

CLINICAL PHASE OF THE PHYSICIAN ASSISTANT PROGRAM AT MARYWOOD UNIVERSITY

I. PURPOSE:

The purpose of this segment of the Physician Assistant Program is to give the student supervised exposure to the many facets of the practice of medicine in various disciplines, i.e. Emergency Medicine, Family Medicine, Internal Medicine, Obstetrics, Gynecology, Pediatrics, Surgery, Orthopedics and Psychiatry.

This experience will provide the students the opportunity to interact with patients seeking medical care across the life span, to include infants, children, adolescents, adults, and the elderly. In addition, the PA students will experience providing care for conditions requiring surgical management, pre operative, intra-operative, and post-operative care, management of emergent conditions, care for psychiatric and behavioral issues, and care for those in long term care settings.

The PA student shall be considered the extension of his/her specific Preceptor and is permitted to perform tasks delegated to him/her by the Preceptor. Although the specific role of the Physician Assistant Student will vary from rotation to rotation, there are certain broad procedures which should be followed by both Preceptor and Physician Assistant Student.

There are two basic reasons for the establishment of these procedures:

- 1) To monitor the activities of the student in a manner that will afford the Preceptor together with the PA Program faculty a continual and objective assessment of the student's performance throughout his/her practical training.
- 2.) To provide a mechanism to enable the PA-student to be a lifelong learner. The continuous feedback system of the clinical phase will provide the students with foundation necessary to continue throughout their medical career and life in accordance with the Mission statement and values of Marywood University and the PA Program.

II. PHILOSOPHY, MISSION AND OBJECTIVES:

The philosophy and objectives of the PA Program are consistent with the mission statement and educational goals of the University.

The Physician Assistant Program Mission Statement

The Physician Assistant Program at Marywood University is committed to providing students with an exceptional education in a supportive and nurturing environment.

This professional education will include the knowledge necessary to diagnose, treat, educate and empower patients in a variety of settings.

This program is committed to preparing the student to deal with the changing health care environment while promoting the PA profession.

Marywood's PA Program will emphasize the importance of sharing knowledge with future PA students while providing leadership in the community.

We acknowledge that patients are more than their physical body and so the program is dedicated to teaching the students the appreciation of the patients' spirit as well as caring for their body.

The Marywood University's Physician Assistant Program has an awareness of the need for quality healthcare both regionally and globally and this program will assist our students in carrying out Marywood's goal for all students - learning to live and practice responsibly in an interdependent world.

PA Program Objectives:

1. To provide students with the basic medical sciences requisite to serve as a foundation for the practice of medicine.
2. To expose students to all facets of primary care medicine as a foundation for their future practice of medicine.
3. To instruct students in techniques necessary to proper patient assessment such as the patient interview and physical exam.
4. To provide students with the means to communicate effectively with patients, families and other members of the health care team.
5. To aid students in the development of clinical skills with which to perform appropriate physical examinations.
6. To provide students with the principles of clinical pharmacology and pharmacotherapeutics so as to allow them to initiate appropriate pharmacotherapy.
7. To provide students with a clear understanding of the past, present and future of the PA profession, and the role of the physician assistant in the delivery of health care.
8. To stress the importance of preventive medicine principles in the delivery of health care.

9. To provide instruction in health psychology, behavioral medicine and the psychosocial factors that contribute to health with special attention given to the cultural differences encountered in the delivery of health care services.

10. To provide students with a forum for discussion of the legal and ethical issues in health care today.

11. To foster understanding of the special needs encountered in the delivery of health services to those in rural and underserved areas.

Clinical Objectives:

1. To expose students to the various aspects of primary health services across the life span, to include appropriate assessment, diagnoses, treatment, ordering and interpreting diagnostic tests, patient education and applying the principles of preventive medicine.

2. To provide the student with hands-on teaching and supervision by physician preceptors and physician assistants in actual clinical settings.

3. To initiate and foster the process of self-learning in the development of a competent health care provider.

4. To develop a realistic awareness and understanding of the role of the Physician Assistant as a functioning member of a health care team.

5. To facilitate interpersonal and communication skills that results in the effective exchange of information and collaboration with patients, their families, and other health professionals.

At the completion of the PA Program at Marywood University, the PA graduate will:

1. apply principles derived from the biological and social sciences as a basis for PA practice;
2. participate with other members of the health care team in the promotion of health, prevention of illness and the care of the sick;
3. function within the scope of his/her preparation, capabilities and responsibilities as a PA;
4. practice effective communication skills in developing positive interpersonal relationships;
5. accept responsibilities for becoming increasingly effective in the role of a Physician Assistant through continued medical education.
6. demonstrate an awareness of Marywood's goal for all students of learning to live and practice responsibly in an interdependent world.

III. CLINICAL ROTATION EXPERIENCE

A. GENERAL ROTATION INFORMATION:

1. Congratulations on your performance thus far....for the past 12 months you have been learning the science of medicine, now you will begin the practice the art of medicine. Now is the time to make the transition from theory to practice and from simulated cases to real patients.
2. Remember, you are a guest in the Preceptors 'home' and must act like one. You must be respectable to all people at all times. During the clinical education experience, the Physician Assistant student is expected to behave and perform in a manner consistent with the highest standards expected of a health care professional.
3. The clinical phase of the Physician Assistant Program consists of 6 Clerkships and 2 Preceptorships. The Clerkships include clinical rotations in: Emergency Medicine, General Surgery, Orthopaedics, Pediatrics, Women's Health/Psychiatry, and an elective. The Preceptorships include experience in Family Practice and Internal Medicine. Students may elect to apply to a Specialty track in the area of Surgery, Emergency Medicine, Hospitalist, or Pediatrics. This experience will be within the time frame of the Preceptorship(s).
4. Remember to contact your preceptor/clinical site **at least 1 week PRIOR** to the start date of your rotation. Keep in mind all sites are aware you are coming however, this is a courtesy call to remind them. This is also a great opportunity for you to inquire about start times, scheduling, directions, etc.
5. It is helpful to give Preceptors and or the office staff a copy of our business cards when you arrive. This will also be a good time to remind them that during week 3 or 4 of your rotation the Clinical Coordinators will need to complete a site/phone visit with the Preceptor.
6. Remember to record your clinical skills **daily** whenever possible, you will only have a 15 days window to log cases via Typhon Clinical Tracking Program.
7. The last day of each rotation is the End-of-rotation (EOR) day. All EOR assignments are mandatory. Students are required to return to Marywood University for EOR Clerkship I, II, IV, VI, Preceptorship I and II. In addition, attendance at the Board Review Course (at end of Preceptorship II) is mandatory.
8. All clinical paperwork is due before taking the EOR examination.

9. Students are expected to be available for clinical experience whenever the Preceptor is available. Therefore, often times students are expected to be available on evenings or weekends, or to spend more time than originally planned during certain periods. A preceptor should expect a student to be dependable and prompt, and to demonstrate professional integrity.
10. Self directed learning is an important aspect in the education of any health care provider, especially in the clinical phase of the Physician Assistant Program. The Physician Assistant student should show a willingness to learn, an interest in assuming professional responsibilities, and initiative in approaching his/her work. It is important for the Physician Assistant student to use their time wisely, to read guidelines and instructions in a thorough and efficient manner.
11. Ask questions! Clinical Preceptors not only like to be stimulated, it shows them that you are interested in learning. Keep in mind there are better times to ask questions, than others. Use your best judgment, be appropriate or make a list of questions to ask at the end of a busy day.
12. PA students can not be used to replace hospital or office staff. Student may **NOT** receive monetary or other compensation for their services will at a clinical site.
13. Preceptors during the clinical phase are primarily practicing physicians and Physician Assistants. On occasion, you may be assigned to a preceptor other than a physician or PA. For instance, you may be assigned to a Nurse Practitioner during portions of your Women's Health rotation. Any questions, please contact the Clinical Coordinators as soon as possible.
14. The PA student at Marywood University is covered by liability (malpractice) insurance, however, the Preceptor has ultimate legal responsibility for the actions of the PA-S while under his supervision. Students are not allowed to see patients in an office or clinic setting without the M.D., D.O. or PA supervisor present. Hospital admission, H and Ps and rounds may be done initially without direct supervision, however, appropriate follow-up and signatures are required.
15. As of Clinical Year 2008, all students are required to maintain Clinical skills, patient logs, data, etc. via Typhon Clinical Tracking Program. All students will receive Typhon training and will be given a unique ID and password. See Clinical Coordinators for more information or visit www.typhongroup.net/marywood

IV. CLINICAL EVALUATION GRADING POLICIES AND PROCEDURES:

Students' clinical evaluations and grades are the responsibility of the Clinical Coordinators and Preceptors. Final grades will be based on knowledge of the subject matter as determined through testing and/or assessment and observation of student performance by the Clinical Coordinators and Preceptors. It will also be based on professional considerations such as attendance, punctuality, dependability, initiative, ability to accept and utilize constructive criticisms, ability to relate to other health care professionals and adherence to professional standards and codes of ethics.

Students are required to maintain a minimum cumulative average of 3.0 for all clinical rotations to include Clerkships and Preceptorships. Failure to do so will result in placement of clinical academic probation.

Preceptors will be required to complete a student evaluation at the end of the clerkship.

ACADEMIC REGULATIONS AND EVALUATION GUIDELINES:

1. Final Letter Grades are assigned at the completion of each Clerkships and Preceptorships.
2. In the computation of grade point averages, the following system is used:

A	97-100	4.0
A-	92-96	3.67
B+	88-91	3.33
B	84-87	3.0

B is the minimum acceptable grade for the Physician Assistant Program's Clinical Phase.

B-	80-83	2.67
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B- is the minimum acceptable grade for the Physician Assistant Program's Didactic Phase.

3. Students must achieve a 3.0 or higher for each Clerkship and Preceptorship to advance to the next clinical rotation in good standing.

4. In the event a student fails an EOR examination, remediation will be available.
5. Daily Activity Logs are required to be recorded by students every clinical rotation and will be graded as part of the final grade for the current clinical rotation.
6. Clinical paperwork assignments change per rotation. All written assignments will be graded as part of the final grade for the current clinical rotation.
7. End-of-rotation examinations will be administered after every clinical rotation. All students will be required to create and maintain a WEB CT ID and Password to enter the examination. All EOR will be given at 10 AM on the EOR day. This examination is worth 30% of the final grade for the current clinical rotation.
8. Preceptor Evaluations are required for each student for each clinical rotation. It is the students' responsibility to provide the Preceptor(s) the Evaluation Form(s) at least one week prior to the end of the clinical rotation to allow ample time for completion. Students must submit the Evaluation Form with all EOR paperwork on the EOR day. The Preceptor Evaluation is worth 30% of the final grade for the current clinical rotation.
9. It is the students' responsibility to be familiar with Typhon and record all patient encounters and clinical skills within the specified timeframe. These will be evaluated throughout each clinical rotation/experience.
10. The PACKRAT (2) will be administered at the end of Preceptorship I in place of the EOR examination as a self assessment tool for the student. This will not be factored into the grade of Preceptorship I.
11. All papers must be submitted in APA style using appropriate citation when necessary. Details of this format can be found on Marywood University's Library webpage.
12. Plagiarism is defined as the use of another's ideas and words without acknowledging the source of the original information. All written work is expected to be your own, or you must use the appropriate citations. Academic dishonesty will not be tolerated; a grade of 0 will be assigned.

V. PROBATION AND GRIEVANCE PROCESS

Students may be placed on probation for various reasons, to include but not limited to: unexcused absences from clinical sites, failing to meet published deadlines, failing to maintain minimum grade of B in the Clinical Phase of the PA Program, and unprofessional behavior.

1. A student placed on probation will be evaluated at the next Academic Review Committee meeting.
2. The student will receive a letter from the Program Director outlining the action taken by the Committee and the reasons for that action.
3. The student has the right to appeal the action.
4. The student may contact his or her advisor for further clarification as needed.
5. The student may appeal that action in writing to the Program Director within 5 days of receiving the letter of action.
6. The Program Director will invite the student to present his or her position to the PA Academic Review Committee.
7. The Academic Review Committee will again determine a course of action and will communicate the reasons and action in writing to the students and the Dean of the College of Health and Human Services.
8. The students may then appeal in writing as per the University's Academic Appeals Policy.

VI. CLINICAL SYLLABI

Courses: PA 610/611/612/613/614/615 3 credits each
PA 640/650 6 credits each

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This syllabus represents all Clerkship and Preceptorship experiences (course numbers listed above) for the clinical phase of the Program. Each student is required to complete a clerkship in: Emergency Medicine, Surgery, Orthopedics, Pediatrics, Women's Health, Psychiatry, and 1 elective chosen by the student. The Preceptorships are in the areas of Family Medicine and Internal Medicine, with in-patient experience and long-term care experience. If a student chooses to complete a Specialty track during the Preceptorships it may be in Orthopedics, Emergency Medicine, Hospitalists, or Pediatrics. This additional experience will be completed in addition to time spent in Internal medicine and Family Practice.

A. Course Objectives:

Primary practice requires specific skills in many disciplines, including internal medicine, family medicine, obstetrics/gynecology, surgery, pediatrics, psychiatry, orthopedics and emergency medicine. The PA student is expected to develop basic diagnostic and therapeutic skills related to preventive, chronic, acute, rehabilitative, end-of-life and emergent problems which commonly arise in each of these disciplines. General objectives for the student's level of performance, which should be applied to all the disciplines of primary care, follow:

A. Given a patient with a medical problem in any primary care setting, the PA student will:

1. Collect the data relevant to the diagnosis of the presenting problem:
 - a. take a through history, which includes a chief complaint, history of present illness, relevant aspects of the patient's past medical history, social history, family history, and appropriate review of systems.
 - b. perform a through and logically ordered physical examination directed at evaluating physical findings related to the patient's complaint.
 - c. be familiar with the laboratory tests and procedures which would be useful in diagnosing the patient's problem, and understand basic interpretation of their results. The student will also be aware of the dangers and limitations of such tests and procedures.
2. Present the Data: The student will be able to present to the preceptor the results of the history, physical examination, and previous laboratory and diagnostic studies. The presentation may be oral or written and will be logically ordered in a problem-oriented format. In the presentation, the student will demonstrate an understanding of the relevant positive/negative findings in evaluating the patient's problems.
3. Assess the Data: The student will begin to formulate an accurate list of the patient's problems. He/she will provide a specific diagnosis for relatively uncomplicated problems, and list major elements of the differential diagnosis for more complicated problems.
4. Comprehend Principles of Treatment for the patient's particular problem:
 - a. Develop and implement appropriate treatment plans to include the proper use of medications in treating the medical problem, including dosage, route of administration, side-effects, and drug interactions. Write

prescriptions to be countersigned by the physician. Demonstrate the appropriateness of other diagnostic testing and procedures relevant to the patient diagnosis.

5. Document the Data: Using appropriate SOAP and H&P formats in patient records and as assigned by the Clinical Faculty.
6. Appropriate Referral of Patients: Understand the network and teamwork of Healthcare Professionals and demonstrate an awareness of appropriate referrals as needed per patient diagnosis.

B. The PA student will demonstrate effective communication skills that results in the effective exchange of information and collaboration with patients, their families, and other health professionals.

C. The PA student will demonstrate the ability to interview, elicit a medical history, perform a physical examination, order and interpret tests/diagnostic studies, develop and implement treatment plans, present data in an oral format and document data of patients that present across the life span.

D. The PA student will demonstrate the necessary skills to search, interpret, and evaluate medical literature in order to maintain a critical, current, and operational knowledge of new medical findings and apply it to individualized patient care.

E. The PA students will have supervised clinical experiences in the following settings:

1. Outpatient
2. Emergency room/department
3. Inpatient
4. Operating room
5. Long term care

The specific medical problems with which the PA-students are expected to be familiar are **listed in the objectives for each clinical rotation** which follow beginning on page 26.

B. Teaching Methods:

Practical clinical Experience, Research Papers, Peer Review Presentations, class Discussions.

C. Recommended Text(s):

Various texts are available for students to be signed out from the Clinical Coordinator office to be used fro the duration of clinical rotations. Based on the students' interest, it may be in their best interest to purchase certain texts. Preceptors will assign readings throughout Clinicals based on patients seen during the rotations or assign

reading on a weekly basis. The student may be required to purchase certain texts based on the preferences of the office. This will be handled on an individual basis per site/Preceptor. Below is a list of *suggested* texts:

Orthopaedics

Paget, Gibofsky, Beary. *Manual of Rheumatology and Outpatient Orthopaedic Disorders: Diagnosis and Therapy*. (Spiral Bound) Lippincott, Williams & Wilkins.

B.C. Anderson, *Office Orthopaedics*.

S. Hoppenfield, *Physical Examination of the Spine and Extremities*.

Benson, Leon S. *Orthopaedic Pearls*. F. A. Davis Company.

Emergency Medicine

Gomella, Leonard; Heist, Steven. *Clinician's Pocket Reference*. (The Original Scut Monkey- Spiral Bound) McGraw-Hill.

Jenkins, Jon L. et al. *Manual of Emergency Medicine*. (Spiral Manual) Lippincott, Williams & Wilkins.

Boren and Alpern, *Emergency Medicine Pearls*. FA Davis Company.

Obstetrics/Gynecology

Benson, Michael D. *Obstetric Pearls*. F. A. Davis Company.

Pediatrics

Hay, William W., et al. *Current Pediatric Diagnosis and Treatment*. Lange Medical Books/ McGraw-Hill.

Gunn, Veronica L.; Nechyba, Christian. *Harriet Lane Handbook: A Manual for Pediatric House Officers*. Mosby.

Surgery

Kozol, Robert A. *Surgical Pearls*. F. A. Davis Company.

Copes Early Diagnosis of the Acute Abdomen, Oxford Press.

Goldberg, S. *4 Minute Neurologic Exam*.

General Medicine: Family Practice/Internal Medicine (titles only)

Cecil's Textbook of Medicine

Ferri's Clinical Advisor

Current Medical Diagnosis and Treatment

The Washington Manual of Medical Therapeutics

Differential Diagnosis of Common Complaints

Appleton and Lange's Physician Assistant Review

Primary Care for Physician Assistants Pretest: Self-Assessment and Review

Clinical Survival Guide for PA Students

Tarascon Pocket Series

D. Requirements:

- Attendance at all sites on all days is required.
- Completion of all assignments and examinations by published deadlines.
- Case presentation during EOR.
- Obtain a minimum of a B in all Courses/Clerkships/Preceptorships.

E. Specific Clerkship/Preceptorship Assignments:

The written assignments in the Clinical Phase of the PA Program are designed to document attendance, daily activities, patient demographics, clinical experiences, skills observed/assisted/performed. Additional assignments will allow the students to share their clinical experience; knowledge gained and will serve as a means of evaluation of students' performance throughout this phase of the PA program.

1. Clerkship I/PA 610 3 credits:

- a. Daily Logs** recorded through Clinical Tracking Software to include the date, start time, and end time, and all patient encounters/cases including the patient's age, c.c., diagnosis, treatment provided/assisted/observed by student. **The logs equal 10% of the final grade of Clerkship I.**
- b. 1 full H&P** on any case of particular interest, unusual presentation, etc. **The H&P equals 10% of your final Clerkship I grade**
- c. 1 Case Study Paper:**
This case study is a 3-5 page paper reflecting on the patient in the H&P. The students focus may be their own learning experience, the interaction between student-patient, the diagnosis and treatment of the patient. This is a reflection of the case encountered. Research may be included and if it is, it must be from current, peer-reviewed Medical Journals and cited with APA style. All papers must be type-written using 12 point Times New Roman font. **The Case Study Paper equals 20% of your final Clerkship I grade.**
- d. Preceptor Evaluation** in which the assigned Preceptor will assess your Professionalism, Knowledge for level of training, Interpersonal Skills and assign a Letter grade. **The Preceptor Evaluation equals 30% of your final Clerkship I grade.**
- e. The EOR examination** will be administered at 10AM on the EOR day. The EOR examination will focus on the rotation completed by the students, for example...a student completing the ER rotation will take the Emergency Medicine examination while another student may be taking the surgery exam following their surgery rotation. **The EOR Examination equals 30% of the final Clerkship I grade.**

2. Clerkship II/PA 611 3 credits:

- a. Daily Logs** recorded through Clinical Tracking Software to include the date, start time, and end time, and all patient encounters/cases including the patient's age, c.c., diagnosis, treatment provided/assisted/observed by student. **The logs equal 10% of the final grade of Clerkship I.**
- b. 1 full H&P** on any case of particular interest, unusual presentation, etc. **The H&P equals 10% of your final Clerkship II grade**
- c. 1 Research Paper:** This Research Paper is a 3-5 page paper focusing on the Diagnosis of the patient presented in the H&P. This paper must include current research of diagnosis, prognosis, treatment, and/or patient education. Your research must be supported from current, peer-reviewed Medical Journals and cited with APA style. All papers must be type-written using 12 point Times New Roman font and include a title page and reference page. **The Research Paper equals 20% of your final Clerkship II grade.**
- d. Preceptor Evaluation** in which the assigned Preceptor will assess your Professionalism, Knowledge for level of training, Interpersonal Skills and assign a Letter grade. **The Preceptor Evaluation equals 30% of your final Clerkship II grade.**
- e. The EOR examination** will be administered at 10AM on the EOR day. The EOR examination will focus on the rotation completed by the students, for example... a student completing the ER rotation will take the Emergency Medicine examination while another student may be taking the surgery exam following their surgery rotation. **The EOR Examination equals 30% of the final Clerkship II grade.**

3. Clerkship III/PA 612 3 credits:

- a. Daily Logs** recorded through Clinical Tracking Software to include the date, start time, and end time, and all patient encounters/cases including the patient's age, c.c., diagnosis, treatment provided/assisted/observed by student. **The logs equal 10% of the final grade of Clerkship I.**
- b. Journal Article Critique** Students will choose a journal article of a clinical research study of interest from a peer-reviewed source. Student will address the following specifics related to the research article:
 - 1. Determine your intent upon reading the article, for example, to learn about a diagnostic test, to learn of the clinical course and prognosis of disease, to determine etiology or causation, or to distinguish useful from useless or even harmful information
 - 2. Identify the hypothesis being tested in the experiment or study, and if possible, reasoning behind the hypothesis.

3. Identify and describe the experimental design used to test the hypothesis. Was the design appropriate for the study?
4. Describe the experimental controls and research methodology used in the study. Was there consistency in the methods used especially between control and experimental group.
5. Summarize the results of the experimental tests of the hypothesis. Was the hypothesis supported or refuted?
6. Evaluate the statistical analysis of the data.
7. Consider specificity, sensitivity, reliability, and validity.
8. List and evaluate the interpretation of the results and the major conclusions drawn from those results.
9. Identify assumptions made by the examiners and their implications.
10. Determine if the interpretations and conclusions are supported by the facts presented.
11. Assess the study for any biases: investigator bias, sampling bias (bias in patient selection), bias in interpretation and measurement, or bias in interpreting results.
12. Determine if there is any reference to or discussion of related literature or studies by other researchers indicating the concept of reproducibility.
13. Propose and discuss the application of specific information contained in the article and how it is valid or meaningful in the clinical practice.

The Journal Article Critique equals 30% of your final Clerkship III grade.

- c. **Preceptor Evaluation** in which the assigned Preceptor will assess your Professionalism, f Knowledge for level of training, Interpersonal Skills and assign a Letter grade. **The Preceptor Evaluation equals 30% of your final Clerkship II grade.**
- d. **The EOR examination** will be administered at 10AM on the EOR day. The EOR examination will focus on the rotation completed by the students, for example... a student completing the ER rotation will take the Emergency Medicine examination while another student may be taking the surgery exam following their surgery rotation. **The EOR Examination equals 30% of the final Clerkship III grade.**

4. Clerkship IV/PA 613 3 credits:

- a. **Daily Logs** recorded through Clinical Tracking Software to include the date, start time, and end time, and all patient encounters/cases to include the patient's age, c.c., diagnosis, treatment provided/assisted/observed by student. **The logs equal 10% of the final grade of Clerkship I.**
- b. **Research Question/Thesis Statement/Abstract of Research topic (The first stage of Professional Contribution)**

The research question should be posed in the form of a strategic question. This should **not** be a question answerable by yes/no. It can be a compare/contrast question such as: *Which cleaning solution is better for acute wounds in the Emergency Department?* Use PICO style questions. In addition to the research question, provide a Thesis statement. The thesis statement of the example may be *Sterile Water is the best cleaning solution in the E.R. for acute wounds.* IN addition, students must submit a one page type-written (12 point font, Times New Roman) abstract of why this research is important, current statistics, and/or practical implications related to the thesis. **The Research Question/Thesis Statement/Abstract equals 30% of your final Clerkship IV grade.**

- c. **Preceptor Evaluation** in which the assigned Preceptor will assess your Professionalism, Knowledge for level of training, Interpersonal Skills and assign a Letter grade. **The Preceptor Evaluation equals 30% of your final Clerkship IV grade.**
- d. **The EOR examination** will be administered at 10AM on the EOR day. The EOR examination will focus on the rotation completed by the students, for example...a student completing the ER rotation will take the Emergency Medicine examination while another student may be taking the surgery exam following their surgery rotation. **The EOR Examination equals 30% of the final Clerkship IV grade.**

5. Clerkship V/PA 614 3 credits:

- a. **Daily Logs** recorded through Clinical Tracking Software to include the date, start time, and end time, and all patient encounters/cases to include the patient's age, c.c., diagnosis, treatment provided/assisted/observed by student. **The logs equal 10% of the final grade of Clerkship I.**
- b. **Literature Review related to Research Question/Thesis Statement**
This review will be comprised of at least 5 current peer-reviewed articles or texts related to the research question and comprehensively reviewed. Continuing the example given in Clerkship VI, the student may choose to review the appropriate solution to use for cleaning acute wounds in the Emergency Department. The student will collect at least 5 pertinent articles or texts addressing this topic, and review the collective best practice according to the 5 sources. This will need to be supported in the type-written text by the sources. This literature review must be at least 5 pages in length not to exceed 8 pages. In addition, the literature review must include a Title page and Reference page. All written work must be completed in APA style.
The Literature Review equals 30% of your final Clerkship V grade.
- c. **Preceptor Evaluation** in which the assigned Preceptor will assess your Professionalism, Knowledge for level of training, Interpersonal Skills and assign a Letter grade. **The Preceptor Evaluation equals 30% of your final Clerkship V grade.**

- d. **The EOR examination** will be administered at 10AM on the EOR day. The EOR examination will focus on the rotation completed by the students, for example... a student completing the ER rotation will take the Emergency Medicine examination while another student may be taking the surgery exam following their surgery rotation. **The EOR Examination equals 30% of the final Clerkship V grade.**

6. Clerkship VI/PA 615 3 credits:

- a. **Daily Logs** recorded through Clinical Tracking Software to include the date, start time, and end time, and all patient encounters/cases to include the patient's age, c.c., diagnosis, treatment provided/assisted/observed by student. **The logs equal 10% of the final grade of Clerkship I.**

- b. **Discussion/Implications related to Professional Contribution**

This section will comprehensively discuss the findings reported in the Literature review section submitted in Clerkship V. Continuing the example given in Clerkship VI, the student will discuss the implications of the findings reported in current literature. This discussion/implication section must be at least 3 pages in length not to exceed 5 pages. In addition, all previous sections must also be submitted with necessary revisions per faculty feedback. All written work must be completed in APA style. **The Discussion/Implications equals 30% of your final Clerkship VI grade.**

- c. **Preceptor Evaluation** in which the assigned Preceptor will assess your Professionalism, Knowledge for level of training, Interpersonal Skills and assign a Letter grade. **The Preceptor Evaluation equals 30% of your final Clerkship VI grade.**

- d. **The EOR examination** will be administered at 10AM on the EOR day. The EOR examination will focus on the rotation completed by the students, for example... a student completing the ER rotation will take the Emergency Medicine examination while another student may be taking the surgery exam following their surgery rotation. **The EOR Examination equals 30% of the final Clerkship VI grade.**

7. Preceptorship I/PA 640 6 credits:

- a. **Daily Logs** recorded through Clinical Tracking Software to include the date, start time, and end time, and all patient encounters/cases to include the patient's age, c.c., diagnosis, treatment provided/assisted/observed by student. **The logs equal 10% of the final grade of Clerkship I.**

- b. **Conclusions/Areas for Future Research related to Professional Contribution**

This section will provide any and all conclusions derived by the student related to the research area. In addition, the students will discuss areas for further inquiry or research and the importance of future research. This conclusion section must be at least 3 pages in length not to exceed 5 pages. In addition, all previous sections must also be submitted with necessary revisions per faculty feedback. All written work must be completed in APA style. **The Conclusion equals 40% of your final Preceptorship I grade.**

- c. **Preceptor Evaluation** in which the assigned Preceptor will assess your Professionalism, Knowledge for level of training, Interpersonal Skills and assign a Letter grade. **The Preceptor Evaluation equals 50% of your final Preceptorship I grade.**
- d. **The EOR examination** will be administered at 10AM on the EOR day. The EOR examination will focus on general medicine via the PACKRAT. This will be used as a self-assessment tool for the student.

8. Preceptorship II/PA 650 6 credits:

- a. **Daily Logs** recorded through Clinical Tracking Software to include the date, start time, and end time, and all patient encounters/cases to include the patient's age, c.c., diagnosis, treatment provided/assisted/observed by student. **The logs equal 10% of the final grade of Clerkship I.**

b. Presentations of Final Professional Contribution

All students will present their research to include Research question, Thesis Statement, Important Findings of the Literature Review, Discussion, Implications, Conclusions, Areas for Further Research and Resources Used. Presentations will be scheduled during Board Review. *The grading rubric for the Presentation follows.* **The Final Presentation equals 30% of your final Preceptorship II grade.**

- c. **Preceptor Evaluation** in which the assigned Preceptor will assess your Professionalism, Knowledge for level of training, Interpersonal Skills and assign a Letter grade. **The Preceptor Evaluation equals 30% of your final Preceptorship II grade.**
- d. **The EOR examination** will be administered at 10AM on the EOR day. The EOR examination will focus on the rotation completed by the students, for example...a student completing the ER rotation will take the Emergency Medicine examination while another student may be taking the surgery exam following their surgery rotation. **The EOR Examination equals 30% of the final Preceptorship II grade.**

Grading Rubric for Final Literature Review and Presentation

	Exemplary	Competent	Needs Work	(Comments)
Focus	Thesis is clear, arguable & ambitious.	Thesis is clear and arguable.	Thesis is too general or predictable or unclear.	
Purposeful Organization	Coherent throughout. Clear intro., middle, & ending sections.	Generally coherent, but some inconsistencies.	Some incoherence. Some ideas are not connected or are confusion.	
Supporting Evidence and information	Relevant, accurate, & substantial. Sources are integrated effectively.	Generally relevant and accurate. Sources are integrated adequately.	Inadequate, irrelevant, and sometimes inaccurate. Sources are not well integrated.	
Reasoning/ Thinking	Persuasive. Often insightful, and consistent with the evidence presented.	Adequate and generally consistent with the evidence presented.	Less than adequate, and inconsistent with the evidence presented. Confusing.	
Response to Assignment	Thorough and goes beyond the expected.	Adequate and does what is expected.	Incomplete. Some parts are superficial.	
Journal Selection	Current, peer-reviewed, appropriate journals.	Adequate resource used.	Inappropriate journals selected.	
Style, tone, and Word choice	Sentence form varies with purpose. Tone & word choice are effective.	Some variety of sentence forms. Tone and word choice are appropriate.	Little or no sentence variety. Tone is inconsistent, or word choice is imprecise or inappropriate.	
Conventions	Well edited and formatted. Very few minor errors.	Overall well edited & formatted. Some errors.	More editing necessary. Errors are distracting.	

Final Comments:

Overall Ranking:

Exemplary

Competent

Needs Work

V. Student Guidelines

A. Conduct:

1. Students are required to spend a **minimum** of forty hours per week on each clerkship/ clinical service to which they are assigned. In addition, each student will take call, usually in the same schedule as the preceptor to whom he/she is assigned.
2. Students are required to be present at their clinical rotations for a minimum of 40 hours per week. In the event of an illness or emergency, students are required to notify both the Clinical Coordinator and Clinical Preceptor. Make up work for all unexcused absences may be assigned by the Clinical Coordinator(s) or Preceptor.
3. When a student would like to be excused from clinicals for a non-emergency cause (e.g. professional or educational conferences, job interviews, etc.), a written request to the Program Director/Clinical Coordinators must be made as at least 4 week prior to the event. All such absences must have prior program approval before a student may notify the clinical supervisor. Failure to comply with the above stated policy will result in the student being placed on probation for the remainder of the clinical year.
5. Student attendance at all end-of-rotation examination days is Mandatory.
6. Students are excused from their sites on New Years Day, Good Friday, and Easter Sunday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas.
7. If the supervising physician is on vacation for longer than a two-day time period, the student **must report** this to the program so they can be reassigned to another supervisor for additional clinical hours.
8. Students are required to travel to clinical sites and are responsible for their own transportation.
9. During the clinical phase, students are required to do the first rotation local to Scranton (within approximately 120 miles of the University). Subsequently students may be allowed to complete their rotation out of the area as assigned by the Clinical Coordinators. If students make the initial contact, they may request rotations at clinical sites near their home.
10. There may be additional fees required for housing at certain clinical sites. This fee is the students' responsibility.

11. Clinical rotations and preceptor packets will be distributed to the students and discussed with the Clinical Coordinators during a *Clinical Transition Day* prior to the start of the Clinical Phase.
12. Problems encountered on clinical rotations should be reported to the Clinical Coordinators as soon as possible.
13. Students failing to comply with any of the above or earn below the required minimum grade, may be placed on academic probation. Academic probation will be for the remainder of the current rotation and until the successful completion of the following Clerkship or Preceptorship. Additional documentation (ie. may include but not limited to weekly SOAP notes, additional research paper, repeating EOR exam) may be required for the student for the remainder of the rotation. Failure to comply may result in the dismissal from the Program.

B. Attire and Identification:

1. It is the belief of Marywood University's Physician Assistant Program that we, as healthcare professionals, have a responsibility to our patients and colleagues to maintain the highest standards with regard to appearance and identification. Students are expected to be neatly dressed and groomed.
2. Name tags must be displayed and contain the following information: Marywood University, Physician Assistant Program, student's name with the designation of Student. Students are also required to display the Marywood University patch to be worn on the left shoulder.
3. When seeing patients, the Physician Assistant should always display proper identification and introduce him/herself as a PA student. Marywood University students are expected to develop a productive working relationship with supervisors, co-workers, and patients.
4. Failure to comply with the above attire and identification criteria may result in probation for the clinical rotation.

C. Health Records/Background Checks/Drug Screenings/Medical Insurance:

1. It is the Students' responsibility to submit and maintain current copies of their immunization records to include, but is not limited to, physical examination, an annual PPD, Hepatitis B series, MMR titer, varicella vaccine (or documentation of history of disease), meningococcal and influenza vaccine as recommended by Student Health Services and CDC guidelines.

2. Health Clearance forms will be updated annually based on the information provided by the student to the Student Health Services Office at Marywood University.
3. Multiple facilities are now requiring students to have criminal background checks prior to rotating through their facility. The student will receive the form to obtain this report during Orientation and must present the clearance form to the Program Secretary prior to the start of the Fall semester. Failure to do so will result in the inability to participate in mini-rotations and will jeopardize the students' ability to continue in the Program.
4. Drug screening: Some facilities are now requiring urine drug screening prior to the start of rotations. This is the responsibility of the student.
5. All students will be required to attend CPR (Basic Cardiac Life Support) and ACLS (Advanced Cardiac Life Support) training during the didactic phase. Copies of the certification cards will be kept in the Students file throughout the clinical phase.

D. Incident Reporting:

1. In the event of a significant exposure from a contaminated needlestick, puncture wound, splashes of body fluids to face, or contamination of any open wound or mucous membranes by saliva or other body fluids, the following guidelines will be followed:
 - a. If exposure occurs at an off-campus site, the off-campus site's protocol will be followed.
 - b. If exposure occurs at Marywood University or if the off-campus site will not extend their protocol, the following procedure will be followed:
 - i. Immediately cleanse the wound with soap and water.
 - ii. Determine the source's HIV status if possible. Obtain the patients and exposure recipient's permission for blood testing as possible and arrange for pre-testing counseling as needed.
 - iii. The person who was exposed should have blood drawn at a local hospital/medical center to test for anti-Hb and anti-HIV within 24-72 hours of the exposure.
 - iv. Treatment recommendations are per the CDC guidelines for exposure.
 - v. The Clinical Coordinators, Program Director and Medical Director will be notified of the incident as soon as possible.

E. Extra-Curricular Activities:

Students are encouraged to be as active in their state society and professional organizations as their time and academic commitments will allow.

Students may be excused from a clinical site to attend a professional conference. Students must submit a written request for permission to the Clinical Coordinators to attend a conference at least 4 weeks in advance of the event. These requests are not exceed 3 days per event. Students must also be agreeable to make up all assignments missed during their absence. Students who have been excused, will receive written notification from the Program Director and/or Clinical Coordinator. Students may be required to give a presentation of the events or educational experience to the classmates' upon their return.

F. Clinical Issues:

1. Clinical issues or problems on a clinical rotation occasionally arise. The best way to prevent a serious problem is to address a minor problem before it ripens. Some examples include, but are not limited to, conflict with the preceptor, experience taking on a role of 'observer' and unprofessionalism or disrespect.

If a problem arises, students should seek advice in the following order:

1. Preceptor
2. Clinical Coordinator(s)
3. Program Director
4. Dean of the College of Health and Human Services

Under all circumstances, it is the student's responsibility and the Programs faculty's expectations that students will notify the Clinical Coordinators of any issues that may arise as soon as possible and initiate procedures to obtain academic and /or clinical assistance.

2. The Clinical Coordinators expect all clinical sites to assure student safety while at a clinical site or facility. Student security and personal safety is of utmost importance to the faculty and staff of the PA Program. This is addressed during the Clinical Transition Day prior to beginning the clinical phase and students are reminded to contact the Program immediately if ever students feel threatened in any way.

VI. Preceptor Guidelines

Learning in a clinical setting presents a unique set of challenges to both teacher and student. The traditional educational structure of classroom and examination is replaced with the highly personal and loosely structured mentor relationship of preceptor and student. Each student/preceptor relationship is very subjective, based on the style of the practice, and is not necessarily generalized or transferred to other clinical situations.

There are some principles which apply to clinical education which may help preceptors both to conceptualize and to specify their own objectives in the teaching situation. They are presented here to focus preceptors' thinking about the Clerkship/Preceptorship experience as a teaching model, and to help develop an individual teaching plan.

THE NEEDS OF LEARNERS AND TEACHERS

1. Clearly defined objectives: an understanding of what is to be learned/taught.
2. A commitment by teacher and student to achieve these objectives.
3. A clearly stated plan for achieving these objectives, which emphasize practice by the learner and observation and review by the teacher.
4. An evaluation process, based on formal and informal feedback mechanisms, which measure the student's progress in achieving the objectives

Feedback is an essential learning ingredient in the preceptor/student relationship. Evaluation of clinical learning must attempt to achieve the same validity and objectivity as evaluation of classroom learning. To do this, there must be similar sets of well-defined objectives, standardized criteria have been met. The defined objectives and evaluative mechanisms enhance learning most if they are utilized as teaching aids which are used before, during and at the time of the clinical learning experience.

The Marywood University PA Program has written specific objectives for behavioral and intellectual skills, and established methods of evaluating these skills. These tools are designed to give the preceptor and students a clear understanding of the learning goals of the program, provide a means of measurement the achievement of these goals, and enhance the learning process thorough the use of ongoing feedback.

Below is a listing of responsibilities expected of our Preceptors:

1. **Task Assignment:** The specific tasks delegated to the PA-S should be examined as to the skill and training required to adequately perform the task(s) and the competence of the PA-S in performing the task. Task delegation, during this

- segment of the curriculum, should emphasize developing good and strong skills in the area of data collection, history and physical examination, as well as placing the student in a position which will begin a trend of competent problem-solving skills.
2. **Student Supervision:** Preceptors serve as Clinical Faculty of Marywood University by providing clinical direction and supervision during the clinical experience.
 3. **Courses Objectives:** Please refer to the listed Clinical Objectives within the related discipline. Theses should serve as a guide for providing clinical exposures and teaching. We do not expect you to attempt to provide exposures unrelated to your practice.
 4. **Student Schedule:** We expect the Clinical Preceptors to create a schedule for the student to maximize the clinical exposure for the PA-students. We would like the students to experience a varied, but typical exposure to clinical practice in your field. The students are expected to be available and in close association with you during the hours of your practice. We request that students accompany you to the hospital(s), nursing homes, and /or other clinical practice facilities. We recognize evenings and weekends are beneficial to the student experience, and therefore request if you practice during such hours, please involve our students as well. Students are required a minimum of 40 hours and should be limited to 60 hours.
 5. **Student Academic Responsibilities:** Each student should play an active role in his/her learning experience during the clinical phase of the PA Program. The student is expected to show initiative, ask questions and complete reading assignments as given. Students will be given an end-of-rotation examination at the end of each clinical rotation on materials pertinent to the objectives as outlined in this manual.
 6. **Agree to Precept Form:** All Preceptors are required to have a signed copy of an Agree to Precept form on file with Marywood University prior to the clinical rotation.
 7. **Liability Insurance:** Proof of insurance is forwarded to each preceptor prior to the start of clinical rotations. Please retain this copy in your office during the duration of the students' rotation.
 8. **Student Identification:** Students are required to properly identify him/herself as such at all times. It is also importance that the office staff understands the role of the PA student while assigned to your facility. Patients are also entitled to a brief introduction as well.

9. **Troubleshooting:** It is necessary that the PA Program become aware of any potential problems as soon as they arise. If you or your office staff has any concerns regarding a student, please notify the PA Program as soon as possible.

10. **Evaluation:** all Preceptors are expected to provide feedback to the students throughout the clinical rotation based on their performance and progress. In addition, all preceptors are required to complete a student clinical evaluation form near the end of the clinical rotation based on *Knowledge for Level of Training, Interpersonal Skills, and Professionalism*. The students will provide the form for this purpose during the last week of the clinical rotation and is responsible for returning this form to the Program as part of their clinical assignments. We request that you meet with the students to discuss your evaluation and sign the form indicating whether it has been reviewed with the students.

The behavioral objectives which follow are to be used as a guide. It may not be possible for the rotation site to expose the student to every objective listed. Required Objectives are indicated. The most frequently chosen elective clerkship objectives are listed. For additional elective opportunities, please see the Clinical Coordinators.

CARDIOLOGY OBJECTIVES

1. The Physician Assistant student will demonstrate an understanding and ability to evaluate cardiac related problems including:
 - a. MI and Post MI patients
 - b. angina, stable and unstable
 - c. hypertension
 - d. coronary artery disease
 - e. carotid artery disease
 - f. peripheral vascular disease
 - g. various valvular heart problems
 - h. arrhythmias
 - I chest pain
 - j. pericarditis, endocarditis
2. When assigned a patient with a cardiac problem, the Physician Assistant student will perform an appropriate thorough history and physical examination and initiate the proper evaluation of the patient through appropriate diagnostic studies. The student will also demonstrate the ability to interpret the results.
3. The student will have a thorough understanding of the various forms of stress testing, echocardiograms, EKG's, halter monitors and event monitors as well as cardiac catheterization and angiograms and venograms.
4. The student will be able to recognize various heart murmurs and arrhythmias when auscultating the patients heart, including but not limited to systolic and diastolic murmurs, clicks, rubs, and split heart sounds. The student will also properly grade the murmurs on a scale of I-VI.
5. The Physician Assistant student will also be familiar with the following classes of cardiac medications. (They will be able to decide which class is appropriate for the patient, know the side effect profile, dosages, and drug interactions).
 - a. diuretics
 - b. beta blockers
 - c. calcium channel blockers
 - d. ACE inhibitors

- e. other classes of antihypertensive drugs
 - f. antianginals
 - g. various valvular heart problems
 - h. anticoagulants and antithrombotics
 - I. hypolipidemic agents
 - j. circulatory/perfusion agents
6. Once treatment plan is formulated the Physician Assistant student will be able to properly educate the patient in regards to medications, limitations, warning signs to watch for, and proper follow-up.
 7. The student will demonstrate proper SOAP and H and P documentation.

CARDIO-THORACIC OBJECTIVES

When evaluating a patient requiring cardiac management, the PA students will demonstrate general knowledge of cardiac conditions as evidenced by performance of appropriate history and physical examination and ordering of diagnostic studies, as well as proper treatment and follow-up for the conditions.

I. Requirements for a thorough database:

A. History

- * Chief complaint
- * HPI including all diagnostic work-up reports and findings.
(i.e. cath report)
- * PMH: emphasis on heart, lung, and kidney function, concomitant disease such as peripheral vascular disease and bleeding abnormalities, oral hygiene, infection risk.
- * PSH: (i.e. reoperation)
- * SH: smoking and ETOH consumption; drug use
- * Allergies: antibiotics, ASA, anesthesia and others
- * Family History: cancer, stroke, sudden death
- * Medications: especially steroids, cardiac meds, diabetes medication, thyroid meds, anticoagulants, aspirin/NSAID
- * Review of systems; claudication symptoms, breathing, infection risks such as UTI symptoms

B. The PA student will become familiar with the following surgical disease processes and procedures:

Disease	Procedure
1. Coronary Artery Disease	1. Coronary Artery Bypass Graft Surgery
2. Aortic Stenosis/Aortic Insufficiency Mitral Stenosis/Mitral Regurgitation Tricuspid Insufficiency	2. Valve Replacement/ Valvuloplasty
3. Lung Cancer	3. Thoracotomy/Lobectomy/ Pneumonectomy
4. Aortic Aneurysm/Aortic Dissection	4. Aneurysmectomy/ Aortic Reconstruction

- C. By the third week, the student shall collect the history and perform the pertinent physical exam at a level of accuracy satisfactory to the team supervisor.

D. Physical Exam and pre-op evaluation

Emphasis on assessment of cardiovascular and respiratory systems. Patients will be undergoing general anesthesia and be placed on a heart/lung bypass machine.

- * assess carotid arteries, check for bruits
 - * assess oral hygiene especially if valve replacement candidate
 - * assess breathing and lung function
 - * assess status of peripheral vascular system; check and document all pulses and condition of the lower extremity skin, check for non-healing wounds
 - * assess function of kidneys
 - * assess for bleeding abnormalities
 - * perform abdominal and rectal exam; guaiac stool
 - * assess neurological status
- E. The student will perform and/or interpret the following diagnostic procedures to the satisfaction of the supervising physician and/or PA. Diagnostic pre-op evaluation should include:
- * CBC and platelets
 - * Chem Profile
 - * PT/PTT
 - * Bleeding Time
 - * Urinalysis
 - * CXR
 - * 12 Lead EKG
 - * Type and Cross
- F. Post-op follow-up and patient education.
The student shall be able to provide monitoring of patients progress and medical education and counseling during the following times for the listed situations.
- * Immediate post-op (CCU)
 - * Intermediate (Telemetry to Discharge)
 - * Post-discharge (wound check, suture removal)
 - * Long term
 - * Activity recommendations
 - * Nutrition/ fluid status/ urine output

- * Blood and blood product replacement
- * PT monitoring
- * Respiratory function
- * Cardiac function
- * Risk factors
- * Life-style and behavioral modifications

II. Charting

Given direct supervision by a physician or physician assistant, the student will be responsible for charting. By completion of the rotation, the student will be familiar with the following forms of documentation.

- * Admission History and PE
- * Admission notes and orders
- * In-house consults
- * Pre-op note and orders
- * Preparations for OR
- * Op note
- * Post-op orders
- * Daily orders
- * Daily progress notes (SOAP)

III. Procedures

The student shall be permitted to perform the following procedures if deemed competent by the supervising physician and/or PA:

- * assist in the OR
- * give injections
- * draw blood
- * insert and/or remove sutures
- * insert and/or remove chest tubes, arterial catheters, Swan-Ganz catheters, intravenous catheters, pacing wires, Foley catheters, NG tubes, etc.
- * proper wound care/dressing application

IV. During the rotation the student will be exposed to and learn the management of post-op complications. Management should include knowledge of the various drug groups commonly used in this patient population which include antihypertensives, antiarrhythmics, narcotics, NSAIDS, diuretics, anticoagulants, antiplatelet aggregates, etc. The complications include:

- * atelectasis
- * pneumonia

- * dysrhythmias
- * phlebitis
- * DVT
- * UTI
- * wound infection/dehiscence
- * drug reaction/toxicity

DERMATOLOGY OBJECTIVES

When evaluating a patient across the lifespan with a dermatologic condition, the PA students will demonstrate general knowledge of dermatologic conditions as evidence by performance of appropriate history and physical examination and ordering of diagnostic studies, as well as proper treatment and follow-up for the conditions.

I. Requirements for a thorough data base:

A. History shall include:

- * chief complaint
- * history of present illness
- * previous episodes
- * self treatment or other medical treatment for condition
- * exposures to conditions that may affect the chief complaint
- * associated symptoms
- * past medical history to include chronic conditions
- * medications
- * social history
- * family history
- * appropriate review of symptoms

B. Physical examinations:

- * general description of the patient
- * vital signs when appropriate
- * complete description of the skin problem including type of lesion, location, size, color, blanching, healing, bleeding, satellite lesions, etc.
- * any other pertinent physical examination finding

II. After obtaining the complete data base the PA student will determine an assessment of the condition with a complete list of sensible rule-outs, and document these in SOAP or H and P format as instructed.

III. Once the assessment and rule-outs have been established, the PA student will develop an appropriate diagnostic and treatment plan, to include testing, procedure, and medications at correct dosages. This should be done in collaboration with the supervising physician or physician assistant.

IV. The PA student will adequately counsel the patient on the condition, diagnosis, treatment and follow-up and be able to answer any questions the patient may have.

V. Conditions appropriate to this rotation:

- * Cancerous lesions: Malignant Melanoma, Squamous Cell Carcinoma, Basal Cell Carcinoma.
- * Precancerous lesions: Actinic keratosis and leukoplakia
- * Cellulitis and other bacterial conditions
- * Fungal infections
- * Viral conditions including Verruca Vulgaris, Condylomata Acuminata, Verruca Plana, Herpes conditions, pediatric viral infections.
- * Acne Vulgaris
- * Acne Rosacea
- * Pediculosis and Scabies
- * Contact Dermatitis including Rhus
- * Psoriasis
- * Stasis dermatitis/ ulcers
- * Drug reactions
- * Sunburn and photosensitivity
- * Benign pigmented lesions
- * Keratotic lesions
- * Cysts
- * Alopecia
- * Pigmentary changes

VI. Once an assessment is made, the PA student will associate the findings with systemic disorders as appropriate. This will facilitate proper evaluation and education of the patient.

VII. Throughout the rotation the PA student will use proper medical terminology. Once trained through observation, the student will remove skin lesions, perform biopsies, appropriate slide staining, skin scrapings and remove sutures.

EMERGENCY MEDICINE OBJECTIVES (REQUIRED)

When evaluating a patient across the lifespan requiring emergent management, the PA students will demonstrate general knowledge of emergency conditions as evidence by performance of appropriate history and physical examination and ordering of diagnostic studies, as well as proper treatment and follow-up for the conditions.

I. Requirements for the thorough history:

- A. Direct collection of historical data with emphasis on the presenting complaint.
- B. The Emergency Room history shall consist of rapidly collected data pertinent to the presenting complaints in the following areas:
 - 1. chief complaint
 - 2. history of present illness
 - 3. past medical history
 - 4. social history/patient profile
 - 5. family history
 - 6. review of systems

II. Requirements for the thorough physical examination:

- A. Direct the performance of the physical examination with emphasis on the presenting complaint.
- B. The Emergency Room physical examination shall consist of rapidly collecting data pertinent to the presenting complaint in the following areas:
 - 1. general description
 - 2. vital signs
 - 3. HEENT
 - 4. neck
 - 5. cardiovascular
 - 6. pulmonary
 - 7. abdomen
 - 8. genitalia
 - 9. rectal
 - 10. musculoskeletal
 - 11. skin
 - 12. neurological
- C. The physical examination shall not exclude the collection of incidental findings not related to the presenting complaint.

- D. At the end of the second week, the student shall perform the directed physical examination which is satisfactory to the program and the supervising physician.

III. Expansion of the historical and physical data:

- A. The student Physician Assistant will be expected to be on duty in the Emergency Room as assigned regardless of the hour. This student is expected to work closely with the supervising physician in the triage, examination, evaluation and treatment of patients presenting themselves for care regardless of the emergent or non-emergent nature of the respective case. Students are required to work various shifts throughout the rotation.

- 1. Primary Objectives--the following diseases will be used as a primary guide in choosing patients for student work-ups and lecture topics:

- a. myocardial infarction/cardiac arrhythmias
- b. cardiac arrest
- c. respiratory failure
- d. shock
- e. pneumo-hemothorax
- f. acute abdomen
- g. high fever
- h. convulsive and seizure disorders
- i. diabetic acidosis
- j. burns
- k. multiple trauma/ increased intracranial pressure
- l. anaphylactic shock
- m.. airway obstruction
- n. dermatology

- 2. Secondary objectives--the following diseases will be used as secondary guidelines in choosing patients for work-ups:

- a. hypertensive crisis
- b. thyrotoxicosis
- c. poisonous or toxic ingestions
- d. acute glaucoma

V. Charting

- A. Given direct supervision, the student shall be responsible for recording data in a manner consistent with the institution's practice to the satisfaction of the supervising physician.

VI. Procedures

Before attempting any procedure, the student should know how to set up the equipment for the procedure and know indications, side effects and complications of the procedure.

- A. The student shall perform and/or assist, under physician supervision, in any and all procedures deemed relevant to the emergency room patient:
 - 1. arterial puncture
 - 2. obtain stool, sputum, urine, wound specimen, gastric contents, or drainage for testing.
 - 3. obtain blood culture

- B. The student will perform the following procedures:
 - 1. start IV therapy
 - 2. give intramuscular, subcutaneous, intravenous, intradermal injections
 - 3. insert and remove a nasogastric catheter
 - 4. insert and remove a urinary bladder catheter
 - 5. administer inhalation oxygen
 - 6. endotracheal/nasotracheal intubation, only if ACLS certified
 - 7. cleansing, irrigation, and debridement of wound

- C. The PA student will perform and/or assist with the following procedures only under direct physician supervision:
 - 1. cut down
 - 2. paracentesis
 - 3. lumbar puncture
 - 4. joint aspiration or injection
 - 5. insertion of CVP line
 - 6. thoracentesis
 - 7. endotracheal/nasotracheal intubation

- D. The student should be able to initiate appropriate evaluation and emergency management for emergency situations. (i.e. cardiac arrest, respiratory distress, injuries, burns, hemorrhage.) Perform clinical procedures such as:
 - 1. venipuncture
 - 2. intradermal tests
 - 3. electrocardiogram
 - 4. care and suturing of minor lacerations
 - 5. casting and splinting
 - 6. control of external hemorrhage

7. application of dressings and bandages
8. administration of specified medication, intravenous fluids, transfusion of blood and blood components
9. removal of superficial foreign bodies
10. cardio-pulmonary resuscitation
11. carry out aseptic and isolation techniques

ENT OBJECTIVES

When evaluating a patient across the lifespan requiring ENT management, the PA students will demonstrate general knowledge of ENT conditions as evidence by performance of appropriate history and physical examination and ordering of diagnostic studies, as well as proper treatment and follow-up for the conditions.

- I. Requirements for a thorough history:
 1. Chief complaint
 2. present illness
 3. past medical history to include:
 - a. is problem recurrent
 - b. history of exposure to excessive noise
 - c. history of trauma
 - d. current medications
 - e. allergies
 4. Social History
 5. Family History
 6. Review of Systems

- II. Physical Exam shall include complete ENT examination with emphasis on the area relating to the chief complaint.

- III. Diagnostics
 - A. The student shall perform and interpret the following diagnostic procedures:
 1. Otoscopic exam
 2. Tympanometry
 3. Rinne tuning fork test
 4. Weber tuning fork test
 5. audiometry
 6. speech audiometry
 7. transillumination of the sinuses
 8. sinus x-rays (water view)
 9. CT scan
 10. Rhinoscopy
 11. Clinical evaluation of the vestibular apparatus to include:
Romberg, caloric testing, finger-to-nose, heel-to-shin.

- IV. The student shall be able to recognize and treat the following conditions:
 - A. Ear complaints
 1. Hearing loss
 2. tinnitus
 3. vertigo
 - B. Ear: (external)

1. obstructions
 2. external otitis
 3. perichondritis
 4. aural eczematoid dermatitis
 5. malignant external otitis
 6. trauma
 7. tumors
- C. Ear: (middle)
1. obstructions
 2. barotitis media
 3. infectious myringitis
 4. acute otitis media
 5. serious otitis media
 6. acute mastoiditis
 7. otosclerosis
 8. chronic otitis media
 9. tumors
- D. Ear: (inner)
1. Ménière's disease
 2. Vestibular neuronitis
 3. benign paroxysmal positional vertigo
 4. herpes zoster oticus
 5. purulent labyrinthitis
 6. sudden deafness
 7. noise induces hearing loss
 8. presbycusis
 9. ototoxic drugs
 10. fractures of the temporal bone
 11. acoustic neuroma
- E. Nose and paranasal sinuses:
1. nasal fractures
 2. septal deviations and perforation
 3. epistaxis
 4. nasal vestibulitis
 5. rhinitis
 6. atrophic
 7. vasomotor rhinitis
 8. polyps
 9. Wegener's Granulomatosis
 10. anosmia
 11. sinusitis
 12. neoplasms
- F. Nasopharynx
1. Tornwald's cyst
 2. nasopharyngeal carcinoma

- G. Oropharynx
 - 1. pharyngitis
 - 2. tonsillitis
 - 3. peritonsillar cellulitis and abscess
 - 4. velopharyngeal insufficiency
 - 5. carcinoma of the tonsil
 - H. Larynx
 - 1. vocal cord polyps
 - 2. vocal cord nodules
 - 3. contact ulcers
 - 4. laryngitis
 - 5. vocal cord paralysis
 - 6. laryngoceles
 - 7. neoplasms (benign and malignant)
 - I. Unknown primary and cervical metastases.
- V. Surgically the PA student shall
- A. Observe and/or assist in Surgical procedures including, but not limited to:
 - 1. placement of myringotomy tubes
 - 2. Tonsillectomy
 - 3. Tympanoplasty
 - 4. cochlear implant
 - 5. postnasal packing
 - 6. removal of polyps
 - 7. cyst excision/biopsy
 - 8. I and D of tonsillar abscess
- VII. The PA student shall demonstrate the ability to present a patient to the supervising physician with regard to:
- A. Chief Complaint
 - B. History of Present Illness
 - C. Pertinent past medical history
 - D. Pertinent family and social history
- VIII. The PA student will demonstrate the ability to make an assessment based on the patients history and physical examination, and a treatment plan based on the assessment.
- XI. The PA student will demonstrate proper SOAP and H and P documentation.

FAMILY MEDICINE OBJECTIVES (REQUIRED)

- I. When assigned a patient across the life span to include infants, children, adolescents, adults, and the elderly with a medical problem, the PA students will:
- A. Exhibit a general knowledge of the problem by performance of an appropriate physical examination; identifying the need for appropriate laboratory studies and other diagnostic studies and their limitations for the following problems:
1. EYE:
 - double vision
 - the red eye
 - blurred vision
 - the painful eye
 - loss of acuity
 2. ENT:
 - foreign body
 - deafness and decreased acuity
 - tinnitus
 - vertigo
 - earache
 - draining ear
 - nosebleed
 - nasal obstruction
 - sore throat
 - hoarseness
 - sinusitis
 3. NEUROLOGIC:
 - headache
 - abnormal gait
 - loss of feeling
 - weakness or paralysis
 - seizures
 - altered level of consciousness
 - tremors
 - peripheral pain
 4. RESPIRATORY:
 - hemoptysis
 - wheezing
 - cough and sputum
 - dyspnea
 - respiratory pain
 5. CARDIOVASCULAR:
 - high blood pressure
 - chest pain
 - palpitations
 - edema
 - syncope
 - varicose veins
 - phlebitis

- 6. GI:
 - claudication
 - heart murmur
 - vascular bruits
 - nausea, vomiting
 - hematemesis
 - heartburn
 - abdominal pain
 - dysphagia
 - melena
 - jaundice
 - rectal pain or pruritis
 - rectal bleeding
- 7. GU:
 - diarrhea
 - dysuria
 - polyuria
 - hematuria
 - anuria, oliguria
 - nocturia
 - urethral discharge
 - scrotal mass, pain
 - abnormal urinalysis
- 8. ENDOCRINE:
 - positive serology
 - fatigue
 - weight loss
 - obesity
 - hirsutism
 - gynecomastia
 - abnormal blood or urine sugar
- 9. HEMATOLOGIC:
 - thyroid dysfunction
 - bleeding tendency
 - enlarged lymph node
 - anemia
 - Leukocytosis
- 10. MUSCULOSKELETAL:
 - pain in one or several joints
 - joint swelling
 - bone pain
 - limitation of joint motion
 - back pain
- 11. DERMATOLOGIC:
 - skin lesions
 - infection
 - abnormal pigmentation
- 12. GENERAL:
 - chills, fever
 - night sweats
 - malaise
 - acute poisoning

13. PSYCHOLOGICAL: dehydration
 chronic depression
 situational depression
 stress
 sexual dysfunction
 marital and family counseling
 severe psychiatric dysfunction
 eating disorders

14. GERIATRIC: ADL/IADL assessments
 Mental status changes
 Geriatric Depression and Dementia
 Mobility Assessment
 Nutritional Status Assessment
 Pressure Ulcers
 Incontinence/UTIs
 Arthritis
 Elder Abuse/Neglect
 Osteoporosis

- B. Obtain the necessary information relative to the development of a diagnosis of the presenting problems including:
1. The Chief Complaint stated in the patient's words and statement of duration of the Chief Complaint
 2. History of the Present Illness, including pertinent information and elimination irrelevant data, recorded in chronological order.
 3. Relevant aspects of Past Medical History, Social History and Family Medical History.
 4. Appropriate search for associated symptoms by means of the Review of Symptoms.
- C. Identify the problem present in the History collected from the patient for an assessment of the problem.
- D. Perform an appropriate comprehensive physical examination while:
1. communicating appropriate instruction to the patient.
 2. following a logical sequence in performing the exam.
 3. correctly perform each step of the exam and not examine the patient through clothing.
 4. demonstrating an understanding of the normal vs. abnormal findings.
- E. Use the Problem-Oriented Medical Record format for documentation including problem list and progress notes designed Subjective Data, Objective Data, Assessment and Plan.

- F. Review patient's medical record, taking note of problems present and past, hospitalization, lab data and personal data such as age, occupation, etc.
- G. When assigned a patient on whom a procedure will be performed, explain to the patient what is to be done and inform him/her of the need for such a procedure.
- H. Be familiar with the technique and precautions associated with the following procedure:
 - 1. taking throat, nasopharyngeal, blood, urethral, vaginal, stool, and wound culture specimens.
 - 2. testing stool for gross and occult blood.
 - 3. administering tine test for tuberculosis.
 - 4. testing visual acuity using Snellen Chart.
 - 5. reading intradermal skin tests.
 - 6. giving subcutaneous, intradermal, intravenous and intramuscular injections.
 - 7. drawing blood by finger stick and from vein
 - 8. taking electrocardiogram and reading this for technical accuracy
 - 9. identifying simple abnormal cardiac rhythm on EKG or cardiac monitor
 - 10. starting an IV
 - 11. checking an IV site for infiltration, phlebitis or cellulitis.
 - 12. inserting nasogastric of Levine tube.
- I. Be familiar with the normal and abnormal values of laboratory test including:
 - 1. CBC and Differential
 - 2. Urinalysis
 - 3. BUN Creatinine
 - 4. Electrolytes (Na^+ , Ca^+ , K^+ , Cl^- , CO_2 , PO_4 {phosphate})
 - 5. SGOT (AST), SGPT (ALT), LDH, CPK, Alkaline Phosphatase
 - 6. Bilirubin
 - 7. Acid Phosphatase
 - 8. Glucose (including tolerance curves)
 - 9. T_3 - T_4 - TSH
 - 10. PO_2 , PCO_2 , PH
- J. Show an understanding of the appropriate use of Radiologic Studies as part of the diagnostic system.
- K. Demonstrate an understand the aging process and age-related disorders specific to the elderly population.
- L. Be familiar with the healthcare system to include facilities available to the elderly population such as home care, long term care, nursing homes and hospice/end-of-life care.

GENERAL SURGERY OBJECTIVES (REQUIRED)

1. The PA student will demonstrate an understanding and/or the ability to evaluate and diagnose medical/surgical problems including:

- A. acute and chronic abdominal pain
- B. abdominal mass
- C. rectal bleeding
- D. weight loss
- E. hernias (diaphragmatic, inguinal, umbilical, incisional, femoral)
- F. injury, including CPR, shock, hemorrhage, and specific emergency treatments.
- G. a mass, in any location
- H. burns

II. The PA student will perform and/or assist the following procedures in an outpatient setting:

- A. Treatment of simple wounds, including cleansing and irrigation, debridement, closure with sutures or steri-strips, and sterile dressings. When necessary, the student will administer local anesthesia (tissue infiltration or digital block), and demonstrate an understanding for the correct selection of suturing materials where indicated.
- B. Examine, describe and debride a burn area, check progress for healing.
- C. Control anterior and posterior nasal hemorrhage.
- D. Incise and drain abscesses.
- E. Remove ingrown toe nails
- F. Remove foreign bodies from ear canal, conjunctiva and nose, including the removal of impacted cerumen for the ears.
- G. Understand the principles of treatment of insect, animal, and human bites.

III. Procedures:

The PA student will assist in the Operating Room as assigned by the preceptor to include:

- A. First Assist to the Preceptor/Surgeon
- B. Staple and or suturing
- C. Adhere to sterile and non sterile procedures
- D. Assist with patient prep in the OR
- E. Proper wound care/dressing application

IV. Charting:

Given direct supervision by a physician or physician assistant, the student will be responsible for charting. By completion of the rotation, the student will be familiar with the following forms of documentation.

- A. Admission History and PE
 - B. Admission notes and orders
 - C. In-house consults
 - D. Pre-op note and orders
 - E. Preparations for OR
 - F. Op note
 - G. Post-op orders
 - H. Daily orders
 - I. Daily progress notes (SOAP)
- V. During the rotation the student will be exposed to and learn the management of post-op complications. Management should include knowledge of the various drug groups commonly used in this patient population which include antihypertensives, antiarrhythmics, narcotics, NSAIDS, diuretics, anticoagulants, antiplatelet aggregates, etc. The complications include:
- * atelectasis
 - * pneumonia
 - * dysrhythmias
 - * phlebitis
 - * DVT
 - * UTI
 - * wound infection/dehiscence
 - * drug reaction/toxicity

INTERNAL MEDICINE OBJECTIVES (REQUIRED)

- I. When assigned a patient with a medical problem, the PA students will:
 - A. Exhibit a general knowledge of the problem by performance of an appropriate physical examination; identifying the need for appropriate laboratory studies and other diagnostic studies and their limitations for an of the following problems.
 1. EYE: macular degeneration
glaucoma
cataracts
 2. NEUROLOGIC: stroke
MS
Parkinson's disease
Alzheimer's dementia
Vascular dementia
Delirium
abnormal gait
weakness or paralysis
seizures
altered level of consciousness
peripheral, diabetic neuropathy
 3. RESPIRATORY: COPD
pneumonia
lung cancer
 4. CARDIOVASCULAR: hypertension
chest pain, angina
murmurs, valvular disease
palpitations
peripheral edema
congestive heart failure
claudication
coronary artery disease
atherosclerotic disease
cardiomyopathies
 5. GI: Crohns' disease
Ulcerative colitis
Colorectal cancer
GERD
Ulcer disease
H. pylori
IBD
Tumors and polyps

- 6. GU:
 - total body fluid volume disorders
 - acute and chronic renal failure
 - anuria, oliguria
 - scrotal mass, pain
 - abnormal urinalysis
 - BPH
 - Bladder cancer
 - incontinence
- 7. ENDOCRINE:
 - diabetes mellitus
 - Adrenal insufficiency
 - Cushing's disease
 - Thyroid dysfunction
 - Thyroid cancers
 - Diabetes insipidus
 - fatigue
 - weight loss
 - obesity
- 8. HEMATOLOGIC:
 - bleeding tendency
 - anemias
 - coagulopathies
 - proliferative disorders and malignancies
 - impaired blood, lymph circulation
- 9. IMMUNE:
 - RA
 - HIV
 - SLE
 - Scleroderma
 - Other immune deficiencies
- 10. DERMATOLOGIC:
 - Psoriasis
 - vasculitis
 - stasis and pressure ulcers
 - Eczema
- 11. GENERAL:
 - sepsis
 - chills, fever
 - night sweats
 - malaise
 - dehydration
- 12. PSYCHOLOGICAL:
 - Dementias
 - Delirium
 - chronic depression
 - situational depression
 - stress, anxiety
 - sexual dysfunction
 - marital and family counseling
 - severe psychiatric dysfunction
- 13. GERIATRIC:
 - ADL/IADL assessments

Mental status changes
Geriatric Depression and Dementia
Mobility Assessment
Nutritional Status Assessment
Pressure Ulcers
Incontinence/UTIs
Arthritis
Elder abuse/Neglect
Osteoporosis

B. The PA student will:

1. Perform a complete history and physical examination, including a thorough neurologic and mental status examination, develop an appropriate differential diagnosis, appropriate use of Lab and radiologic testing, and develop appropriate treatment plans.
2. Recognize, diagnose, and intervene in common internal medicine problems to include psychological encounters such as depression, situational stress and chronic illness; differentiate between the patient with a mild psycho-social problem and the patient with a severely debilitating problem.
3. Understand principles of health education and counseling techniques.
4. Counsel patients with common social problems.
5. Understand and counsel patients concerning issues of adult development, such as family dynamics, marital problems, stress, aging, chronic illness and death.
6. Be familiar with supportive mental health resources available in the community and determine when referral to those resources with more expertise is appropriate and, when indicated, demonstrate an ability of careful counseling of the patient to the importance of the utilization of these resources.
7. Understand principles of crisis intervention and counseling.
8. Understand the aging process and age-related disorders specific to the elderly population.
9. Be familiar with the healthcare system to include facilities available to the elderly population such as home care, long term care, nursing homes and hospice/end-of-life care.

C. Obtain the necessary information relative to the development of a diagnosis of the presenting problems including:

1. the Chief Complaint stated in the patient's words and statement of duration of the Chief Complaint
2. history of the Present Illness, including pertinent information and elimination irrelevant data, recorded in chronological order.
3. relevant aspects of Past Medical History, Social History and Family

Medical History.

4. appropriate search for associated symptoms by means of the Review of Symptoms.
- D. Identify the problem present in the History collected from the patient for an assessment of the problem.
- E. Perform an appropriate comprehensive physical examination while:
1. communicating appropriate instruction to the patient.
 2. following a logical sequence in performing the exam.
 3. correctly perform each step of the exam and does not examine the patient through clothing.
 4. demonstrating an understanding of the normal vs. abnormal findings.
- F. Use the Problem-Oriented Medical Record format for documentation including problem list and progress notes designed Subjective Data, Objective Data, Assessment and Plan.
- G. Review patient's medical record, taking note of problems present and past, hospitalization, lab data and personal data such as age, occupation, etc.
- H. When assigned a patient on whom a procedure will be performed, explain to the patient what is to be done and inform him/her of the need for such a procedure.
- I. Be familiar with the technique and precautions associated with the following procedure:
1. testing stool for gross and occult blood.
 2. testing visual acuity using Snellen Chart.
 3. administering subcutaneous, intradermal, intravenous and intramuscular injections.
 4. drawing blood by finger stick and from vein
 5. taking electrocardiogram and reading this for technical accuracy
 6. identifying simple abnormal cardiac rhythm on EKG or cardiac monitor
 7. checking an IV site for infiltration, phlebitis or cellulitis.
 8. inserting nasogastric or Levine tube.
- J. Be familiar with the normal and abnormal values of laboratory test including:
1. CBC and Differential
 2. Urinalysis
 3. BUN Creatinine
 4. Electrolytes (Na^+ , Ca^+ , K^+ , Cl^- , CO_2 , PO_4 {phosphate})
 5. SGOT (AST), SGPT (ALT), LDH, CPK, Alkaline Phosphatase

6. Bilirubin
7. Acid Phosphatase
8. Glucose (including tolerance curves)
9. T₃ - T₄ - TSH
10. PO₂, PCO₂, PH

- K. Show an understanding of the appropriate use of Radiologic Studies and Diagnostic Studies as part of the diagnostic system

WOMEN'S HEALTH OBJECTIVES (REQUIRED)

During this rotation, the PA student will be expected to perform a detailed history and physical examination of the Obstetrics and Gynecology patient. He/she must display proficient skills of data collection pertinent to OB/GYN review of systems. The student will also show ability to operate specific instruments used in daily office practice of women's health settings.

- A. Given a patient with a OB/GYN problem, the PA student will perform and/or assist with :
1. Obtain a detailed history of menstrual events, vaginal or breast discharge, obstetrical events, sexuality, contraception, infertility, pelvic or breast pain.
 2. Perform a general examination with particular attention to the reproductive tract.
 3. Demonstrate the ability to develop a professional rapport with the patient and to deal with the fear and embarrassment associated with a particular complaint and/or disease.
 4. Perform examination of breasts, external genitalia, and a complete pelvic examination identifying pelvic organs and pelvic pathology.
 5. Instruct the patient in hygiene and self-breast examination.
 6. Perform speculum examination and obtain specimens for studies (i.e. pap smear, wet prep, gonorrhea cultures, etc.)
 7. Specify screening and diagnostic techniques appropriate for the diagnosis of sexually transmitted diseases.
 8. Distinguish between normal and abnormal findings
 9. In the prenatal, measure the fundal height, auscultate fetal heart sounds, and palpate fetal position.
 10. Recognize the signs, symptoms, and laboratory and physical findings of inflammatory disease.
 11. Identify cervical abnormalities and conditions (e.g. parous, nulliparous, eversion, nabothian cysts, etc.)
 12. List of principles of management of an acute pelvic inflammatory disease.
 13. Identify and institute proper treatment of genital herpes, condylomata acuminata.
 14. List the common vaginal infections and their symptoms, characteristics and treatment.
 15. List those common disorders which may present as vulvar itching.
 16. List those acute pelvic infections which must be reported to the Pennsylvania Department of Health.
 17. Define the various methods of family planning which include the mechanism of action, effectiveness, risk/benefits of condom, barrier methods, rhythm method, oral contraceptives, intrauterine devices, male/female sterilization.

18. Observe, assist, and/or perform insertion of IUD and fitting of a diaphragm.
 19. Discuss the common emotional implication of requests for contraception and the general techniques for their management.
 20. Demonstrate empathy to the contraceptive needs of patients.
 21. List laboratory findings which enable a positive diagnosis of pregnancy to be made without question.
 22. Perform urine pregnancy test.
 23. Assess the size of the gravid uterus.
 24. Specify the essential elements of prenatal care, including diet, exercise, hygiene, family planning, drug use, danger signs in pregnancy.
 25. Identify "high risk pregnancy"
 26. Show knowledge of special diagnostic/screening studies used in obstetrics (e.g. ultrasound, amniocentesis, TORCH studies and alpha fetal protein levels.)
 27. Possess special knowledge of significance of estriol levels of 24 hour urine specimens, and non-stress in a "post dates" pregnancy.
 28. Have knowledge of special management required and special potential high risk nature of "twin pregnancy."
 29. Identify the appropriate stages of labor.
 30. Observe, assist and perform vaginal delivery and Cesarean section as assigned.
 31. Counsel the patient regarding bottle feedings, breast feeding and post-partum care.
 32. Demonstrate the capacity to perform the tasks and develop the interpersonal relationships with the patient and nurses appropriate to an initial and repeat prenatal visit.
 33. Students should be aware of and have knowledge of normal and abnormal findings on fetal monitoring during labor.
- B. Laboratory Studies: given a patient with a GYN problem, the student will be familiar with normal and abnormal values of lab tests including: ESR, CBC, PRL, Progesterone, FSH, LH, Ultrasound, Urinalysis, C & S.
- C. Record data in an organized fashion according to POMR including progress notes and problems in subjective, objective, assessment and plan.
- D. Perform PE while communicating instructions to the patient.
1. Logical sequence of examination
 2. Correctly examine and disrobe patient appropriately.
 3. Demonstrate knowledge of abnormal findings.
- E. Review patient's chart with concentration on PMH, lab data, FH, etc.
- F. Educate the patient properly regarding a specific procedure.

ONCOLOGY OBJECTIVES

The PA Student will understand the definition of Cancer as a great group of diseases of unknown and probably multiple causes, recurring in all human and animal populations and arising in all tissues composed of potentially dividing cells. It is an abnormality of cells manifested by reduced control over growth and function leading to serious adverse effects on the host through invasive growth and metastasis.

The PA Student will perform or assist with patients presenting across the lifespan:

- A. Perform a complete H and P on a patient with a diagnosis of cancer.
- B. Be familiar with trends, survival rates, new cases, and deaths both for the Nation and by State.
- C. List some specific strategies for primary cancer prevention (e.g. smoking, diet, alcohol, etc.)
- D. Know the agencies involved in prevention [e.g. EPA, OSHA, CPSC (Consumer Product Safety Commission), NRC (Nuclear Regulatory Commission), FDA, NCI (National Cancer Institute) and ACS.
- E. Be able to discuss Cancer treatment factors that is local treatment Modalities and Systematic Modalities, Local treatments include surgery and radiation therapy, Systemic treatment modalities include antineoplastic chemotherapy, hormonal therapy and immunological therapy.
- F. Know the common complications of Cancer and Cancer treatment.
- G. Be cognizant of the ethical issues in oncology care.
- H. Know how to approach and discuss Cancer with the patient and family and inform them of the rehabilitative aspects of care in the community.
- I. Be familiar with the common tumor markers, CEA, CA-125, CA 19-9, CA 15-3, HCG, estrogen receptors, PSA, AND AFP.
- J. Be familiar with the diagnosis, treatment, and education of patients for the following cancers: Lung, Breast, Skin, Colon, Prostate, Ovarian, Pancreatic, Liver, Thyroid, Bone, Brain, Kidney and Spinal cord tumors.

ORTHOPEDIC OBJECTIVES (REQUIRED)

- I The Physician Assistant student will demonstrate an understanding and ability to evaluate orthopedic problems as presented across the lifespan including appropriate joint exams as follows:
 - A. Neck Pain--Kernig, Brudzinski
 - B. Low back pain--straight leg raises (Lasegue's test), Trendelenburg test, Babinski, Oppenheim, Kernig, Brudzinski
 - C. Elbow-wrist pain--Tinel's sign, Phalen's sign
 - D. Knee pain--Lachman, Drawer (anterior and posterior), McMurray
 - E. Ankle/foot pain--Drawer sign
 - F. Common traumatic injuries including sprains, strains, and fractures
 - G. Common pediatric and orthopedic problems
 - H. Common athletic injuries

- II. When assigned a patient with an orthopedic problem, the Physician Assistant student will perform a thorough history and physical examination and initiate the proper evaluation of the patient through appropriate x-ray and lab studies demonstrating an ability to interpret their results.

- III The student will correctly document in either SOAP or H&P format.

- IV The Physician Assistant student will develop the following manual skills in orthopedics:
 - A. Immobilization and transportation of the patient with orthopedic trauma
 - B. Cast application and removal and splinting
 - C. Appropriate application and use of tape, ace bandages, slings, and cervical collars
 - D. Joint infections and aspirations

- V Presented with a patient in need of physical therapy or rehabilitative services, the Physician Assistant student will:
 - A. Instruct the patient in the exercises designated to alleviate pain or strengthen injured extremities
 - B. Be familiar with appropriate hot and cold packs and diathermy
 - C. Teach the patient the proper use of crutches and canes

- VI Given the patient with an orthopedic problem, the Physician Assistant student will be familiar with the following classes of medications:
 - A. Analgesics
 - B. Anti-inflammatory agents

- C. Muscle relaxants
- VII. When evaluating a patient requiring a major surgical procedure, the PA student will:
 - A. Perform a thorough history and physical examination including written documentation and findings
 - B. Create a working problem list and treatment plan.
 - C. Demonstrate proper Operating Room techniques of observing clean sterile and non-sterile areas
 - D. Assist in major surgical procedures
 - 1. Demonstrating knowledge of anatomy, surgical procedures, indications of surgery
 - 2. Demonstrating ability to clamp and tie bleeders using proper suture materials
 - 3. Demonstrate knowledge of suture material and indications for each
 - 4. Demonstrate ability to tie one-handed and two-handed surgical knots and cut ends into appropriate lengths depending on the type of suture and location of the knot.
 - 5. Demonstrating ability to dress a closed wound
 - 6. Demonstrating ability to transfer patient to recovery room
 - 7. Demonstrating and understanding of post-operative care

PEDIATRIC OBJECTIVES (REQUIRED)

When evaluating a pediatric patient, the PA students will demonstrate knowledge of pediatric conditions as evidence by performance of appropriate history and physical examination and ordering of diagnostic studies, as well as proper treatment and follow-up for the conditions.

I Requirements for thorough database:

A. History shall include:

1. Chief complaint
2. Present illness
3. Past medical history incorporating:
 - a. Maternal history
 - b. Feeding history
 - c. Growth and development
 - d. Immunization history
4. Social History
5. Patient Profile
6. Family history
7. Review of systems

B. At the end of the third week, the student shall collect the history and perform the physical examination at a level of accuracy satisfactory to the preceptor.

C. Physical examination skills shall include:

1. General description
2. Vital signs
3. HEENT
4. Neck
5. Cardiovascular
6. Pulmonary
7. Abdomen
8. Genitalia
9. Rectal
10. Musculoskeletal
11. Skin
12. Neurological

D. During this rotation, the PA student shall:

1. Be able to list current recommendations for immunization scheduling and procedures
2. Become familiar with parameters of normal growth and development
3. Perform systematic well-baby examinations to the satisfaction of the supervising physician
4. Become familiar with pediatric feeding schedules and nutritional needs

III The evaluation and management of pediatrics problems

A. The students are expected to collaborate with the supervising physician in developing a systematic approach to the patient's presenting with the following pediatric signs and/or symptoms related to:

1. Acute Epiglottitis
2. Acute Glomerulonephritis
3. Acute Orthopedic trauma
4. Airway obstruction
5. Anemia
6. Battered Child Syndrome
7. Burns
8. Common Cardiac Murmurs
9. Common congenital problems
10. Common orthopedic problems
11. Conjunctivitis
12. Constipation
13. Convulsive disorders
14. Dehydration
15. Diaper rash
16. Diarrhea
17. Enuresis
18. Epistaxis
19. Gastroenteritis
20. Hearing loss
21. Infant feeding
22. Inguinal, femoral, or umbilical hernia
23. Laryngotracheobronchitis
24. Learning disability
25. Meningitis
26. Obesity
27. Otitis Externa
28. Pneumonia
29. Poisoning
30. Rectal bleeding
31. Respiratory distress syndrome
32. School phobia

33. Serious otitis media
34. Streptococcal pharyngitis
35. Toxic injections
36. Tuberculosis
37. Upper respiratory infection
38. Urinary tract infection

III Charting

- A. Given direct supervision by a physician, the student will be responsible for charting to the satisfaction of the supervising physician
 1. Admission orders
 2. Daily orders
 3. Discharge summaries

IV Procedures

- A. The student will perform and/or interpret the following diagnostic procedures to the satisfaction of the supervising physician:
 1. Hematocrit/hemoglobin
 2. Urinalysis
 3. Obtain stool, sputum, urine, wound, specimen, or drainage for culture
 4. Mantoux test
 5. Screening audiometry
 - B. The student will perform and/or assist with the following procedures:
 1. Give intramuscular, subcutaneous, intravenous, intradermal
 2. Denver Developmental Screening
 3. Screening audiometry
 4. Familiarity with the EPSDT exams and requirements (early preventative screening diagnostic and testing)
- V The PA student shall be able to provide medical education and counseling at the parents', guardians, family members, and patient's level of comprehension to include:
1. Diagnosis
 2. Treatment
 3. Preventative Modalities
 4. Training patients in skills necessary for management
 5. Scoring for prematurity of newborns (Dubowitz Scale for Maturity)

VI. The student will broaden and reinforce medical skills and knowledge by utilizing the appropriate reading and reference materials and attending pediatric medical lectures.

PSYCHIATRY OBJECTIVES (REQUIRED)

The PA student will understand the principles of evaluation and treatment of psychosocial and behavioral health problems commonly encountered in primary care practice settings, in-patient psychiatric, and out-patient psychiatric or behavioral health facilities. When presented with a patient across the lifespan, the PA student will:

- A. Perform a complete history and physical examination including a thorough neurologic and mental status examination.
- B. Recognize, diagnose, and intervene in common problems such as depression, situational stress and chronic illness; differentiate between the patient with a mild psycho-social problem and the patient with a severely debilitating problem.
- C. Understand principles of health education and counseling techniques around such issues as abortion, rape, drug addiction and alcoholism.
- D. Counsel patients with common social problems.
- E. Understand and counsel patients concerning issues of adult development, such as family dynamics, marital problems, stress related disorders, aging, chronic illness, end-of-life issues, and death.
- F. Be familiar with supportive mental health resources available in the community and determine when referral to those resources with more expertise is appropriate and, when indicated, demonstrate an ability of careful counseling of the patient to the importance of the utilization of these resources
- G. Understand principles of crisis intervention and counseling.
- H. Be familiar with various screenings tools used in the assessment of psychiatry and addictive medicine (ie. CAGE).
- I. Be familiar and demonstrate an awareness of addiction medicine concerns and therapies appropriate for addictions.

UROLOGY OBJECTIVES

When evaluating a patient requiring urological management, the PA students will demonstrate general knowledge of urological conditions as evidence by performance of appropriate history and physical examination and ordering of diagnostic studies, as well as proper treatment and follow-up for the conditions.

- I. Requirement for a thorough history:
 1. Chief Complaint
 2. Present illness
 3. Past medical history to include:
 - a. is problem current
 - b. history of trauma
 - c. history of STDs
 - d. current medications
 - e. allergies
 4. Social History
 5. Family History
 6. Review of systems, with special emphasis on urinary symptoms
- II. Physical Exam shall be problem oriented, and include rectal exam and pelvic exam if necessary in female patients.
- III. Diagnostics
 - A. The student should be able to perform, observe, and /or order the following diagnostic studies and evaluate when necessary:
 1. Rectal exam
 2. PSA
 3. VCUG
 4. Cystoscopy
 5. KUB
 6. CT scan
 7. Urinalysis
 8. Ultrasound
 9. BUN and creatinine
 10. Renal arteriography
 11. Post void residual
 12. Catheterization of male and female patients
- IV. The student shall be able to recognize and/or treat the following conditions:
 1. Incontinence
 2. Nocturia

3. BPH
 4. Prostate cancer
 5. Nephrolithiasis
 6. Pyelonephritis
 7. Chronic UTI
 8. Renal Carcinoma
 9. Bladder carcinoma
 10. HTN secondary to renal artery stenosis
 11. Renal failure-acute and chronic
 12. Azotemia
 13. Polycystic kidney disease
 14. Glomerulonephritis
 15. Electrolyte imbalance
 16. Nephritis
 17. Gross and microscopic hematuria
 18. Priapism
 19. Hypospadias
 20. Phimosis
 21. Paraphimosis
 22. Herpes
 23. Syphilis
 24. Condyloma
 25. Molluscum contagiosum
 26. Peyronie's disease
 27. Penile carcinoma
 28. Hydrocele
 29. Spermatocele
 30. Hernia
 31. Varicocele
 32. Epididymitis
 33. Orchitis
 34. Testicular torsion
 35. Testicular tumor
- V. The student should be able to assist the urologist on the following surgical procedures:
1. Vasectomy
 2. Adult circumcisions
 3. Prostatectomy

COMPETENCIES/CLINICAL SKILLS CHECKLIST

The competencies/clinical skills checklist that follows can be used as a guide by the Preceptor in determining the student's progress during the Clerkship and /or Preceptorship. These should be documented throughout the clinical phase via Typhon Clinical Tracking Software for submission to the Clinical Coordinators.

<u>EMERGENCY MEDICINE/ GENERAL MEDICINE</u>	Assisted	Performed	Date	Rotation
PROCEDURES:				
1. Complete vital signs				
2. Triage patient				
3. Venipuncture				
4. Arteriopuncture				
5. Start IV				
6. Finger stick				
7. Lumbar puncture				
8. Cut down				
9. Insertion of CVD line				
10. Thoracentesis				
11. Paracentesis				
12. Suturing of minor lacerations				
13. Cleansing & debridement of wounds				
14. Casting and splinting				
15. Control external hemorrhage				
16. Applications of dressing				
17. Removal of superficial foreign bodies				
18. Carry out aseptic & isolation techniques				
CULTURES:				
* Obtain throat culture specimen				
* Obtain sputum culture specimen				
* Obtain wound culture specimen				
* Obtain stool culture specimen				
* Obtain blood culture specimen				
* Obtain gastric contents specimen				
* Obtain clean catch urine specimen				
Guaiac Test				
INJECTIONS:				
1. IM injection				
2. Subcutaneous injection				

<u>EMERGENCY MEDICINE/ GENERAL MEDICINE</u>	Assisted	Performed	Date	Rotation
INJECTIONS: (cont.)				
3. Intradermal injection				
4. Administer IV Med				
5. Joint injection/aspiration				
6. PPD or Tine test				
7. Interpret intradermal skin test				
8. Administer local anesthetic:				
a. lacerations				
b. excision of lesion				
9. Administer digital block				
10. Catheters/Intubation				
11. Insert/Remove urinary catheter:				
a. Male				
b. Female				
12. Insert/Remove nasogastric catheter				
13. Endotracheal suction				
14. Endotracheal intubation				
15. Nasotracheal intubation				
OTHER:				
1. Fecal disimpaction				
2. Perform & interpret EKG				
3. Perform CPR				
4. Spirometry				
5. Administer inhalation oxygen				
MISCELLANEOUS:				
1.				
2.				
3.				
4.				
5.				
6.				
7.				

WOMEN'S HEALTH	Assisted	Performed	Date	Rotation
1. Complete Gynecological exam H & P				
a. Breast exam				
b. Speculum exam				
2. Cervical PAP Smear				
3. Vaginal Culture Specimen				
a. H. Vaginalis				
b. Trichomonas				
c. Monilia				
d. Gonorrhea				
e. Herpes				
4. Identify				
a. Genital Herpes				
b. Condyloma Acuminata				
c. Parous Cervix				
d. Nulliparous Cervix				
e. Eversion				
f. Nabothian Cyst				
g. Cervical Polyps				
5. Identify Vaginal Discharge				
a. Monilia				
b. Trichomonas				
c. H. Vaginalis				
6. Diaphragm Fitting & Insertion				
OTHER:				
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

WOMEN'S HEALTH	Assisted	Performed	Date	Rotation
PATIENT EDUCATION:				
1. Instruct patient in self-breast exam				
2. Instruct patient on forms of birth control				
3. Instruct patient on essential elements of pre-natal care				
4. Counsel patient regarding				
a. Bottle feeding				
b. Breast feeding				
c. Post partum care				
5. Counsel patient on abortion/family planning				
MISCELLANEOUS:				
1.				
2.				
3.				
4.				
5.				
6.				
OTHER:				
1. Infertility history				
a. Post Coital exam				
b. Sperm count				
2. Urine pregnancy test				
3. Measure Fundal height				
4. Auscultate fetal heart sounds				
5. Palpate fetal heart sounds				
6. Amniocentesis				
7. Ultrasound				
8. Fetal non-stress test				
9. Fetal monitoring				
10. Assist Vaginal delivery				
11. Assist Cesarean delivery				
12. Induction of labor				
13. Suturing episiotomy				

<u>ORTHOPEDICS</u>	Assisted	Performed	Date	Rotation
1. Prepare ingredients for a plaster cast or splint				
2. Apply plaster cast or splint to:				
a. Finger				
b. Hand				
c. Arm				
d. Leg				
3. Apply short cast to:				
a. Arm				
b. Leg				
4. Apply long cast to:				
a. Arm				
b. Leg				
5. Remove plaster/fiberglass cast				
6. Reinforce plaster cast				
7. Apply walking cast				
8. Tape, bandage or splint injured or sprained:				
a. Ankle				
b. Wrist				
c. Knee				
d. Chest				
9. Apply sling				
10. Apply cervical collar				
11. Apply traction				
a. Cervical				
b. Pelvic				
12. Apply & change sterile dressings				
OTHER:				
1.				
2.				
3.				
4.				
5.				
6.				
7.				

<u>PEDIATRICS</u>	Assisted	Performed	Date	Rotation
1. Immunizations:				
a. MMR				
b. DPT				
c. Polio				
d. PPD, Tine test				
2. Allergy injections				
3. Venipuncture				
4. Finger stick				
5. Pediatric IV				
6. Arteriopuncture				
7. Throat culture				
8. Cerumen removal				
9. Well baby exam				
10. Newborn exams				
11. Complete pediatric history & physical				
12. Denver Developmental Screening Test				
13. Screening Audiometry				
14. Mummify child for procedures				
15. Nasogastric catheter				
16. Circumcision				
17. Identify common pediatric rashes				
18. Inform parents of feeding schedules and nutritional needs				
19. Obtain specimens for culture:				
a. Stool				
b. Sputum				
c. Urine				
d. Wound				
MISCELLANEOUS:				
1.				
2.				
3.				
4.				
5.				

GENERAL SURGERY	Assisted	Performed	Date	Rotation
1. Adhere to surgical technique				
2. Scrub for surgery				
3. Gown & glove properly				
4. Prep and/or drape patient				
5. Assist in surgery				
a. Hold retractors				
b. Clamp bleeders				
c. Tie sutures				
d. Close skin				
6. Suture lacerations:				
a. Face				
b. Extremity				
7. Remove sutures/clips				
8. Remove drains				
9. Dress/redress incisions				
10. Clean/irrigate the wound, abrasion				
11. Debridement of decubiti				
12. Excise and drain the following:				
a. Skin abscess				
b. Paronychia (nail) or subungual hemorrhage				
13. Remove one of the following skin lesions				
a. Warts				
b. Moles				
c. Skin tags				
d. Sebaceous cysts				
14. Remove splinters				
15. Excise nail				
16. Remove foreign bodies from the following areas:				
a. Cutaneous or subcutaneous				
b. Conjunctiva (if loose), naris, ear canal				
17. Place an anterior nasal pack				
18. Irrigate ears				
19. Administer blood transfusion				

GENERAL SURGERY	Assisted	Performed	Date	Rotation
20. Preoperative management of patient:				
a. Admission H & P				
b. Admission note				
c. Admission orders				
21. Postoperative management of patient:				
a. Monitor I & O				
b. Check incision				
c. Redress incision				
MISCELLANEOUS:				
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				