:

- Assess the normal growth and development of individuals across the life span.
- Assess intrauterine growth and development in accordance using gestation wheels, Leopold’s maneuvers, and results from pelvic ultrasound.
- Accomplish a complete and accurate history emphasizing those areas specific to the problem(s) encountered.
- Perform an integrated and systematic physical examination of an ovulating, pregnant, menopausal and post-menopausal woman.
- Select diagnostic studies pertinent to the further evaluation of pre-conception health risks, pregnancy, intra-uterine fetal health, and the disease states listed above.
- Perform pap smears, KOH preps, wet-mount examinations, cultures and other screening tests for sexually transmitted disease.
- Interpret normal and abnormal results of various laboratory and radiographic diagnostic studies as related to the problem(s) encountered.
- Recognize the social, emotional and physical manifestations of sexual assault/abuse along with the reporting requirements under state law.
- Establish a list of problems following data synthesis according to the Problem Oriented Medical Record.
- Generate differential diagnoses based on history and physical examination findings.
- Design a therapeutic plan for risk factor reduction and disease management in accordance with existing standards of practice for each of the previous conditions.
- Assist in the operating room during gynecological and obstetrical surgical procedures.
- Communicate with and provide pertinent information to patients and their partners in an empathetic and facilitating manner.
- Develop understanding in completing medical records (including reimbursement, coding and billing).
- Assess and recognize their limitations and utilize proper referral (i.e.: physician, hospital, social agency) for treatment.
- Utilize and integrate evidence-based research in medical decision making and problem solving.
- Demonstrate cultural sensitivity and appreciation for cultural differences on patient-provider interactions.

AFFECTIVE OBJECTIVES
At all times throughout the rotation, the student will demonstrate:

- Compliance with HIPAA regulations regarding patient confidentiality.
- Sensitivity regarding the emotional, cultural, and socioeconomic aspects of the patient and her illness.
- Professional interactions with all other members of the health care team.
- Willingness to seek help from others when appropriate.
- Concern for patients' care and confidentiality through appropriate record keeping.
- Openness to receiving, considering, and appropriately acting upon constructive criticism.
- A genuine and earnestly constructive, self-critical manner consistent with lifelong learning.
- Respect patients and preceptors by performing assigned duties promptly, thoroughly and carefully.
- Appreciate and recognize the ethical and legal concepts as they relate to health care and the role of the physician assistant.

It is important that the student spend some time reviewing these objectives before starting the rotation as they will be used to develop the measures for evaluating the student's clinical performance.
Pediatric Rotation - PASP 653
Overview and Expectations

DESCRIPTION

This rotation provides an exposure to care of the child from birth through adolescence. The focus of the learning experience is on the assessment of normal growth and development and on the recognition and management of common childhood illnesses. Emphasis is on counseling of parents regarding immunizations, anticipatory guidance, well child checkups, nutrition, and common medical and psychosocial problems.

INSTRUCTIONAL GOALS

The rotation will:

- Provide an overview of general pediatrics through exposure to a wide spectrum of problems in the outpatient clinic, inpatient ward, and/or newborn nursery.
- Shape the student's approach to rapport development with infants/children and adolescents and their caregivers to facilitate the efficient collection of health risk and disease-related information during the interview and physical examination.
- Enhance the student's physical examination skills of the newborn, infant, child, and adolescent patient.
- Improve the student's knowledge of normal human growth and development, acute childhood illness and the warning signs of chronic disease.
- Provide student with insight into the needs of patients and their caregivers while in a state of ill health to engender a greater understanding of the role of empathy in clinical practice.
- Expand the student's understanding of the indications, limitations, and costs of various diagnostic studies used in the evaluation of disease risk factors and general medical problems and for preventative health measures.
- Familiarize student with the therapeutic needs, including pharmacotherapeutics, of patients with medical disorders, as well as the indications, limitations, and untoward effects of these therapeutic efforts.
- Develop an understanding of the medical and behavioral health issues and counseling interventions unique to this population.
- Provide experiences in counseling on anticipatory guidance.
- Facilitate the student's use of written and computer-based medical records for the documentation and transmission of patient-centered information to other members of the healthcare team.
PEDiATRIC TOpICS
The following are suggested topics and are not all inclusive.

Eyes, Ears, Nose and Throat
- **Eye Disorders:** Blepharitis, Conjunctivitis (allergic, bacterial, viral), Orbital Cellulitis, Strabismus, Amblyopia, Retinoblastoma
- **Ear Disorders:** Otitis Media, Otitis Externa, Cerumen Impaction, Hearing Impairment, Mastoiditis, Tympanic Membrane Perforation, Vertigo, Foreign Bodies
- **Nose and Sinus Disorders:** Sinusitis, Allergic Rhinitis, Epistaxis, Nasal Polyps, Foreign Bodies
- **Mouth and Throat Disorders:** Pharyngitis, Tonsillitis, Aphthous Ulcers, Epiglottitis, Laryngitis, Oral Candidiasis, Oral Herpes Simplex, Peritonsillar Abscess, Parotitis

Cardiovascular System
- **Congenital Heart Disease:** Atrial Septal Defect, Coarctation of the Aorta, Patent Ductus Arteriosus, Tetralogy of Fallot, Ventricular Septal Defect
- **Valvular:** Aortic Stenosis, Pulmonary Stenosis
- **Acute Rheumatic Fever, Rheumatic Heart Disease**
- **Hypertension**

Pulmonary System
- **Infectious Disorders:** Acute Bronchitis, Acute Bronchiolitis, Acute Epiglottitis, Croup, Influenza, Pneumonias (bacterial, viral, fungal, HIV-related), Pertussis, Respiratory Syncytial Virus (RSV), Tuberculosis
- **Upper Respiratory Infections**
- **Obstructive Pulmonary Disease:** Asthma, Cystic Fibrosis
- **Hyaline Membrane Disease**
- **Foreign Body Aspiration**

Gastrointestinal System/Nutrition
- **Stomach:** Gastroesophageal Reflux Disease, Pyloric Stenosis
- **Liver:** Hepatitis, Neonatal Jaundice
- **Small Intestine/Colon:** Appendicitis, Constipation, Intussusception, Obstruction, Crohn's Disease, Hirschsprung Disease, Meckel's Diverticulum
- **Rectum:** Fissures, Fistulas, Pilonidal Disease, Polyps
- **Hernias:** Inguinal, Umbilical
- **Infectious Diarrhea**
- **Nutrition:** Breastfeeding/Bottle-feeding, Dehydration
- **Metabolic Disorders:** Lactose Intolerance, Phenylketonuria
- **Failure to Thrive**

Genitourinary System
- **Testes:** Cryptorchidism, Carcinoma, Torsion
- **Enuresis**
• Paraphimosis/Phimosis
• Infectious Disorders: Cystitis, Epididymitis, Orchitis, Pyelonephritis, Urethritis
• Wilms Tumor
• Renal Diseases: Glomerulonephritis, Nil Disease

Musculoskeletal System
• Fractures/Dislocations: Greenstick Fracture, Nursemaid’s Elbow, Slipped Capital Femoral Epiphysis, Osgood-Schlatter Disease
• Legg-Calve-Perthes Disease
• Scoliosis
• Developmental Hip Dysplasia
• Infectious Disease: Septic Arthritis
• Neoplastic Disease: Bone cysts/tumors, Osteosarcoma, Ewing’s Sarcoma
• Rheumatological Disorders: Juvenile Rheumatoid Arthritis

Endocrine System
• Diabetes Mellitus
• Pituitary Disorders: Dwarfism, Gigantism

Neurological System
• Cerebral Palsy
• Headaches (migraine, tension)
• Meningitis
• Seizure Disorders
• Narcolepsy
• Neuroblastoma

Psychiatry/Behavioral Science
• Colic
• Attention Deficit Disorder (ADD), ADHD, Oppositional Defiant Disorder
• Autistic Disorder
• Depression
• Eating Disorders: Anorexia Nervosa, Bulimia Nervosa, Obesity
• Substance Use Disorders: Alcohol Abuse, Drug Abuse, Tobacco Use
• Maternal Substance Use During Pregnancy: Alcohol, Tobacco, Drugs
• Child Abuse

Integumentary System
• Eczematous Dermatitis: Atopic, Contact, Diaper, Perioral, Seborrhea, Eczema
• Dermatophyte Infections: Tinea
• Papulosquamous Diseases: Pityriasis Rosea, Psoriasis
• Acne Vulgaris
• Viral Infections: Herpes Simplex, Molluscum Contagiosum, Chickenpox
• Bacterial Infections: Cellulitis, Impetigo
• Insects/Parasites: Lice, Scabies
• Café au Lait Spots, Mongolian Spots
Hematological System

- Anemia: Iron Deficiency, Thalassemia, Sickle Cell, Lead Poisoning
- Leukemias: Acute Lymphocytic, Acute Myelogenous
- Hemophilia, Von Willebrand’s Disease
- Henoch-Schönlein Purpura

Infectious Disease

- Tetanus, Diphtheria
- Rabies
- Pinworms
- Lyme Disease
- Fever of Unknown Origin, Sepsis
- Infectious Mononucleosis
- Exanthems: Erythema Infectiosum, Hand Foot and Mouth Disease, Kawasaki Disease, Measles, Mumps, Rubella, Roseola

Genetic Disorders

- Down Syndrome
- Klinefelter’s Syndrome
- Turner’s Syndrome

Congenital Disorders/Infections

- Cytomegalovirus, Toxoplasmosis
- Neonatal Conjunctivitis
- HIV
- Rubella
- Syphilis
- Herpes
- Hypothyroidism

Emergency/Trauma

- SIDS
- CPR
- Burns
- Poisoning/Ingestions
- Reye Syndrome

Growth and Development

- Immunizations
- Denver Development Scale
- Anticipatory Guidance
- Puberty: Amenorrhea, Dysmenorrhea, Gynecomastia, Mittelschmerz, Tanner Staging, Menarche
- Reflexes
Cognitive Objectives

Upon completion of the rotation, the student must be able to:

- Describe the immunization, social, motor and cognitive parameters of expected growth and development from the neonatal period through adolescence.
- Discuss the changing nutritional requirements from the neonatal period through adolescence in the absence of acute illness or chronic disease.
- Provide anticipatory guidance to parents concerning growth and development, immunizations and sex education.
- Associate risk factors, signs and symptoms, and pertinent historical and physical examination findings of newborns, infants, children and adolescents for each of the above medical conditions.
- Describe the clinical manifestations, anatomy, epidemiology, physiology, pathophysiology, and natural history associated with each of the above medical conditions.
- Discuss the indications, contraindications, complications and cost-effectiveness of various laboratory and radiological diagnostic studies and procedures associated with each of the above medical conditions.
- Describe the preventive care practices for children and adults according to age, including immunizations, disease screening, and accident prevention.
- Distinguish normal from abnormal human anatomy and physiology to include growth, development, and sexuality across the lifespan.
- Discuss genetic mutations/disorders and chromosomal anomalies and make appropriate referral.
- Describe normal and abnormal diagnostic results including but not limited to blood, urine, sputum, cerebrospinal fluids, x-ray, CT, MRI, ultrasound, and EKG associated with each of the above medical conditions.
- Generate differential diagnoses based on history and physical examination findings for each of the previous medical conditions.
- Devise therapeutic management plans for each of the previous medical conditions.
- Understand indications, contraindications, complications and cost-effectiveness of the pharmacological treatments associated with each of the previous medical conditions.
- Order diagnostic tests and follow-up needed for selected pharmacological treatments.
- Explain modifiable risk factors and lifestyle modifications associated with each of the previous medical conditions.
- Describe the indications of hospitalization for, and the appropriate inpatient and outpatient management for each of the previous medical conditions.
- Recognize the social, emotional, and physical manifestations of child and sexual abuse, sexual assault, elder abuse, and substance abuse along with the reporting requirements under state law.
PSYCHOMOTOR OBJECTIVES
Upon completion of the rotation, the student must be able to:

- Assess the normal growth and development of individuals across the life span.
- Assess growth and development using markers contained within the Denver Developmental Test and standardized growth charts.
- Accomplish a complete and accurate history emphasizing those areas specific to the patient encounter.
- Perform an integrated and systematic physical examination of the newborn, infant, pediatric and adolescent patient with specific emphasis on pertinent system(s) as related to the patient encounter.
- Select the appropriate laboratory and radiographic diagnostic studies for the problem(s) encountered.
- Perform selected laboratory diagnostic procedures including but not limited to: venipuncture, bladder catheterization, spinal taps, IV placement and wound care.
- Interpret normal and abnormal results of various laboratory and radiographic diagnostic studies as related to the problem(s) encountered.
- Generate a problem list following data synthesis according to the Problem Oriented Medical Record.
- Generate differential diagnoses based on history and physical examination findings.
- Design a therapeutic plan for risk factor reduction and disease management in accordance with existing standards of practice for each of the medical conditions previously listed.
- Develop proficiency in completing medical records (including reimbursement, coding and billing).
- Communicate information in a clear, concise and complete manner to physicians, other members of the healthcare team, and to patients.
- Assess and recognize their limitations and utilize proper referral (i.e.: physician, hospital, social agency) for treatment.
- Utilize and integrate evidence-based research in medical decision making and problem solving.
- Demonstrate cultural sensitivity and appreciation for cultural differences on patient-provider interactions.

AFFECTIVE OBJECTIVES
At all times throughout the rotation, the student will demonstrate:

- Compliance with HIPAA regulations regarding patient confidentiality.
- Sensitivity regarding the emotional, cultural and socioeconomic aspects of the patient and his/her illness.
- Professional interactions with all other members of the health care team.
- Willingness to seek help from others when appropriate.
- Concern for patients’ care and confidentiality through appropriate record keeping.
• Openness to receiving, considering, and appropriately acting upon constructive criticism.
• A genuine and earnestly constructive, self-critical manner consistent with lifelong learning.
• Respect patients and preceptors by performing assigned duties promptly, thoroughly and carefully.
• Appreciate and recognize the ethical and legal concepts as they relate to health care and the role of the physician assistant.

It is important that the student spend some time reviewing these objectives before starting the rotation as they will be used to develop the measures for evaluating the student’s clinical performance.
Emergency Medicine Rotation – PASP 654
Overview and Expectations

DESCRIPTION

This rotation is designed to provide an exposure to the illnesses and injuries sustained by children and adults that necessitate emergency care. The rotation emphasizes the interview, examination skills and performance of procedures essential to the proper management of emergency illness and injury.

INSTRUCTIONAL GOALS

The rotation will:

- Expose student to a wide range of health problems of an urgent and emergent nature.
- Improve the student’s ability to differentiate between levels of illness and injury severity.
- Develop the student’s ability to interview and examine individuals with a range of acute illness and traumatic injury.
- Expand student’s understanding of the indications, limitations, and costs of various diagnostic studies and procedures used in the detection of emergent illness and injury.
- Familiarize student with the therapeutic needs of patients with urgent and emergent illnesses and injuries, as well as the indications, limitations and untoward effects of these therapeutic modalities.
- Provide student with insight into the needs of patients while in a state of ill health to engender a greater understanding of the role of empathy in clinical practice.
- Facilitate the student’s use of written and computer-based medical records for the recording and transmission of patient-centered information to other members of the healthcare team.

EMERGENCY MEDICINE TOPICS

The following are suggested topics and are not all inclusive.

Eyes, Ears, Nose and Throat

- Eyes: blow out Fractures, Conjunctivitis, Corneal Abrasions/Ulcerations, Acute Glaucoma, Foreign Body, Hyphema, Orbital Cellulitis, Retinal Detachment, Retinal Vascular Occlusion
- Ears: Otitis Media, Otitis Externa, Mastoiditis, Barotrauma, Tympanic Membrane Perforation, Vertigo
- Nose and Sinus: Acute Sinusitis, Allergic Rhinitis, Epistaxis
- Mouth and Throat: Acute Pharyngitis, Acute Tonsillitis, Dental Abscess, Peritonsillar Abscess, Candidal Esophagitis

**Cardiovascular System**
- Chest Pain
- Ischemic Heart Disease: Acute Myocardial Infarction, Angina Pectoris
- Interpretation of EKGs to include: Conduction Disorders: Atrial Fibrillation/Flutter, Atrioventricular Block, Bundle Branch Block, Paroxysmal Supraventricular Tachycardia, Premature Beats, Ventricular Tachycardia, Ventricular Fibrillation/Flutter
- Malignant Hypertension and Hypertensive Crisis
- Shock: Cardiogenic, Neurogenic, Septic, Hypovolemic
- Vascular Disease: Acute Rheumatic Fever, Aortic Aneurysm/Dissection, Arterial Embolism/Thrombosis, Giant Cell Arteritis
- Acute Pericarditis, Pericardial Effusion
- Cardiac Tamponade
- Myocardial Contusions
- Bacterial Endocarditis
- Valvular Heart Disease: Aortic Stenosis/Insufficiency, Mitral Stenosis/Insufficiency, Mitral Valve Prolapse, Tricuspid Stenosis/Insufficiency, Pulmonary Stenosis/Insufficiency
- Cardiac arrest, CPR / ACLS

**Pulmonary System**
- Infectious Disorders: Acute Bronchitis, Acute Bronchiolitis, Acute Epiglottitis, Pneumonia (bacterial, viral, fungal, HIV related), Tuberculosis, Influenza
- Obstructive Disease: Asthma, Chronic Bronchitis, Emphysema
- Pleural Disease: Pleural Effusion, Pneumothorax
- Pulmonary Circulation: Pulmonary Embolism, Pulmonary Hypertension, Cor Pulmonale
- Acute Respiratory Distress Syndrome (ARDS)
- Foreign Body Aspiration
- Inhalation Injuries
- Chest Trauma/Rib Fractures

**Gastrointestinal System**
- Esophageal Varices
- Stomach: Gastroesophageal Reflux Disease, Gastroenteritis, Infectious Diarrhea, Peptic Ulcer Disease/Perforation
- Cholelithiasis, Acute Cholecystitis
- Approach to the Acute abdomen
- Acute Hepatitis
- Acute Pancreatitis
- Small Intestine/Colon: Acute Appendicitis, Acute Diverticulitis, inflammatory Bowel Disease, Ischemic Bowel Disease, Small Bowel Obstruction, Constipation and Impaction, Toxic Megacolon
• GI Bleeding (upper and lower)
• Hernias
• Abdominal Trauma
• Rectal Disorders: Hemorrhoids, Abscesses, Fissures, Pilonidal Disease

Genitourinary System
• Genitalia: Testicular Torsion, Paraphimosis, Phimosis, Priapism
• Infectious conditions: Cystitis, Pyelonephritis, Epididymitis, Orchitis, Urethritis, Prostatitis
• Renal Disorders: Nephrolithiasis, Urolithiasis, Pre/Post Acute Renal Failure, Glomerulonephritis
• Electrolyte Disorders: Hypo/Hyperkalemia, Hypo/Hypercalcemia, Dehydration
• Acid-Base Disorders

Reproductive System
• Mastitis
• Emergencies in Pregnancy, Types of Miscarriage
• Pelvic Inflammatory Disease, Vaginitis, Sexually Transmitted Infections (herpes simplex, gonorrhea, chlamydia, trichomonas, syphilis)
• Ectopic Pregnancy
• Tubo-ovarian abscess

Musculoskeletal System
• Cervical Spine: Strain, Fracture
• Shoulder: Fractures, Dislocations, Separations, Bursitis, Sprain/Strain, Rotator Cuff Disorder, Adhesive Capsulitis
• Elbow/Forearm/Wrist/Hand: Tendonitis, Strain/Sprain, Carpal Tunnel Syndrome, Boxer’s Fracture, Scaphoid Fracture, Colles’ Fracture, Gamekeeper’s Thumb, Humeral Fracture, Nursemaid’s Elbow, Cellulitis, Felons, Paronychia, Ganglion Cyst
• Back/Spine: Back Strain/Sprain, Cauda Equina Syndrome, Herniated Disc, Low Back Pain
• Hip: Aseptic Necrosis, Fractures, Dislocations
• Knee/Ankle: Bursitis, Fractures, Dislocations, Meniscal Injuries, Strain/Sprain
• Evaluation Maneuvers (e.g. Apley’s, Lachman)
• Salter-Harris Classifications
• Osteomyelitis
• Joint Infections
• Rheumatology: Rheumatoid Arthritis, Osteoarthritis, Gout and Pseudogout

Endocrine System
• Diabetes: Hyperglycemia, Hypoglycemia, Diabetic Ketoacidosis, Nonketotic Hyperglycemic Hyperosmolar Coma
• Thyroid Disease: Thyroid Storm
• Diabetes Insipidus
Neurological System
- Peripheral Nerve Disease: Bell's Palsy, Guillain-Barré Syndrome,
- Cranial Nerve Dysfunction
- Headaches (migraine, cluster, tension)
- Infectious Disorders: Meningitis, Encephalitis
- Seizure Disorders
- Vascular Disease: Cerebral Aneurysm, Stroke, Transient Ischemic Attacks

Psychiatry/Behavioral Science
- Panic/ Anxiety Disorders/Acute Psychosis
- Substance Abuse/Detoxification/Withdrawal
- Domestic Violence
- Child Abuse
- Rape Intervention
- Medication Overdose

Integumentary System
- Eczematous Eruptions: Contact Dermatitis
- Papulosquamous Diseases: Tinea Pedis/Versicolor/Corporis, Drug Eruptions
- Desquamation: Stevens-Johnson Syndrome
- Insects/Parasites: Lice, Scabies, Spider Bites, Fleas
- Bee Stings
- Neoplasms: Basal Cell, Squamous Cell, Melanoma
- Viral Diseases: Herpes Simplex, Herpes Zoster, Exanthems
- Suturing Methods/Wound Care/Subungual Hematoma
- Burns

Hematological System
- Anemia: Sickle Cell Crisis

Infectious Disease
- Bacterial Infections: Folliculitis, Cellulitis, Impetigo
- Infections in special populations: DM, IVDA, HIV
- Urticaria
- Fever of Unknown Origin
- Animal Borne Diseases (Lyme disease, Rocky Mountain Spotted Fever, Rabies, Malaria)
- Human Bites

Other
- Hyper/Hypothermia
- Poisonings
- Tetanus Prophylaxis
- IV Fluids/Transfusions
- Drowning/Near Drowning
COGNITIVE OBJECTIVES
Upon completion of the rotation, the student must be able to:

- Describe the approach to the rapid evaluation of persons with acute life threatening, urgent and non-urgent health problems seen in the emergency care center.
- Identify risk factors, signs and symptoms, and pertinent historical and physical examination findings associated with each of the previous medical conditions.
- Understand the clinical manifestations, anatomy, epidemiology, physiology, pathophysiology, and natural history associated with each of the previous medical conditions.
- Describe the preventive care practices for children and adults according to age, including immunizations, disease screening, and accident prevention.
- Distinguish normal from abnormal human anatomy and physiology to include growth, development, and sexuality across the lifespan.
- Recognize the social, emotional, and physical manifestations of sexual abuse, sexual assault, elder abuse, and substance abuse along with the reporting requirements under state law.
- Understand the indications, contraindications, complications and cost-effectiveness of various diagnostic studies and procedures associated with each of the previous medical conditions.
- Explain normal and abnormal diagnostic results including but not limited to blood, urine, sputum, cerebrospinal; pleural and peritoneal fluids, x-ray, CT, MRI, ultrasound, and EKG associated with each of the previous medical conditions.
- Explain the generation of differential diagnoses based on history and physical examination findings for each of the previous medical conditions.
- Understand therapeutic management plans for each of the previous medical conditions.
- Understand indications, contraindications, complications and cost-effectiveness of pharmacological treatments associated with each of the previous medical conditions.
- Explain the indications of hospitalization for, and the appropriate inpatient and outpatient management for each of the previous medical conditions.
- Summarize a strategy for informing family members about the critical and non-critical nature of an individual’s illness or injury.

PSYCHOMOTOR OBJECTIVES
Upon completion of the rotation, the student must be able to:

- Assess the normal growth and development of individuals across the life span.
- Accomplish an appropriately focused, problem-specific interview and physical examination on a person with non-urgent, urgent and emergent illness and injury.
- Select the appropriate diagnostic studies pertinent to the problem(s) encountered.
- Perform procedures including but not limited to: venipuncture, arterial puncture, nasogastric intubation, intravenous line and urinary catheters insertions, splinting/casting, suturing and wound care.
• Recognize abnormalities within diagnostic studies including but not limited to the complete blood count, routine and microscopic urinalysis, blood chemistry profiles, EKGs and radiographic studies.

• Formulate treatment plans for each of the previous illnesses and injuries.

• Monitor patient progress through continuous physical examination, data collection and analysis.

• Evaluate, clean, débride, suture and dress lacerations of varying complexity under physician direction.

• Participate in cardiopulmonary resuscitation, the placement of central venous pressure lines and chest tubes, and the performance of lumbar punctures and administration of blood products under physician supervision.

• Develop understanding in completing medical records (including reimbursement, coding and billing).

• Communicate information in a clear, concise and complete manner to physicians, other members of the healthcare team and to patients.

• Assess and recognize their limitations and utilize proper referral (i.e.: physician, hospital, social agency) for treatment.

• Utilize and integrate evidence-based research in medical decision making and problem solving.

• Demonstrate cultural sensitivity and appreciation for cultural differences on patient-provider interactions.

**AFFECTIVE OBJECTIVES**

At all times throughout the rotation, the student will demonstrate:

• Compliance with HIPAA regulations regarding patient confidentiality.

• Sensitivity regarding the emotional, cultural, and socioeconomic aspects of the patient and his/her illness.

• Professional interactions with all other members of the health care team.

• Willingness to seek help from others when appropriate.

• Concern for patients care and confidentiality through appropriate record keeping.

• Openness to receiving, considering, and appropriately acting upon constructive criticism.

• A genuine and earnestly constructive, self-critical manner consistent with lifelong learning.

• Respect patients and preceptors by performing assigned duties promptly, thoroughly and carefully.

• Appreciate and recognize the ethical and legal concepts as they relate to health care and the role of the physician assistant.

It is important that the student spend some time reviewing these objectives before starting the rotation as they will be used to develop the measures for evaluating the student's clinical performance.
Orthopedic Rotation – PASP 655
Overview and Expectations

DESCRIPTION

Through exposure to orthopedic patients presenting with a broad spectrum of orthopedic disorders in varied medical settings, students will refine history taking and examination skills, evaluate and recommend comprehensive patient management and treatment skills, and perform procedures essential to the proper management of orthopedic disorders.

INSTRUCTIONAL GOALS

The rotation will:

- Involve students in the care of common problems seen in orthopedic disorders.
- Enhance the students’ interview and examination skills specific to the identification of orthopedic disorders.
- Expand the students’ understanding of indications, limitations and costs of various diagnostic studies and procedures used in the evaluation of orthopedic problems and for preventative health measures for musculoskeletal disorders.
- Provide students with an understanding of the principles and practices of interdisciplinary team evaluation and care of functional impairment and its impact on the patient’s activities of daily living for orthopedic disorders.
- Facilitate the students’ use of written and computer-based medical records in a problem-oriented format for the documentation and transmission of information to other member of the healthcare team.

ORTHOPEDIC TOPICS

The following are suggested topics and are not all inclusive.

Musculoskeletal System

- Cervical Spine: Strain, Fracture
- Shoulder:
  Fractures, Dislocations, Separations, Bursitis, Sprain/Strain, Rotator Cuff Disorder, Adhesive Capsulitis, Acromioclavicular injuries, Biceps tendon rupture, Brachial plexus injuries, Impingement syndrome, Thoracic outlet syndrome, Rotator cuff disorders, Scaphoid fractures, Scapula fractures
- Elbow/Forearm/Wrist/Hand:
  Tendonitis, Strain/Sprain, Carpal Tunnel Syndrome, Boxer’s Fracture, Scaphoid Fracture, Colles’ Fracture, Clavicle fractures, de Quervain’s tenosynovitis, Dupuytren disease, Elbow dislocations, Elbow fractures, Elbow tendinitis, Epicondylitis, Gamekeeper’s Thumb, Humeral
Fracture, Nursemaid’s Elbow, Cellulitis, Felons, Paronychia, Ganglion Cyst

- Back/Spine:
  Back Strain/Sprain, Cauda Equina Syndrome, Herniated Disc, Low Back Pain, Ankylosing spondylitis, Spinal fractures, Spinal stenosis, Spondylolysis/spondylolisthesis, Cauda equina, Kyphosis

- Hip:
  Aseptic Necrosis, Fractures, Dislocations, Slipped capital femoral epiphysis

- Knee/Ankle:
  Bursitis, Fractures, Dislocations, Strain/Sprain, Ligament injuries/tear of knee, Meniscal injuries of knee, Patella femoral syndrome, Evaluation Maneuvers (e.g. Apley’s, Lachman), Knee fractures/dislocations, Knee sprains/strains, Tibia/fibula fractures, Achilles tendon rupture, Ankle/foot fractures/dislocations, Ankle/foot sprains/strains, Morton's neuroma, Plantar fasciitis, Popliteal cyst

Dermatology

- Cellulitis

Musculoskeletal

- Bone cysts/tumors, Bursitis, Chronic osteomyelitis, Compartment syndrome, Joint effusion, Juvenile rheumatoid arthritis, Musculoskeletal developmental disorders, Musculoskeletal sprains/strains, Osgood-Schlatter disease, Osteoarthritis, Osteogenesis imperfecta, Osteosarcoma, Polyarteritis nodosa, Polymyalgia rheumatica, Polymyositis Reiter’s syndrome, Rheumatoid arthritis, Scoliosis, Septic arthritis Tendonitis, Tenosynovitis, Salter-Harris Classifications, Osteomyelitis, Joint Infections, Rheumatologic Conditions: Gout/Pseudogout, Rheumatoid Arthritis, Reiter’s Syndrome, Polymyalgia Rheumatica, Sjögren’s Syndrome, Acute osteomyelitis, Interpretation of Laboratory, Radiological and Other Diagnostic Data

Neurologic System

- Herniated nucleus pulposus
- Reflex sympathetic dystrophy
- Diseases of the Peripheral Nerves: Bell’s Palsy, Myasthenia Gravis
- Movement Disorders: Essential Tremor, Huntington’s Disease, Parkinson’s Disease
- Post Herpetic Neuralgia

Cognitive Objectives
Upon completion of the rotation, the student must be able to:

- Identify the physiological changes of the orthopedic patient that place an individual at increased risk.
• Emphasize alteration muscle strength and reaction time, bone mass, immunity and heat regulation.
• Identify pertinent historical and physical examination findings and risk factors associated with orthopedic medical conditions.
• Understand the clinical manifestations, anatomy, epidemiology, physiology, pathophysiology, and natural history associated with each orthopedic condition.
• Distinguish normal from abnormal human anatomy and physiology to include growth, development, and sexuality across the lifespan.
• Demonstrate knowledge of genetic mutations/disorders and chromosomal anomalies and make appropriate referral.
• Recognize the social, emotional, and physical manifestations of sexual abuse, sexual assault, elder abuse, and substance abuse along with the reporting requirements under state law.
• Understand the indications, contraindications, complications and cost-effectiveness of various laboratory and radiographic diagnostic studies and procedures associated with each medical condition.
• Explain normal and abnormal diagnostic results including but not limited to blood, urine, sputum, lumbar puncture, x-ray, CT, MRI, ultrasound, and EKG associated with each medical condition.
• Explain the generation of differential diagnoses based on history and physical examination findings for each medical condition.
• Understand therapeutic management plans for each medical condition.
• Identify community resources essential to facilitate independence and at-home living of the orthopedic and functionally impaired individuals.
• Describe a program of rehabilitation and/or preventive health care designed to reduce the orthopedic patient’s risk of illness and injury.

**Psychomotor Objectives**

Upon completion of the rotation, the student must be able to:

• Assess the normal growth and development of individuals across the life span.
• Accomplish a problem-specific interview and physical examination that identifies the manifestations of disease and physical impairment along with the physical changes associated with the orthopedic patient.
• Complete a systematic assessment of mental and functional status using standardized instruments.
• Select the appropriate laboratory and radiographic diagnostic studies pertinent to the further evaluation of an individual’s health status and for each medical condition.
• Interpret normal and abnormal results of various laboratory and radiographic diagnostic studies for each of the above medical conditions including but not limited to the electrocardiogram, chest x-ray, complete blood count, blood chemistry profiles, and microscopic urinalysis.
• Design a therapeutic plan for risk factor reduction and disease management in accordance with existing standards of practice of each medical condition.
• Establish a list of problems following data synthesis according to the Problem Oriented Medical Record.
• Develop understanding in completing medical records (including reimbursement, coding and billing).
• Communicate information in a clear, concise and complete manner to the physician, other members of the healthcare team and to the patient.
• Assess and recognize their limitations and utilize proper referral (i.e.: physician, hospital, social agency) for treatment.
• Utilize and integrate evidence-based research in medical decision making and problem solving.
• Demonstrate cultural sensitivity and appreciation for cultural differences on patient-provider interactions.
• Perform the appropriate physical examination skills and special orthopedic tests.

AFFECTIVE OBJECTIVES
At all times throughout the rotation, the student will demonstrate:

• Compliance with HIPAA regulations regarding patient confidentiality.
• Sensitivity regarding the emotional, cultural, and socioeconomic aspects of the patient and his/her illness.
• Professional interactions with all other members of the healthcare team.
• Willingness to seek help from others when appropriate.
• Concern for patients’ care and confidentiality through appropriate record keeping.
• Openness to receiving, considering, and appropriately acting upon constructive criticism.
• A genuine and earnestly constructive, self-critical manner consistent with lifelong learning.
• Respect patients and preceptors by performing assigned duties promptly, thoroughly and carefully.
• Appreciate and recognize the ethical and legal concepts as they relate to health care and the role of the physician assistant.

It is important that the student spend some time reviewing these objectives before starting the rotation as these objectives will be used to develop the measures for evaluating the student’s clinical performance.
Psychiatry/Behavioral Medicine
Rotation – PASP 657
Overview and Expectations

DESCRIPTION

This rotation is designed to provide an understanding of the behavioral components of health, disease and disability. Through exposure to patients presenting with a broad spectrum of psychiatric disorders in varied medical settings, students will develop history taking and mental status examination skills, classification skills utilizing DSM-IV-TR criteria, be exposed to and evaluate different treatment modalities for varying presentations. The student will enhance his/her ability to recognize and categorize psychiatric disturbances and techniques of early intervention and psychiatric referral.

INSTRUCTIONAL GOALS

The rotation will:

- Involve student in the care of persons experiencing a spectrum of emotional, behavioral and psychosomatic disorders with an emphasis on identification and management of common psychiatric disorders.
- Improve the student’s understanding of informed consent, civil commitment and patient refusal of treatment, the axes contained within the DSM-IV-TR and the screening tests used for the detection of psychiatric disorders.
- Shape the student’s approach to rapport development with patients to facilitate the efficient collection of health risk and disease-related information during the interview and physical examination.
- Provide student with insight into the needs of patients while in a state of ill health to engender a greater understanding of the role of empathy in clinical practice.
- Reinforce the student’s ability to maintain boundaries in the doctor-patient relationship while caring for persons with psychiatric disturbances.
- Facilitate the student’s understanding of the indications, limitations and scope of diagnostic procedures used in the evaluation of patients with emotional, behavioral and psychosomatic illness.
- Familiarize student with the indications and limitations of common therapeutic regimens used in the treatment of various emotional, behavioral and psychosomatic disorders.
- Facilitate the student’s use of written and computer-based medical records for the documentation and transmission of patient-centered information to other members of the healthcare team.
PSYCHIATRY TOPICS

- **DSM IV Axis Criteria**
- **GAF scale**
- **Anxiety Disorders**
  Panic, Generalized Anxiety, Posttraumatic Stress, Phobias, Acute Grief Reaction, Acute Stress Disorder
- **Attention Disorders**
  ADHD
- **Autistic Disorders**
- **Eating Disorders**
  Anorexia/Bulimia Nervosa, Obesity, Body Dysmorphic Disorder
- **Mood Disorders**
  Adjustment, Depressive, Dysthymia, Bipolar
- **Personality Disorders and Associated Clusters**
  Antisocial, Avoidant, Borderline, Histrionic, Narcissistic, Obsessive Compulsive, Paranoid, Schizoid, Schizotypal
- **Psychoses**
  Delusional Disorder, Schizophrenia, Schizoaffective Disorder, Hypochondrias
- **Somatoform Disorders**
- **Substance Use Disorders**
  Alcohol and Drug Abuse/Dependence/Withdrawal, Tobacco Use/Dependence
- **Other Behavior/Emotional Disorders**
  Uncomplicated Bereavement, Acute Reaction to Stress, Oppositional Defiant Disorder, Child/Elder Abuse and Neglect, Domestic Violence, Suicide and associated risk factors, Asperger’s and other developmental disorders, Dementia, Delirium, Pseudodementia, Insomnia, Obstructive sleep apnea, Akathisia, Enuresis
- **Treatment and Medications**
  including side effects, dosing; especially management of lithium
- **Neurotransmitters**
  involved with depression, anxiety, and mood disorders

COGNITIVE OBJECTIVES

Upon completion of the rotation, the student must be able to:

- Identify risk factors, signs and symptoms, and pertinent historical and physical examination findings associated with each of the previous medical conditions.
- Understand the clinical manifestations, anatomy, epidemiology, physiology, pathophysiology, and natural history associated with each of the previous medical conditions.
- Describe the preventative care practices for children and adults according to age, including immunizations, disease screening, and accident prevention.
- Distinguish normal from abnormal human anatomy and physiology to include growth, development, and sexuality across the lifespan.
- Demonstrate knowledge of genetic mutations/disorders and chromosomal anomalies and make appropriate referral.
- Recognize the social, emotional, and physical manifestations of sexual abuse, sexual assault, elder abuse, and substance abuse along with the reporting requirements under state law.
- Explain the generation of differential diagnoses based on history and physical examination findings for each of the previous medical conditions.
- Understand diagnostic studies and therapeutic management plans for each of the previous medical conditions.
- Understand the indications, contraindications, complications, and cost-effectiveness of pharmacological treatments associated with each of the previous medical conditions.
- Understand diagnostic tests and follow-up needed for selected pharmacological treatments.
- Explain the indications for, and the appropriate inpatient and outpatient management for each of the previous medical conditions.
- Understand the various behavior and cognitive therapy treatment modalities available for each of the previous medical conditions.
- Understand various individual, group and family therapy treatment modalities available for each of the previous medical conditions.
- Identify a range of community resources used to support the care of persons with psychiatric, behavioral and substance abuse conditions.

**PSYCHOMOTOR OBJECTIVES**

Upon completion of the rotation, the student must be able to:

- Assess the normal growth and development of individuals across the life span.
- Accomplish an appropriate psychiatric history and mental status examination on assigned patients.
- Select screening tools and diagnostic studies pertinent to the identification of common psychiatric disorders.
- Generate a problem list following data synthesis according to the Problem Oriented Medical Record.
- Generate differential diagnoses based on history and physical examination findings.
- Design a therapeutic plan for risk factor reduction and disease management.
- Develop understanding in completing medical records (including reimbursement, coding and billing).
- Communicate information in a clear, concise and complete manner to physicians, other members of the healthcare team and to patients.
- Interact with patients and their families in an empathetic and facilitating manner.
- Assess and recognize their limitations and utilize proper referral (i.e.: physician, hospital, social agency) for treatment.
- Utilize and integrate evidence-based research in medical decision making and problem solving.
Demonstrate cultural sensitivity and appreciation for cultural differences on patient-provider interactions.

AFFECTIVE OBJECTIVES
At all times throughout the rotation, the student will demonstrate:

- Compliance with HIPAA regulations regarding patient confidentiality.
- Sensitivity regarding the emotional, cultural and socioeconomic aspects of the patient and his/her illness.
- Professional interactions with all other members of the health care team.
- Willingness to seek help from others when appropriate.
- Concern for patients’ care and confidentiality through appropriate record keeping.
- Openness to receiving, considering, and appropriately acting upon constructive criticism.
- A genuine and earnestly constructive, self-critical manner consistent with lifelong learning.
- Respect patients and preceptors by performing assigned duties promptly, thoroughly and carefully.
- Appreciate and recognize the ethical and legal concepts as they relate to health care and the role of the physician assistant.

It is important that the student spend some time reviewing these objectives before starting the rotation as they will be used to develop the measures for evaluating the student’s clinical performance.
Elective Rotation – PASP 658
Overview and Expectations

DESCRIPTION

This rotation(s) is designed to facilitate the student’s ability to evaluate health-related problems encountered in a variety of medical specialties. Student will have eight weeks of electives which are divided into two four week rotations. These rotations will allow the student to experience clinical rotations that are not our core rotations.

Students will interview and examine patients, synthesize information to identify problems, and formulate and implement a therapeutic plan under the supervision of licensed healthcare providers.

INSTRUCTIONAL GOALS

This rotation will:

- Involve students in the care of a wide range of medical problems routinely encountered in a medical specialty setting.
- Enhance the student’s understanding of the preventive care needs of individuals who are without disease and/or experiencing acute and chronic disease within the medical specialty setting.
- Shape the student’s approach to rapport development with patients to facilitate the efficient collection of health risk and disease-related information during the interview and physical examination within the medical specialty setting.
- Provide students with insight into the needs of patients while in a state of ill health to engender a greater understanding of the role of empathy in clinical practice.
- Expand the student’s understanding of indications, limitations and costs of various diagnostic studies and procedures used in the evaluation of disease risk factors and general medical problems and for preventative health measures within the medical specialty setting.
- Familiarize students with the therapeutic needs of patients with medical disorders, as well as the indications, limitations, and untoward effects of these therapeutic efforts within the medical specialty.
- Facilitate the student’s use of written and computer-based medical records in a problem-oriented format for the documentation and transmission of information to other members of the healthcare team.
COGNITIVE OBJECTIVES

Upon completion of the medical specialty rotation, the student must be able to:

- Describe the preventive care practices for children and adults according to age, including immunizations, disease screening, and accident prevention.
- Identify risk factors, signs and symptoms, and pertinent historical and physical examination findings associated with this medical specialty.
- Understand the clinical manifestations, anatomy, epidemiology, physiology, pathophysiology, and natural history associated with this medical specialty.
- Understand the indications, contraindications, complications and cost-effectiveness of various laboratory and radiological diagnostic studies and procedures associated in this medical setting.
- Explain the generation of differential diagnoses based on history and physical examination findings for medical conditions within the setting.
- Understand therapeutic management plans.
- Understand diagnostic tests and follow-up needed for selected pharmacological treatment.
- Explain modifiable risk factors and lifestyle modifications.
- State the elements essential to the process of patient counseling about an illness course, a therapeutic program selected, and strategy for management compliance for this medical setting.

PSYCHOMOTOR OBJECTIVES

Upon completion of the rotation, the student must be able to:

- Perform the appropriate physical examination skills for this medical specialty.
- Assess the normal growth and development of individuals across the life span.
- Accomplish a problem-specific medical interview and physical examination in an efficient manner emphasizing areas specific to the patient encounter.
- Select the appropriate laboratory and radiographic diagnostic studies pertinent to the further evaluation of an individual’s health status.
- Perform selected laboratory procedures including but not limited to venipuncture, bladder catheterization, IV insertions, and wound care.
- Interpret normal and abnormal results of various laboratory and radiographic diagnostic studies for each medical condition including but not limited to the electrocardiogram, chest x-ray, complete blood count, blood chemistry profiles, and microscopic urinalysis.
- Design a therapeutic plan for risk factor reduction and disease management in accordance with existing standards of practice for this medical setting.
- Generate a differential diagnoses based on history and physical examination findings.
- Develop understanding in completing medical records (including reimbursement, coding and billing).
- Establish a list of problems following data synthesis according to the Problem Oriented Medical Record.
• Communicate information in a clear, concise and complete manner to the physician, other members of the healthcare team and to the patient.
• Assess and recognize their limitations and utilize proper referral (i.e.: physician, hospital, social agency) for treatment.
• Utilize and integrate evidence-based research in medical decision making and problem solving.
• Demonstrate cultural sensitivity and appreciation for cultural differences on patient-provider interactions.

**AFFECTIVE OBJECTIVES**
At all times throughout the rotation, the student will demonstrate:

• Compliance with HIPAA regulations regarding patient confidentiality.
• Sensitivity regarding the emotional, cultural, and socioeconomic aspects of the patient and his/her illness.
• Professional interactions with all other members of the healthcare team.
• Willingness to seek help from others when appropriate.
• Concern for a patient’s care and confidentiality through appropriate record keeping.
• Openness to receiving, considering, and appropriately acting upon constructive criticism.
• A genuine and earnestly constructive, self-critical manner consistent with lifelong learning.
• Respect for patients and preceptors by performing assigned duties promptly, thoroughly and carefully.
• Appreciate and recognize the ethical and legal concepts as they relate to health care and the role of the physician assistant.

It is important that the student spend some time reviewing these objectives before starting the rotation as they will be used to develop the measures for evaluating the student’s clinical performance.
Family Medicine Rotation – PASP 660/661
Overview and Expectations

DESCRIPTION

This rotation is designed to facilitate the student’s ability to evaluate health-related problems encountered in a family practice setting. Students will interview and examine patients, synthesize information to identify problems, and formulate and implement a therapeutic plan under the supervision of licensed healthcare providers.

INSTRUCTIONAL GOALS

This rotation will:

- Involve student in the care of a wide range of primary care problems routinely encountered in a family setting.
- Enhance the student’s understanding of the preventive care needs of individuals who are without disease and/or experiencing acute and chronic disease.
- Shape the student’s approach to rapport development with patients to facilitate the efficient collection of health risk and disease-related information during the interview and physical examination.
- Provide student with insight into the needs of patients while in a state of ill health to engender a greater understanding of the role of empathy in clinical practice.
- Expand the student’s understanding of indications, limitations and costs of various diagnostic studies and procedures used in the evaluation of disease risk factors and general medical problems and for preventative health measures.
- Familiarize student with the therapeutic needs of patients with medical disorders, as well as the indications, limitations, and untoward effects of these therapeutic efforts.
- Facilitate the student’s use of written and computer-based medical records in a problem-oriented format for the documentation and transmission of information to other members of the healthcare team.
AMBULATORY CARE TOPICS
The following are suggested topics and are not all inclusive.

Head, Eyes, Ears, Nose and Throat
- Eyes: Blepharitis, Cataracts, Chalazion, Conjunctivitis, Corneal Abrasions/Ulcerations, Iritis, Ectropion, Entropion, Foreign Body, Hordeolum, Pterygium, Retinopathy, Glaucoma, Macular Degeneration
- Ears: Otitis Media, Otitis Externa, Cerumen Impaction, Barotrauma, Tympanic Membrane Perforation, Vertigo, Ménière’s Disease, Labyrinthitis, Hearing Impairment
- Nose and Sinus: Acute and Chronic Sinusitis, Allergic Rhinitis, Nasal Polyps, Epistaxis
- Mouth and Throat: Acute Pharyngitis, Acute Tonsillitis, Peritonsillar Abscess, Dental Abscess, Temporomandibular Joint Pain, Aphthous Ulcers, Laryngitis, Oral Candidiasis, Oral Herpes Simplex

Cardiovascular System
- Hypertension, Hypotension (orthostasis, postural)
- Angina Pectoris
- Acute Pericarditis
- Vascular Disease: Peripheral Vascular Disease, Acute Rheumatic Fever, Venous Thrombosis, Varicose Veins, Phlebitis/thrombophlebitis
- Valvular Disease: Aortic Stenosis/Insufficiency, Mitral Stenosis, Insufficiency, Mitral Valve Prolapse, Tricuspid Stenosis/Insufficiency, Pulmonary Stenosis/Insufficiency

Pulmonary System
- Infectious Disorders: Acute Bronchitis, Pneumonia (bacterial, viral, fungal, HIV related), Tuberculosis, Influenza, Croup, Acute bronchiolitis
- Obstructive Disorders: Asthma, Chronic Bronchitis, Emphysema, cystic fibrosis
- Restrictive Disorders: Sarcoidosis
- Chest radiograph interpretation

Gastrointestinal System/Nutrition
- Esophageal Disorders: Esophagitis, Motor Disorders
- Stomach Disorders: Gastroesophageal Reflux Disease, Gastritis, Gastroenteritis, Infectious Diarrhea, Peptic Ulcer Disease
- Acute/Chronic Cholecystitis
- Cholelithiasis
- Acute/Chronic Hepatitis
- Acute/Chronic Pancreatitis
- Small Intestine/colon: Appendicitis, Inflammatory Bowel Disease, Irritable Bowel Syndrome, Constipation, Diverticular Disease
- Hernias
- Rectal Disorders: Hemorrhoids, Fissures, Abscess, Pilonidal cyst
- Nutritional Deficiencies
• Interpretation of Abdominal Radiographs

Genitourinary System
• Benign Conditions: Benign Prostatic Hypertrophy, Erectile Dysfunction, Hydrocele, Varicocele, Nephro/Urolithiasis, Incontinence
• Sexually Transmitted Infections (Herpes Simplex, Gonorrhea, Chlamydia, Trichomonas, Syphilis, HPV)
• Infectious Conditions: Cystitis, Pyelonephritis, Epididymitis, Orchitis, Urethritis, Prostatitis, Vaginitis, Vulvovaginitis
• Testicular Carcinoma
• Electrolyte Disorders
• Acid Base Disorders

Reproductive System
• Fibrocystic Breast Disease, Fibroadenoma
• Contraceptive Methods
• Amenorrhea, Dysmenorrhea, PMS
• PID
• Menopause

Musculoskeletal System
• Cervical Spine: Strain/Sprain, Disc Herniation
• Shoulder: Dislocations, Separations, Bursitis, Sprain/Strain, Rotator Cuff Disorder, Adhesive Capsulitis
• Elbow/Forearm/Wrist/Hand: Epicondylitis, de Quervain’s Tendinitis, Strain/Sprain, Carpal Tunnel Syndrome, Gamekeeper’s Thumb, Nursemaid’s Elbow, Fractures: Boxer’s, Colles’, Scaphoid, Radial Head
• Back/Spine: Ankylosing Spondylitis, Kyphosis, Scoliosis, Strain/Sprain, Herniated Disc, Low Back Pain, Spinal Stenosis, Sciatica
• Knee/Ankle: Bursitis, Meniscal Injuries, Strain/Sprain, Evaluation Maneuvers (e.g. Apley’s, Lachman)
• Costochondritis
• Ganglion Cysts
• Osteoarthritis
• Rheumatoid Conditions: Rheumatoid Arthritis, Systemic Lupus Erythematosus, Fibromyalgia, Gout/Pseudogout, Reiter’s Syndrome, Polymyalgia Rheumatica
• Osteoporosis
• Interpretation of Radiographs

Endocrine System
• Diabetes Mellitus 1 and 2, Hypoglycemia
• Thyroid Disease
• Lipid Disorders: Hypercholesterolemia, Hypertriglyceridemia
Neurological System
- Peripheral Nerve Disease: Bell’s Palsy, Diabetic Peripheral Neuropathy
- Seizures
- Headaches
- Meningitis
- Movement Disorders: Parkinson’s Disease, Huntington’s Disease, Essential Tremor
- Multiple Sclerosis
- Alzheimer’s Disease

Psychiatry/Behavioral Science
- Anxiety Disorders: Panic Disorder, Generalized Anxiety Disorder, Post-Traumatic Stress Disorder, Phobias
- Eating Disorders: Anorexia Nervosa, Bulimia Nervosa, Obesity
- Depression
- ADHD
- Substance Abuse/Dependence
- Domestic Violence
- Sexual Assault
- Child/Elder Abuse

Integumentary System
- Eczematous Eruptions: Atopic, Contact, Diaper, Eczema, Seborrhea, Stasis, Dyshidrosis
- Papulosquamous Eruptions: Psoriasis, Tinea, Drug Eruptions, Pityriasis Rosea
- Acneiform: Acne Vulgaris, Rosacea, Folliculitis
- Viral Infections: Herpes Simplex/Zoster, Exanthems
- Bacterial Infections: Cellulitis, Impetigo, Erysipelas, Hidradenitis Suppurativa
- Insects and Parasites and Bites: Lice, Scabies, Spider Bites, Bee Stings, Flea Bites, Dog Bites, Human Bites
- Neoplasms: Basal Cell Carcinoma, Squamous Cell Carcinoma, Melanoma
- Hair and Nails: Alopecia Areata, Onychomycosis, Paronychia
- Lipomas
- Urticaria
- Vitiligo
- Burns

Hematologic System
- Anemias
- Leukemias
- Lymphomas
- Bleeding Disorders

Infectious Disease
- Tetanus
- Lyme disease, Rocky Mountain Spotted Fever
• Epstein-Barr virus infection
• HIV Infection
• Salmonella, Giardia, Shigella

COGNITIVE OBJECTIVES
Upon completion of the rotation, the student must be able to:

• Describe the preventive care practices for children and adults according to age, including immunizations, disease screening, and accident prevention.
• Identify risk factors, signs and symptoms, and pertinent historical and physical examination findings associated with normal growth and development/aging and with each of the previous medical conditions.
• Understand the clinical manifestations, anatomy, epidemiology, physiology, pathophysiology, and natural history associated with each of the previous medical conditions.
• Distinguish normal from abnormal human anatomy and physiology to include growth and development across the lifespan.
• Demonstrate knowledge of genetic mutations/disorders and chromosomal anomalies and make appropriate referral.
• Recognize the social, emotional, and physical manifestations of sexual abuse, sexual assault, elder abuse, and substance abuse along with the reporting requirements under state law.
• Understand the indications, contraindications, complications and cost-effectiveness of various laboratory and radiological diagnostic studies and procedures associated with each of the previous medical conditions.
• Explain normal and abnormal diagnostic results including but not limited to blood, urine, sputum, x-ray, CT, MRI, ultrasound, EKG, and PFTs associated with each of the previous medical conditions.
• Explain the generation of differential diagnoses based on history and physical examination findings for each of the above medical conditions.
• Understand therapeutic management plans for each of the previous medical conditions.
• Understand diagnostic tests and follow-up needed for selected pharmacological treatment.
• Explain modifiable risk factors and lifestyle modifications associated with each of the previous medical conditions.
• State the elements essential to the process of patient counseling about an illness course, a therapeutic program selected, and strategy for management compliance for each of the previous medical conditions.

PSYCHOMOTOR OBJECTIVES
Upon completion of the rotation, the student must be able to:

• Assess the normal growth and development of individuals across the life span.
• Accomplish a problem-specific medical interview and physical examination in an efficient manner emphasizing areas specific to the patient encounter.
Select the appropriate laboratory and radiographic diagnostic studies pertinent to the further evaluation of an individual’s health status and for each of the previous medical conditions.

Perform selected laboratory procedures including but not limited to venipuncture, bladder catheterization, IV insertions, and wound care.

Interpret normal and abnormal results of various laboratory and radiographic diagnostic studies for each of the above medical conditions including but not limited to the electrocardiogram, chest x-ray, complete blood count, blood chemistry profiles, and microscopic urinalysis.

Design a therapeutic plan for risk factor reduction and disease management in accordance with existing standards of practice for each of the previous medical conditions.

Generate a differential diagnoses based on history and physical examination findings.

Develop understanding in completing medical records (including reimbursement, coding and billing).

Establish a list of problems following data synthesis according to the Problem Oriented Medical Record.

Communicate information in a clear, concise and complete manner to the physician, other members of the healthcare team and to the patient.

Assess and recognize their limitations and utilize proper referral (i.e.: physician, hospital, social agency) for treatment.

Utilize and integrate evidence-based research in medical decision making and problem solving.

Demonstrate cultural sensitivity and appreciation for cultural differences on patient-provider interactions.

**AFFECTIVE OBJECTIVES**

At all times throughout the rotation, the student will demonstrate:

- Compliance with HIPAA regulations regarding patient confidentiality.
- Sensitivity regarding the emotional, cultural, and socioeconomic aspects of the patient and his/her illness.
- Professional interactions with all other members of the healthcare team.
- Willingness to seek help from others when appropriate.
- Concern for a patient’s care and confidentiality through appropriate record keeping.
- Openness to receiving, considering, and appropriately acting upon constructive criticism.
- A genuine and earnestly constructive, self-critical manner consistent with lifelong learning.
- Respect for patients and preceptors by performing assigned duties promptly, thoroughly and carefully.
- Appreciate and recognize the ethical and legal concepts as they relate to health care and the role of the physician assistant.
It is important that the student spend some time reviewing these objectives before starting the rotation as they will be used to develop the measures for evaluating the student's clinical performance.
PLANNING AND SELF-REFLECTION

The student should review the instructional and outcome objectives for each rotation. When this step is complete, the student should identify the specific objectives to accomplish while assigned to each clinical service.

At the end of each rotational experience, the student should spend some time reflecting on expectations and how they compare with actual achievements over the five weeks. What personal and professional factors served to facilitate or impede the student’s learning experience? What would the student have done differently were the opportunity to repeat a particular rotation provided?

GOLDEN RULES FOR CLINICAL ROTATIONS

As the student gets ready to begin the clinical year, there are several axioms that have emerged over the years that should be kept in mind. Following each of the 16 tenets presented below has proven to reduce error and oversight while maintaining focus on the processes of quality medical care.

PATIENT INTERACTION

- Introducing oneself to patients and their families: Students should ask the patient how s/he would like to be addressed and be prepared to describe the role and responsibilities of the physician assistant succinctly.
- Keeping an open mind when meeting patients and their families: Patients and families may bring different perspectives, values, and experiences to their health care. It is the student’s responsibility to cherish these values while providing the best care possible.
- Listening to the chief complaint: Patients will tell the provider much necessary information in most instances. Only then, should the provider begin the process of in-depth questioning and subsequent careful physical examination.
- Being genuine in interactions with patients: The therapeutic relationship is built on open and caring interactions.
- Taking the time to explain: Patients appreciate providers who spend time with them, explain in clear and unambiguous language, and acknowledge their feelings about what is happening.
**MEDICAL KNOWLEDGE**

- Knowing the patient case thoroughly: Students should know the illness history, pertinent physical findings, every lab result obtained or when it will be available, and the social and cultural situation of the patient.
- Getting to know the patient: The time devoted to better understanding the social and cultural circumstances of the patient's life will do much to help the student understand how better to manage the patient.
- Being prepared and ready to learn: Students should know how to draw blood, insert intravenous lines, give shots, and suture lacerations before the first day of the first rotation. They should be expert at these procedures by the last day of the first rotation.
- Expanding the understanding of diagnostic studies: Students should observe as many diagnostic procedures and studies as possible, look at the imaging studies and electrocardiograms, and check the electrolytes and complete blood counts. Talking to the experts about the results will increase the student's understanding of the disease process.
- Knowing the treatment regimen: The student should review all medications being used and understand the therapeutic purpose of each.
- Knowing diagnostic study results and ordering tests with attention to cost, risks, and benefits: In general, tests should confirm what is hypothesized based on a thorough history and physical examination.

**PROFESSIONAL DEVELOPMENT**

- Using time wisely: For example, if the student is waiting to present a patient case to the preceptor, completing the write up while waiting makes excellent use of time.
- Being reliable in all situations: The PA/physician has a far better view of what needs to be done and when than the student does.
- Being truthful in all situations: If the student indicates that s/he will do something, then s/he should DO IT! If the student did not do the rectal exam, indicate that it was “not done” rather than “deferred.”
- Initiating care and consultation early: This uses the patient's time and resources wisely. Decision-making about discharge should begin early during the clinic hospital stay.
- Being helpful to others: Students can pull notes on patients, check diagnostic study results, prepare for procedures, and assist in other ways while serving as a member of the care team.

A final rule deals specifically with in-hospital activities. Students should start the day with "work" rounds before official rounds begin, by saying "hello" to patients and asking about any problems or questions, charting any events that occurred during the night, obtaining the results of consultations and studying attending physician recommendations.
COMMUNICATION

With the exception of the student’s Clinical Call Back Days the student’s clinical year will be spent off-site. As a result, it is extremely important to have a reliable means of communication in place so that the program can contact the student promptly and efficiently.

Electronic Communication via E-mail and Web CT—E-mail and Web CT are the primary means of communicating information to and from the student while on clinical rotations. However, for those students at sites with limited access to electronic mail, communication will take place by telephone. In the event of an address or phone contact change, students should notify the Program office.

It is the student’s responsibility to check e-mail as often as necessary throughout each rotational experience to stay informed and obtain any necessary and important information from the PA Program faculty or College administration.

Email Guidelines

- MC accounts will be used.
- The size of MC email accounts is limited. Therefore, students are strongly advised to clean out their accounts on a regular basis to ensure that messages do not bounce and that they receive all of their messages.
- The College does not forward MC e-mail to personal e-mail accounts.

ASSIGNED READINGS

Each rotation has objectives, disease states/conditions, and procedures which require understanding for successful completion of the rotation, end of rotation exams and the Physician Assistant National Certification Exam (PANCE). Refer to www.nccpa.net. Your preceptor may assign additional readings for which you are also responsible. All of these readings enhance your understanding of the medical discipline in which you are participating (see list of texts found on page 90).

PATIENT RECORDS/DOCUMENTATION

The student will legibly sign all notes and written documentation and/or identify him/herself dictating on a patient’s record as “PA-S” (physician assistant student) following their signature/name. All written records are to be neat, well organized and legible. The student is to maintain and respect patient confidentiality at all times. Information identifying the patient must be deleted prior to handing in required H&P’s, case studies and assignments. Students should ask preceptors/hospitals for permission prior to copying patient records.
MISCELLANEOUS

The student will respect the wishes of the patient if they choose not to have the student participate in their care. The student will promptly advise the Program of any problems which seem to be distracting from the purpose of the rotation. The student will be familiar with rotation objectives. Students cannot change rotation sites or preceptors. This is only done by the Clinical Coordinator.

REQUIRED TEXTBOOKS

Current Medical Diagnosis and Treatment 2009, 48th Edition
Tierney, et al McGraw-Hill Medical

Current Diagnosis and Treatment Obstetrics and Gynecology, 10th Edition
DeCherney, et al McGraw-Hill Medical
ISBN 978-0-714-3900-8

Current Diagnosis and Treatment Surgical, 12th Edition
Doherty, et al McGraw-Hill Medical
ISBN 978-0-0714-2315-1

Current Diagnosis and Treatment in Psychiatry, 2nd Edition
Ebert, et al McGraw-Hill Medical

Current Diagnosis and Treatment Pediatrics, 19th Edition
Ebert, et al McGraw-Hill Medical

Current Diagnosis and Treatment Emergency Medicine, 6th Edition
Stone, Humphries McGraw-Hill Medical
ISBN 978-0-714-4319-7

Recommended Texts:

Harrison’s Principles of Internal Medicine, 17th Edition
Fauci, et al McGraw-Hill Medical

Essentials of Musculoskeletal Care, 3rd Edition
Greene - Editor AAOS
SAMPLE PATIENT CASE WRITE-UP

WRITTEN RECORD
- It is important to be logical and orderly when documenting a patient's history and physical. Consistency is very important.
- As a student, it is often difficult to decide pertinent information from non-important information so it is best to document all data even if it seems unimportant.
- Remember, if it is not documented it was not done.
- Always use medical terminology when documenting, unless quoting a chief complaint, i.e. "dyspnea" instead of "can't catch breath".
- Be objective. Personal comments and subjective statements have no place in a patient's chart.
- HPI needs to tell a story. Does it make sense? Does it flow? All events should be incorporated chronologically.

IDENTIFYING INFORMATION
- Name
- Referral source, if any
- Address
- Source of history
- Age
- Reliability – (check for irregularities in statements of the patient)
- Ethnicity
- Race

CC: CHIEF COMPLAINT
- Stated in the patient's own words - "put in quotes" - one to two sentences.

HPI: HISTORY OF PRESENT ILLNESS
- In chronological order account of symptoms.
- Short phrases are acceptable.
- Do not incorporate PE findings.

"CLORIDPPA"
- Character - describe the symptom(s)
  - Sharp, dull, throbbing, stabbing
- Location - where is the problem, point to the spot
  - Superficial or deep
  - Precise or vague
- Onset - chronology of problem
  - When/how did problem start
  - Acute/chronic
  - Time of day
Setting
  - Radiation - is problem affecting other areas/body parts
  - Intensity - severity, magnitude
    o Rate on 1 to 10 scale
    o Does it affect activities of daily living (ADLs)
  - Duration - how long does it last
    o Constant, fleeting, intermittent
  - Palliative factors - what makes it better
    o Position, activity, food, meds
  - Provocative factors - what makes it worse
    o Position, activity, food, meds
  - Associated manifestations - other signs/symptoms related to problem

Ask the patient if they have a preconceived idea about what is causing the problem (this may help you understand the problem - they could have valid concerns or phobias).

**PMH: Past Medical History**

To ascertain any medical information from the patient's past that they tell you or that you obtain from old records.

- Illnesses
  o Childhood
  o Adult
- Past Medical Admissions
  o Date
  o Hospital
  o Reason
  o Complications
- Surgical History
  o Date
  o Hospital
  o Reason
  o Complications
- Accidents/injuries
  o Date
  o Description
  o Complications
- Immunizations/boosters/screenings
  o Give actual dates when possible
  o Pap smears, mammograms, lipid panel, etc.
- Obstetric History
  o Gravida (# of pregr.), Para (# of live births), Abortions (spt or elective)
  o Pregnancy complications (DMIHTN)
  o Types of deliveries (vaginal/c-section)
  o Complications (post-delivery hemorrhage)
• Psychiatric History
  o Treatment for any mental illness
  o Dates
  o Hospitalizations
• Medications
  o Include Rx, non-Rx, vitamins, supplements, and homeopathic
  o Give dosage, frequency, duration, purpose
• Allergies
  o Drug, food, environment
  o Give type of reaction

FH: FAMILY HISTORY
Outline the family history attempting to obtain at least 3 generations (blood relatives). This should include age, gender, and any medical conditions. If the relative is deceased, give the age at the time of death and cause of death ("old age" is not a cause). Ask specifically about CAD, HTN, DM, CVA, cancer (type), bleeding disorders, kidney disease, thyroid disease, seizure disorder, mental illness, arthritis, deaths before age 50, any family illness similar to the patient's complaint.

SH: SOCIAL HISTORY
• Personal history
  o Date of birth
  o Place of birth
  o Education
  o Travel/military
  o Religion
  o Occupation
  o Current living arrangement:
    Water, heating, occupants
    Hazardous exposures at home/work
• Habits
  o Diet -type, number of meals/day
  o Sleep -hours/night, naps
  o Exercise/leisure - what and how often
  o Tobacco -type, amount, duration of use
  o Alcohol -type, amount, duration of use
  o Drugs -type, amount, duration of use
  o Safety -seat belts, smoke/C02 detectors
• Sexual history
  o Sexual orientation
  o Number sexual partners
  o Safe-sex practice
  o Unusual sexual high-risk behaviors
• Marital history
  o If currently married -number of years
  o Spouse's occupation
ROS: REVIEW OF SYSTEMS
(Helps to double check the HPI, may find something that was missed) (The following list is not all inclusive.)

General:
- Weight
- Fatigue
- Weakness
- Fevers, night sweats

Skin, Hair, Nails:
- Rashes
- Lumps/bumps
- Lesions/sores
- Easy bruising
- Jaundice/cyanosis
- Dryness/itching
- Changes in hair (texture, etc)
- Changes in nails

Head:
- Headaches (cephalgia)
- Head injuries

Eyes:
- Vision changes
- Tearing/blurring/tearing/discharge/itching
- Double vision
- Spots, flecks, flashing light
- Cataracts
- Glaucoma
- Photophobia

Ears:
- Infections/discharge
- Changes in hearing
- Tinnitus
- Vertigo
- Otalgia

Nose/sinus:
- Frequent infections
- Nasal congestion, discharge or itching
- Epistaxis
- Sinusitis
- Decreased smell
Mouth and Throat:
- Dental care/carious teeth, gingival disease
- Sores or lesions
- Changes in tongue
- Sore throats
- Hoarseness
- Dysphagia
- Dental prosthesis

Neck:
- Lumps or swelling
- Goiter
- Pain or stiffness
- Thyroid disease

Breasts:
- Lumps, discharge or changes
- Tenderness
- Pain, related to cycle
- Self breast exam

Respiratory:
- Cough, sputum/color/amount/blood
- Short of breath
- Wheezing/history of asthma
- Lung disease, bronchitis, pneumonia, emphysema, tuberculosis
- Last chest x-ray

Cardiac:
- High blood pressure
- Heart disease/rheumatic fever/murmurs
- Chest pain, irregular heart beat
- Dyspnea, orthopnea, nocturnal dyspnea
- Tachycardia/palpitations
- Peripheral edema
- Stroke/TIA/Raynaud's phenomena
- Past EKG, ECHO or other invasive procedures

Peripheral Vascular:
- Claudicating
- Leg cramps
- Varicose veins
- History of clots (thrombophlebitis)

Gastrointestinal:
- Appetite/food intolerance/weight change
- Heartburn, nausea, vomiting, regurgitation
- Indigestion/bloating/belching/burning
- Vomiting blood (hematemesis)
- Passage of bloody (hematochezia)/tarry stools (melena)
- Bowels...frequency, color, consistency, size
- Changes in bowel habits/constipation/diarrheal blood or mucus
Abdominal pain/cramps
Jaundice
Liver, gallbladder, or pancreatic disease

Urinary:
Frequency, urgency, hesitancy, burning
Dysuria
Change in the stream, reduced force, dribbling, unable to empty fully
Incontinence, polyuria, nocturia
Renal calculi or passage of stones
History of recurrent infections

Genital:
Male:
Hernias
Discharge from penis or sores
Testicular swelling, sores, pain
History of sexually transmitted diseases
Sexual drive, interest, function, satisfaction and problems

Female:
Menarche, age, regularity, frequency, duration, amount, pain
LMP, bleeding between, spotting before or after
Bleeding or pain with intercourse
Premenstrual tension
Menopause, age, symptoms, post menopausal bleeding
If born before 1971 exposure to DES
Vaginal discharge, itching burning or irritation, lesions or sores
Sexually transmitted diseases
Number of pregnancies, deliveries, abortions (spont/induced)
Complications of pregnancy
Birth control
Sexual interest, function, orgasm, problems, dyspareunia

Musculoskeletal:
Muscle/joint pain, warmth, redness, stiffness, arthritis, gout, back pain
Limited range of motion

Neurologic:
Fainting, blackouts, seizures, paralysis, numbness, loss of sensation, tingling, or pins and needle sensation.
PE: PHYSICAL EXAM

Review the complete physical exam and the problem-orientated exam sheets for content.

General Appearance and Mental Status
Skin
HEENT
Neck
Thorax and Lungs
Cardiovascular and Peripheral Vascular
Abdomen
Breasts and Axillae
Genitalia (male or female)
Anus, Rectum, and Prostate
Musculoskeletal
Neurologic

ASSESSMENT

Statement of patient's main problems/diagnosis after all subjective and objective data has been analyzed and interpreted. If multiple list each problem, starting with the most severe.

PLAN

Explained treatment for all of the problems found. May be listed in 3 parts:

1. Diagnostic tests - include future lab tests, ancillary tests, consults, etc.
2. Therapeutic plans - treatment plan, i.e., medication, surgery, discharge
3. Patient education - documentation that the medical team has communicated the condition and care plan with the patient and any family members. This should include any medical/legal documentation if needed (Informed consent).

EXAMPLE OF ASSESSMENT AND PLAN

1. HTN
   Essentially healthy 44 y/o. male mild hypertension - at specific risk for CAD secondary to smoking history and FH of CAD. Also needs routine immunization update.

   PLAN: Fasting lipids ordered
   Td booster .5 cc R deltoid today
   Counseled regarding smoking cessation
   Cardiovascular risk factors discussed, recommended aerobic exercise program at the YMCA, reduction in saturated fats/cholesterol.
2. SINUSITIS:

PLAN: X-ray of sinuses
Bactrim DS #20, 1 po BID x 10 days. Actifed, 1 po qid x 10 days.
Acetaminophen 325 mg 2 tabs q 4-6 hr prn fever, pain. Increase fluids 8
glasses/day. Warm compresses to sinus area prn. Off work for 2-3 days if
necessary. RTC (return to clinic) if failure to improve or worse in 72
hours. RTC 10-14 days for recheck.

3. ALLERGIC RHINITIS:

PLAN: Continue Actifed, one tablet q 8h, use prn. Discussed
seasonal/environmental allergy.

Even though it is not a part of the History and Physical Examination Record ---you will
need to think about what we call a "differential diagnose."

As you write your histories and physical exams for this course you will need to put at
least three (3) differential diagnoses and the reasons why you eliminated the diagnoses.

ORAL CASE PRESENTATIONS

This is the main mode of interaction between a student and a preceptor. It is also a skill
that develops with time and practice.

Most case presentations should average between 3 to 7 minutes.

Try not to use notes.

This is a concise summary of the patient's most pertinent history and physical
examination findings as well as test results. If you are discussing lab or ancillary test
results, have all pertinent results with you for review.

This should be arranged in the same format as a written note with emphasis on the HPI,
assessment and plan.

Identifying information/CC
HPI
PMHx
FHx
SHx
ROS
PE
Assessment
Plan
IDENTIFYING INFORMATION/CHIEF COMPLAINT

- Identify patient by age, race (if relevant), sex, and chief complaint.

(i.e.; Mrs. Smith is a 43 year old female admitted through the ED last night with the c/c "a swollen left leg")

- If the patient was not able to provide the history, it is appropriate to comment on this at this time.

(i.e.: Mr. Jones is a 96 year old male admitted by Dr. Pill for confusion. The history was given by the patient's daughter, Mary Lee who is power of attorney)

HPI: HISTORY OF PRESENT ILLNESS

- This is probably the most important part of the case presentation. It should summarize all important medical facts concerning the patient's chief complaint. It should be complete but brief and state in chronological order the reason for the patient's visit. Utilize old records if needed.

- Should start the HPI with a statement regarding the patient's basic background health in relation to the onset of problems.

(i.e.: Mrs. Smith was at her normal state of good health until she developed pain and swelling of her left leg 2 days ago or Mr. Jones has a 7 year history of confusion related to his elevated ammonia levels due to chronic liver failure).

- Any pertinent PMHx should be summarized here in as much detail as possible. Especially important in complicated conditions that have required various treatments.

(i.e.: cancer -surgery, chemo, radiation treatment, CAD -bypass, cauterization, and rehab)

- Following a description of the patient's symptoms, a brief statement should be mentioned as to why the patient is seeking medical treatment at this time.

- Include the patient's pertinent positive and negative symptoms. A good rule of thumb is that most of the questions asked in the ROS for the given organ system in question should be included in the HPI.

- Finally, discuss other medical conditions or risk factors that may be relevant to the patient's HPI.

(i.e.: Mrs. Smith's BMI is >30, she leads a sedentary lifestyle, smokes 2 ppd and was started on BCP's 2 months ago).

- For pediatric patients, it is appropriate to mention the mother's pregnancy (complications) and birth history, as well as development.
PMHx: PAST MEDICAL HISTORY

- Only discuss the most pertinent past medical conditions in case presentations
- If illnesses or surgeries are not important don't mention them with the exceptions of cancer, diabetes, heart disease, and hypertension. These can be mentioned even if not present.
- All medications should be discussed with dosages. Trade names are accepted but be ready to give the generic if asked.
- Allergies and reactions should be mentioned.
- Always mention if there is a chance a female may be pregnant.
- Pediatric patients it is important to mention immunization history.

FHx: FAMILY HISTORY

- Only mentioned if it has a direct bearing on the patient's problem or if there is truly an inheritable disease.

SHx: SOCIAL HISTORY

- Usually only alcohol, tobacco, and drug use is mentioned unless something else is pertinent.

ROS: REVIEW OF SYSTEM

- If something pertinent is revealed in the ROS that relates to the patient's chief complaint, it should always be given in the HPI. Other "positives" should be presented in the case presentation only if the symptom needs medical attention currently.

PE: PHYSICAL EXAM

- 80-90% of the PE should be presented. Pertinent physical findings should be described in as much detail as possible.
- Always begin with a general description of the patient's overall status.
- Include complete vital signs. Do not say "vital signs are normal"
- Present pertinent PE findings in a regionally organized manner

LABORATORY/ANCILLARY TESTS

- Pertinent lab values/ancillary tests are presented at the end of the PE. Remember to have all results ready for review if asked.

ASSESSMENT

- Statement of patient's main problems/diagnosis after all subjective and
objective data has been analyzed and interpreted. List each problem, if multiple, starting with the most severe. Some preceptors may want possible differential diagnosis here.

**PLAN**
- Difficult to establish this without experience but helpful to present in parts.
- May be listed in 3 parts
  1. Diagnostic tests - include future lab tests, ancillary tests, consults
  2. Therapeutic plans - treatment plan i.e.; medications, surgery, discharge, etc.
  3. Patient education - documentation that the medical team has communicated the condition and care plan with the patient and any family members. This should include any medical-legal documentation if needed (informed consent).

**PROGRESS "SOAP" NOTES**

The progress/SOAP note is the daily note in the hospital chart that updates the clinical progress of the patient. The note should summarize the patient's condition and recent lab/ancillary test results and document the future care plan for the patient.

**S: Subjective data**
How the patient feels today. Any complaints. Can be written in patient's own words "I feel better"

**O: Objective data**
Pertinent physical exam findings that relate to the acute conditions. Include pertinent labs/ancillary test results/consults

**A: Assessment**
Statement of patient's main problems/diagnosis after all subjective and objective data has been analyzed and interpreted. List each problem, if multiple, starting with the most severe.

**P: Plan**
List each problem, if multiple may be listed in 3 parts
1. Diagnostic tests - include future lab tests, ancillary testing, consults
2. Therapeutic plans - treatment plan i.e.; medications, surgery, discharge, etc.
3. Patient education - documentation that the medical team has communicated the condition and care plan with the patient and any family members. This should include any medical-legal documentation if needed (informed consent).

**S:** Abdominal pain "a little better". "I vomited 3 times last night"

**O:** Temp: 99.8°F Pulse 90bpm Resp 18 bpm BP right arm 140/84 General: Alert and oriented. Resting comfortably. Heart: RRR no gallop, murmur, rubs Lungs: CTA bilaterally ABD: +BS all 4 quadrants, soft to palpation with tenderness RUQ and + Murphy sign. No rebound or guarding Amylase 326 U/s report today (date) showed thickened wall with sludge and
stones
A: #1 Cholelithiasis #2 Emesis secondary to # 1
P: DX - HIDA scan today
TX - Phenergan for emesis; surgical consult
Ed - discussed possible need for cholecystectomy with patient. Discussed potential risks and complications with patient and her daughter, Mary Sprouse

WRITING A PRESCRIPTION

A student may not prescribe drugs or medications of any kind. State law requires all prescriptions must be signed by a physician. Students may not sign a prescription for a physician or fill out pre-signed scripts. Students may, however, fill out prescriptions to be reviewed by the preceptor and must keep in mind the following when doing so.

Always consider the patient’s age, co-morbid illnesses (i.e. renal disease), other medications (including over-the-counter medications), allergies, and cost of the medication.

Always write legibly. Print if you have to.

Include the date prescription is written with patient’s name and address.

COMPONENTS OF A PRESCRIPTION

"Inscription"
- Write out name of the drug, may be in trade or generic name, no abbreviations.
- Generic drug may be substituted automatically to reduce cost. If you do not want the generic drug dispensed write the trade name and "dispense as written" (or DAW), or "no substitution".
- Dosage of the medication written in metric units (grams, milliliters, etc.).
- Always be careful when placing decimal point.
  - Never place decimal point first (i.e.: wrong .5 mg/correct 0.5 mg)
  - Never use a trailing "0" (i.e.: wrong 1.0 mg/correct 1 mg)
- Never use "U" for units, may be mistaken for a 0.

"Subscription"
- Quantity to be dispensed.
- Noted in either Arabic numerals (i.e.: #60) or written out (i.e. sixty).
- For narcotics, it is required to use both (i.e.; #15 -fifteen)

"Signature" or "sig."
- Directions for use or how the drug is to be taken.
- Also known as "label".
- Be complete and specific.
• Avoid "use as directed" patients will not remember.
• It is also helpful to put what the medication is for especially in elderly patients.
• Be sure to mark number of refills

RULES FOR DISPENSING MEDICATION

For an acute illness, only give enough medication for the single course of therapy.

If the drug is a new prescription for the patient, dispense a small amount at first as to make sure the patient will tolerate the medication.

If the drug is one the patient has been on and is tolerated well and will be used for long-term treatment, dispense large quantity (typically 3 month supply) which will be cheaper for the patient to fill.

If you are worried about compliance with follow-up, only dispense enough to last patient until next visit.

If patient is suspected of suicide intent, only dispense small amounts.

OPERATING ROOM ETIQUETTE

It is important to know some key points of etiquette associated with working in an operating room in order to effectively assist in the surgery and to maintain the sterile field. Before starting the surgical rotation, please review the following:

- Prior to scrubbing in on any surgery, first, introduce yourself to the Scrub Nurse and the OR Circulating Nurse. Notify them of all cases that you are assigned to during the rotation.
- Know what size sterile gloves you wear. If you don’t know, a general guideline is: size 6 = small, size 7 = medium and size 8 = large.
- Be ready to assist in moving or positioning the patient on the operating table or prepping the patient for surgery.
- Do not wear your beeper while in the surgical suite. If you are on-call, identify someone to receive your pages and relay the information to you.
- Take off all jewelry prior to surgery and store your valuables appropriately.
- Before scrubbing, safely secure your OR mask, cap and eyewear. Remember that once your sterile gloves are on you cannot touch your eyeglasses.
- Make sure you scrub thoroughly. As a general rule, never finish scrubbing before the attending surgeon(s).
- Stand out of the surgical sterile field until you are instructed on where to stand.
- Learn the names and identity of surgical instruments.
- Never reach for or pass instruments unless specifically told.
- In case of contamination of your own gown or gloves, announce that you are no longer sterile and then step out of the surgical field.
- Always follow instructions.
ADMISSION NOTE

- A.D.C. VAAN DIML
- Admit/attending
- Diagnosis
- Condition
- Vitals
- Activity
- Allergies
- Nursing procedures
- Diet
- Ins and outs
- Medications
- Labs

- Admit to (floor, room #, ICU, CCU) Dr. (attending/person legally responsible for the patient's care, also include resident's/intern's/covering physician's name)

- Diagnosis -list admitting diagnosis

- Condition -stable, critical, fair, poor, guarded

- Vitals -determine the frequency of vitals

- Activity - bedrest, bathroom privileges, as tolerated

- Allergies -list any drug, food, environmental reactions or allergies

- Nursing procedures -bed positions, preps (enemas, shower), respiratory care (P&PD-percussion & postural drainage), dressing changes, wound care (wet-dry, Betadine), notify physician if (temp>102°F)

- Diet -NPO, clear liquids, ADA

- Ins and outs -refers to all tubes
  - Daily I&O what went in and what came out
  - IV fluids -type and rate
  - Drains -NG to low suction, Foley to gravity

- Medications -include medication, dose, frequency, special instructions i.e. take with food. Write legibly and DO NOT abbreviate.

- Labs -indicate studies and specify times desired this includes EKG, x-rays, consultations
DISCHARGE SUMMARY

- Date of admission
- Date of discharge
- Admitting diagnosis
- Discharge diagnosis
- Attending physician/service caring for patient
- Referring physician (address if available)
- Procedures
- Brief history, pertinent physical and lab data - summarize the most important points
- Hospital course - briefly summarize the evaluation, treatment, and progress of the patient during the hospitalization
- Condition at discharge - improved, unchanged
- Disposition - where was the patient discharged to? i.e., home, nursing home, if transferred to another facility try and give address and name of accepting physician
- Discharge medications - list medications, dosage, refills
- Discharge instructions/follow-up - diet, activity, restriction, appointment date
- Problem list - list active and past medical problems
CONVERTING POUNDS TO KILOGRAMS

- Divide weight in pounds by 2.2 = kilograms
  i.e.: 120 pounds ÷ 2.2 = 54 kilograms

PEDIATRIC FLUID RATE

- 40 kg child kg x 4 = rate
- 10-20 kg child kg x 2 + 40 = rate
- >20 kg child kg x 1+ 60 = rate

SHORTCUTS FOR DOCUMENTING LABS

- WBC
- Hgb
- PLT
- HCT
- Sodium
- Chloride
- Potassium
- Bicarbonate
- Glucose
- BUN/Creatinine

MNEMONICS FOR DYSPNEA OF RAPID ONSET:

10 Ps

- Pneumonia
- Pneumothorax
- Pulmonary Constriction/asthma
- Peanut (or other foreign body)
- Pulmonary embolus
- Pericardial Tamponade
- Pump failure (heart failure)
- Peak seekers (high altitudes)
- Psychogenic
- Poisons

The Rate and Depth of Breathing Will:

<table>
<thead>
<tr>
<th>Increase With:</th>
<th>Decrease With:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acidosis (metabolic)</td>
<td>Alkalosis (metabolic)</td>
</tr>
<tr>
<td>Central nervous system lesions (pons)</td>
<td>CNS (cerebrum)</td>
</tr>
<tr>
<td>Anxiety</td>
<td>Myasthenia-gravis</td>
</tr>
<tr>
<td>Aspirin poisoning</td>
<td>Narcotic overdoses</td>
</tr>
<tr>
<td>Oxygen need (hypoxemia)</td>
<td>Obesity (extreme)</td>
</tr>
<tr>
<td>Pain</td>
<td></td>
</tr>
</tbody>
</table>
Appendix

Appendix 1 – Preceptor and Site Profile Form
Appendix 2 – Preceptor Evaluation of Student
Appendix 3 – Clinical Year Preceptor Evaluation
Appendix 4 – Clinical Year Site Evaluation
Appendix 5 – Health & Safety Requirements
Appendix 6 – Quality Assurance
Appendix 7 – Professional Liability Insurance
Marietta College
Physician Assistant Program
Preceptor and Site Profile Form

Preceptor Name: 
Practice Name: 
Office Address: 
City: 
State: 
Zip Code: 
County: 
Contact Person: 
Title: 
Phone: 
Alternate: 
Fax: 
Cell: 
Pager: 
Email: 
Primary specialty: 
Specify: 
Practice Location: 
Practice Affiliation: 
CHC □ □ HPSA □ □ RHC □ □ MUA □ □ Practice Type: 
Total number of clinicians in practice: 
Physicians 
NP 
PA 
Daily number of patients seen in office per day 
Daily number of patients seen in office per day 
Daily number of patients seen in office per day 
Other Practitioners in Group: 
Hours Student is Expected to be Available: 
Day 
Evening 
On Call 
Weekend
Last Name

Lab Services in Office □ Radiology in Office □

Hospital Affiliations:

Nursing Home Rounds:

Rural/Public Health Clinics:

How often?

Percentages of Patient Population

Pediatric (<12)
Geriatrics (>65)
Medicaid
Medicare
No Insurance

Have you served as a preceptor for students in the past? □

What schools?

How many students are you able to precept during the year?

Safety concerns? □ If office issue, include in preceptor notes section. If a hospital issue, include in Affiliation student instruction field.

Notes

4/17/09
## MARL ET A COLLEGE PHYSICIAN ASSISTANT PROGRAM
### STUDENT CLINICAL PERFORMANCE EVALUATION

**STUDENT ________________________________  EVALUATOR __________________ __**  
**DISCIPLINE (eg Family Medicine) ________________________________  DATES _______ **

### INSTRUCTIONS:
The evaluation of student performance covers areas of knowledge, skills, and attitudes correlating to rotation objectives. Please check appropriate box in each category. To be of maximum benefit for the student, please feel free to address the strengths and weaknesses observed on rotation as we complete this form in its entirety and return to Marietta College PA Program. Thank you.

<table>
<thead>
<tr>
<th>Medical Knowledge</th>
<th>Minimal</th>
<th>Marginal</th>
<th>Good</th>
<th>Thorough</th>
<th>Above average</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Has difficulty recalling basics.</td>
<td>Needs to improve</td>
<td>Processes basic knowledge; not always able to apply to cases.</td>
<td>Has solid base of knowledge; usually able to relate to cases.</td>
<td>Demonstrates solid knowledge base and makes relevant clinical applications consistently.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>History Taking Skills</th>
<th>Minimal</th>
<th>Marginal</th>
<th>Good</th>
<th>Thorough</th>
<th>Above average</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Inaccurate; fails to elicit important data.</td>
<td>Often fails to elicit important data and includes irrelevant data.</td>
<td>Usually complete; sometimes includes irrelevant data.</td>
<td>Complete, accurate; elicits important data</td>
<td>Elicits complete data even in complex cases; able to describe findings in clear, concise manner.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical Exam Skills</th>
<th>Minimal</th>
<th>Marginal</th>
<th>Good</th>
<th>Thorough</th>
<th>Above average</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fails to follow logical sequence. Deficient technical qualities.</td>
<td>Often fails to follow logical sequence. Minor technical deficiencies. Abnormalities frequently not recognized.</td>
<td>Technically accurate; usually follows logical sequence and usually recognizes abnormalities.</td>
<td>Follows logical sequence; technically reliable; smooth. Common abnormalities consistently recognized.</td>
<td>Thorough, precise; follows logical sequence, technically efficient &amp; sound. Abnormalities consistently recognized.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Laboratory and Test Knowledge</th>
<th>Minimal</th>
<th>Marginal</th>
<th>Good</th>
<th>Thorough</th>
<th>Above average</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Clearly lacks knowledge of lab values or relationship of tests to clinical picture. Orders without regard to cost or yield.</td>
<td>Knowledge of routine tests. Has trouble interpreting results.</td>
<td>Adequate knowledge of routine tests. Tests ordered clinically appropriate. Usually interprets results correctly.</td>
<td>Knowledge of routine tests; some knowledge of special dx tests. Tests ordered clinically appropriate. Results interpreted correctly.</td>
<td>Knowledge of routine and special dx tests. Tests ordered clinically appropriate and interpreted correctly.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Organization of Data for Diagnosis</th>
<th>Minimal</th>
<th>Marginal</th>
<th>Good</th>
<th>Thorough</th>
<th>Above average</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fails to integrate data. Unable to identify problems, priorities; overlooks additional data.</td>
<td>Has difficulty integrating pertinent data, identifying problems, setting priorities. Frequently overlooks additional data.</td>
<td>Usually able to integrate data. Differential dx and identification of priorities usually appropriate.</td>
<td>Able to integrate pertinent data. Acceptable differential dx made. Understands and identifies problems and priorities.</td>
<td>Integration of data comprehensive. Understands and identifies problems and priorities. Correlates additional data in making the differential diagnosis.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Treatment Planning</th>
<th>Minimal</th>
<th>Marginal</th>
<th>Good</th>
<th>Thorough</th>
<th>Above average</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Has no concept of treatment plans.</td>
<td>Plans often inadequate or inappropriate; require major revisions.</td>
<td>Treatment plans are acceptable in most cases. Require some revision.</td>
<td>Treatment plans are acceptable. Require only minor revisions.</td>
<td>Treatment plans are comprehensive; need no changes. Can suggest alternatives if necessary.</td>
</tr>
<tr>
<td>Patient Education</td>
<td>Minimal</td>
<td>Marginal</td>
<td>Good</td>
<td>Thorough</td>
<td>Above average</td>
</tr>
<tr>
<td>-------------------</td>
<td>----------</td>
<td>----------</td>
<td>-------</td>
<td>-----------</td>
<td>----------------</td>
</tr>
<tr>
<td></td>
<td>Rarely communicates with patient about disease or treatment. Does not adjust plan to educational/social level of patient. Doesn't check for understanding by patient.</td>
<td>Sometimes communicates with patient about disease or treatment. Doesn't adjust plan to educational/social level of patient.</td>
<td>Often communicates with patient about disease and treatment. Usually checks to see if patient understands.</td>
<td>Communicates with patient about disease and treatment. Usually adjusts plan to fit educational/social level of patient and checks for understanding.</td>
<td></td>
</tr>
<tr>
<td>Presentations</td>
<td>Minimal</td>
<td>Marginal</td>
<td>Good</td>
<td>Thorough</td>
<td>Above average</td>
</tr>
<tr>
<td>Written Skills</td>
<td>Minimal</td>
<td>Marginal</td>
<td>Good</td>
<td>Thorough</td>
<td>Above average</td>
</tr>
<tr>
<td>(SOAP Notes and H&amp;P)</td>
<td>Sometimes fails to make chart notes. May include irrelevant data or fails to provide relevant data.</td>
<td>Chart notes are late or include irrelevant data. Sometimes excludes relevant data.</td>
<td>Write-ups are complete. Needs some improvement to become concise and organized.</td>
<td>Write-ups are organized. Usually only relevant data is included. Problems and progress noted promptly.</td>
<td>Write-ups concise and organized. Problems and progress documented completely and promptly.</td>
</tr>
</tbody>
</table>

**Professional Attributes**

Circle any of the following that ARE or MAY BECOME problems. Explain under COMMENTS.

A. **Doesn't know own limitations**; not cautious enough, proceeds without checking, overestimates abilities.
B. **Lacks initiative**; needs excessive direction, little self-directed learning.
C. **Patient relationships**; poor patient rapport, discourteous, lacks empathy.
D. **Professional Relationships**; fails to work well with other professionals or respect their roles.
E. **Grooming**; sloppy or inappropriate dress; poor hygiene habits.
F. **Educational Attitude**; unresponsive to correction; makes same errors; takes criticism personally.
G. **Attendance**; absent from activities; late or not available for rounds, leaves early.
H. **Self Image**; timid or insecure; performance may be affected by lack of confidence.
I. **Dependability**; unprepared for didactic or clinical assignments; fails to follow through with tasks.

**GRADES:** Please assign the student's grade.

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A+</td>
<td>(100%)</td>
</tr>
<tr>
<td>A</td>
<td>(95%)</td>
</tr>
<tr>
<td>A-</td>
<td>(90%)</td>
</tr>
<tr>
<td>B+</td>
<td>(89%)</td>
</tr>
<tr>
<td>B</td>
<td>(85%)</td>
</tr>
<tr>
<td>B-</td>
<td>(80%)</td>
</tr>
<tr>
<td>C+</td>
<td>(79%)</td>
</tr>
<tr>
<td>C</td>
<td>(75%)</td>
</tr>
<tr>
<td>C-</td>
<td>(70%)</td>
</tr>
<tr>
<td>D</td>
<td>(65%)</td>
</tr>
<tr>
<td>F</td>
<td>(55%)</td>
</tr>
</tbody>
</table>

**# of Days Absent:** Personal ________ Medical ________

**Comments:**

**Evaluation discussed with student:** YES ______ NO

**EVALUATOR** ____________________________ **DATE** ____________________________

Please send to: PA Program, Marietta College, 215 Fifth Street, Marietta, OH 45750, or fax to 740-376-4951.

THANK YOU!

*Completed form is property of Marietta College Physician Assistant Program and is not to be copied or otherwise duplicated.*
Clinical Year Preceptor Evaluation

Name of Preceptor: ______________________________
Student Name: ________________________________
Facility Name, City, State: _______________________

Specialty (mark the correct one):
- Family Medicine
- ER
- Elective (specify) ____________________________
- IM
- Surgery
- Prenatal/GYN
- Orthopedics
- Pediatrics
- Behavioral/Psychiatry

Please circle the number which best reflects your opinion ranging from 1 (excellent, strongly agree) to 4 (poor, not at all, strongly disagree).

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicates ideas clearly</td>
<td>1  2  3</td>
<td>4</td>
</tr>
<tr>
<td>Provides easy to understand suggestions and guidance</td>
<td>1  2  3</td>
<td>4</td>
</tr>
<tr>
<td>Clearly explains the rationale for procedures and treatment plans</td>
<td>1  2  3</td>
<td>4</td>
</tr>
<tr>
<td>Demonstrates techniques for procedures and exams</td>
<td>1  2  3</td>
<td>4</td>
</tr>
<tr>
<td>Lets PA students know what is expected of them</td>
<td>1  2  3</td>
<td>4</td>
</tr>
<tr>
<td>Uses constructive criticism and offers positive reinforcement</td>
<td>1  2  3</td>
<td>4</td>
</tr>
<tr>
<td>Communicates enthusiasm for the subject and motivates the students to learn</td>
<td>1  2  3</td>
<td>4</td>
</tr>
<tr>
<td>Suggests outside reading to expand the students knowledge</td>
<td>1  2  3</td>
<td>4</td>
</tr>
<tr>
<td>Reviews medical records which the student has written</td>
<td>1  2  3</td>
<td>4</td>
</tr>
<tr>
<td>Maintains professional demeanor</td>
<td>1  2  3</td>
<td>4</td>
</tr>
</tbody>
</table>

(please complete reverse side)
Additional Comments:

1. What were the strengths of this rotation?

2. What were the weaknesses of this rotation?

3. Were you adequately prepared for this rotation: ___ Yes ___ No
   If no, what could the PA program do to better prepare future students for this rotation?

4. Would you recommend this rotation to other students? ___ Yes ___ No
   If no, why?

Comments: (Please list objectives that were achieved or not and how better they can be addressed)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Student's Signature (print and sign your name) ___________________________ Date ___________
Clinical Year Site Evaluation  
(Evaluation of the facility and its staff)

Facility Name, Address, City and State: _______________________________________
Name of Student: _____________________________________________________________
Physician/Supervisor at this location: ____________________________________________

Specialty (mark which rotation):
- Family Medicine
- IM
- ER
- Surgery
- Elective (specify) __________
- Prenatal/GYN
- Pediatrics
- Orthopedics
- Behavioral/Psychiatry

Please circle the number which best reflects your opinion ranging from 1 (excellent, strongly agree) to 4 (poor, not at all, strongly disagree).

<table>
<thead>
<tr>
<th>Provided an orientation to the facility and an Introduction to the staff</th>
<th>Excellent</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The physical layout of the facility (space, parking, Housing, safety) was adequate and conducive to learning</th>
<th>Excellent</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patients provided a challenging and stimulating learning experience</th>
<th>Excellent</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The patients were receptive to a PA student</th>
<th>Excellent</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Staff was friendly and helpful to students</th>
<th>Excellent</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Work hours per week were appropriate</th>
<th>Excellent</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The number of patients seen per day was adequate</th>
<th>Excellent</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Range of patients adequate for well rounded experience</th>
<th>Excellent</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>You would recommend this rotation to other students</th>
<th>Excellent</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

(please complete reverse side)

114
Additional Comments:

1. Overall, how would you rate this rotation site:
   ___ Excellent  ___ Good  ___ Average
   ___ Below Average  ___ Poor
   Why:

2. What would you change about this rotation site?

3. Were there particular persons who really enhanced this rotation? (nurses, PA’s, Lab personnel, X-ray personnel)

"Student’s Signature (print and sign your name)" ___________________________  Date____________________
HEALTH AND SAFETY INFORMATION

Students are required to provide to the PA Program proof of the following:

- Complete physical examination
- MMR
- Hepatitis B
- DPT
- Polio
- 2-Step PPD
- Varicella Vaccine or Disease

QUALITY ASSURANCE

In-service training is provided for all students in the following areas:

- HIPAA
- OSHA
- JACHO
- Universal Precautions/Blood Borne Pathogens
- CLIA
- Gloving, gowning & sterile techniques
- BLS
- ACLS
- PALS

Other requirements:

- Criminal background checks
- Health insurance
<table>
<thead>
<tr>
<th>Item</th>
<th>DECLARATIONS</th>
<th>CERTIFICATE NUMBER</th>
<th>(AHC-1287669)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td><strong>Named Insured</strong> The Students Of Marietta College Physician Assistant Program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td><strong>MAILING ADDRESS</strong> 215 5th Street Marietta OH 45750</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>The insurance afforded is only with respect to such of the following types of insurance as indicated by specific premium charge or charges:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>COVERAGE</strong></td>
<td><strong>PREMIUM</strong></td>
<td>$2,684.00</td>
</tr>
<tr>
<td></td>
<td>A. Professional Liability ([\times])</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>B. General Liability ()</td>
<td>NO OPTION</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C. Endorsements ()</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>TOTAL:</strong> $2,684.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td><strong>LIMITS OF LIABILITY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$1,000,000 each Incident or Occurrence</td>
<td>$3,000,000 in the Aggregate</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Deductible (if applicable):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>The Named Insured is:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Sole Proprietor (including Individual)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Partnership</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☑ Other: Affiliation: Student Malpractice Blanket Liability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Business or Occupation of the Named Insured: Student</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>This policy is made and accepted subject to the printed conditions of this policy together with the provisions, stipulations and agreements contained in the following form(s) or endorsement(s):</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PLJ-2025 (01/95), PON-2003 (01/04) (Ed. 03/09), PLE-2081 (12/97), PLE-2156 (05/01),</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CHICAGO INSURANCE COMPANY**
33 W. MONROE STREET, CHICAGO, ILLINOIS 60603

**REPRESENTATIVE:**
MARSH Affinity Group Services
a service of SEABURY & SMITH
12421 Meredith Drive
Urbana, IA 50398
1-800-503-9230

**BROKER:**

PLP-2025 (01/95)