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# University of Florida School of Physician Assistant Studies

## Clinical Year Schedule – Class of 2017

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<tr>
<th>MONTH</th>
<th>ROTATION DATES</th>
<th>End-of-Rotation Exams*</th>
</tr>
</thead>
</table>
| July      | Begin: Tuesday 7/5/16  
End: Thursday 7/28/16** | Friday 7/29/16          |
| August    | Begin: Monday 8/1/16   
End: Thursday 8/25/16**   | Friday 8/26/16          |
| September | Begin: Monday, 8/29/16    
End: Thursday 9/22/16**   | Friday 9/23/16          |
| October   | Begin: Monday 9/26/16    
End: Wednesday 10/20/16** | Thursday 10/21/16      |
| November  | Begin: Monday 10/24/16    
End: Thursday 11/17/16**  | Friday 11/28/16        |
| December  | Begin: Monday 11/21/16  
*(Thanksgiving Holiday, 11/24 – 11/27)*  
End: Thursday 12/15/16** | Friday 12/16/16        |
| January   | Begin: Monday 1/3/17     
End: Thursday 1/26/17**   | Friday 1/27/17          |
| February  | Begin: Monday 1/30/17    
End: Thursday 2/23/17**   | Friday 2/24/17          |
| March     | Begin: Monday 2/27/17    
End: Thursday 3/23/17**   | Friday, 3/24/17        |
| April     | Begin: Monday 3/27/17    
End: Thursday 4/20/17**   | Friday, 4/21/17        |
| May       | Begin: Monday 4/24/17    
End: Thursday 5/18/17**   | Friday 5/19/17         |
| June      | Begin: Tuesday 5/22/17   
End: Thursday 6/15/17**   | Friday, 6/16/17        |

**Graduation 6/17/2017**

* End-of-rotation Clinical Day on campus in Gainesville. Attendance is mandatory.
** Rotations end at noon on the last Thursday of the rotation month. You will be notified of any changes.

REGISTRATION DATES: You need to check [student.ufl.edu](student.ufl.edu) to find the last day for registering for the semester. If your records are flagged for any reason and you cannot be registered, UF will assess you $100.00 late registration fee. IT IS YOUR RESPONSIBILITY to be sure that registration deadlines are met and any university flags on your records are cleared.

FEE PAYMENT: If the fees are not paid by 3:30 p.m. of the 2nd week after the semester starts, UF will assess you a $100 late fee payment. You will also be taken off your rotation immediately, because you will no longer be covered by UF malpractice insurance.
University of Florida
School of Physician Assistant Studies

SCHOOL CONTACT INFORMATION

Mailing Address:  
School of PA Studies  
College of Medicine  
P.O. Box 100176  
Gainesville, FL 32610-0176

Physical Address:  
School of PA Studies  
College of Medicine  
1104 Newell Dr, Suite 420  
Gainesville, FL 32611

Phone Numbers:  
Office: 352-294-8150  
Fax: 352-294-8167

School of PA Studies Faculty and Staff for Clinical Year

David W. Indarawis, PA-C, MPAS  
Director of Clinical Education  
Assistant Professor  
Email: david.indarawis@pap.ufl.edu

Debra M Cole, PA-C, MPAS  
Clinical Education Assistant  
Assistant Professor  
Email: debra.cole@pap.ufl.edu

Keri Stone  
Clinical Coordinator  
Email: keri.stone@pap.ufl.edu

H. Teresa Cain  
Program Assistant  
Email:

School of PA Studies Clinical Year Website on EMEDLEY

he.ecurriculum.net
CLINICAL ROTATION CHECKLIST

☐ 2-4 Weeks Before Rotation
  • Check reporting instructions on the clinical site’s area in the EMEDLEY directory. Complete any administrative paperwork associated with rotation. NOTE: Some rotations require credentialing be completed 30 days in advance so get in the habit of checking your site’s specific instructions early.
  • Review rotation schedule. If you have a Selective or Elective rotation in 90 days, contact Director of Clinical Education to discuss scheduling a rotation (see pages 15-16). Complete a Clinical Rotation Request Form (*see below) to turn into the Director of Clinical Education.

☐ First Day of Rotation
  • Meet with clinical preceptor to obtain duty assignments and orientation to practice. Offer to review rotation objectives with preceptor.
  • Assign your preceptor in eMedley. If you’re assigned preceptor will be your evaluator, then use edusched. Go to “My Schedule,” and drag and drop from “Available Preceptors,” to “Assigned Preceptors.” If you need to select a new preceptor, use eKeeper and utilize the “Preceptor Request” icon. This should be done by the end of the 1st week.
  • You will frequently be working with multiple healthcare providers during your rotation. Remember that only your PRECEPTOR will be submitting your evaluation to UF SPAS, but it is very important that he/she receives appropriate information regarding your performance when they are not directly observing you. It is vital that you print out and distribute the Contributing Evaluator Input to Supervising Preceptor Form to those who are supervising you, and ask them to route it directly to your preceptor – or designee of the preceptor (e.g. Clerkship Director/Coordinator).

☐ Mid-Point of Rotation
  • Meet with clinical preceptor to discuss performance. Obtain feedback on any areas that need improvement during the last two weeks of rotation.
  • Complete EMEDLEY Mid-Rotation Student Survey

☐ Last Week of Rotation
  • Remind preceptor to complete your Student Clinical Performance Evaluation on EMEDLEY.
  • Complete Rotation Site Evaluation and Preceptor Evaluation as directed by the School of PA Studies (see page 94).
  • On the last day of rotation ensure your preceptor has received his EMEDLEY Student Clinical Performance Evaluation via email.
- **End-of-Rotation Clinical Day in Gainesville** (see pages 8, 19).
  - Clinical year administrative announcements.
  - Turn in any **Clinical Rotation Request Forms** for upcoming Internal Medicine Selective or Elective rotations.
  - Turn in any **Absence Request Forms** (*see below) completed and signed by your clinical preceptor if you have missed any days from rotation due to illness, etc. (see pages 18-19).
  - **End-of-rotation examinations** will be administered according to the assigned rotation (see page 89). PACKRAT, OSCE, and Comprehensive Summative Evaluation will be administered later in clinical year (see pages 91-92).
  - Special Topics presentations (see page 8).

*All forms mentioned above are available for download on EMEDLEY: [he.ecurriculum.net](he.ecurriculum.net)*
University of Florida
School of Physician Assistant Studies

OVERVIEW OF THE CLINICAL YEAR:
CURRICULUM AND CLINICAL ROTATIONS

The clinical year provides opportunities for physician assistant students to develop and refine their skills acquired during the academic phase of training. Students function as an integral part of the healthcare delivery team. As part of their education, they share patient care responsibilities under supervision of their preceptor, but they will not serve as a substitute for staff.

GOALS OF THE CLINICAL YEAR

• Apply knowledge gained in the academic year to supervised clinical practice.
• Develop clinical problem-solving skills.
• Add to fund of clinical knowledge.
• Develop an understanding of the PA's role in health care delivery.
• Develop an understanding of the laws governing PA practice in the State of Florida.
• Develop an indication of the kind of practice setting desired for employment after graduation.
• Prepare for the Physician Assistant National Certifying Examination (PANCE).

CORE AND ELECTIVE CLINICAL PRECEPTORSHIPS / COURSES

1. Core Rotations – 9 months

• Emergency Medicine - one month
• General Surgery - one month
• Intensive Care Medicine - one month
• Internal Medicine - one month
• Selective Rotation - one month (see 2. below)
• Obstetrics / Gynecology - one month
• Pediatrics - one month
• Primary Care* - two months (must be a minimum of one month in Family Medicine)
• Psychiatry / Behavioral Medicine - one month

*Primary Care is designated in either a family practice or internal medicine outpatient clinic/facility.

2. Selective Rotation - one month
The selective is a restricted elective and can be completed in an adult or pediatric medicine specialty.

- The Director of Clinical Studies must approve all selective rotations prior to assignment. Approval for requests is based primarily on the academic needs of the student, and assignments are subject to availability.

- Surgical specialties, radiology, emergency medicine, and dermatology, are not appropriate for the selective; however, they may be used for your electives.

- Requests for SELECTIVE rotations must be submitted to the Director of Clinical Studies NO LATER THAN 90 DAYS IN ADVANCE. If you do not submit a Clinical Rotation Request Form for a selective rotation within 90 days of the scheduled rotation month, the Director of Clinical Studies will assign the rotation for you.

3. Elective Rotations – two months

- The FIRST priority in assigning rotations is to ensure the student has an experience that allows her/him to meet educational objectives. To that end, the Director of Clinical Studies will assign rotations primarily based on the student’s educational needs. While every effort will be made to accommodate reasonable requests, the quality of the student’s clinical education will come first, and he/she might not be assigned to their primary choice of elective rotation.

- Subject to the approval of the Director of Clinical Studies, and depending on a student’s academic standing, clinical performance, and cooperation with the policies and procedures of the clinical year, students may request two elective rotations.

- Your choice of an elective rotation is a privilege earned throughout the clinical year, and is determined on the priorities of (1) your educational needs, (2) availability, and (3) your preferences. While every reasonable effort will be made to place you in the elective of your choice, these priorities must be observed.

- Requests for ELECTIVE rotations must be submitted to the Director of Clinical Studies NO LATER THAN 90 DAYS IN ADVANCE. If you do not submit a Clinical Rotation Request Form for an ELECTIVE rotation within 90 days of the scheduled rotation month, the Director of Clinical Studies will assign the rotation for you.

- At the completion of every rotation that does not have an examination scheduled for that month, the student will be required to turn in proof of (3) Category I CME hours of instruction. (All CME activities MUST be AAPA/AMA-approved Category I hours.) These will consist of CME topics, usually in the area of medicine in which the student was rotating that month. The student will select the specific CME activities, and submit them to the Clinical Director for approval. **THIS ASSIGNMENT SHOULD BE DONE DURING THE MONTH AND IS DUE ON CLINICAL DAY.**
• At the completion of each Elective rotation, the student must demonstrate clinical knowledge gained, and will be required to:

  a. Submit a complete H&P on one patient from that month, signed by your clinical supervisor.
  b. Submit a 2-3 page clinical discussion on that patient’s disease, including:
     a. Description
     b. Presentation
     c. Differential Diagnosis
     d. Clinical Investigations and tests
     e. Treatment
     f. Course and Prognosis

4. PAS 5930 Special Topics

• This is a one credit course that you are registered for each semester. It is graded on a pass-fail basis.

• Special Topics is conducted each month on the end-of-rotation Clinical Day. ATTENDANCE IS MANDATORY. Unexcused absences will result in a failing grade. Requests to be excused from these activities may only be approved by the Director of Clinical Studies for emergencies or other extraordinary circumstances. Students are expected to attend the end-of-rotation program even if they are on their elective rotation month and have no scheduled examination.

• Topics covered include advanced clinical lectures, problem-solving exercises, evidence-based medicine discussions, review of the literature, etc. Many of these activities are directly related to knowledge required for the PANCE, and experience has shown that these reviews have often been a critical factor in passing this examination. Other topics covered may include job searching, certification, licensure, credentialing, preparation of CVs, personal safety, etc. Class participation will frequently be involved.

• A full report of history and physical examination (“H&P”) is required to be submitted at your advisor meeting on Clinical Day after completion of each of the following rotations:
  o Internal Medicine
  o Primary Care I
  o Women’s Health
  o Pediatrics
  o General Surgery
  o Elective Rotations
This is to be a complete H&P, and not an abbreviated clinical problem sheet or brief SOAP note. It may be focused, but still should be an appropriate H&P, and must be signed by your clinical supervisor. No credit will be given for unsigned submissions.
CLINICAL PRECEPTOR RESPONSIBILITIES

In order to maximize the educational opportunities for PA students and to avoid misunderstandings between students and clinical and auxiliary staff, preceptors are expected to:

1. Meet with the student on the first day of rotation to review:
   a. Educational objectives for the rotation.
   b. Work schedules and on-call assignments. These are under the local control of the preceptor. Student should check with the preceptor about call responsibilities, especially if the site is hospital based. The School of PA Studies adheres to the ACGME 80-Hour Resident Work Rule, whereas, “Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting.” (https://www.acgme.org/acgmeweb/Portals/0/PDFs/dh-faqs2011.pdf)
   c. Local clinic/hospital policies and procedures.
2. Introduce the student to essential clinical and auxiliary personnel in the practice.
3. Provide clinical instruction in accordance with the rotation objectives and the availability of patients and other clinical resources.
   a. Clinical assignments should be consistent with the PA's role.
   b. **A hands-on clinical experience is required.**
   c. Self-study assignments and library research of clinical topics are encouraged.
   d. PA students are particularly eager for knowledge and insights from the preceptor’s own clinical experience.
4. Provide the PA student with frequent feedback on clinical and professional performance, and formally meet with them approximately halfway through their rotation to discuss this feedback and issue guidance.
5. Meet with the student during the last week of rotation and complete a Student Clinical Performance Evaluation, online in the TYPHON system.
   a. Evaluations should be frank and accurate as a reflection of the student’s clinical competence and professionalism.
   b. Students should be rated as though they were being considered for employment in the preceptor's practice (taking into account their level of training and experience).
c. When the student has been observed by several other clinicians, the student will provide them with a "Contributing Evaluator Input to Supervising Preceptor Form." This is designed to help you better evaluate their performance in the rotation, but should NOT be returned to the School.

d. Written comments are especially important, but if the preceptor feels written comments are not enough and desires an open discussion, please call the Director of Clinical Studies.

e. The evaluation is normally completed online in EMEDLEY, but in exceptional cases, such as Internet access failures, the preceptor may FAX or email the 'Contributing Evaluation Form' directly to UF SPAS (352-294-8167 or keri.stone@pap.ufl.edu).

6. Notify the School of PA Studies of any unexpected student absences during monthly rotations: (352) 294-8150.

A separate guide can be given to each preceptor prior to the first clinical rotation by a student and when the preceptor's manual is updated. The above information is to give the student a basic understanding of some of the content of the preceptor's manual.
ROTATION GUIDELINES FOR STUDENTS / PRECEPTORS

Outlined below are the objectives that students must become proficient in during their clinical year. This list is to guide the preceptor in recognizing trouble areas that may need supplementary training during the students’ evolution. Typically, students in their first three months of clinical training are beginning to develop these basic skills. During the fourth through the sixth months, students typically are gaining confidence in their abilities and continue to improve their clinical presence. From the seventh month to the end of the clinical year (twelfth month), refining the students’ skills is the main emphasis. Throughout the entire year, students are expected to be fully involved in the activities at the clinical site, to improve upon their skills (i.e., patient workups, attending lectures/rounds, procedures, etc.). If as a preceptor you note any deficits, please include comments on the student’s evaluation or notify the Director of Clinical Studies directly at the School of PA Studies, so we may remediate accordingly.

1. The Medical Interview
   a. Maintains a professional attitude/relationship with the patient.
   b. Introduces self as a Physician Assistant Student.
   c. Asks appropriate questions to elicit pertinent medical/psychosocial history.
   d. Uses non-verbal communication skills appropriately.
   e. Uses common language to aid in patient comprehension.
   f. Makes articulate case presentations and demonstrates a clear sense of understanding the medical problem.

2. Writing Skills
   a. Writes focused/SOAP format notes with clarity.
   b. Writes full HPI with clarity.
   c. Writes orders with understanding of treatment rationale.
   d. Writes discharge summaries with clarity.
   e. Demonstrates proper charting and documentation on all charts.
   f. Demonstrates compliance with quality assurance indicators on all documentation and medical records.
3. Physical Exam Skills
   a. Can perform a full exam.
   b. Can perform a problem-focused exam.
   c. Can recognize pertinent findings.
   d. Demonstrates correct technique on exam.

4. Critical Thinking
   a. Can form a differential diagnosis appropriate to the student’s level of training.
   b. Can form and implement a management plan, including when to refer.
   c. Discriminates between diagnostic modalities with consideration given to validity, usefulness, reliability, risk/benefit, and cost effectiveness of each.

5. Knowledge Base (appropriate to the student’s level of training)
   a. Links pathophysiology to the manifestations of disease.
   b. Relates anatomy to the disease process.
   c. Identifies the natural history of disease.
   d. Demonstrates an understanding of pharmacotherapeutics.
   e. Understands the treatment rationale of diseases.
   f. Utilizes the appropriate selection and utilization of lab and other diagnostic tests.

6. Patient Education
   a. Can obtain informed consent when necessary.
   b. Educates patient to risks and outcomes of illness and treatment.
   c. Counsels patients on health promotion and disease prevention.
   d. Demonstrates proper documentation of patient education in chart.

7. Professional Development
a. Practices universal precautions as appropriate.
b. Demonstrates the ability to work effectively as a member of the health care delivery team as evaluated by preceptors and co-workers.
c. Demonstrates the ability to be open, non-judgmental, and empathetic with patients as evaluated by preceptors and patients.
d. Demonstrates appreciation for a consumer-oriented patient/provider relationship by incorporating patient education into patient encounters.
e. Demonstrates appreciation for the utilization of specialists and community-based resources through appropriate referrals when indicated.
f. Demonstrates appreciation for the importance of continuity of care by counseling patients to establish a primary care provider when indicated.
g. Demonstrates appreciation for patient autonomy and self-determination by documenting patient concerns and decisions on patient records.

SUPERVISED CLINICAL ACTIVITY

1. Physician assistant students on clinical rotation work under the direct supervision of a licensed physician and therefore will not make a diagnosis or carry out any procedure or treatment plan without the explicit approval of a licensed physician/physician assistant or nurse practitioner.

2. When given an order by a physician and/or preceptor, a student has three possible courses of action:

   a. Carry out the order as directed.

   b. If there is disagreement with the order, discuss it with the physician and mutually agree on a course of action.

   c. Inform the physician that as a student you do not feel qualified to safely carry out the order.

3. At no time will a student change an order or carry out a course of action different from that directed by the physician.

4. In the event of the temporary absence of his/her regular preceptor, students must notify the School of PA Studies of their alternate preceptor. At no time will students
work without having a supervising physician clearly identified. Likewise, at no time may students replace or fill in for absent clinical site employees.

5. Students will not be allowed to work extra rotation sites outside of their specified monthly rotation requirements, e.g., working extra hours in an ER when the student is scheduled for pediatrics that month. Students place themselves and the School at great risk since malpractice coverage will not exist, as well as not having a supervising physician to co-sign charts.

6. Students must have all charts and written orders countersigned by the supervising physician on the day of the patient encounter. Hospital policy also governs countersignatures. It may be policy in some facilities to not allow students to write in the charts. This does not preclude the student from writing up the patient case for the preceptor to critique, but not include in the chart.

7. NO patient should be discharged from a clinical site by a PA student without the preceptor’s approval and signature on the chart.

8. In all clinical activities, PA students should be guided by the principle of KNOWING ONE’S LIMITATIONS.
ASSIGNMENT OF CLINICAL ROTATIONS

1. The first priority when assigning rotations is to ensure that every student meets the educational objectives of the clinical year. A well rounded clinical education requires that students be exposed to a variety of clinical practice settings (in-patient vs. outpatient practices, academic medical centers vs. community-based sites, urban vs. rural practices, etc.). Clinical students will be required to do a number of their rotations at Florida Area Health Education Centers (AHEC) in medically underserved areas of the State.

   a. The UF School of PA Studies has contractual obligations with certain rotation sites within the State to provide them with a specific number of students each year. This is a high priority when assigning rotations.

   b. When assigning rotations, AHECs and rotation sites that have been used frequently, and have a history of providing PA students with excellent clinical teaching experiences in the past, are given priority over sites that accept students only occasionally.

   c. Rotation assignments are always contingent upon the availability of a particular rotation site at any given point in time, and the Director of Clinical Studies’ prior approval of the rotation.

   d. The School of PA Studies will not consider requests for rotation changes once the clinical rotation schedule has been published and released to students, except under extraordinary circumstances. This includes confirmed elective and selective rotations. However, the School of PA Studies reserves the right to change student rotation schedules at any time in order to insure that the academic requirements of the clinical year are met.

2. The order in which you complete your rotations has no impact on the quality of your clinical education.

3. Students are NOT permitted to sign any forms or contracts on behalf of the School of PA Studies.

4. Requests for private rotations or internal medicine selective and elective rotations are communicated to the Director of Clinical Studies using the Clinical Rotation Request Form which is available on the School of PA Studies Clinical Year website. Requests for internal medicine selective and elective rotations must be submitted 90 days before the rotation is scheduled to begin. This lead time is necessary to insure that any administrative matters such as inter-institutional affiliation contracts, rotation applications and student credentialing by health care facilities, and other prerequisites imposed by the rotation site are accomplished well in advance of the rotation start date.
a. Approval of rotation requests is contingent upon the educational value of the rotation, the student’s demonstration of academic and clinical development, and the student’s history of cooperating with the policies and procedures of the clinical year. The willingness of a preceptor to give you access to his/her patients for clinical training, and to provide you with an end-of-rotation evaluation, are other important factors that are taken into account when considering private rotation requests.

b. Out-of-state rotations may be difficult to coordinate and the School of PA Studies does not assist students in locating out-of-state rotations. However, requests for such rotations will be considered for the second half of the clinical year, subject to the approval of the Director of Clinical Studies, and depending on a student’s professionalism, academic standing, clinical performance, and cooperation with the policies of the UF SPAS. As with any clinical rotation, out-of-state rotations are not guaranteed.

Once an out-of-state rotation is approved, all legal paperwork and practice profiles must be received in the PA office 90 days prior to the start of the rotation in order for this request to be confirmed.

c. It is strongly recommended that you discuss any planned private rotation requests with the Director of Clinical Studies before submitting a Clinical Rotation Request Form. The procedure for arranging a private rotation will be outlined at that time.

d. Students may not do rotations with physicians, PAs, or other healthcare professionals who are family members, their personal healthcare provider, or close friends of their family. Rotations at clinical sites where students may be currently employed will be considered on a case-by-case basis.

STUDENT HOUSING AND OTHER EXPENSES DURING THE CLINICAL YEAR

1. UF PA students are responsible for their transportation, housing, and living expenses during the clinical year. The School is not obligated to provide you with free housing while you are on rotation. Each of you should plan your clinical year finances in advance to ensure adequate resources for your clinical education. In addition to expenses for tuition, fees, textbooks, and medical equipment, you should include funds for health and disability insurance, temporary housing and pet expenses (if applicable). Reliable transportation is also essential. Each of you will be required to travel to Gainesville at the end of each rotation month for mandatory exams and other administrative and educational activities.
2. The availability of student housing is very limited and may be offered only to students who have to travel outside of their area of preference for a rotation. You are NOT eligible for student housing located within your area of preference. For example, if your area of preference is Jacksonville, you cannot use the housing available at Shands Jacksonville.

3. Students taking advantage of available student housing are expected to comply with eligibility and usage rules, check-in procedures, key custody, etc., established by the agency assigning the housing. You should be mindful that the availability of housing to future students could very well depend on how well you take care of the property, appliances, and utilities such as phone, cable service, etc. Before you check out of housing, make sure you clean up, empty trash, and turn out lights. Students who abuse the privilege of available housing and jeopardize the availability of housing may be subject to disciplinary action including dismissal from the School of PA Studies.

4. Pets, and guests, including family members, significant others, and classmates, are not permitted in any of the student housing facilities under any circumstances. Smoking is prohibited. Violations will be subject to disciplinary action from the School of PA Studies.

5. If you have requested student housing reservations, you are OBLIGATED to stay in the assigned facility unless you have permission from the School of PA Studies before the rotation begins.

6. Any and all fees associated with available student housing is the sole responsibility of the student.

7. Estimated expenses for the clinical year (Summer B, Fall, Spring and Summer A):

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition &amp; Fees</td>
<td>$27,223* (Florida Resident) $60,599 (non Florida Resident)</td>
</tr>
<tr>
<td>Books and Supplies</td>
<td>$2,035**</td>
</tr>
<tr>
<td>Lodging and Utilities</td>
<td>$9,220</td>
</tr>
<tr>
<td>Food</td>
<td>$5,800</td>
</tr>
<tr>
<td>Clothing Maintenance</td>
<td>$1,405</td>
</tr>
<tr>
<td>Personal</td>
<td>$340</td>
</tr>
<tr>
<td>Transportation</td>
<td>$4,070***</td>
</tr>
<tr>
<td>Computer / Cell phone expense</td>
<td>$1,760</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>$51,388 (Florida Resident) $84,724 (non Florida Resident)</td>
</tr>
</tbody>
</table>

*Assumes that the appropriate documentation is secured and presented to the Office of the Registrar to obtain residency in the State of Florida.

**Includes cost of PANCE ($475).

***Public transportation is free for students. The $4,070 figure represents the estimated cost for operating an automobile.

Costs of attendance budgets include only those expenses associated with the student. Living expenses for spouse and/or other dependents are not recognized as part of the student’s standard costs of attendance. Other expenses not directly essential to a student’s education or living expenses are the sole responsibility of the student. Examples of this
include, but not limited to, attendance at conferences, membership in specialty professional organizations, and optional medical databases or resources.

**NOTE:** The costs represent estimates and are based on the costs available at the time of compilation.

**ATTENDANCE DURING THE CLINICAL YEAR**

1. Students normally report to rotations on the first Monday of each rotation block and work until noon of the last Thursday of the rotation block unless directed to do otherwise by the School of PA Studies or preceptor (see Clinical Year Schedule, page 2).

2. The rotation preceptor controls night call, days off, and daily routine. Students are expected to clarify all schedule issues with the preceptor on the first day of rotation.
   
a. The School of PA Studies adheres to the ACGME 80-Hour Resident Work Rule and expects clinical sites to respect the rule, whereas, “Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting.”
   

   b. Call schedules are to be followed as the service specifies. On-call experience should fulfill an educational function and not a site staffing need. It should not be excessive. If a problem exists, the School of PA Studies should be notified for clarification.

3. Absences from clinical rotations will not be tolerated. Any student who has an unexcused absence may be brought before the Professional Standards and Promotions Committee. Any absence that occurs must be explained in writing (via e-mail) to the Director of Clinical Studies prior to the absence occurring, unless there is an emergency in which case the School of PA Studies and the preceptor must be notified immediately. A written explanation (via e-mail) must be made to the School of PA Studies office within 24 hours of the absence. Failure to comply with this may result in a substantial reduction in the professionalism grade for the rotation.

4. Students who must have time off from a rotation must obtain approval from their preceptor first, and then the **Director of Clinical Studies**. Official approval is obtained by completing an **Absence Request Form** (available on the Clinical Year website), having it signed by your preceptor, and submitting it to the Director of Clinical Studies for approval. The Director of Clinical Studies and the School Director reserve the right to determine what types of absences will be approved.

5. Absence from rotation because of acute illness requires students to call in to their preceptor and the Director of Clinical Studies. After returning to work, an **Absence Request Form** is completed and submitted as outlined above. Medical
documentation of the illness by the student’s personal physician may be required at the discretion of the Director of Clinical Studies.

6. Extended leaves of absence are obtained by writing a letter of request to the School of PA Studies Director.

7. Friends or family members are prohibited from contacting AHECs, coordinators, preceptors, or rotation sites on a student’s behalf. ONLY students or PA personnel are permitted to make phone calls or visit rotation sites. Any interference by friends or family members with regard to the student’s scheduling, rotation requests, or rotations in general will be considered the responsibility of the student and may be subject to disciplinary action from the Professional Standards and Promotions Committee.

8. In emergency situations, if family members are unable to reach students by personal phone calls, they should contact the School of PA Studies first. Faculty or staff will either call the student at the rotation site or give instructions to expedite contact. If unable to contact anyone in the School of PA Studies, then family members may call the site with minimal interruption of patient care.

9. According to University policy, students are not exempt from jury duty. However, any lost clinical time will be made up at a time convenient for the preceptor and coordinated with the Director of Clinical Studies.

10. **Conference leaves of absence** - Clinical year students may ask to attend either a state or national conference during their clinical training. The Director of Clinical Studies will consider each request on an individual basis, taking into consideration the distance to travel, the academic strength of the student, the rotation, and the amount of time the student would miss. A student’s request may be denied if he/she has excessive previous absences, if there are conflicts with scheduled School of PA Studies activities, or if the clinical education outweighs the benefits of attending the conference.

11. **End-of-Rotation Clinical Day Attendance** – Attendance at the monthly end-of-rotation exams and the educational activities is MANDATORY. Students should expect to be on campus from 8am-5pm on Clinical Days. Please plan your schedule accordingly. Requests to be excused from these activities may be approved only for emergencies or other extraordinary circumstances. **Students are expected to attend the end-of-rotation program even if they are on their elective rotation month and have no scheduled examination.**
ADDITIONAL ASSIGNMENTS

1. Some teaching facilities require students to attend weekly meetings. These weekly meetings are utilized for troubleshooting, discussing interesting cases, or participating in lecture. UF at Shands-JAX requires students to report to a weekly meeting. It is the students’ responsibility to be aware of any mandatory meetings they are to attend. Particularly if students are rotating in a teaching hospital, they are responsible for attending all lectures/classes that the medical students attend.

2. Rotation sites may require additional assignments (i.e., papers, presentations, exams, etc.) that may be factored into students’ evaluation grade. It is the student’s responsibility to complete all tasks required to the best of their ability. The School of PA Studies supports the decision of any site to present students with additional educational opportunities.

ADDITIONAL SITE REQUIREMENTS

1. Some sites may have additional requirements to be fulfilled prior to beginning rotations. There may be additional immunization requirements, insurance verifications, HIPAA verification, drug screening, and/or national criminal background check. Some sites that have additional requirements may pay for these services; however, any costs involved are ultimately the responsibility of the student.
CLINICAL ROTATION LEARNING OBJECTIVES

In reviewing educational objectives for each academic course and clinical rotation, PA students should also refer to the NCCPA Content Blueprint which identifies the percentage of task areas and organ systems included on the PANCE. To access the Blueprint go to www.nccpa.net and under the “Exams” tab, select “PANCE” followed by “Content Blueprint.”

A. Introduction

1. The rotations allow students to apply knowledge and refine skills learned in the academic year, within a supervised clinical practice in order to develop clinical problem-solving skills.

2. At the end of the clinical year, students will be able to efficiently evaluate a clinical data base, develop a differential diagnosis, and formulate a rational treatment plan for specified clinical conditions frequently encountered in physician assistant practice.

3. Each month, students will be tested on specific learning objectives developed for each required rotation (see below). These objectives are essentially a reading list for self-guided study throughout the month. It is anticipated that this clinical year reading program will help prepare students for the Physician Assistant National Certifying Examination (PANCE). The end-of-rotation (EOR) examinations are nationally developed by the Physician Assistant Education Association (PAEA), and are based on the NCCPA blueprint, as well as the specific EOR exam blueprint and topic list.

4. The clinical objectives listed are representative of the more important conditions PAs might be expected to evaluate and manage during the rotation. They represent the minimum that the School of PA Studies expects students to accomplish in regards to clinical problem-solving skills.

5. The list is not meant to exclude additional learning experiences from the rotation such as doing admission workups, performing clinical procedures, and acquiring other clinical competencies.
B. **Skill Objectives**

1. The student will demonstrate/recall an adequate medical knowledge base and will apply and relate this knowledge to patients and clinical presentations.

2. The student will collect and record complete patient histories.

3. The student will accurately perform and record physical examinations. These examinations will include rectal, pelvic, genital and breast examinations when appropriate.

4. The student will formulate and record an accurate problem list, organize and assimilate data, and develop an appropriate differential diagnosis.

5. The student will learn the fundamentals of new procedures, and perform studies with preceptor supervision.

6. The student will interpret the results of diagnostic tests and correlate them with the patient’s problems.

7. The student will be able to summarize and articulate pertinent patient data in an accurate and concise manner.

8. With the preceptor’s approval, the student will develop an appropriate treatment plan and write orders to initiate the treatment plan.

9. Student will develop and record progress notes.

10. The student will develop and record discharge summaries.

11. Students will demonstrate competence in the counseling of patients and their families in the identification of health risk factors and educate them in activities which enhance health promotion and disease prevention.

12. The student will demonstrate adequate precautions to avoid the spread of infectious disease.

13. The student will become familiar with community resources appropriate for patients.

C. **Professional Behavioral Objectives**

1. The student will demonstrate a positive attitude towards learning, being available for learning activities, and attentive to instruction.
2. The student will respect the cultural diversity of staff, patients, and their family.

3. The student will establish a good rapport with medical staff personnel, and work within the team model of medical practice.

4. The student will demonstrate strong communication skills and develop a rapport with patients.

5. The student will act within the Physician Assistant professional code as described in the “Code of Ethics of the PA Profession” (see page 130).

6. The student will recognize and respect the patient’s rights to autonomy and confidentiality.

7. The student will perform all assigned duties reliably and competently.

8. The student will demonstrate an awareness of his/her professional role and limitations.

D. ROTATION GRADING

Preceptor evaluation of student performance, based on clinical competencies will count for 100% of grade when an EOR exam does not occur and 50% of final grade when an EOR exam does occur.

EOR exam grades count for 50% of final grade, when taken.

The following components, when required, dependent upon rotation are graded on a Pass/Fail basis:

- Professionalism evaluation from Preceptor, all rotations
- Case Logging, all rotations
- Patient Write-ups (H & Ps), if applicable
- Faculty site visit report, if applicable
- Required 3 hour CME assignment, if applicable

If a student earns a grade below 70% on any scored component, or a “Fail” on a “Pass/Fail” component, the student may be required to repeat the rotation. Repeating the rotation will extend the length of time required for completion of the clinical year. Refer to pages 90-92 for policies regarding student progress.
ELECTIVE AND SELECTIVE ROTATIONS

Required Texts:   Harrison’s Principles of Internal Medicine
                 Current Medical Diagnosis and Treatment

The Elective and Selective rotations provide the student with access to adult and/or pediatric patients in the inpatient and/or outpatient settings. Students remain responsible for the general skill and professional behavior objectives. Due to the diverse nature of these rotations, students are encouraged to develop a list of their own personal learning objectives based on the specialty in which they are rotating. Students should emphasize conditions listed in the NCCPA content blueprint as well as principles of continuity of care, delivery of cost-effective quality care and identifying supplemental sources of care within the community.

I. INSTRUCTIONAL AND SKILL OBJECTIVES

By the completion of the elective or selective clinical rotation, the PA student should be able to perform and/or demonstrate the skills listed below on patient(s) in the clinical setting. The student must seek appropriate preceptor supervision for all the tasks listed below:

1. History Taking and Physical Exam Skills
   a. Obtain a thorough, pertinent history including the following areas:
      i. Chief complaint
      ii. History of present illness
      iii. Family and social history
      iv. Review of systems
      v. Perform an appropriate physical exam with the expected level of competency for the clinical setting/specialty.
      vi. Record data in a legible, organized format, using either a full history and physical format or SOAP note format when appropriate.

2. Using Laboratory and Diagnostic Studies
   a. Select, collect, and interpret relevant laboratory tests (ex: Urinalysis, Rapid strep testing, Monospot testing etc.).
   b. Order and make a preliminary assessment of relevant diagnostic tests (ex: Routine X-ray studies, Nuclear medicine studies (CT, MRI), etc.).

3. Formulating Most Likely Diagnosis (includes presentation & documentation skills)
   a. Correlate normal and abnormal diagnostic data
   b. Formulate a differential diagnosis
   c. Select the most likely diagnosis in light of collected data
   d. Present the patient’s case to the supervising preceptor in an organized, accurate, and concise manner
   e. Record patient evaluation and treatment plan in proper format, for preceptor review
4. Non-Pharmacologic Clinical Interventions
   a. Perform or assist with the relevant procedures.

5. Pharmacologic Clinical Interventions
   a. Select appropriate pharmacologic therapy for the “most likely diagnosis”
   b. Demonstrate the ability to write prescriptions in the proper format taught by the UF School of Physician Assistant Studies.
   c. Demonstrate awareness of indications, contraindications, side-effects, adverse reactions, and appropriate monitoring and follow-up of pharmacologic interventions

6. Applying Basic Scientific Concepts Specific to Elective or Selective Type
   a. Underlying pathologic processes or pathways associated with a given condition
   b. Normal and abnormal anatomy and physiology
   c. Normal and abnormal microbiology

7. Health Maintenance & Patient Education
   a. Risk factors for conditions amenable to prevention or detection in an asymptomatic individual
   b. Relative value of common screening tests for conditions amenable to prevention or detection in a symptomatic individual
   c. Immunization schedules for infants, children, adults and foreign travelers
   d. Provide patient education in the following areas:
      i. Management/treatment of common medical disorders
      ii. Side effects, risks, and benefits of both pharmacologic and non-pharmacologic treatment
      iii. Potential complications of medical disorders
      iv. Potential complications of treatment
      v. Instruction to patients regarding follow-up
      vi. Counseling regarding exercise, nutrition, and weight loss
      vii. Instructions regarding preparation for diagnostic studies

II. PROFESSIONAL GROWTH OBJECTIVES

The student’s attitudes and behavior that contribute to Professional Growth will be monitored by core PA faculty and clinical preceptors throughout the Rotation. The student will demonstrate Professional Growth by

A. Developing and maintaining good interpersonal relationships with patients as demonstrated by
   1. Encouraging discussion of problems and/or questions
   2. Recognizing verbal and non-verbal clues
   3. Offering support and reassurance
   4. Listening attentively through the use of active listening
   5. Demonstrating respect for a patient’s privacy and modesty during examinations and procedures
B. Seeking and maintaining competence by
   1. Demonstrating evidence of inquiry (reading, research, utilizing principles of
      evidence based medicine)
   2. Completing Rotation in accordance with assigned schedule, with punctuality
   3. Adhering to the Rotation objectives as set forth
C. Demonstrating professionalism by
   1. Recognizing one’s limitations and informing preceptors when assigned task are
      not appropriate to current knowledge and/or skills
   2. Performing all clinical activities with the awareness of and under the supervision
      of the site preceptor or his/her designee
   3. Eliciting and demonstrating receptivity to constructive feedback
   4. Forming and maintaining positive relationships with patients, peers, staff and
      supervisors
   5. Maintaining a calm and reasoned manner in stressful and/or emergency
      situations
   6. Showing respect for patients and maintaining appropriate confidentiality of the
      patient’s record
   7. Demonstrating awareness and sensitivity to patients’ cultural beliefs and
      behaviors
   8. Utilizing self-refection
   9. Displaying a high level of motivation and interest
   10. Dressing and grooming appropriately
   11. Adhering to the AAPA Code of Ethics

III. COURSE REQUIREMENTS
   1. Completion of assigned Rotation as scheduled.
   2. Passing grade as outlined above in the Student Evaluation section, (see pg. 23).
   3. The student will be required to turn in proof of (3) Category I CME hours of
      instruction. (All CME activities MUST be AAPA/AMA-approved Category I hours) Two of
      these three hours will consist of CME topics, usually in the area of medicine in which the
      student was rotating that month, and will be approved by the Clinical Team. The
      remaining CME hour may be completed in an area of the student’s choosing. THIS
      ASSIGNMENT SHOULD BE DONE DURING THE MONTH AND IS DUE ON CLINICAL
      DAY.
EMERGENCY MEDICINE

Required Text: *Tintinalli’s Emergency Medicine; Tintinalli, Stapczynski, Cline, et al. (eds.)

The Emergency Medicine Rotation provides the student with access to patients of all ages in an Emergency Department (ED) setting. The Instructional Objectives below pertain to the evaluation and management of patients in the ED setting. Testing and evaluation for this rotation will be based on the knowledge, skills and abilities related to emergency medicine. Specific Instructional Objectives follow.

I. INSTRUCTIONAL OBJECTIVES

Upon completion of this Emergency Medicine Rotation, based on reading and supervised clinical practice, the student will demonstrate knowledge and competence pertaining to each of the Instructional Objectives below, as they relate to the symptoms and diagnoses in the Problem List. The student will be evaluated by the following criteria; written examination, patient write-ups, and preceptor evaluation. The student must seek appropriate preceptor supervision for all the tasks listed below, particularly those related to management. Pertaining to the Problem List below, the student will:

A. Demonstrate knowledge of the etiology, epidemiology, pathophysiology, anatomy, prognosis and complications pertinent to each diagnosis
B. Rapidly assess whether the patient’s chief complaint and/or physical status indicate a possible life-threatening emergency, and act with appropriate intervention.
C. Elicit and record, a focused history based on the patient’s chief complaint and appropriate for the patient’s age and mental status, including HPI with pertinent Review of Systems, Past Medical History, Family History and Social History to include
   1. appropriate use of questions
   2. listening to the patient
   3. an organized approach to eliciting the patient’s history
   4. interpreting normal and abnormal historical data
D. Perform and record a focused physical examination, appropriate for the patient’s age, to include the following
   1. using an efficient approach
   2. using proper technique, including modifications of technique appropriate for the patient’s mobility and mental status
   3. selecting the sections of the physical exam pertinent to the patient’s chief complaint
   4. interpreting normal and abnormal findings in the context of the patient’s history
E. Develop and record a differential diagnosis, based on the patient’s complaint, to include a consideration of
   1. the most likely diagnoses, based on history and physical exam data
   2. the most common diagnoses
   3. the most severe and/or life-threatening diagnoses
F. Select and interpret diagnostic studies to evaluate the differential diagnosis, including the following for each study
   1. risks and benefits
   2. sensitivity and specificity
3. cost effectiveness
4. obtaining informed consent
5. time needed to obtain results

G. Consult providers beyond the emergency department regarding treatment of acute medical/surgical and/or psychiatric conditions

H. Identify indications for hospital admission when assessing emergency medical/surgical problems

I. Develop, record and implement, as pertinent, a pharmacologic management plan, including fluid replacement and blood products, in the emergency department to include
1. rationale for utilizing each drug, including mechanism of action
2. indications, contraindications and adverse reactions
3. potential drug-drug interactions
4. cost-effectiveness
5. documented patient education regarding side effects and adherence issues

J. Provide and record a discharge plan, which is clearly explained to the patient and checked for understanding, to include
1. nutrition and dietary restrictions
2. physical activity/exercise/work/school
3. warning signs/symptoms of complications
4. discharge treatment plan – pharmacologic and non-pharmacologic
5. plan for outpatient follow-up care, to include primary health care providers, family and community resources

K. Provide patient and family counseling to include
1. communication with empathy and compassion
2. establishing a supportive environment for patients and their families to deal with acute emergencies
3. consideration of patients’ health beliefs and practices, religious/spiritual beliefs and lifestyle choices

L. Monitor patients’ progress over emergency department admission to include
1. reassessment of subjective and objective data
2. reconsideration of differential diagnosis, as needed
3. modification of management plan

M. Chart progress notes in an efficient manner, following the SOAP format to include
1. subjective data
2. objective data
3. assessment
4. plan

N. Make verbal case presentations to the clinical preceptor to include pertinent elements listed above, in an organized and time-efficient manner.

O. Develop proficiency in evaluating and repairing simple lacerations, including assessing neuro-vascular status, looking for retained foreign bodies, tissue involvement, and tetanus status.

P. Develop skills in interpreting normal and commonly encountered abnormal findings on chest and long bone radiographs.

Q. Recognize and manage common patterns of abuse and assault:
1. Child abuse and neglect
2. Sexual assault
3. Domestic violence
4. Abuse of elderly and impaired
R. Develop proficiency in performing special orthopedic examinations and applying splints.
S. Develop proficiency in performing BLS/ACLS.
T. Develop proficiency in drawing arterial blood samples and interpreting results.
U. Develop skills in interpreting normal and commonly encountered abnormal 12 lead EKG and rhythm strips.
V. Develop the skills needed to evaluate and triage major trauma victims.
W. Develop proficiency in evaluating and the initial management of burn victims.
X. Recognize the Emergency Department's responsibilities under EMTALA (Emergency Medical Treatment and Active Labor Act), and how it applies to patients seeking care for non-emergent complaints. Describe the basic requirements for discharge or transfer to another facility.

The student will demonstrate the knowledge and skills described above pertaining to the following diagnoses in the problem list / EOR Exam Topic List on the following pages:
## Cardiovascular

<table>
<thead>
<tr>
<th>Condition</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest pain</td>
<td>Shortness of breath</td>
</tr>
<tr>
<td>Palpitations</td>
<td>Wheezing</td>
</tr>
<tr>
<td>Dyspnea on exertion</td>
<td>Hemoptyis</td>
</tr>
<tr>
<td>Orthopnea</td>
<td>Pleuritic chest pain</td>
</tr>
<tr>
<td>Edema</td>
<td>Acute bronchitis</td>
</tr>
<tr>
<td>Syncope</td>
<td>Acute bronchiolitis</td>
</tr>
<tr>
<td>Conduction disorders (atrial fibrillation/flutter, supraventricular tachycardia, bundle branch block, ventricular tachycardia/fibrillation, premature beats)</td>
<td>Acute epiglottitis</td>
</tr>
<tr>
<td>Hypertensive emergencies</td>
<td>Croup</td>
</tr>
<tr>
<td>Hypotension (cardiogenic shock, orthostatic hypotension)</td>
<td>Influenza</td>
</tr>
<tr>
<td>Heart failure</td>
<td>Pertussis</td>
</tr>
<tr>
<td>Coronary heart disease (acute MI (non-ST/ST segment elevation), angina pectoris, unstable angina, Prinzmetal/variant angina)</td>
<td>Pneumonia (bacterial, viral, fungal, human immunodeficiency virus-related)</td>
</tr>
<tr>
<td>Vascular disease (aortic aneurysm/dissection, arterial occlusion/thrombosis, phlebitis)</td>
<td>Respiratory syncytial virus</td>
</tr>
<tr>
<td>Valvular disease (aortic stenosis, aortic regurgitation, mitral stenosis, mitral regurgitation)</td>
<td>Asthma</td>
</tr>
<tr>
<td>Acute/subacute bacterial endocarditis</td>
<td>Pleural effusion</td>
</tr>
<tr>
<td>Cardiac tamponade</td>
<td>Pneumothorax</td>
</tr>
<tr>
<td>Pericardial effusion</td>
<td>Pulmonary embolism</td>
</tr>
<tr>
<td>Peripheral vascular disease</td>
<td>Acute respiratory distress syndrome</td>
</tr>
<tr>
<td>Arthralgias</td>
<td>Foreign body aspiration</td>
</tr>
<tr>
<td>Angina</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>Orthopedics/Rheumatology</td>
<td>Lung cancer</td>
</tr>
</tbody>
</table>

## Pulmonology

<table>
<thead>
<tr>
<th>Condition</th>
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</thead>
<tbody>
<tr>
<td>Croup</td>
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<tr>
<td>Influenza</td>
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<tr>
<td>Pertussis</td>
</tr>
<tr>
<td>Pneumonia (bacterial, viral, fungal, human immunodeficiency virus-related)</td>
</tr>
<tr>
<td>Respiratory syncytial virus</td>
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<tr>
<td>Asthma</td>
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<td>Pleural effusion</td>
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<td>Pneumothorax</td>
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<td>Foreign body aspiration</td>
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<tr>
<td>Tuberculosis</td>
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<tr>
<td>Lung cancer</td>
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</tbody>
</table>

## Copyright

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<table>
<thead>
<tr>
<th>GASTROINTESTINAL/NUTRITIONAL</th>
<th>ENT/OPHTHALMOLOGY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal pain</td>
<td>Vision loss</td>
</tr>
<tr>
<td>Anorexia</td>
<td>Nasal congestion</td>
</tr>
<tr>
<td>Nausea/vomiting</td>
<td>Sore throat</td>
</tr>
<tr>
<td>Heartburn</td>
<td>Ear pain</td>
</tr>
<tr>
<td>Jaundice</td>
<td>Vertigo</td>
</tr>
<tr>
<td>Hematemesis</td>
<td>Blepharitis</td>
</tr>
<tr>
<td>Melena; bleeding per rectum</td>
<td>Conjunctivitis</td>
</tr>
<tr>
<td>Change in bowel habits/diarrhea/constipation</td>
<td>Blow-out fracture</td>
</tr>
<tr>
<td>Esophagitis</td>
<td>Corneal abrasion/ulcer</td>
</tr>
<tr>
<td>Mallory-Weiss tear</td>
<td>Dacryoadenitis</td>
</tr>
<tr>
<td>Peptic ulcer disease</td>
<td>Foreign body (eye, ear, nose)</td>
</tr>
<tr>
<td>Acute cholecystitis</td>
<td>Glaucoma (acute angle closure)</td>
</tr>
<tr>
<td>Cholangitis</td>
<td>Hyphema</td>
</tr>
<tr>
<td>Acute hepatitis</td>
<td>Macular degeneration (wet)</td>
</tr>
<tr>
<td>Acute pancreatitis</td>
<td>Optic neuritis</td>
</tr>
<tr>
<td>Acute appendicitis</td>
<td>Orbital cellulitis</td>
</tr>
<tr>
<td>Diverticular disease</td>
<td>Papilledema</td>
</tr>
<tr>
<td>Ischemic bowel disease</td>
<td>Retinal detachment</td>
</tr>
<tr>
<td>Inflammatory bowel disease/toxic megacolon</td>
<td>Retinal vein occlusion</td>
</tr>
<tr>
<td>Obstruction (small bowel, large bowel, volvulus)</td>
<td>Otitis externa</td>
</tr>
<tr>
<td>Anal fissure/fistula/abscess</td>
<td>Acute otitis media</td>
</tr>
<tr>
<td>Hemorrhoids (thrombosed)</td>
<td>Trauma/hematoma – external ear</td>
</tr>
<tr>
<td>Hernia (incarcerated/strangulated)</td>
<td>Barotrauma/TM perforation</td>
</tr>
<tr>
<td>Infectious diarrhea</td>
<td>Labyrinthitis</td>
</tr>
<tr>
<td>Gastritis</td>
<td>Mastoiditis</td>
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<tr>
<td>Gastroenteritis</td>
<td>Peritonsillar abscess</td>
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<tr>
<td>Diarrhea/Constipation</td>
<td>Dental abscess</td>
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<tr>
<td>Gastrointestinal bleeding</td>
<td>Acute laryngitis</td>
</tr>
<tr>
<td>Cirrhosis</td>
<td>Epiglottis</td>
</tr>
<tr>
<td>Giardiasis and other parasitic infections</td>
<td>Tympanic membrane perforation</td>
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<tr>
<td></td>
<td>Comma ulcer</td>
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<tr>
<td></td>
<td>Allergic rhinitis</td>
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<tr>
<td></td>
<td>Acute sinusitis</td>
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<tr>
<td></td>
<td>Epistaxis</td>
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<tr>
<td></td>
<td>Acute pharyngitis (viral, bacterial)</td>
</tr>
</tbody>
</table>

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### Hematology
- Easy bruising
- Fatigue
- Aplastic anemia
- Hemolytic anemia
- Sickle cell anemia/crisis
- Clotting factor disorders
- Hypercoagulable states
- Thrombocytopenia
- Acute leukemia
- Anemia
- Lymphomas
- Polycythemia

### Dermatology
- Itching
- Rash
- Discharge
- Dermatitis (eczema, contact)
- Drug eruptions
- Stevens-Johnson syndrome
- Toxic epidermal necrolysis
- Bullous pemphigoid
- Lice
- Scabies
- Spider bites
- Viral exanthems
- Herpes Zoster
- Cellulitis

### Neurology
- Vertigo
- Seizure (symptom)
- Numbness/paresthesias
- Weakness/paralysis
- Loss of consciousness/change in mental status
- Loss of memory
- Loss of coordination/ataxia
- Headache (migraine, cluster, tension)

### Endocrinology
- Palpitations
- Heat/cold intolerance
- Tremors
- Hyperparathyroidism
- Hyperthyroidism
- Thyroiditis
- Adrenal insufficiency
- Diabetes insipidus
- Diabetic ketoacidosis
- Non-ketotic hyperglycemia
- Diabetes mellitus
- Cushing’s disease
- Hypothyroidism
- Guillain-Barre syndrome
- Bell’s palsy
<table>
<thead>
<tr>
<th>UROLOGY/RENAL</th>
<th>PSYCHIATRY/BEHAVIORAL MEDICINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dysturia</td>
<td>Thought disorder</td>
</tr>
<tr>
<td>Hematuria</td>
<td>Changes in mood</td>
</tr>
<tr>
<td>Suprapubic/flank pain</td>
<td>Hallucinations</td>
</tr>
<tr>
<td>Incontinence</td>
<td>Suicidal/homicidal ideations</td>
</tr>
<tr>
<td>Nephrolithiasis</td>
<td>Depression</td>
</tr>
<tr>
<td>Testicular torsion</td>
<td>Generalized anxiety disorder</td>
</tr>
<tr>
<td>Cystitis</td>
<td>Panic disorder</td>
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<tr>
<td>Epididymitis</td>
<td>Post traumatic stress disorder</td>
</tr>
<tr>
<td>Orchitis</td>
<td>Substance abuse disorders</td>
</tr>
<tr>
<td>Prostatitis</td>
<td>Domestic violence</td>
</tr>
<tr>
<td>Pyelonephritis</td>
<td>Suicide</td>
</tr>
<tr>
<td>Urethritis</td>
<td>Generalized anxiety disorder</td>
</tr>
<tr>
<td>Acute renal failure</td>
<td>Panic disorder</td>
</tr>
<tr>
<td>Glomerulonephritis</td>
<td>Post-traumatic stress disorder</td>
</tr>
<tr>
<td>Fluid and electrolyte disorders</td>
<td>Substance abuse disorder</td>
</tr>
<tr>
<td>Acid/base disorders</td>
<td>Domestic violence</td>
</tr>
<tr>
<td>Hernias</td>
<td>Suicide</td>
</tr>
</tbody>
</table>

| OBSTETRICS/GYNECOLOGY       |                                          |
|-----------------------------|                                          |
| Vaginal discharge           |                                          |
| Pelvic pain/dysmenorrhea    |                                          |
| Amenorrhea                  |                                          |
| Dysfunctional uterine bleeding |                                      |
| Endometriosis               |                                          |
| Ovarian cysts               |                                          |
| Vaginitis                   |                                          |
| Pelvic inflammatory disease |                                          |
| Mastitis/breast abscess     |                                          |
| Spontaneous abortion        |                                          |
| Abruption placenta          |                                          |
| Ectopic pregnancy           |                                          |
| Placenta previa             |                                          |
| Premature rupture of membranes |                                      |
| Fetal distress              |                                          |
| Intrauterine pregnancy      |                                          |
| Spontaneous abortion        |                                          |
II. PROFESSIONAL GROWTH

The student’s attitudes and behavior that contribute to Professional Growth will be monitored by core PA faculty and clinical preceptors throughout the rotation. The student will demonstrate Professional Growth by

A. Developing and maintaining good interpersonal relationships with patients as demonstrated by
   1. encouraging discussion of problems and/or questions
   2. recognizing verbal and non-verbal clues
   3. offering support and reassurance
   4. listening attentively
   5. draping appropriately, offering explanations and displaying a professional demeanor during examinations and procedures

B. Seeking and maintaining competence by
   1. demonstrating evidence of inquiry (reading, research, utilizing principles of evidence based medicine)
   2. completing clerkship in accordance with assigned schedule, with punctuality
   3. adhering to the clerkship objectives as set forth
C. Demonstrating professionalism by

1. recognizing one’s limitations and informing preceptors when assigned task are not appropriate to current knowledge and/or skills
2. performing all clinical activities with the awareness of and under the supervision of the site preceptor or his/her designee
3. eliciting and demonstrating receptivity to constructive feedback
4. forming and maintaining positive relationships with patients, peers, staff and supervisors
5. maintaining a calm and reasoned manner in stressful and/or emergency situations
6. showing respect for patients and maintaining appropriate confidentiality of the patient’s record
7. demonstrating awareness and sensitivity to patients’ cultural beliefs and behaviors
8. displaying a high level of motivation and interest
9. dressing and grooming appropriately

III. COURSE REQUIREMENTS

1. Completion of assigned Rotation as scheduled.
2. Passing grade as outlined below.
3. Passing grade on patient write-up
4. Students must log all patient encounters at the clinical site on the patient logging system and complete both a site and self evaluation.

IV. STUDENT EVALUATION

Preceptor evaluation of student performance, based on clinical competencies (assessment competencies, analytic competencies, and diagnostic competencies)........ 50%

Written Examination ................................................................. 50%

Professionalism evaluation from Preceptor .................................... Pass/Fail

Faculty site visit report ................................................................. Pass/Fail

If a student earns a grade below a 70% on any component, the student may be required to repeat the rotation. Repeating the rotation will extend the length of time required for completion of the clinical year. Refer to pages 90-92 for policies regarding student progress.
GENERAL SURGERY

Required Texts:  *Schwartz’s Principles of Surgery, Brunicardi, Anderson, Billiar, et al. (eds.)  
*CURRENT Diagnosis & Treatment: Surgery, 13e

The General Surgery Rotation provides the student with access to adult patients in the inpatient setting, and may also include evaluating patients in the outpatient setting. The Instructional Objectives below pertain to the evaluation and management of patients seen on the surgical service. Testing and evaluation for this clerkship will be based on the knowledge, skills and abilities related to general surgery. Specific Instructional Objectives follow.

I. INSTRUCTIONAL OBJECTIVES

Upon completion of the General Surgery Rotation, based on reading and supervised clinical practice, the student will demonstrate knowledge and competence pertaining to each of the Instructional Objectives below, as they relate to the symptoms and diagnoses in the Problem List. The student will be evaluated by the following criteria; written examination, patient write-ups, and preceptor evaluation. The student must seek appropriate preceptor supervision for all the tasks listed below, particularly those related to surgical intervention and management. Pertaining to the Problem List below, the student will:

A. Demonstrate knowledge of the etiology, epidemiology, pathophysiology, anatomy, prognosis and complications pertinent to each diagnosis

B. Elicit and record a surgical admission, pre-operative, and post-operative history, focused on the patient’s chief complaint and appropriate for the patient’s age, including HPI with pertinent Review of Systems, Past Medical History, Family History and Social History to include
   1. appropriate use of questions  
   2. listening to the patient  
   3. an organized approach to eliciting the patient’s history  
   4. interpreting normal and abnormal historical data

C. Perform and record a complete surgical admission, pre-operative and post-operative focused physical examination, appropriate for the patient’s age, to include the following
   1. using an efficient approach  
   2. using proper technique, including modifications of technique appropriate for the patient’s mobility and mental status  
   3. selecting the sections of the physical exam pertinent to the patient’s chief complaint  
   4. interpreting normal and abnormal findings in the context of the patient’s history

D. Select and interpret diagnostic studies to evaluate the differential diagnosis, including the following for each study
   1. risks and benefits  
   2. sensitivity and specificity  
   3. cost effectiveness  
   4. obtaining informed consent

E. Consult providers beyond the surgical department regarding treatment of patients’ medical and/or psychiatric problems

F. Develop and record a surgical diagnosis and plan, based on the patient’s complaint, to include a consideration of
   1. the risks and benefits of surgery for the patient’s condition
2. medical conditions that impact on the patient’s surgical risk

G. Demonstrate knowledge of the informed consent process, as appropriate for a planned procedure, to include the following elements:
   1. The nature of the procedure
   2. Alternatives to performing the procedure
   3. Risks/benefits/uncertainties of the procedure and alternatives
   4. Confirmation of the patient’s understanding of the discussion
   5. Acceptance of a decision, and documentation

H. Scrub and gown in surgical attire following guidelines for maintaining a sterile field

I. Identify commonly used surgical instruments and suture materials and describe their use

J. Recognize the responsibilities of each member of the surgical team

K. Assist in surgical procedures as directed by the surgical preceptor

L. Assess and monitor patients’ status post-operatively in the recovery room

M. Provide patient and family counseling to include
   1. communication with empathy and compassion
   2. establishing a supportive environment for patients and their families to deal with acute emergencies
   3. consideration of patients’ health beliefs and practices, religious/spiritual beliefs and lifestyle choices

N. Develop, record and implement a pre-op and post-op pharmacologic management plan, including fluid replacement, blood products and pain management to include
   1. rationale for utilizing each drug, including mechanism of action
   2. indications, contraindications and adverse reactions
   3. potential drug-drug interactions
   4. cost-effectiveness
   5. documented patient education regarding side effects and adherence issues

O. Care for post-surgical patients, including wound care and recognition of infection

P. Provide and record a discharge plan, which is clearly explained to the patient and checked for understanding, to include
   1. wound care and expected stages of healing
   2. pain management
   3. nutrition and dietary restrictions
   4. physical activity/exercise/work/school
   5. warning signs/symptoms of complications
   6. discharge treatment plan – pharmacologic and non-pharmacologic plan for outpatient follow-up care, to include primary health care
   7. providers, surgical follow-up, family and community resources

Q. Chart progress notes in an efficient manner, following the SOAP format to include
   1. subjective data
   2. objective data
   3. assessment
   4. plan

R. Make verbal case presentations to the clinical preceptor to include pertinent elements listed above, in an organized and time-efficient manner

S. Perform the following procedures under direct supervision
   1. suturing and stapling
   2. assist with the placement of surgical drains

T. Function as a first or second assistant in the OR with a variety of surgical procedures
U. Discuss common complications of surgery and the management of the post-operative patient
V. Discuss principles of managing surgical bleeding
W. Discuss principles of wound healing and wound care
X. Discuss the differential diagnosis and management of surgical wound infections
Y. Discuss plastic surgery principles of wound care involving:
   1. skin incisions
   2. wound Closure
   3. skin Grafts
   4. skin Flaps

The student will demonstrate the knowledge and skills described above pertaining to the following diagnoses in the problem list / EOR Exam Topic List on the following pages:
<table>
<thead>
<tr>
<th>PRE-OPERATIVE/POST-OPERATIVE CARE</th>
<th>GASTROINTESTINAL/NUTRITIONAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk assessment:</td>
<td>Abdominal pain</td>
</tr>
<tr>
<td>Cardiac disease: history of myocardial infarction, unstable angina,</td>
<td>Anorexia</td>
</tr>
<tr>
<td>valvular disease, hypertension, arrhythmias, heart failure</td>
<td></td>
</tr>
<tr>
<td>Pulmonary disease: history of asthma, chronic obstructive pulmonary</td>
<td>Heartburn/dyspepsia</td>
</tr>
<tr>
<td>disease</td>
<td></td>
</tr>
<tr>
<td>Metabolic disease: history of diabetes, adrenal insufficiency</td>
<td>Nausea/vomiting</td>
</tr>
<tr>
<td>Hematologic disease: history of clotting disorders, anticoagulant</td>
<td>Jaundice</td>
</tr>
<tr>
<td>use/dependence</td>
<td></td>
</tr>
<tr>
<td>Tobacco use/dependence</td>
<td>Hematemesis</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>Diarrhea/constipation/obstipation/change in</td>
</tr>
<tr>
<td>bowel habits</td>
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</tr>
<tr>
<td>Post-operative fever</td>
<td>Melena/hematochezia</td>
</tr>
<tr>
<td>Wounds infections</td>
<td>Esophageal strictures</td>
</tr>
<tr>
<td>Deep venous thrombosis</td>
<td>Esophageal cancer</td>
</tr>
<tr>
<td>Fluid/volume disorders (volume overload/depletion)</td>
<td>Hiatal hernia</td>
</tr>
<tr>
<td>Electrolyte disorders</td>
<td>Peptic ulcer disease</td>
</tr>
<tr>
<td>Acid/base disorders</td>
<td>Gastric cancer</td>
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<tr>
<td></td>
<td>Pyloric stenosis</td>
</tr>
<tr>
<td></td>
<td>Acute/chronic cholecystitis</td>
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<tr>
<td></td>
<td>Cholelithiasis/choledocholithias</td>
</tr>
<tr>
<td>CARDIOVASCULAR</td>
<td></td>
</tr>
<tr>
<td>Chest pain; history of angina</td>
<td>Cholangitis</td>
</tr>
<tr>
<td>Syncope</td>
<td>Hepatic carcinoma</td>
</tr>
<tr>
<td>Dyspnea on exertion</td>
<td>Acute/chronic pancreatitis</td>
</tr>
<tr>
<td>Claudication</td>
<td>Pancreatic pseudocyst</td>
</tr>
<tr>
<td>Aortic aneurysm/dissection</td>
<td>Pancreatic carcinoma</td>
</tr>
<tr>
<td>Arterial embolism/thrombosis</td>
<td>Appendicitis</td>
</tr>
<tr>
<td>Peripheral arterial disease</td>
<td>Inflammatory bowel disease</td>
</tr>
<tr>
<td>Arterial/venous ulcer disease</td>
<td>Small bowel carcinoma</td>
</tr>
<tr>
<td>Varicose veins</td>
<td>Toxic megacolon</td>
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<tr>
<td></td>
<td>Colorectal carcinoma</td>
</tr>
<tr>
<td></td>
<td>Diverticular disease</td>
</tr>
<tr>
<td>HEMATOLOGY</td>
<td></td>
</tr>
<tr>
<td>Easy bruising/bleeding</td>
<td>Bowel obstruction (small, large, volvulus)</td>
</tr>
<tr>
<td>Anemia</td>
<td>Anal disease (fissures, abscess, fistula)</td>
</tr>
<tr>
<td></td>
<td>Hemorrhoids</td>
</tr>
<tr>
<td>Fatigue</td>
<td>Hernias (inguinal, femoral, incisional)</td>
</tr>
<tr>
<td></td>
<td>Bariatric surgery</td>
</tr>
</tbody>
</table>

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### General Surgery End of Rotation™ Exam Topic List

#### Pulmonology
- Shortness of breath
- Hemoptysis
- Weight loss, fatigue
- Lung carcinoma
- Pleural effusion
- Pneumothorax
- Pneumonia (post-operative)

#### Endocrinology
- Tremors
- Fatigue
- Palpitations
- Heart/cold intolerance
- Hyperparathyroidism
- Hyperthyroidism
- Thyroid nodules
- Thyroid carcinoma
- Adrenal carcinoma

#### Neurology/Neurosurgery
- Change in vision
- Change in speech
- Motor and/or sensory loss
- Vascular disorders (carotid disease)
- Subarachnoid hemorrhage
- Subdural hematoma
- Epidural hematoma

#### Obstetrics/Gynecology
- Pain
- Skin changes
- Nipple discharge
- Adenopathy
- Benign breast disease (fibroadenomas, fibrocystic breast disease)
- Breast carcinoma

#### Urology/Renal
- Edema
- Orthostatic hypotension
- Urinary retention
- Dysuria
- Fluid and electrolyte disorders
- Acid/base disorders
- Testicular carcinoma
- Wilms’ Tumor
- Bladder carcinoma
- Renal cell carcinoma
- Chronic renal failure (shunts/access)
- Renal vascular disease
- Nephrolithiasis

#### Dermatology
- Rash
- Redness/erythema
- Discharge
- Drug eruptions (post-operative)
- Urticaria (post-operative)
- Cellulitis
- Burns
- Pressure ulcers
- Basal cell carcinoma
- Squamous cell carcinoma
- Melanoma

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II. PROFESSIONAL GROWTH

The student’s attitudes and behavior that contribute to Professional Growth will be monitored by core PA faculty and clinical preceptors throughout the clerkship. The student will demonstrate Professional Growth by

A. Developing and maintaining good interpersonal relationships with patients as demonstrated by
   1. encouraging discussion of problems and/or questions
   2. recognizing verbal and non-verbal clues
   3. offering support and reassurance
   4. listening attentively
   5. draping appropriately, offering explanations and displaying a professional demeanor during examinations and procedures

B. Seeking and maintaining competence by
   1. demonstrating evidence of inquiry (reading, research, utilizing principles of evidence based medicine)
   2. completing clerkship in accordance with assigned schedule, with punctuality
   3. adhering to the clerkship objectives as set forth

C. Demonstrating professionalism by recognizing one’s limitations and informing preceptors when assigned task are not appropriate to current knowledge and/or skills
1. performing all clinical activities with the awareness of and under the supervision of the site preceptor or his/her designee
2. eliciting and demonstrating receptivity to constructive feedback
3. forming and maintaining positive relationships with patients, peers, staff and supervisors
4. maintaining a calm and reasoned manner in stressful and/or emergency situations
5. showing respect for patients and maintaining appropriate confidentiality of the patient’s record
6. demonstrating awareness and sensitivity to patients’ cultural beliefs and behaviors
7. displaying a high level of motivation and interest
8. dressing and grooming appropriately
9. adhering to the AAPA Code of Ethics

III. COURSE REQUIREMENTS

1. Completion of assigned Rotation as scheduled.
2. Passing grade as outlined below.
3. Passing grade on patient write-up
4. Students must log all patient encounters at the clinical site on the patient logging system and complete both a site and self evaluation.

IV. STUDENT EVALUATION

Preceptor evaluation of student performance, based on clinical competencies (assessment competencies, analytic competencies, and diagnostic competencies)……. 50%

Written Examination ................................................................. 50%

Professionalism evaluation from Preceptor ................................ Pass/Fail

Patient Write-ups ................................................................. Pass/Fail

Faculty site visit report ........................................................... Pass/Fail

If a student earns a grade below a 70% on any component, the student may be required to repeat the rotation. Repeating the rotation will extend the length of time required for completion of the clinical year. Refer to pages 90-92 for policies regarding student progress.
CRITICAL CARE MEDICINE

Required Texts: *Principles of Critical Care; Hall, Schmidt, and Wood (eds.)*

The Instructional Objectives below pertain to the evaluation and management of critically ill patients, utilizing mechanical ventilators, interpreting hemodynamic data in the acute care setting and appropriate use of subspecialty consultation in the intensive care setting.

I. INSTRUCTIONAL OBJECTIVES

Upon completion of the Critical Care Rotation, based on reading and supervised clinical practice, the student will demonstrate knowledge and competence pertaining to each of the Instructional Objectives below, as they relate to the symptoms and diagnoses in the problem list. The student will be evaluated by the following criteria: written examination, and preceptor evaluations. The student must seek appropriate preceptor supervision for all the tasks listed below, particularly those related to management. Pertaining to the Problem List below, the student will

A. Demonstrate knowledge of the etiology, epidemiology, pathophysiology, anatomy, prognosis and complications pertinent to each diagnosis.

B. Elicit and record a complete history and focused history, appropriate for a critically ill patient to include.
   1. appropriate use of questions
   2. listening to the patient
   3. an organized approach to eliciting the patient's history
   4. interpreting normal and abnormal historical data

C. Perform and record a complete and focused physical examination, appropriate for a critically ill patient to include the following
   1. an organized head-to-toe approach
   2. using proper technique, including modifications of technique appropriate for the patient's mobility
   3. selecting the sections of the physical exam pertinent to the patient's illness
   4. interpreting normal and abnormal findings in the context of the patient's history

D. Read and interpret patients' medical records, as to past medical problems, clinical presentation, laboratory and diagnostic data, therapeutic interventions and socioeconomic information pertinent to factors that affect medical care.

E. Develop and record a differential diagnosis, based on the patient's presentation, to include a consideration of
   1. the most likely diagnoses, based on history and physical exam data
   2. the most common diagnoses
   3. the most severe and/or life-threatening diagnoses

F. Select and interpret diagnostic studies to evaluate the differential diagnosis, including the following for each study:
   1. risks and benefits
   2. sensitivity and specificity
   3. cost effectiveness
   4. obtaining informed consent

G. Develop, record and implement, as pertinent, a pharmacologic management plan
   1. rationale for utilizing each drug, including mechanism of action
2. indications, contraindications and adverse reactions
3. potential drug-drug interactions
4. cost-effectiveness
5. documented patient education regarding side effects and adherence issues

H. Chart progress notes following the SOAP format to include
   1. subjective data
   2. objective data
   3. assessment
   4. plan

I. Make verbal case presentations to the clinical preceptor to include pertinent elements listed above, in an organized and time-efficient manner. Participate in teaching rounds and other Rotation teaching activities.

J. Describe how insulin therapy is used and monitored, including potential associated complications

K. Describe indications for enteral and parenteral feeding

L. Describe ventilator management

The student will demonstrate the knowledge and skills described above pertaining to the following diagnoses in the problem list below:

### PROBLEM LIST

<table>
<thead>
<tr>
<th>Cardiovascular</th>
<th>Genitourinary / Renal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aortic dissection</td>
<td>Acute renal failure</td>
</tr>
<tr>
<td>Cardiac arrhythmias</td>
<td>Fluid and electrolyte disorders</td>
</tr>
<tr>
<td>Cardiac arrest</td>
<td></td>
</tr>
<tr>
<td>Cardiomyopathy</td>
<td></td>
</tr>
<tr>
<td>Hypertensive crisis/emergency</td>
<td></td>
</tr>
<tr>
<td>Myocardial infarction</td>
<td></td>
</tr>
<tr>
<td>Pericardial tamponade</td>
<td></td>
</tr>
<tr>
<td>Severe congestive heart failure</td>
<td></td>
</tr>
<tr>
<td>Shock syndromes</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Endocrine</th>
<th>Hematology / Oncology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adrenal insufficiency</td>
<td>Deep venous thrombosis</td>
</tr>
<tr>
<td>Diabetic ketoacidosis</td>
<td>DIC - Disseminated intravascular coagulation</td>
</tr>
<tr>
<td>Hypoglycemia</td>
<td>Thrombocytopenia</td>
</tr>
<tr>
<td>Thyrotoxicosis and thyroid storm</td>
<td>Vitamin K deficiency</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Environmental Injuries</th>
<th>Infectious Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burns</td>
<td>Nosocomial infection in the hospital setting</td>
</tr>
<tr>
<td>Hyperthermia</td>
<td>Sepsis/SIRS</td>
</tr>
<tr>
<td>Hypothermia</td>
<td>FUO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Neurologic</th>
<th>Pulmonary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coma</td>
<td>Respiratory arrest</td>
</tr>
<tr>
<td>Head injuries</td>
<td>Adult respiratory distress syndrome</td>
</tr>
<tr>
<td>Intracranial bleeding</td>
<td>Inhalation lung injury</td>
</tr>
<tr>
<td>Seizures in critical care patients</td>
<td>Life-threatening asthma and COPD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gastrointestinal</th>
<th>Pulmonary embolism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastrointestinal hemorrhage</td>
<td></td>
</tr>
<tr>
<td>Hepatic failure</td>
<td></td>
</tr>
<tr>
<td>Pancreatitis</td>
<td></td>
</tr>
</tbody>
</table>

Develop a knowledge base of commonly encountered critical care problems.

## II. PROFESSIONAL GROWTH OBJECTIVES

The student’s attitudes and behavior that contribute to Professional Growth will be monitored by core PA faculty and clinical preceptors throughout the Rotation. The student will demonstrate Professional Growth by
A. Developing and maintaining good interpersonal relationships with patients as demonstrated by
   1. encouraging discussion of problems and/or questions
   2. recognizing verbal and non-verbal clues
   3. offering support and reassurance
   4. listening attentively
   5. draping appropriately, offering explanations and displaying a professional demeanor during examinations and procedures

B. Seeking and maintaining competence by
   1. demonstrating evidence of inquiry (reading, research, utilizing principles of evidence based medicine)
   2. completing Rotation in accordance with assigned schedule, with punctuality
   3. adhering to the Rotation objectives as set forth

C. Demonstrating professionalism by
   1. recognizing one’s limitations and informing preceptors when assigned task are not appropriate to current knowledge and/or skills
   2. performing all clinical activities with the awareness of and under the supervision of the site preceptor or his/her designee
   3. eliciting and demonstrating receptivity to constructive feedback
   4. forming and maintaining positive relationships with patients, peers, staff and supervisors
   5. maintaining a calm and reasoned manner in stressful and/or emergency situations
   6. showing respect for patients and maintaining appropriate confidentiality of the patient’s record
   7. demonstrating awareness and sensitivity to patients’ cultural beliefs and behaviors
   8. displaying a high level of motivation and interest
   9. dressing and grooming appropriately
   10. adhering to the AAPA Code of Ethics

III. COURSE REQUIREMENTS
   1. Completion of assigned Rotation as scheduled.
   2. Passing grade as outlined below.
   3. Students must log all patient encounters at the clinical site on the patient logging system and complete both a site and self evaluation.
   4. If this rotation is the **FIRST** of the Intensive Care Medicine / Internal Medicine sequence, the student will be required to turn in proof of (3) Category I CME hours of instruction. (All CME activities MUST be AAPA/AMA-approved Category I hours) Two of these three hours will consist of CME topics, usually in the area of medicine in which the student was rotating that month, and will be assigned by the Clinical Team. The remaining CME hour may be completed in an area of the student’s choosing. **THIS ASSIGNMENT SHOULD BE DONE DURING THE MONTH AND IS DUE ON CLINICAL DAY.**
IV. STUDENT EVALUATION

Preceptor evaluation of student performance, based on clinical competencies (assessment competencies, analytic competencies, and diagnostic competencies) ........ 50% (100% if no exam)

Written Examination* ................................................................. 50% (if given)

Professionalism evaluation from Preceptor ........................................ Pass/Fail
Patient Write-ups ........................................................................ Pass/Fail
Faculty site visit report ................................................................. Pass/Fail

Required 3 hour CME assignment (if no exam following this rotation) ........ Pass/Fail

If a student earns a grade below a 70% on any component, the student may be required to repeat the rotation. Repeating the rotation will extend the length of time required for completion of the clinical year. Refer to pages 90-92 for policies regarding student progress.

*The Internal Medicine/Intensive Care Medicine EOR Examination is given following the completion of the Internal Medicine / Intensive Care Medicine sequence, as this exam is a comprehensive evaluation of outpatient, inpatient, and critical care areas of internal medicine. It will be based on the Problem List/ EOR Exam Topic List shown in the Internal Medicine section.
INTERNAL MEDICINE

Required Texts:  *Harrison's Principles of Internal Medicine  
*Current Medical Diagnosis and Treatment

The Internal Medicine Rotation provides the student with access to adult patients in an inpatient setting. The Instructional Objectives below pertain to the evaluation and management of patients in the hospital setting. Testing and evaluation for this Rotation will be based on the knowledge, skills and abilities related to inpatient medicine.

I. INSTRUCTIONAL OBJECTIVES

Upon completion of this Internal Medicine Rotation, based on reading and supervised clinical practice, the student will demonstrate knowledge and competence pertaining to each of the Instructional Objectives below, as they relate to the symptoms and diagnoses in the problem list. The student will be evaluated by the following criteria: written examination, patient write-ups, and preceptor evaluations. The student must seek appropriate preceptor supervision for all the tasks listed below, particularly those related to management. Pertaining to the Problem List below, the student will

A. Demonstrate knowledge of the etiology, epidemiology, pathophysiology, anatomy, prognosis and complications pertinent to each diagnosis

B. Elicit and record a complete admission history and problem focused history, appropriate for the patient’s age, including Chief Complaint and HPI with pertinent Review of Systems, Past Medical History, Family History and Social History to include
   1. appropriate use of questions
   2. listening to the patient
   3. an organized approach to eliciting the patient’s history
   4. interpreting normal and abnormal historical data

C. Perform and record a complete and focused physical examination, appropriate for the patient’s age to include the following
   1. an organized head-to-toe approach
   2. using proper technique, including modifications of technique appropriate for the patient’s mobility
   3. selecting the sections of the physical exam pertinent to the patient’s complaint
   4. interpreting normal and abnormal findings in the context of the patient’s history

D. Read and interpret patients’ medical records, as to past medical problems, clinical presentation, laboratory and diagnostic data, therapeutic interventions and socioeconomic information pertinent to factors that affect medical care.

E. Develop and record a differential diagnosis, based on the patient’s complaint, to include a consideration of
   1. the most likely diagnoses, based on history and physical exam data
   2. the most common diagnoses
   3. the most severe and/or life-threatening diagnoses

F. Select and interpret diagnostic studies to evaluate the differential diagnosis, including the following for each study:
   1. risks and benefits
   2. sensitivity and specificity
   3. cost effectiveness
   4. obtaining informed consent
G. Develop, record and implement, as pertinent, a pharmacologic management plan, including fluid replacement, blood products and parenteral nutrition, to include
1. rationale for utilizing each drug, including mechanism of action
2. indications, contraindications and adverse reactions
3. potential drug-drug interactions
4. cost-effectiveness
5. documented patient education regarding side effects and adherence issues

H. Develop, record and implement, as pertinent, a non-pharmacologic management plan to include as appropriate
1. behavioral and psychosocial interventions
2. referrals to other health care providers in the inpatient setting
3. utilization of family resources

I. Provide and record pertinent patient education and discharge planning regarding disease prevention, health maintenance and follow-up care which is clearly explained to the patient and checked for understanding, to include
1. nutrition
2. physical activity/exercise
3. pertinent risk factors, including occupation, environment, tobacco, alcohol, other drugs and genetic factors
4. warning signs/symptoms of complications
5. discharge treatment plan – pharmacologic and non-pharmacologic
6. plan for outpatient follow-up care, to include, but not be limited to, primary health care providers, family and community resources

J. Provide patient counseling to include
1. adjustment to states of health and disease as related to ADLs, sexuality, relationships, death and dying
2. consideration of patient’s health beliefs and practices, religious/spiritual beliefs and lifestyle choices
3. family issues
4. occupational and leisure issues
5. anticipatory guidance appropriate to patient’s age

K. Monitor patients’ progress over the course of the hospitalization, to include
1. reassessment of subjective and objective data
2. reconsideration of differential diagnosis, as needed
3. modification of management plan

L. Chart progress notes following the SOAP format to include
1. subjective data
2. objective data
3. assessment
4. plan

M. Make verbal case presentations to the clinical preceptor to include pertinent elements listed above, in an organized and time-efficient manner. Participate in teaching rounds and other Rotation teaching activities.

The student will demonstrate the knowledge and skills described above pertaining to the following diagnoses in the problem list / EOR Exam Topic List on the following pages:
<table>
<thead>
<tr>
<th>CRITICAL CARE</th>
<th>CARDIOVASCULAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute adrenal insufficiency</td>
<td>Congestive heart failure</td>
</tr>
<tr>
<td>Thyroid storm</td>
<td>Hypertension</td>
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<tr>
<td>Diabetic ketoacidosis/acute hypoglycemia</td>
<td>Heart murmurs</td>
</tr>
<tr>
<td>Acute glaucoma</td>
<td>Valvular heart disease</td>
</tr>
<tr>
<td>Pulmonary embolism</td>
<td>Myocardial infarction</td>
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<tr>
<td>Acute respiratory distress/failure</td>
<td>Cardiac arrhythmias/conduction disorders</td>
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<tr>
<td>Pneumothorax</td>
<td>Myocarditis</td>
</tr>
<tr>
<td>Angina pectoris</td>
<td>Endocarditis</td>
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<tr>
<td>Myocardial infarction</td>
<td>Pericarditis</td>
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<tr>
<td>Cardiac arrest</td>
<td>Cardiomyopathy</td>
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<tr>
<td>Cardiac arrhythmias and blocks</td>
<td>Hyperlipidemia</td>
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<tr>
<td>Cardiac failure</td>
<td>Peripheral vascular disease</td>
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<tr>
<td>Hypertensive crisis</td>
<td>Coronary vascular disease</td>
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<td>Acute gastrointestinal bleed</td>
<td>Rheumatic fever</td>
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<tr>
<td>Acute abdomen</td>
<td>Rheumatic heart disease</td>
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<tr>
<td>Seizures</td>
<td>Vascular disease</td>
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<td>Shock</td>
<td>Angina pectoris</td>
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<td>Coma</td>
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<tr>
<td>Cardiac tamponade</td>
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<tr>
<td>Pericardial effusion</td>
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<td>Status epileptic</td>
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<tr>
<td>PULMONOLOGY</td>
<td>ORTHOPEDICS/RHEUMATOLOGY</td>
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<tr>
<td>Acute/chronic bronchitis</td>
<td>Fibromyalgia</td>
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<tr>
<td>Asthma</td>
<td>Gout/pseudogout</td>
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<tr>
<td>Chronic obstructive pulmonary disease</td>
<td>Rheumatoid arthritis</td>
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<tr>
<td>Pneumonia (viral, bacterial, fungal, human</td>
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</tr>
<tr>
<td>Pulmonary neoplasm</td>
<td>Polymyalgia nodosa</td>
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<tr>
<td>Carcinoid tumor</td>
<td>Polymyositis</td>
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<tr>
<td>Bronchiectasis</td>
<td>Polymyalgia rheumatica</td>
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<tr>
<td>Solitary pulmonary nodule</td>
<td>Reactive arthritis</td>
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<tr>
<td>Sarcoidosis</td>
<td>Systemic lupus erythematosus</td>
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<tr>
<td>Hypoventilation syndrome</td>
<td>Systemic sclerosis (scleroderma)</td>
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<tr>
<td>Pulmonary hypertension</td>
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<tr>
<td>Idiopathic pulmonary fibrosis</td>
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<tr>
<td>Pneumoconiosis</td>
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<tr>
<td>Cor pulmonale</td>
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<tr>
<td>GASTROINTESTINAL/NUTRITIONAL</td>
<td>UROLOGY/RENAL</td>
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<td>------------------------------------------------------</td>
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<tr>
<td>Ulcerative colitis</td>
<td>Benign prostatic hypertrophy</td>
</tr>
<tr>
<td>Crohn disease</td>
<td>Prostate cancer</td>
</tr>
<tr>
<td>Diverticular disease</td>
<td>Prostatitis</td>
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<tr>
<td>Acute/chronic pancreatitis</td>
<td>Acid base disturbances</td>
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<tr>
<td>Hiatal hernia</td>
<td>Acute and chronic renal failure</td>
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<tr>
<td>Gastroesophageal reflux disease</td>
<td>Nephritis</td>
</tr>
<tr>
<td>Peptic ulcer disease</td>
<td>Nephritic syndrome</td>
</tr>
<tr>
<td>Gastritis</td>
<td>Urinary tract infection</td>
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<tr>
<td>Gastroenteritis</td>
<td>Pyelonephritis</td>
</tr>
<tr>
<td>Esophagitis</td>
<td>Renal calculi</td>
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<tr>
<td>Mallory-Weiss tear</td>
<td>Glomerulonephritis</td>
</tr>
<tr>
<td>Esophageal strictures</td>
<td>Acute interstitial nephritis</td>
</tr>
<tr>
<td>Esophageal varices</td>
<td>Polycystic kidney disease</td>
</tr>
<tr>
<td>Cancer of rectum, colon, esophagus, stomach</td>
<td>Hydronephrosis</td>
</tr>
<tr>
<td>Acute and chronic hepatitis</td>
<td>Erectile dysfunction</td>
</tr>
<tr>
<td>Cirrhosis</td>
<td>Hydrocele</td>
</tr>
<tr>
<td>Hepatic cancer</td>
<td>Varicocele</td>
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<tr>
<td>Cholelithiasis</td>
<td>Testicular torsion</td>
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<tr>
<td>Cholecystitis</td>
<td>Epididymitis</td>
</tr>
<tr>
<td>Cholangitis</td>
<td>Bladder cancer</td>
</tr>
<tr>
<td>Celiac disease</td>
<td>Renal cell carcinoma</td>
</tr>
<tr>
<td>Irritable bowel syndrome</td>
<td>Renal vascular disease</td>
</tr>
<tr>
<td>Anal fissure/fistula</td>
<td>Hypovolemia</td>
</tr>
<tr>
<td>Hemorrhoid</td>
<td>Hypervolemia</td>
</tr>
</tbody>
</table>

HEMATOLOGY

Iron deficiency anemia
Sickle cell anemia
Anemia of chronic disease
Thalassemia
Vitamin B12 and folic acid deficiency anemia
G6PD deficiency anemia
Acute/chronic leukemia
Lymphoma
Multiple myeloma
Clotting factor disorders
Hypercoagulable state
Idiopathic thrombocytopenic purpura
Thrombotic thrombocytopenic purpura
### NEUROLOGY
- Seizure disorder
- Syncope
- Migraine headaches
- Tension headaches
- Cluster headaches
- Transient ischemic attacks
- Cerebral vascular accident
- Intracranial tumors
- Essential tremor
- Parkinson disease
- Multiple sclerosis
- Meningitis
- Encephalitis
- Coma
- Myasthenia gravis
- Giant cell arteritis
- Bell palsy
- Guillain-Barré syndrome
- Huntington disease
- Cerebral aneurysm
- Concussion
- Delirium
- Dementia
- Peripheral neuropathies
- Complex regional pain syndrome

### INFECTION (cont.)
- Tetanus
- Pertussis
- Tuberculosis
- Parasitic infections
- Toxoplasmosis
- Lyme disease
- Rocky mountain spotted fever
- Syphilis
- Cytomegalovirus
- Epstein-Barr infection
- Herpes simplex infection
- Influenza
- Rabies
- Varicella zoster
- Shigellosis

### ENDOCRINOLOGY
- Hyperthyroidism/thyroiditis
- Hypothyroidism
- Diabetes mellitus (Type I & Type II)
- Diabetes insipidus
- Addison disease
- Cushing disease
- Pheochromocytoma
- Hypoparathyroidism
- Hyperparathyroidism

### INFECTIOUS DISEASE
- Acromegaly
- Hypocalcemia
- Hypercalcaemia
- Hyponatremia
- Hypernatremia
- Paget disease of the bone
- Thyroid cancer
- Pituitary adenoma

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II. PROFESSIONAL GROWTH OBJECTIVES

The student’s attitudes and behavior that contribute to Professional Growth will be monitored by core PA faculty and clinical preceptors throughout the Rotation. The student will demonstrate Professional Growth by

A. Developing and maintaining good interpersonal relationships with patients as demonstrated by
   1. encouraging discussion of problems and/or questions
   2. recognizing verbal and non-verbal clues
   3. offering support and reassurance
   4. listening attentively through the use of active listening
   5. demonstrates respect for a patient’s privacy and modesty during examinations and procedures

B. Seeking and maintaining competence by
   1. demonstrating evidence of inquiry (reading, research, utilizing principles of evidence based medicine)
   2. completing Rotation in accordance with assigned schedule, with punctuality
   3. adhering to the Rotation objectives as set forth
C. Demonstrating professionalism by
   1. recognizing one’s limitations and informing preceptors when assigned task are not appropriate to current knowledge and/or skills
   2. performing all clinical activities with the awareness of and under the supervision of the site preceptor or his/her designee
   3. eliciting and demonstrating receptivity to constructive feedback
   4. forming and maintaining positive relationships with patients, peers, staff and supervisors
   5. maintaining a calm and reasoned manner in stressful and/or emergency situations
   6. showing respect for patients and maintaining appropriate confidentiality of the patient’s record
   7. demonstrating awareness and sensitivity to patients’ cultural beliefs and behaviors
   8. utilizing self reflection
   9. displaying a high level of motivation and interest
   10. dressing and grooming appropriately
   11. adhering to the AAPA Code of Ethics

III. COURSE REQUIREMENTS
   1. Completion of assigned Rotation as scheduled.
   2. Passing grade as outlined below.
   3. Passing grade on patient write-up
   4. If this rotation is the FIRST of the Intensive Care Medicine / Internal Medicine sequence, the student will be required to turn in proof of (3) Category I CME hours of instruction. (All CME activities MUST be AAPA/AMA-approved Category I hours) Two of these three hours will consist of CME topics, usually in the area of medicine in which the student was rotating that month, and will be assigned by the Clinical Team. The remaining CME hour may be completed in an area of the student’s choosing. THIS ASSIGNMENT SHOULD BE DONE DURING THE MONTH AND IS DUE ON CLINICAL DAY.

IV. STUDENT EVALUATION

Preceptor evaluation of student performance, based on clinical competencies (assessment competencies, analytic competencies, and diagnostic competencies) ........ 100% (if no exam)

Written Examination* ................................................................. 50% (if given)

Professionalism evaluation from Preceptor .................................. Pass/Fail
Patient Write-ups ................................................................. Pass/Fail
Faculty site visit report ................................................................. Pass/Fail
Required 3 hour CME assignment (if no exam following this rotation) ....... Pass/Fail

If a student earns a grade below a 70% on any component, the student may be required to repeat the rotation. Repeating the rotation will extend the length of time required for completion of the clinical year. Refer to pages 90-92 for policies regarding student progress.
The Internal Medicine/Intensive Care Medicine EOR Examination is given following the completion of the Internal Medicine / Intensive Care Medicine sequence, as this exam is a comprehensive evaluation of outpatient, inpatient, and critical care areas of internal medicine. It will be based on the Problem List/ EOR Exam Topic List shown in the Internal Medicine section.

**INTERNAL MEDICINE SELECTIVE**

**Required Texts:**
*Harrison's Principles of Internal Medicine*  
*Primary Care Medicine; Goroll & Mulley*

The Instructional Objectives below pertain to the evaluation and management of the elderly patient. Regardless of the specialty selected for the Internal Medicine Selective rotation, testing and evaluation for this rotation will be based on the knowledge, skills and abilities related to the elderly patient.

**I. INSTRUCTIONAL OBJECTIVES**

Upon completion of the this Internal Medicine Selective Rotation, based on reading and supervised clinical practice, the student will demonstrate knowledge and competence pertaining to each of the Instructional Objectives below, as they relate to the symptoms and diagnoses in the problem list. The student will be evaluated by the following criteria: written examination, and preceptor evaluations. **The student must seek appropriate preceptor supervision for all the tasks listed below, particularly those related to management.**

Pertaining to the Problem List below, the student will

A. Demonstrates knowledge of the etiology, epidemiology, pathophysiology, anatomy, prognosis and complications pertinent to each diagnosis

B. Elicit and record a complete history and focused history, appropriate for the patient’s age, including Chief Complaint and HPI with pertinent Review of Systems, Past Medical History, Family History and Social History to include  
   1. Appropriate use of questions  
   2. Listening to the patient  
   3. An organized approach to eliciting the patient’s history  
   4. Interpreting normal and abnormal historical data

C. Perform and record a complete and focused physical examination, appropriate for the patient’s age to include the following  
   1. an organized head-to-toe approach  
   2. using proper technique, including modifications of technique appropriate for the patient’s mobility  
   3. selecting the sections of the physical exam pertinent to the patient’s complaint  
   4. interpreting normal and abnormal findings in the context of the patient’s history

D. Read and interpret patients’ medical records, as to past medical problems, clinical presentation, laboratory and diagnostic data, therapeutic interventions and socioeconomic information pertinent to factors that affect medical care.

E. Develop and record a differential diagnosis, based on the patient’s complaint, to include a consideration of
1. the most likely diagnoses, based on history and physical exam data
2. the most common diagnoses
3. the most severe and/or life-threatening diagnoses

F. Select and interpret diagnostic studies to evaluate the differential diagnosis, including the following for each study:
1. risks and benefits
2. sensitivity and specificity
3. cost effectiveness
4. obtaining informed consent

G. Develop, record and implement, as pertinent, a pharmacologic management plan.
1. rationale for utilizing each drug, including mechanism of action
2. indications, contraindications and adverse reactions
3. potential drug-drug interactions
4. cost-effectiveness
5. documented patient education regarding side effects and adherence issues

H. Develop, record and implement, as pertinent, a non-pharmacologic management plan to include as appropriate
1. behavioral and psychosocial interventions
2. referrals to other health care providers in the inpatient setting
3. Utilization of family resources
4. End of life care

I. Provide and record pertinent patient education regarding disease prevention, health maintenance which is clearly explained to the patient and checked for understanding, to include
1. nutrition
2. physical activity/exercise
3. pertinent risk factors, including occupation, environment, tobacco, alcohol, other drugs and genetic factors
4. warning signs/symptoms of complications
5. discharge treatment plan – pharmacologic and non-pharmacologic
6. plan for outpatient follow-up care, to include, but not be limited to, primary health care providers, family and community resources

J. Provide patient counseling to include
1. adjustment to states of health and disease as related to ADLs, death and dying
2. consideration of patient’s health beliefs and practices, religious/spiritual beliefs and lifestyle choices
3. family issues
4. anticipatory guidance appropriate to patient’s age
5. elder abuse and/or neglect

K. Monitor patients’ health to include
1. mental health
2. polypharmacy
3. ADLs and IADLs

L. Chart progress notes following the SOAP format to include
1. subjective data
2. objective data
3. assessment
4. plan
M. Make verbal case presentations to the clinical preceptor to include pertinent elements listed above, in an organized and time-efficient manner. Participate in teaching rounds and other Rotation teaching activities.

The student will demonstrate the knowledge and skills described above pertaining to the following diagnoses in the problem list below

**PROBLEM LIST**

<table>
<thead>
<tr>
<th>Cardiovascular</th>
<th>Genitourinary / Renal / Reproductive</th>
<th>Infectious Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aortic disease</td>
<td>BPH (Benign Prostatic Hypertrophy)</td>
<td>Influenza</td>
</tr>
<tr>
<td>Heart failure</td>
<td>Erectile dysfunction</td>
<td>Pneumonias</td>
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<tr>
<td>Hypertension</td>
<td>Urinary Incontinence</td>
<td></td>
</tr>
<tr>
<td>Orthostasis/Postural hypotension</td>
<td>Menopause</td>
<td></td>
</tr>
<tr>
<td>Peripheral vascular disease</td>
<td>Prostate cancer</td>
<td></td>
</tr>
<tr>
<td>Stroke</td>
<td>Urinary tract infections</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Dermatologic</th>
<th>HEENT</th>
<th>Musculoskeletal / Rheumatologic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actinic keratosis</td>
<td>Amarosis Fugax</td>
<td>Avascular necrosis</td>
</tr>
<tr>
<td>Herpes zoster</td>
<td>Cataracts</td>
<td>Dysmobility and immobility</td>
</tr>
<tr>
<td>Pressure sores</td>
<td>Dental abscess</td>
<td>Temporal arteritis</td>
</tr>
<tr>
<td>Rosacea</td>
<td>Diabetic retinopathy</td>
<td>Osteoarthritis</td>
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<tr>
<td>Seborrheic keratoses</td>
<td>Ectropion and entropion</td>
<td>Osteoporosis</td>
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<tr>
<td>Skin cancers</td>
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<td>Polymyalgia rheumatica</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Endocrine</th>
<th>Hematology / Oncology</th>
<th>Rheumatoid arthritis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type 2 Diabetes</td>
<td>Basal cell, squamous cell carcinomas</td>
<td>Spinal stenosis</td>
</tr>
<tr>
<td>Gout/Pseudogout</td>
<td>B12 &amp; folate deficiency</td>
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<tr>
<td>Graves' Disease</td>
<td>Chronic lymphocytic leukemia</td>
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<tr>
<td>Hyper-Hypoparathyroidism</td>
<td>Colorectal cancer</td>
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<tr>
<td>Hyper-Hypothyroidism</td>
<td>Lymphoma</td>
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<tr>
<td>Gastrointestinal</td>
<td>Melanoma</td>
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<tr>
<td>Anorectal disease</td>
<td>Multiple myeloma</td>
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<tr>
<td>Constipation</td>
<td></td>
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<tr>
<td>Diverticular disease</td>
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<td>Gall bladder disease</td>
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<tr>
<td>Fecal Incontinence</td>
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<table>
<thead>
<tr>
<th>Infectious Disease</th>
<th>Pulmonary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza</td>
<td>COPD</td>
</tr>
<tr>
<td>Pneumonias</td>
<td>Cor pulmonale</td>
</tr>
</tbody>
</table>

**II. PROFESSIONAL GROWTH OBJECTIVES**

The student’s attitudes and behavior that contribute to Professional Growth will be monitored by core PA faculty and clinical preceptors throughout the Rotation. The student will demonstrate Professional Growth by

A. Developing and maintaining good interpersonal relationships with patients as demonstrated by
   1. Encouraging discussion of problems and/or questions
   2. Recognizing verbal and non-verbal clues
   3. Offering support and reassurance
   4. Listening attentively
5. Draping appropriately, offering explanations and displaying a professional demeanor during examinations and procedures

B. Seeking and maintaining competence by
   1. Demonstrating evidence of inquiry (reading, research, utilizing principles of evidence-based medicine)
   2. Completing Rotation in accordance with assigned schedule, with punctuality
   3. Adhering to the Rotation objectives as set forth

C. Demonstrating professionalism by
   1. Recognizing one’s limitations and informing preceptors when assigned task are not appropriate to current knowledge and/or skills
   2. Performing all clinical activities with the awareness of and under the supervision of the site preceptor or his/her designee
   3. Eliciting and demonstrating receptivity to constructive feedback
   4. Forming and maintaining positive relationships with patients, peers, staff and supervisors
   5. Maintaining a calm and reasoned manner in stressful and/or emergency situations
   6. Showing respect for patients and maintaining appropriate confidentiality of the patient’s record
   7. Demonstrating awareness and sensitivity to patients’ cultural beliefs and behaviors
   8. Displaying a high level of motivation and interest
   9. Dressing and grooming appropriately
   10. Adhering to the AAPA Code of Ethics

III. COURSE REQUIREMENTS

1. Completion of assigned Rotation as scheduled.
2. Passing grade as outlined below.
3. Students must log all patient encounters at the clinical site on the patient logging system and complete both a site and self-evaluation.

IV. STUDENT EVALUATION

Preceptor evaluation of student performance, based on clinical competencies (assessment competencies, analytic competencies, and diagnostic competencies)........ 100%

Professionalism evaluation from Preceptor ........................................ Pass/Fail

Required 3-hour CME assignment.................................................. Pass/Fail

Faculty site visit report ................................................................. Pass/Fail

If a student earns a grade below a 70% on any component, the student may be required to repeat the rotation. Repeating the rotation will extend the length of time required for completion of the clinical year. Refer to pages 90-92 for policies regarding student progress.
WOMEN’S HEALTH

The Women’s Health Rotation provides the student with experiences in women's healthcare. Specifically, the areas of family planning, pre-, intra- and post-partum care, and routine gynecologic care will be covered. Students identify the effects that sexual activity, child-bearing and menopause have on the medical, emotional and social well being of a patient. Please note that we are seeking experiences and training in women's health - you should not expect to directly participate in delivery procedures - although this may be part of some students’ rotations, and will depend on the policies and needs of the individual site.

I. INSTRUCTIONAL OBJECTIVES

Upon completion of the Obstetrics and Gynecology Rotation, based on reading and supervised clinical practice, the student will demonstrate knowledge and competence pertaining to each of the Instructional Objectives below, as they relate to the symptoms and diagnoses in the Problem List. The student will be evaluated by the following criteria: written examination, patient write-ups and preceptor evaluations. The student must seek appropriate preceptor supervision for all the tasks listed below, particularly those related to management. Pertaining to the Problem List below, the student will

A. Demonstrate knowledge of the etiology, epidemiology, pathophysiology, anatomy, prognosis and complications pertinent to each diagnosis

B. Elicit and record a complete and focused history, appropriate for the patient’s age, including Chief Complaint and HPI with pertinent Review of Systems, Past Medical History, Family History and Social History to include
   1. appropriate use of questions
   2. listening to the patient
   3. an organized approach to eliciting the patient’s history
   4. interpreting normal and abnormal historical data
   5. emphasis on the menstrual cycle, sexual history, gynecologic history, and contraceptive history

C. Perform and record a complete and focused physical examination, appropriate for the patient’s age, to include the following
   1. an organized head-to-toe approach
   2. using proper technique
   3. selecting the sections of the physical exam pertinent to the patient’s complaint
   4. interpreting normal and abnormal findings in the context of the patient’s history
   5. emphasis on speculum examination, bimanual examination, breast exam and abdominal exam

D. Develop and record a differential diagnosis, based on the patient’s complaint, to include a consideration of
   1. the most likely diagnoses, based on history and physical exam data
   2. the most common entities
   3. the most severe and/or life-threatening entities

E. Select and interpret diagnostic studies to evaluate the differential diagnosis, including the following for each study
   1. risks and benefits
   2. sensitivity and specificity
   3. cost effectiveness
   4. obtaining informed consent
F. Collect adequate cervico-vaginal cytologic specimens for PAP smears and microscopic inspections

G. Identify the recommended guidelines for frequency of PAP smears and mammograms

H. Describe the indications for colposcopic cervical examination following an abnormal PAP smear

I. Develop, record and implement, as pertinent, a pharmacologic management plan to include
   1. rationale for utilizing each drug, including mechanism of action
   2. indications, contraindications and adverse reactions
   3. potential drug-drug interactions
   4. cost-effectiveness
   5. documented patient education regarding side effects and adherence issues

J. Discuss the methods of contraception and family planning, including their relative advantages, disadvantages, effectiveness, side effects and pharmacotherapeutics

K. Assist the gynecologist, as directed, during surgical procedures

L. Discuss the physiologic changes during menopause and identify the indications and contraindications for hormone replacement therapy

M. Recognize the occurrence of common breast masses and identify the appropriate work-up and treatment

N. List the physiologic changes and signs of pregnancy

O. Describe the criteria and resources available for termination of pregnancy

P. Describe routine prenatal care, including the role of electronic fetal monitoring, ultrasound and the biophysical profile to determine fetal well-being. Identify the indications for non-stress and oxytocin challenge testing.

Q. Identify medical problems that may result in complications during pregnancy, including diabetes, anemia, thyroid disorders, cardiovascular problems and vaginal bleeding

R. List the three stages of labor. Identify the reasons for delivery once the amniotic sac has ruptured. Use the fern test to determine the presence of amniotic fluid.

S. Assist the obstetrician, as directed, during cesarean sections and vaginal deliveries. Identify techniques for clearance of the infant’s airway and respiratory stimulation at the time of delivery.

T. Identify the indications for a hysterosalpingogram

U. Develop, record and implement, as pertinent, a non-pharmacologic management plan to include as appropriate
   1. behavioral and psychosocial interventions
   2. referrals to other health care providers
   3. referrals to community resources
   4. utilization of family resources
   5. plans for follow-up care

V. Provide and record pertinent patient education regarding disease prevention and health maintenance, which is clearly explained to the patient and checked for understanding, to include
   1. nutrition
   2. accident and violence prevention (e.g., seat belts, helmets, screening for domestic violence)
   3. physical activity/exercise
   4. pertinent risk factors, including occupation, environment, tobacco, alcohol, other drugs and genetic factors
5. warning signs/symptoms of diseases
6. plan for age appropriate screening and periodic health assessment

W. Provide patient counseling to include
   1. adjustment to states of health and disease as related to ADLs, sexuality, relationships, death and dying
   2. consideration of patient’s health beliefs and practices, religious/spiritual beliefs and lifestyle choices
   3. family issue
   4. occupational and leisure issues
   5. anticipatory guidance appropriate to patient’s age

X. Monitor patients’ progress over time, to include
   1. reassessment of subjective and objective data
   2. reconsideration of differential diagnosis, as needed
   3. modification of management plan, based on patient’s health status and adherence issues

Y. Chart progress notes following the SOAP format to include
   1. subjective data
   2. objective data
   3. assessment
   4. plan

Z. Make verbal case presentations to the clinical preceptor to include pertinent elements listed above, in an organized and time-efficient manner

The student will demonstrate the knowledge and skills described above pertaining to the following diagnoses in the problem list / EOR Exam Topic List on the following pages:
## GYNECOLOGY

### NEOPLASMS
- Ovarian neoplasms
- Cervical carcinoma
- Cervical dysplasia
- Breast cancer
- Endometrial cancer
- Vaginal/vulvar neoplasms

### INFECTIONS
- Vaginitis
  - Trichomoniasis
  - Bacterial vaginosis
  - Atrophic vaginitis
  - Candidiasis
- Cervicitis
  - Gonorrhea
  - Chlamydia
  - Herpes simplex
  - Human papilloma virus

### MENSTRUATION
- Normal physiology
- Dysfunctional uterine bleeding
- Amenorrhea
- Dysmenorrhea
- Menopause
- Premenstrual syndrome

### OTHER
- Contraceptive methods
- Endometriosis

### DISORDERS OF THE BREAST
- Breast abscess
- Breast fibroadenoma
- Fibrocystic disease
- Mastitis
- Ovarian cyst

### structural abnormalities
- Cystocele
- Uterine prolapse
- Rectocele
- Ovarian torsion

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## OBSTETRICS

<table>
<thead>
<tr>
<th>PREGNATAL CARE/NORMAL PREGNANCY</th>
<th>LABOR AND DELIVERY COMPLICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prenatal diagnosis/care</td>
<td>Dystocia</td>
</tr>
<tr>
<td>Normal labor &amp; delivery</td>
<td>Fetal distress</td>
</tr>
<tr>
<td>• Stages</td>
<td></td>
</tr>
<tr>
<td>• Duration</td>
<td></td>
</tr>
<tr>
<td>• Mechanism of delivery</td>
<td></td>
</tr>
<tr>
<td>• Monitoring</td>
<td></td>
</tr>
<tr>
<td>Physiology of pregnancy</td>
<td>Premature rupture of membranes</td>
</tr>
<tr>
<td>Fetal position</td>
<td>Prolapsed umbilical cord</td>
</tr>
<tr>
<td>Multiple gestation</td>
<td>Preterm labor</td>
</tr>
<tr>
<td>APGAR scoring</td>
<td>Breech presentation</td>
</tr>
</tbody>
</table>

## PREGNANCY COMPLICATIONS

<table>
<thead>
<tr>
<th>POSTPARTUM CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abortion</td>
</tr>
<tr>
<td>Abruptio placenta</td>
</tr>
<tr>
<td>Ectopic pregnancy</td>
</tr>
<tr>
<td>Incompetent cervix</td>
</tr>
<tr>
<td>Placenta previa</td>
</tr>
<tr>
<td>Gestational diabetes</td>
</tr>
<tr>
<td>Pregnancy induced hypertension</td>
</tr>
<tr>
<td>Preeclampsia/eclampsia</td>
</tr>
<tr>
<td>Gestational trophoblastic disease</td>
</tr>
<tr>
<td>• Molar pregnancy</td>
</tr>
<tr>
<td>• Choriocarcinoma</td>
</tr>
<tr>
<td>Rh-incompatibility</td>
</tr>
</tbody>
</table>
II. PROFESSIONAL GROWTH OBJECTIVES

The student’s attitudes and behavior that contribute to Professional Growth will be monitored by core PA faculty and clinical preceptors throughout the rotation. The student will demonstrate Professional Growth by

A. Developing and maintaining good interpersonal relationships with patients as demonstrated by
   1. encouraging discussion of problems and/or questions
   2. recognizing verbal and non-verbal clues
   3. offering support and reassurance
   4. listening attentively
   5. draping appropriately, offering explanations and displaying a professional demeanor during examinations and procedures

B. Seeking and maintaining competence by
   1. demonstrating evidence of inquiry (reading, research, utilizing principles of evidence based medicine)

Women’s Health End of Rotation Exam Blueprint

<table>
<thead>
<tr>
<th>Women’s Health</th>
<th>History &amp; Physical</th>
<th>Diagnostic Studies</th>
<th>Diagnosis</th>
<th>Health Maintenance</th>
<th>Clinical Intervention</th>
<th>Clinical Therapeutics</th>
<th>Scientific Concepts</th>
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</thead>
<tbody>
<tr>
<td>GYNECOLOGY</td>
<td>(10%)</td>
<td>(10%)</td>
<td>(25%)</td>
<td>(10%)</td>
<td>(10%)</td>
<td>(20%)</td>
<td>(10%)</td>
</tr>
<tr>
<td>Neoplasms</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Menstruation</td>
<td>(15%)</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Disorders of the breast</td>
<td>(0%)</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Infections</td>
<td>(15%)</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Structural abnormalities</td>
<td>(5%)</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
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<tr>
<td>Other</td>
<td>(5%)</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>OBSTETRICS</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Prenatal care/normal pregnancy</td>
<td>(16%)</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Pregnancy complications</td>
<td>(15%)</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Labor &amp; delivery complications</td>
<td>(8%)</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Postpartum care</td>
<td>(4%)</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Totals:</td>
<td>(100%)</td>
<td>15</td>
<td>10</td>
<td>25</td>
<td>10</td>
<td>10</td>
<td>20</td>
</tr>
</tbody>
</table>
2. completing the rotation in accordance with assigned schedule, with punctuality
3. adhering to the rotation objectives as set forth

C. Demonstrating professionalism by
1. recognizing one’s limitations and informing preceptors when assigned task are not appropriate to current knowledge and/or skills
2. performing all clinical activities with the awareness of and under the supervision of the site preceptor or his/her designee
3. eliciting and demonstrating receptivity to constructive feedback
4. forming and maintaining positive relationships with patients, peers, staff and supervisors
5. maintaining a calm and reasoned manner in stressful and/or emergency situations
6. showing respect for patients and maintaining appropriate confidentiality of the patient’s record
7. demonstrating awareness and sensitivity to patients’ cultural beliefs and behaviors
8. displaying a high level of motivation and interest
9. dressing and grooming appropriately
10. adhering to the AAPA Code of Ethics

III. COURSE REQUIREMENTS
1. Completion of assigned Rotation as scheduled.
2. Passing grade as outlined below.
3. Passing grade on patient write-up
4. Students must log all patient encounters at the clinical site on the patient logging system and complete both a site and self evaluation.

IV. STUDENT EVALUATION

Preceptor evaluation of student performance, based on clinical competencies (assessment competencies, analytic competencies, and diagnostic competencies)………… 50%
Written Examination ........................................................................................................ 50%
Professionalism evaluation from Preceptor ................................................... Pass/Fail
Patient Write-ups ........................................................................................................ Pass/Fail
Faculty site visit report ................................................................................................. Pass/Fail

If a student earns a grade below a 70% on any component, the student may be required to repeat the rotation. Repeating the rotation will extend the length of time required for completion of the clinical year. Refer to pages 90-92 for policies regarding student progress.
PEDIATRIC MEDICINE

Required Texts: *Nelson Textbook of Pediatrics

The Pediatric Medicine Rotation provides the student with the opportunity to assess medical problems that require ambulatory management of children. On this rotation students will be expected to gain practical clinical experience managing routine childhood illnesses and health maintenance. Students learn to recognize the influence of family dynamics on the course of children’s development, illness and well-being.

I. INSTRUCTIONAL OBJECTIVES

Upon completion of the Pediatric Medicine Rotation, based on reading and supervised clinical practice, the student will demonstrate knowledge and competence pertaining to each of the Instructional Objectives below, as they relate to the symptoms and diagnoses in the Problem List. The student will be evaluated by the following criteria: written examination, patient write-ups and preceptor evaluations. The student must seek appropriate preceptor supervision for all the tasks listed below, particularly those related to management. Pertaining to the Problem List below, the student will

A. Demonstrate knowledge of the etiology, epidemiology, pathophysiology, anatomy, prognosis and complications pertinent to each diagnosis

B. Elicit and record a complete and focused history, appropriate for the patient’s age, including Chief Complaint and HPI with pertinent Review of Systems, and Family History, and

Past Medical History to include
1. prenatal and perinatal history
2. feeding history
3. growth and development milestones
4. previous serious illness
5. routine childhood illness
6. hospitalization and surgery
7. injuries
8. immunization status
9. allergies
10. medications and vitamins

Social History to include (depending on age of child)
1. socioeconomic status
2. day care
3. hobbies, extracurricular activities
4. sleeping habits
5. diet
6. safety issues
7. pets
8. drug, alcohol and tobacco use

The student will gather historical information including
1. appropriate use of questions
2. listening to the parent/caretaker and patient
3. an organized approach to eliciting the patient’s history
4. interpreting normal and abnormal historical data
C. Perform and record a complete and focused physical examination, appropriate for the patient’s age, including the newborn examination, to include the following:

- vital signs
- skin
- HEENT
- neck
- cardiovascular system
- musculoskeletal system
- general mental status
- breasts
- chest / lungs
- abdomen
- genito-urinary system
- rectal
- neurological system

The physical exam will include:
1. an organized head-to-toe approach
2. using proper technique
3. selecting the sections of the physical exam pertinent to the patient’s age and complaint
4. interpreting normal and abnormal findings in the context of the patient’s age and history

D. Perform the Denver Developmental Screening Test and explain how it is employed to recognize abnormalities of growth and development. Recognize normal developmental milestones.

E. Perform the Apgar assessment in the neonatal period at 1 minute and 5 minutes. Describe the Apgar score prognostic value for an infant’s overall status.

F. Develop and record a differential diagnosis, based on the patient’s complaint, to include a consideration of:
1. the most likely diagnoses, based on age, history and physical exam data
2. the most common entities
3. the most severe and/or life-threatening entities

G. Select and interpret diagnostic studies to evaluate the differential diagnosis, including the following for each study:
1. risks and benefits
2. sensitivity and specificity
3. cost effectiveness
4. obtaining informed consent

H. Recognize the indications for tympanometry and audiometry evaluation of hearing and how to interpret result.

I. Develop, record and implement, as pertinent, a pharmacologic management plan to include:
1. rationale for utilizing each drug, including mechanism of action
2. indications, contraindications and adverse reactions
3. potential drug-drug interactions
4. cost-effectiveness
5. documented patient education regarding side effects and adherence issues

J. Develop, record and implement, as pertinent, a non-pharmacologic management plan to include as appropriate:
1. behavioral and psychosocial interventions
2. referrals to other health care providers
3. referrals to community resources
4. utilization of family resources
5. plans for follow-up care

K. Discuss with parent/guardian the advantages and disadvantages of breast and bottle feeding, and the optimal schedule for each method.
L. Assess the child’s immunization status and provide guidance for the risks and benefits associated with immunizations
M. List the signs of child abuse and the procedure for reporting incidents to the appropriate child abuse authorities
N. Initiate contact with the poison control center in the event of ingestion or contact exposure and describe how to execute the treatment plan as directed
O. Evaluate the presences of foreign bodies in the stomach, intestines and airway
P. Provide and record pertinent anticipatory guidance regarding disease prevention and health maintenance, which is clearly explained to the parent/guardian and patient (as appropriate to the patient’s age) and checked for understanding, to include
   1. nutrition
   2. accident and violence prevention (e.g., seat belts, helmets, screening for domestic violence)
   3. plan for age appropriate screening and periodic health assessment
Q. Provide patient counseling to include
   1. impact of family dynamics on the patient’s health
   2. consideration of patient and family’s health beliefs and practices, religious/spiritual beliefs and lifestyle choices
R. Monitor patients’ progress over time, to include
   1. reassessment of subjective and objective data
   2. reconsideration of differential diagnosis, as needed
   3. modification of management plan, based on patient’s health status and adherence issues
S. Chart progress notes following the SOAP format to include
   1. subjective data
   2. objective data
   3. assessment
   4. plan
T. Make verbal case presentations to the clinical preceptor to include pertinent elements listed above, in an organized and time-efficient manner
U. Discuss the telephone management of common pediatric problems - fever, vomiting, diarrhea, and accidental poisonings.
V. Discuss the approach to evaluating infants presenting with failure to thrive.
W. Outline the differential diagnosis for children presenting with delayed development or mental retardation.
X. Discuss the differential diagnosis of jaundice in the newborn.

The student will demonstrate the knowledge and skills described above pertaining to the following diagnoses in the problem list / EOR Exam Topic List on the following pages:
<table>
<thead>
<tr>
<th>DERMA TOLOGY</th>
<th>CAR DIOVASCULAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dermatitis - diaper</td>
<td>Atrial septal defect</td>
</tr>
<tr>
<td>Dermatitis - perioral</td>
<td>Coarctation of the aorta</td>
</tr>
<tr>
<td>Drug eruptions</td>
<td>Patent ductus arteriosus</td>
</tr>
<tr>
<td>Lichen planus</td>
<td>Tetralogy of Fallot</td>
</tr>
<tr>
<td>Pityriasis rosea</td>
<td>Ventricular septal defect</td>
</tr>
<tr>
<td>Stevens-Johnson syndrome</td>
<td>Acute rheumatic fever</td>
</tr>
<tr>
<td>Toxic epidermal necrolysis</td>
<td>Kawasaki disease</td>
</tr>
<tr>
<td>Erythema multiforme</td>
<td>Hypertrophic cardiomyopathy</td>
</tr>
<tr>
<td>Acne vulgaris</td>
<td>Syncope</td>
</tr>
<tr>
<td>Lice</td>
<td></td>
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<tr>
<td>Scabies</td>
<td></td>
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<tr>
<td>Androgenetic alopecia</td>
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<tr>
<td>Exanthems</td>
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<tr>
<td>Verrucae</td>
<td></td>
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<tr>
<td>Burns</td>
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<tr>
<td>Urticaria</td>
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<tr>
<td>Contact dermatitis</td>
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<tr>
<td>Atopic dermatitis</td>
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<tr>
<td>Tinea</td>
<td></td>
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<tr>
<td>Impetigo</td>
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</tr>
<tr>
<td>PULMONARY</td>
<td></td>
</tr>
<tr>
<td>Acute bronchiolitis</td>
<td></td>
</tr>
<tr>
<td>Croup</td>
<td></td>
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<tr>
<td>Pneumonia-bacterial</td>
<td></td>
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<tr>
<td>Respiratory syncytial virus</td>
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<tr>
<td>Asthma</td>
<td></td>
</tr>
<tr>
<td>Foreign body</td>
<td></td>
</tr>
<tr>
<td>Hyaline membrane disease</td>
<td></td>
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<tr>
<td>Cystic fibrosis</td>
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<tr>
<td>HEMATOLOGY</td>
<td></td>
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<td>Anemia</td>
<td></td>
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<td>Bleeding disorders</td>
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<td>Leukemia</td>
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<td>Lymphoma</td>
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<td>Neutropenia</td>
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<tr>
<td>Brain tumors</td>
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<td>Hemophilia</td>
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<tr>
<td>Lead poisoning</td>
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<tr>
<td>ENT/OPHTHALMOLOGY</td>
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<tr>
<td>Conjunctivitis</td>
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<tr>
<td>Orbital cellulitis</td>
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</tr>
<tr>
<td>Strabismus</td>
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</tr>
<tr>
<td>Acute otitis media</td>
<td></td>
</tr>
<tr>
<td>Allergic rhinitis</td>
<td></td>
</tr>
<tr>
<td>Hearing impairment</td>
<td></td>
</tr>
<tr>
<td>Mastoiditis</td>
<td></td>
</tr>
<tr>
<td>Otitis externa</td>
<td></td>
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<tr>
<td>Tympanic membrane perforation</td>
<td></td>
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<tr>
<td>Epistaxis</td>
<td></td>
</tr>
<tr>
<td>Acute pharyngotonsillitis</td>
<td></td>
</tr>
<tr>
<td>Epiglottitis</td>
<td></td>
</tr>
<tr>
<td>Oral candidiasis</td>
<td></td>
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<tr>
<td>Peritonsillar abscess</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>ENDOCRINOLOGY</td>
<td></td>
</tr>
<tr>
<td>Short stature</td>
<td></td>
</tr>
<tr>
<td>Hypothyroidism</td>
<td></td>
</tr>
<tr>
<td>Hyperthyroidism</td>
<td></td>
</tr>
<tr>
<td>Hypercalcemia</td>
<td></td>
</tr>
<tr>
<td>Obesity</td>
<td></td>
</tr>
<tr>
<td>Diabetes mellitus</td>
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# Pediatrics End of Rotation™ Exam Topic List

<table>
<thead>
<tr>
<th><strong>GASTROINTESTINAL/NUTRITIONAL SYSTEM</strong></th>
<th><strong>ORTHOPEDICS/RHEUMATOLOGY</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenteritis</td>
<td>Nursemaid’s elbow</td>
</tr>
<tr>
<td>Dehydration</td>
<td>Slipped capital femoral epiphysis</td>
</tr>
<tr>
<td>Appendicitis</td>
<td>Osgood-Schlatter disease</td>
</tr>
<tr>
<td>Colic</td>
<td>Scoliosis</td>
</tr>
<tr>
<td>Gastroesophageal reflux disease</td>
<td>Congenital hip dysplasia</td>
</tr>
<tr>
<td>Constipation</td>
<td>Avascular necrosis of the proximal femur</td>
</tr>
<tr>
<td>Pyloric stenosis</td>
<td>Neoplasia of the musculoskeletal system</td>
</tr>
<tr>
<td>Intussusception</td>
<td>Juvenile rheumatoid arthritis</td>
</tr>
<tr>
<td>Hirschsprung disease</td>
<td></td>
</tr>
<tr>
<td>Foreign body</td>
<td></td>
</tr>
<tr>
<td>Encopresis</td>
<td>Atypical mycobacterial disease</td>
</tr>
<tr>
<td>Hepatitis</td>
<td>Pinworms</td>
</tr>
<tr>
<td>Jaundice</td>
<td>Epstein-Barr disease</td>
</tr>
<tr>
<td>Duodenal atresia</td>
<td>Erythema infectiosum</td>
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<tr>
<td>Inguinal hernia</td>
<td>Herpes simplex</td>
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<td>Umbilical hernia</td>
<td>Influenza</td>
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<tr>
<td>Niacin deficiencies</td>
<td>Mumps</td>
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<tr>
<td>Vitamin A deficiency</td>
<td>Roseola</td>
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<tr>
<td>Vitamin C deficiency</td>
<td>Rubella</td>
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<tr>
<td>Vitamin D deficiency</td>
<td>Measles</td>
</tr>
<tr>
<td>Lactose intolerance</td>
<td>Varicella infection</td>
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<td>Hand-foot-and-mouth disease</td>
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<table>
<thead>
<tr>
<th><strong>INFECTIONIOUS DISEASE</strong></th>
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<tbody>
<tr>
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<table>
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<tr>
<th><strong>UROLOGY/RENAL</strong></th>
<th><strong>PSYCHIATRY/BEHAVIORAL MEDICINE</strong></th>
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</thead>
<tbody>
<tr>
<td>Cryptorchidism</td>
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</tr>
<tr>
<td>Hydrocele</td>
<td>Attention deficit hyperactivity disorder</td>
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<tr>
<td>Paraphimosis</td>
<td>Autistic disorder</td>
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<tr>
<td>Phimosis</td>
<td>Eating disorders</td>
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<tr>
<td>Testicular torsion</td>
<td>Depression</td>
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<tr>
<td>Enuresis</td>
<td>Anxiety</td>
</tr>
<tr>
<td>Hypospadias</td>
<td>Conduct disorders</td>
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<tr>
<td>Vesicourethral reflex</td>
<td>Suicide</td>
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<td>Glomerulonephritis</td>
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# Pediatrics End of Rotation™ Exam Topic List

<table>
<thead>
<tr>
<th>Neurology/Developmental</th>
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</thead>
<tbody>
<tr>
<td>Normal growth and development</td>
</tr>
<tr>
<td>Immunization guidelines</td>
</tr>
<tr>
<td>Anticipatory guidance</td>
</tr>
<tr>
<td>Teething</td>
</tr>
<tr>
<td>Febrile seizures</td>
</tr>
<tr>
<td>Epilepsy</td>
</tr>
<tr>
<td>Meningitis</td>
</tr>
<tr>
<td>Turner syndrome</td>
</tr>
<tr>
<td>Down syndrome</td>
</tr>
</tbody>
</table>

# Pediatrics End of Rotation™ Exam Blueprint

<table>
<thead>
<tr>
<th>Pediatrics 100-Question Exam</th>
<th>History &amp; Physical (10%)</th>
<th>Diagnostic (25%)</th>
<th>Health Maintenance (10%)</th>
<th>Clinical Intervention (10%)</th>
<th>Clinical Therapeutics (20%)</th>
<th>Scientific Concepts (10%)</th>
<th>Totals (100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dermatology</td>
<td>(15%)</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>ENOT/ophthalmology</td>
<td>(15%)</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>(10%)</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
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<td>2</td>
</tr>
<tr>
<td>Pulmonology</td>
<td>(12%)</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Gastrointestinal/nutritional</td>
<td>(10%)</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Endocrinology</td>
<td>(3%)</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Infectious diseases</td>
<td>(13%)</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Psychiatry/behavioral medicine</td>
<td>(6%)</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Neurology/developmental</td>
<td>(6%)</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Orthopedics/rheumatology</td>
<td>(5%)</td>
<td>1</td>
<td>1</td>
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<td>1</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Urology/renal</td>
<td>(3%)</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Hematology</td>
<td>(3%)</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td><strong>Totals:</strong></td>
<td><strong>(100%)</strong></td>
<td><strong>15</strong></td>
<td><strong>10</strong></td>
<td><strong>25</strong></td>
<td><strong>10</strong></td>
<td><strong>10</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

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II. PROFESSIONAL GROWTH OBJECTIVES

The student’s attitudes and behavior that contribute to Professional Growth will be monitored by core PA faculty and clinical preceptors throughout the rotation. The student will demonstrate Professional Growth by

A. Developing and maintaining good interpersonal relationships with patients as demonstrated by
   1. encouraging discussion of problems and/or questions
   2. recognizing verbal and non-verbal clues
   3. offering support and reassurance
   4. listening attentively
   5. draping appropriately, offering explanations and displaying a professional demeanor during examinations and procedures

B. Seeking and maintaining competence by
   1. demonstrating evidence of inquiry (reading, research, utilizing principles of evidence based medicine)
   2. completing rotation in accordance with assigned schedule, with punctuality
   3. adhering to the rotation objectives as set forth

C. Demonstrating professionalism by
   1. recognizing one’s limitations and informing preceptors when assigned task are not appropriate to current knowledge and/or skills
   2. performing all clinical activities with the awareness of and under the supervision of the site preceptor or his/her designee
   3. eliciting and demonstrating receptivity to constructive feedback
   4. forming and maintaining positive relationships with patients, peers, staff and supervisors
   5. maintaining a calm and reasoned manner in stressful and/or emergency situations
   6. showing respect for patients and maintaining appropriate confidentiality of the patient’s record
   7. demonstrating awareness and sensitivity to patients’ cultural beliefs and behaviors
   8. displaying a high level of motivation and interest
   9. dressing and grooming appropriately
   10. adhering to the AAPA Code of Ethics

III. COURSE REQUIREMENTS

1. Completion of assigned Rotation as scheduled.
2. Passing grade as outlined below.
3. Passing grade on patient write-up
4. Students must log all patient encounters at the clinical site on the patient logging system and complete both a site and self evaluation.

IV. STUDENT EVALUATION

Preceptor evaluation of student performance, based on clinical competencies (assessment competencies, analytic competencies, and diagnostic competencies) .......... 50%
Written Examination ................................................................. 50%
If a student earns a grade below a 70% on any component, the student may be required to repeat the rotation. Repeating the rotation will extend the length of time required for completion of the clinical year. Refer to pages 90-92 for policies regarding student progress.
PRIMARY CARE I and II

Required Texts: *Harrison’s Principles of Internal Medicine.  
*Current Medical Diagnosis and Treatment

The Primary Care Rotations provide the student with access to patients of all ages in an outpatient setting, with supervision by a physician(s) who specialize in Primary Care. The Instructional Objectives below pertain to the evaluation and management of ambulatory patients. Although the student may follow hospitalized patients with the supervising physician, testing and evaluation for this rotation will be based on the knowledge, skills and abilities related to ambulatory practice.

I. INSTRUCTIONAL OBJECTIVES

Upon completion of the Primary Care Rotation, based on reading and supervised clinical practice, the student will demonstrate knowledge and competence pertaining to each of the Instructional Objectives below, as they relate to the symptoms and diagnoses in the Problem List. The student will be evaluated by the following criteria: written examination, patient write-ups and preceptor evaluations. The student must seek appropriate preceptor supervision for all the tasks listed below, particularly those related to management. Pertaining to the Problem List below, the student will

A. Demonstrate knowledge of the etiology, epidemiology, pathophysiology, anatomy, prognosis and complications pertinent to each diagnosis

B. Elicit and record a complete and focused history, appropriate for the patient’s age, including Chief Complaint and HPI with pertinent Review of Systems, Past Medical History, Family History and Social History to include
   1. appropriate use of questions
   2. listening to the patient
   3. an organized approach to eliciting the patient’s history
   4. interpreting normal and abnormal historical data

C. Perform and record a complete and focused physical examination, appropriate for the patient’s age, to include the following
   1. an organized head-to-toe approach
   2. using proper technique
   3. selecting the sections of the physical exam pertinent to the patient’s complaint
   4. interpreting normal and abnormal findings in the context of the patient’s history

D. Develop and record a differential diagnosis, based on the patient’s complaint, to include a consideration of
   1. the most likely diagnoses, based on history and physical exam data
   2. the most common entities
   3. the most severe and/or life-threatening entities

E. Select and interpret diagnostic studies to evaluate the differential diagnosis, including the following for each study
   1. risks and benefits
   2. sensitivity and specificity
   3. cost effectiveness
   4. obtaining informed consent
F. Develop, record and implement, as pertinent, a pharmacologic management plan to include
   1. rationale for utilizing each drug, including mechanism of action
   2. indications, contraindications and adverse reactions
   3. potential drug-drug interactions
   4. cost-effectiveness
   5. documented patient education regarding side effects and adherence issues

G. Develop, record and implement, as pertinent, a non-pharmacologic management plan to include as appropriate
   1. behavioral and psychosocial interventions
   2. referrals to other health care providers
   3. referrals to community resources
   4. utilization of family resources
   5. plans for follow-up care

H. Provide and record pertinent patient education regarding disease prevention and health maintenance, which is clearly explained to the patient and checked for understanding, to include
   1. nutrition
   2. accident and violence prevention (eg. seat belts, helmets, screening for domestic violence)
   3. physical activity/exercise
   4. pertinent risk factors, including occupation, environment, tobacco, alcohol, other drugs and genetic factors
   5. warning signs/symptoms of diseases
   6. plan for age appropriate screening and periodic health assessment

I. Provide patient counseling to include
   1. adjustment to states of health and disease as related to ADLs, sexuality, relationships, death and dying
   2. consideration of patient’s health beliefs and practices, religious/spiritual beliefs and lifestyle choices
   3. family issues
   4. occupational and leisure issues
   5. anticipatory guidance appropriate to patient’s age

J. Monitor patients’ progress over time, to include
   1. reassessment of subjective and objective data
   2. reconsideration of differential diagnosis, as needed
   3. modification of management plan, based on patient’s health status and adherence issues

K. Chart progress notes following the SOAP format to include
   1. subjective data
   2. objective data
   3. assessment
   4. plan

L. Make verbal case presentations to the clinical preceptor to include pertinent elements listed above, in an organized and time-efficient manner

M. Outline dietary and exercise recommendations for patients being treated for
   1. obesity
   2. hypertension
   3. atherosclerotic heart disease
4. diabetes mellitus
5. dyslipidemia

N. Describe the primary care approach to the evaluation and management of patients presenting with:
   1. fatigue and weight loss
   2. dysuria, hematuria, proteinuria, penile discharge, scrotal pain, and scrotal mass
   3. anorexia, abdominal pain, diarrhea, vomiting, indigestion, dysphagia, constipation
   4. minor musculoskeletal injuries
   5. dyspnea, wheezing, and cough

O. Discuss the indications for the use of the Pneumovax, Influenza, Hepatitis B, Zostavax and tetanus immunizations

P. Perform the following:
   1. venipuncture and intradermal/intramuscular injections
   2. Stool guiacs, throat cultures, PPD testing, spirometry, debridement of simple wounds, and cerumin removal.
   3. pelvic exams, pap smears, and diagnostic tests to evaluate infection
   4. simple laboratory testing in the office (finger stick blood sugars, CBC, hematocrits, sed rates, urinalysis)
   5. splinting and casting
   6. telephone triage

Q. Interpret the following
   1. 12 lead EKGs and rhythm strips
   2. basic diagnostic radiographs of the chest and extremities

R. Recognize covert psychological illnesses such as depression, which may not be the primary presenting complaint.

S. Outline appropriate health maintenance / preventative service schedules for a patient given their age, gender and other relevant risk factors.

The student will demonstrate the knowledge and skills described above pertaining to the following diagnoses in the problem list / Family Medicine EOR Exam Topic List below:
## Family Medicine End of Rotation™ Exam Topic List

### Urgent Care

<table>
<thead>
<tr>
<th>Urgent Care</th>
<th>Dermatology, continued</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory failure/arrest</td>
<td>Spider bites</td>
</tr>
<tr>
<td>Deteriorating mental status/unconscious patient</td>
<td>Basal cell carcinoma</td>
</tr>
<tr>
<td>Allergic reaction/anaphylaxis</td>
<td>Kaposi sarcoma</td>
</tr>
<tr>
<td>Acute abdomen</td>
<td>Melanoma</td>
</tr>
<tr>
<td>Burns</td>
<td>Alopecia</td>
</tr>
<tr>
<td>Third trimester bleeding</td>
<td>Onychomycosis</td>
</tr>
<tr>
<td>Bites/stings</td>
<td>Paronychia</td>
</tr>
<tr>
<td>Foreign body aspiration</td>
<td>Condyloma acuminatum</td>
</tr>
<tr>
<td>Cardiac failure/arrest</td>
<td>Exanthems</td>
</tr>
<tr>
<td>Fractures/dislocations</td>
<td>Molluscum contagiosum</td>
</tr>
<tr>
<td>Sprains/strains</td>
<td>Verrucae</td>
</tr>
<tr>
<td>Myocardial infarction</td>
<td>Cellulitis</td>
</tr>
<tr>
<td>Hypertensive crisis</td>
<td>Erysipelas</td>
</tr>
<tr>
<td>Pulmonary embolus</td>
<td>Impetigo</td>
</tr>
<tr>
<td>Pneumothorax</td>
<td>Acanthosis nigricans</td>
</tr>
<tr>
<td>Ingesting harmful substances (poisonings)</td>
<td>Hidradenitis suppurativa</td>
</tr>
<tr>
<td>Orbital cellulitis</td>
<td>Lipomas/epithelial inclusion cysts</td>
</tr>
<tr>
<td>Melasma</td>
<td>Plionidal disease</td>
</tr>
<tr>
<td>Pressure ulcers</td>
<td></td>
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</tbody>
</table>

### Dermatology

<table>
<thead>
<tr>
<th>Dermatology</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dermatitis (eczema, seborrhea)</td>
<td>Urticaria</td>
</tr>
<tr>
<td>Nummular eczema</td>
<td>Vitiligo</td>
</tr>
<tr>
<td>Dyshidrosis</td>
<td>Folliculitis</td>
</tr>
<tr>
<td>Lichen simplex chronicus</td>
<td>Tinea Infections</td>
</tr>
<tr>
<td>Drug eruptions</td>
<td>Tinea versicolor</td>
</tr>
<tr>
<td>Lichen planus</td>
<td></td>
</tr>
<tr>
<td>Pityriasis rosea</td>
<td></td>
</tr>
<tr>
<td>Psoriasis</td>
<td></td>
</tr>
<tr>
<td>Erythema multiforme</td>
<td>Asthma</td>
</tr>
<tr>
<td>Stevens-Johnson syndrome</td>
<td>Bronchitis</td>
</tr>
<tr>
<td>Toxic epidermal necrolysis</td>
<td>Chronic obstructive pulmonary disease</td>
</tr>
<tr>
<td>Bullous pemphigoid</td>
<td>Pneumonia</td>
</tr>
<tr>
<td>Acne vulgaris</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>Rosacea</td>
<td>Lung cancer</td>
</tr>
<tr>
<td>Actinic keratosis</td>
<td>Sleep disorders</td>
</tr>
<tr>
<td>Seborrheic keratosis</td>
<td>Tobacco use/dependence</td>
</tr>
<tr>
<td>Lice</td>
<td></td>
</tr>
<tr>
<td>Scabies</td>
<td></td>
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</tbody>
</table>

### Pulmonology

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<table>
<thead>
<tr>
<th>ENT/OPHTHALMOLOGY</th>
<th>GASTROINTESTINAL/NUTRITIONAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharyngitis/tonsillitis</td>
<td>Colorectal cancer/colonic polyps</td>
</tr>
<tr>
<td>Acute/chronic sinusitis</td>
<td>Anal fissure</td>
</tr>
<tr>
<td>Aphthous ulcers</td>
<td>Peptic ulcer disease</td>
</tr>
<tr>
<td>Blepharitis</td>
<td>Gastritis</td>
</tr>
<tr>
<td>Conjunctivitis</td>
<td>Gastroenteritis</td>
</tr>
<tr>
<td>Dacryocystitis</td>
<td>Diarrhea/constipation</td>
</tr>
<tr>
<td>Hordeolum</td>
<td>Pancreatitis</td>
</tr>
<tr>
<td>Labyrinthitis</td>
<td>Inflammatory bowel disease</td>
</tr>
<tr>
<td>Tinnitus</td>
<td>Appendicitis</td>
</tr>
<tr>
<td>Laryngitis</td>
<td>Gastrointestinal bleeding</td>
</tr>
<tr>
<td>Otitis externa</td>
<td>Hemorrhoids</td>
</tr>
<tr>
<td>Otitis media</td>
<td>Bowel obstruction</td>
</tr>
<tr>
<td>Tympanic membrane perforation</td>
<td>Viral hepatitis</td>
</tr>
<tr>
<td>Ectropion</td>
<td>Jaundice</td>
</tr>
<tr>
<td>Entropion</td>
<td>Cholecystitis/cholelithiasis</td>
</tr>
<tr>
<td>Corneal abrasion</td>
<td>Cirrhosis</td>
</tr>
<tr>
<td>Corneal ulcer</td>
<td>Giardiasis and other parasitic infections</td>
</tr>
<tr>
<td>Glaucoma</td>
<td>Hiatal hernia</td>
</tr>
<tr>
<td>Hyphema</td>
<td>Gastroesophageal reflux disease</td>
</tr>
<tr>
<td>Macular degeneration</td>
<td>Irritable bowel syndrome</td>
</tr>
<tr>
<td>Papilledema</td>
<td>Esophagitis</td>
</tr>
<tr>
<td>Pterygium</td>
<td></td>
</tr>
<tr>
<td>Retinal detachment</td>
<td></td>
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<tr>
<td>Retinal vascular occlusion</td>
<td></td>
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<tr>
<td>Retinopathy</td>
<td></td>
</tr>
<tr>
<td>Cholesteatoma</td>
<td></td>
</tr>
<tr>
<td>Ménière disease</td>
<td></td>
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<tr>
<td>Allergic rhinitis</td>
<td></td>
</tr>
<tr>
<td>Epistaxis</td>
<td></td>
</tr>
<tr>
<td>Nasal polyps</td>
<td></td>
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<tr>
<td>Parotid abscess</td>
<td></td>
</tr>
<tr>
<td>Sialadenitis</td>
<td></td>
</tr>
<tr>
<td>Retinal vascular occlusion</td>
<td>Hyper-tension</td>
</tr>
<tr>
<td>Retinopathy</td>
<td>Coronary artery disease</td>
</tr>
<tr>
<td>Cholesteatoma</td>
<td>Peripheral vascular disease</td>
</tr>
<tr>
<td>Ménière disease</td>
<td>Arrhythmias</td>
</tr>
<tr>
<td>Allergic rhinitis</td>
<td>Endocarditis</td>
</tr>
<tr>
<td>Epistaxis</td>
<td>Hyper-lipidemia</td>
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<tr>
<td>Nasal polyps</td>
<td>Hyper-triglyceridemia</td>
</tr>
<tr>
<td>Peritonsillar abscess</td>
<td>Angina</td>
</tr>
<tr>
<td>Parotiditis</td>
<td>Congestive heart failure</td>
</tr>
<tr>
<td>Sialadenitis</td>
<td>Chest pain</td>
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</table>

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### Family Medicine End of Rotation™ Exam Topic List

<table>
<thead>
<tr>
<th>UROLOGY/RENAL</th>
<th>ORTHOPEDICS/RHEUMATOLOGY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hernias</td>
<td>Acute and chronic lower back pain</td>
</tr>
<tr>
<td>Cystitis</td>
<td>Costochondritis</td>
</tr>
<tr>
<td>Pyelonephritis</td>
<td>Bursitis/tendonitis</td>
</tr>
<tr>
<td>Glomerulonephritis</td>
<td>Rheumatoid arthritis</td>
</tr>
<tr>
<td>Nephrolithias</td>
<td>Reactive arthritis</td>
</tr>
<tr>
<td>Benign prostatic hypertrophy</td>
<td>Osteoarthritis</td>
</tr>
<tr>
<td>Prostatitis</td>
<td>Gout</td>
</tr>
<tr>
<td>Epididymitis</td>
<td>Sprains/strains</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>Ganglion cysts</td>
</tr>
<tr>
<td>Chlamydia</td>
<td>Systemic lupus erythematosus</td>
</tr>
<tr>
<td>Urethritis</td>
<td>Osteoporosis</td>
</tr>
<tr>
<td>Orchitis</td>
<td>Fibromyalgia</td>
</tr>
<tr>
<td>Balanitis</td>
<td>Plantar fasciitis</td>
</tr>
<tr>
<td>Testicular cancer</td>
<td>Overuse syndrome</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NEUROLOGY</th>
<th>OBSTETRICS/GYNECOLOGY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dizziness</td>
<td>Dysmenorrheal</td>
</tr>
<tr>
<td>Vertigo</td>
<td>Dysfunctional uterine bleeding</td>
</tr>
<tr>
<td>Syncope</td>
<td>Vaginitis</td>
</tr>
<tr>
<td>Seizure disorders</td>
<td>Pelvic inflammatory disease</td>
</tr>
<tr>
<td>Transient ischemic attack</td>
<td>Breast mass</td>
</tr>
<tr>
<td>Cerebral vascular accident</td>
<td>Breast cancer</td>
</tr>
<tr>
<td>Alzheimer disease</td>
<td>Cystocele</td>
</tr>
<tr>
<td>Parkinson disease</td>
<td>Rectocele</td>
</tr>
<tr>
<td>Essential tremor</td>
<td>Menopause</td>
</tr>
<tr>
<td>Bell palsy</td>
<td>Intrauterine pregnancy</td>
</tr>
<tr>
<td>Dementia</td>
<td>Contraception</td>
</tr>
<tr>
<td>Delirium</td>
<td>Cervical cancer</td>
</tr>
<tr>
<td>Headaches (cluster, migraine, tension)</td>
<td>Spontaneous abortion</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HEMATOLOGY</th>
<th>ENDOCRINOLOGY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anemia</td>
<td>Diabetes mellitus</td>
</tr>
<tr>
<td>Leukemia</td>
<td>Adrenal insufficiency</td>
</tr>
<tr>
<td>Thrombocytopenia</td>
<td>Cushing disease</td>
</tr>
<tr>
<td>Clotting disorders</td>
<td>Hyperthyroidism</td>
</tr>
<tr>
<td>Lymphomas</td>
<td>Hypothyroidism</td>
</tr>
<tr>
<td>Polycythemia</td>
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</table>

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### Family Medicine End of Rotation™ Exam Topic List

<table>
<thead>
<tr>
<th>PSYCHIATRY/BEHAVIORAL MEDICINE</th>
<th>INFECTIOUS DISEASES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>Mononucleosis</td>
</tr>
<tr>
<td>Generalized anxiety disorder</td>
<td>Lyme disease</td>
</tr>
<tr>
<td>Panic disorder</td>
<td>Human immunodeficiency virus</td>
</tr>
<tr>
<td>Phobias</td>
<td>Influenza</td>
</tr>
<tr>
<td>Post traumatic stress disorder</td>
<td>Meningitis</td>
</tr>
<tr>
<td>Insomnia</td>
<td>Salmonellosis</td>
</tr>
<tr>
<td>Anorexia</td>
<td>Shigellosis</td>
</tr>
<tr>
<td>Bulimia</td>
<td></td>
</tr>
<tr>
<td>Mood disorders</td>
<td></td>
</tr>
<tr>
<td>Substance abuse disorders</td>
<td></td>
</tr>
<tr>
<td>Domestic violence</td>
<td></td>
</tr>
<tr>
<td>Suicide</td>
<td></td>
</tr>
</tbody>
</table>

### Family Medicine End of Rotation™ Exam Blueprint

<table>
<thead>
<tr>
<th>Family Medicine 100-Question Exam</th>
<th>History &amp; Physical</th>
<th>Diagnostic Studies</th>
<th>Diagnosis</th>
<th>Health Maintenance</th>
<th>Clinical Intervention</th>
<th>Clinical Therapeutics</th>
<th>Scientific Concepts</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(15%)</td>
<td>(10%)</td>
<td>(25%)</td>
<td>(10%)</td>
<td>(10%)</td>
<td>(20%)</td>
<td>(10%)</td>
<td>(100%)</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>(4%)</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Dermatology</td>
<td>(3%)</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>ENT/ophthalmology</td>
<td>(8%)</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Pulmonology</td>
<td>(12%)</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>(10%)</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>Gastrointestinal/nutritional</td>
<td>(11%)</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>Urology/renal</td>
<td>(15%)</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Orthopedics/rheumatology</td>
<td>(8%)</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>Obstetrics/gynecology</td>
<td>(6%)</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Neurology</td>
<td>(6%)</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Hematology</td>
<td>(4%)</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Endocrinology</td>
<td>(5%)</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Infectious diseases</td>
<td>(4%)</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Psychiatry/behavioral medicine</td>
<td>(5%)</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>5</td>
</tr>
</tbody>
</table>

Totals: (100%) 15 10 25 10 10 20 10 100
II. PROFESSIONAL GROWTH OBJECTIVES

The student’s attitudes and behavior that contribute to Professional Growth will be monitored by core PA faculty and clinical preceptors throughout the clerkship. The student will demonstrate Professional Growth by

A. Developing and maintaining good interpersonal relationships with patients as demonstrated by
   1. encouraging discussion of problems and/or questions
   2. recognizing verbal and non-verbal clues
   3. offering support and reassurance
   4. listening attentively
   5. draping appropriately, offering explanations and displaying a professional demeanor during examinations and procedures

B. Seeking and maintaining competence by
   1. demonstrating evidence of inquiry (reading, research, utilizing principles of evidence based medicine)
   2. completing clerkship in accordance with assigned schedule, with punctuality
   3. adhering to the clerkship objectives as set forth

C. Demonstrating professionalism by
   1. recognizing one’s limitations and informing preceptors when assigned task are not appropriate to current knowledge and/or skills
   2. performing all clinical activities with the awareness of and under the supervision of the site preceptor or his/her designee
   3. eliciting and demonstrating receptivity to constructive feedback
   4. forming and maintaining positive relationships with patients, peers, staff and supervisors
   5. maintaining a calm and reasoned manner in stressful and/or emergency situations
   6. showing respect for patients and maintaining appropriate confidentiality of the patient’s record
   7. demonstrating awareness and sensitivity to patients’ cultural beliefs and behaviors
   8. displaying a high level of motivation and interest
   9. dressing and grooming appropriately
   10. adhering to the AAPA Code of Ethics

III. COURSE REQUIREMENTS

1. Completion of assigned Rotation as scheduled.
2. Passing grade as outlined below.
3. Passing grade on patient write-up
4. Students must log all patient encounters at the clinical site on the patient logging system and complete both a site and self evaluation.

IV. STUDENT EVALUATION

Preceptor evaluation of student performance, based on clinical competencies (assessment competencies, analytic competencies, and diagnostic competencies)………… 50% (100% if no exam)

Written Examination (a single comprehensive exam given at the completion of both Primary care I and Primary Care II)………………………………………………………………………….. 50% (if given)
Professionalism evaluation from Preceptor ........................................ Pass/Fail

Required 3-hour CME assignment at completion of Primary Care I.............. Pass/Fail
Patient Write-ups (1st Primary Care rotation only)................................. Pass/Fail
Faculty site visit report ................................................................. Pass/Fail

If a student earns a grade below a 70% on any component, the student may be required to repeat the rotation. Repeating the rotation will extend the length of time required for completion of the clinical year. Refer to pages 90-92 for policies regarding student progress.

PSYCHIATRY / BEHAVIORAL MEDICINE


The Psychiatry rotation provides the student with clinical experience in the varied presentations of mental illness. The Instructional Objectives below pertain to the evaluation and management of acute and non-acute psychiatric patients. Testing and evaluation of this rotation will be based on the knowledge, skills and abilities related to psychiatric medicine.

I. INSTRUCTIONAL OBJECTIVES

Upon completion of the Psychiatry rotation, based on reading and supervised clinical practice, the student will demonstrate knowledge and competence pertaining to each of the Instructional Objectives below, as they relate to the symptoms and diagnoses in the Problem List. The student will be evaluated by the following criteria: written examination, patient write-ups, and preceptor evaluation. The student must seek appropriate preceptor supervision for all the tasks listed below, particularly those related to psychiatric intervention and management. Pertaining to the Problem List below, the student will:

A. Demonstrate knowledge of the etiology, epidemiology, pathophysiology, prognosis and complications pertinent to each diagnosis
   1. psychosocial history
   2. substance use/abuse history
   3. assessment of suicide/homicide risk
   4. history of violence and abuse
   5. prior psychiatric history and treatment
   6. appropriate use of questions
   7. listening to the patient
   8. demonstrating a non-judgmental attitude to the patient
   9. an organized approach to eliciting the patient’s history
   10. interpreting normal and abnormal historical data

B. Elicit and record a complete and focused history to include chief complaint, HPI, past medical history, family history and social history, with particular focus on
   1. psychosocial history
   2. substance use/abuse history
   3. assessment of suicide/homicide risk
   4. history of violence and abuse
   5. prior psychiatric history and treatment
   6. appropriate use of questions
   7. listening to the patient
   8. demonstrating a non-judgmental attitude to the patient
   9. an organized approach to eliciting the patient’s history
   10. interpreting normal and abnormal historical data

C. Perform and record a complete and focused physical examination, appropriate for the patient’s age, to include the following
1. complete mental status exam
2. using proper technique, including modifications of technique appropriate for the patient’s mobility and mental status
3. selecting the sections of the physical exam pertinent to the patient’s chief complaint
4. interpreting normal and abnormal findings in the context of the patient’s history

D. Develop and record a diagnosis, based on the DSM-IV criteria and format
E. Select and interpret diagnostic studies to evaluate the differential diagnosis, including the following for each study
   1. risks and benefits
   2. sensitivity and specificity
   3. cost effectiveness
   4. obtaining informed consent
F. Utilize standardized instruments, as indicated, such as Beck Depression Inventory
G. Assess a patient’s suicide potential, identify appropriate intervention and demonstrate knowledge of the involuntary commitment process
H. Identify symptoms and signs of child abuse, elder abuse and sexual abuse
I. Develop, record and implement, as pertinent, a pharmacologic management plan to include
   1. rationale for utilizing each drug, including mechanism of action, indications, contraindications and adverse reactions
   2. potential drug-drug interactions
   3. cost-effectiveness
   4. documented patient education regarding side effects and adherence issues
J. Develop, record and implement, as pertinent, a non-pharmacologic management plan to include
   1. behavioral, psychosocial interventions, including individual and group therapy
   2. referrals to other health care providers
   3. referrals to community resources
   4. utilization of family resources
   5. plans for follow-up care
K. Monitor patients’ progress over time, to include
   1. reassessment of subjective and objective data
   2. reconsideration of differential diagnosis, as needed
   3. modification of management plan, based on patient’s health status and adherence issues
L. Chart progress notes following the SOAP format to include
   1. subjective data
   2. objective data
   3. assessment
   4. plan
M. Make verbal case presentations to the clinical preceptor to include pertinent elements listed above, in an organized and time-efficient manner

The student will demonstrate the knowledge and skills described above pertaining to the following diagnoses in the problem list / EOR Exam Topic List on the following page:
<table>
<thead>
<tr>
<th>MOOD DISORDERS</th>
<th>ANXIETY DISORDERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major depressive disorder</td>
<td>Generalized anxiety disorder</td>
</tr>
<tr>
<td>Bipolar disorder</td>
<td>Panic disorder</td>
</tr>
<tr>
<td>Cyclothymia/dysthymia</td>
<td>Post traumatic stress disorder</td>
</tr>
<tr>
<td>Adjustment disorder</td>
<td>Phobic disorders</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PARAPHILIAS AND SEXUAL DYSFUNCTION DISORDERS</th>
<th>SCHIZOPHRENIA AND OTHER PSYCHOTIC DISORDERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypoactive sexual desire disorder</td>
<td>Schizophrenia</td>
</tr>
<tr>
<td>Sexual aversion disorder</td>
<td>Delusional disorder</td>
</tr>
<tr>
<td>Exhibitionism</td>
<td>Schizoaffective disorder</td>
</tr>
<tr>
<td>Fetishism</td>
<td>Schizophreniform disorder</td>
</tr>
<tr>
<td>Pedophilia</td>
<td></td>
</tr>
<tr>
<td>Sexual masochism</td>
<td></td>
</tr>
<tr>
<td>Voyeurism</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>PERSONALITY DISORDERS</th>
<th>SUBSTANCE RELATED DISORDERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antisocial</td>
<td>Alcohol abuse/dependence</td>
</tr>
<tr>
<td>Avoidant</td>
<td>Drug abuse/dependence</td>
</tr>
<tr>
<td>Borderline</td>
<td>Tobacco abuse/dependence</td>
</tr>
<tr>
<td>Dependent</td>
<td></td>
</tr>
<tr>
<td>Histrionic</td>
<td></td>
</tr>
<tr>
<td>Narcissistic</td>
<td></td>
</tr>
<tr>
<td>Obsessive compulsive</td>
<td></td>
</tr>
<tr>
<td>Paranoid</td>
<td></td>
</tr>
<tr>
<td>Schizoid</td>
<td></td>
</tr>
<tr>
<td>Schizotypal</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SOMATOFORM/FACTITIOUS DISORDERS</th>
<th>ATTENTION DEFICIT DISORDER AND DISRUPTIVE BEHAVIORAL DISORDERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Somatization disorder</td>
<td>Attention deficit hyperactivity disorder</td>
</tr>
<tr>
<td>Hypochondriasis</td>
<td>Conduct disorder</td>
</tr>
<tr>
<td>Body dysmorphic disorder</td>
<td>Oppositional defiant disorder</td>
</tr>
<tr>
<td>Factitious disorder</td>
<td></td>
</tr>
<tr>
<td>Malingering</td>
<td></td>
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</tbody>
</table>

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   1. encouraging discussion of problems and/or questions
      A. recognizing verbal and non-verbal clues
      B. offering support and reassurance
      C. listening attentively
      D. draping appropriately, offering explanations and displaying a professional demeanor during examinations and procedures

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   1. demonstrating evidence of inquiry (reading, research, utilizing principles of evidence based medicine)
   2. completing clerkship in accordance with assigned schedule, with punctuality
   3. adhering to the clerkship objectives as set forth
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1. recognizing one’s limitations and informing preceptors when assigned task are not appropriate to current knowledge and/or skills
2. performing all clinical activities with the awareness of and under the supervision of the site preceptor or his/her designee
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6. showing respect for patients and maintaining appropriate confidentiality of the patient’s record
7. demonstrating awareness and sensitivity to patients’ cultural beliefs and behaviors
8. displaying a high level of motivation and interest
9. dressing and grooming appropriately
10. adhering to the AAPA Code of Ethics

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2. Passing grade as outlined below.
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IV. STUDENT EVALUATION
Preceptor evaluation of student performance, based on clinical competencies (assessment competencies, analytic competencies, and diagnostic competencies)........ 50%
Written Examination ................................................................. 50%
Professionalism evaluation from Preceptor ............................... PASS/FAIL
If a student earns a grade below a 70% on any component, the student may be required to repeat the rotation. Repeating the rotation will extend the length of time required for completion of the clinical year. Refer to pages 90-92 for policies regarding student progress
The PA profession defines the specific knowledge, skills, and attitudes required and provides educational experiences as needed in order for physician assistants to acquire and demonstrate these competencies.

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

- Understand etiologies, risk factors, underlying pathologic process, and epidemiology for medical conditions
- Identify signs and symptoms of medical conditions
- Select and interpret appropriate diagnostic or lab studies
- Manage general medical and surgical conditions to include understanding the indications, contraindications, side effects, interactions, and adverse reactions of pharmacologic agents and other relevant treatment modalities
- Identify the appropriate site of care for presenting conditions, including identifying emergent cases and those requiring referral or admission
- Identify appropriate interventions for prevention of conditions
- Identify the appropriate methods to detect conditions in an asymptomatic individual
- Differentiate between the normal and the abnormal in anatomy, physiology, laboratory findings, and other diagnostic data
- Appropriately use history and physical findings and diagnostic studies to formulate a differential diagnosis
- Provide appropriate care to patients with chronic conditions.

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

- Create and sustain a therapeutic and ethically sound relationship with patients
- Use effective listening, nonverbal, explanatory, questioning, and writing skills to elicit and provide information
• Appropriately adapt communication style and messages to the context of the individual patient interaction
• Work effectively with physician and other health care professionals as a member or leader of a health care team or other professional group
• Apply an understanding of human behavior
• Demonstrate emotional resilience and stability, adaptability, flexibility, and tolerance of ambiguity and anxiety
• Accurately and adequately document and record information regarding the care process for medical, legal, quality, and financial purposes.

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

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

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

• Understanding of legal and regulatory requirements, as well as the appropriate role of the physician assistant
• Professional relationships with physician supervisors and other health care providers
• Respect, compassion, and integrity
• Responsiveness to the needs of patients and society
• Accountability to patients, society, and the profession
• Commitment to excellence and ongoing professional development
• Commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
• Sensitivity and responsiveness to patients' culture, age, gender, and disabilities
• Self-reflection, critical curiosity, and initiative.

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

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

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

• Use information technology to support patient care decisions and patient education
• Effectively interact with different types of medical practice and delivery systems
• Understand the funding sources and payment systems that provide coverage
for patient care

- Practice cost-effective health care and resource allocation that does not compromise quality of care
- Advocate for quality patient care and assist patients in dealing with system complexities
- Partner with supervising physicians, health care managers, and other health care providers to assess, coordinate, and improve delivery of health care and patient outcomes
- Accept responsibility for promoting a safe environment for patient care and recognizing and correcting systems-based factors that negatively impact patient care
- Use information to support patient care decisions and patient education
- Apply medical information and clinical data systems to provide more effective, efficient patient care
- Utilize the systems responsible for the appropriate payment of services.
CLINICAL YEAR TESTING AND EVALUATION

A. UF School of PA Studies Grade Scale

1. The following grading system will generally be used for converting percentage grades into letter grades during the clinical year:

   A = 90 – 100%
   B+ = 86 – 89%
   B  = 80 – 85%
   C+ = 76 – 79%
   C  = 70 – 75 %
   D+ = 66 – 69%
   D  = 60 – 65%
   E  = ≤ 59%

   In the case where the grade is determined to be a fraction, averages will be rounded up to the next highest number when the fraction is 0.50 or greater.

B. End-of-Rotation Multiple Choice Examinations

1. At the end of the following rotations, the student will complete a 120-question, multiple-choice examination, based on the Problem List / EOR Exam Topic List for that rotation:
   - Emergency Medicine
   - General Surgery
   - Internal Medicine (after completing both Internal Medicine and Critical Care Medicine)
   - Women’s Health
   - Pediatrics
   - Family Medicine (after completing Primary Care II)
   - Psychiatry & Behavioral Health

   The examination will consist of 100 scored questions, with 20 un-scored experimental questions. As in the PANCE examination, the un-scored questions will not be specifically identified, and are used for evaluating and selecting future questions for these examinations.

2. When given, the multiple choice examination will count as 50% of your overall rotation grade.

C. Student Clinical Performance Evaluations

1. Each month clinical preceptors will evaluate a student’s performance based on the preceptors’ day-to-day observation of the student’s clinical work on rotation. Specific evaluation criteria to be considered include:
   - Proficiency in obtaining a clinical database
   - Clinical problem-solving skills
• Ability to formulate a rational management plan
• Proficiency in performing clinical procedures
• Clinical knowledge base
• Professional attitudes and behaviors

2. Clinical preceptor evaluations may be completed by licensed physicians (MD or DO), licensed NCCPA-Certified physician assistants, or licensed nurse practitioners that have worked with students for a reasonable time of supervision (at least 5 clinical shifts). Nurses, first year residents (PGY-1), allied health professionals, or other PA students are NOT acceptable evaluators. Although you may be working with these healthcare professionals, they cannot function as your preceptor or complete your final evaluation. Resident physicians of PGY-2 or higher, regardless of a “TRN” designation on their license, ARE acceptable.

• The School of PA Studies reserves the right to accept additional Contributing Evaluator Forms from any healthcare professional with whom the student worked over the course of the rotation.

3. In many rotations, the student will be observed by several providers, who may not be the actual preceptor. In order to give the preceptor the best possible input with which to evaluate the student’s performance, these providers should be given a “Contributing Evaluator Input to Supervising Preceptor” form. This brief form is to be completed, preferably reviewed with the student, and then the contributing evaluator should submit it directly to the preceptor – not to the student. It is never sent to the School.

4. At the end of each rotation, ensure that the preceptor has received the EMEDLEY Student Clinical Performance Evaluation online.

5. The evaluation is normally completed online in EMEDLEY, but in exceptional cases, such as Internet access failures, the preceptor may FAX or scan and email the “Contributing Evaluation Form” directly to UF SPAS (352-294-8167 or keri.stone@pap.ufl.edu). It is NEVER given directly to the student.

6. Students are responsible for ensuring that the Student Clinical Performance Evaluation is submitted to the School of PA Studies in a timely manner. It is up to you to communicate with your preceptor appropriately and effectively to get this accomplished.

7. Clinical year students are expected to assume responsibility for their education while on rotation. Part of this responsibility includes frequently seeking performance feedback from clinical preceptors throughout the rotation so there are no “surprises” at the end of the month. At a minimum, students should sit down with their preceptor midway through each rotation, review their progress, and plan strategies for correcting any identified deficiencies. THE END OF ROTATION IS NOT AN APPROPRIATE TIME
FOR YOU TO FIND OUT THAT YOU HAVE NOT PERFORMED SATISFACTORILY!

9. Each student should review the Description of Evaluation Competencies found in this Manual to ensure they understand how they are to be evaluated.

10. The clinical performance evaluation will usually count as 50% of your overall rotation grade, but may be 100% of the grade in rotations that do not have an EOR examination.

11. The preceptor will also evaluate the student for professionalism. Ethics and professional behavior are the foundations of medicine and form an essential component of all clinicians’ interactions with their patients and colleagues. The student must pass this evaluation component in order to pass the rotation.

12. Each student must pass each component of their rotation (preceptor’s evaluation, professionalism evaluation, and examination (if given)) by the equivalent of 70% to pass the month’s rotation. A grade of less than 70% on any graded component, regardless of the overall average, will result in an incomplete for the rotation and will remain as such until successful completion of a remediation plan as outlined below.
   a. The first time a student fails one or more components of a rotation, at minimum, a remediation plan will be developed by the Professional Standards and Promotions Committee.\textsuperscript{i}
   b. Failure of one or more components on a second occasion, at a minimum, will result in probation, additional remediation as determined by the PSPC, and the assignment of an elective that will strengthen the student’s area of weakness.\textsuperscript{ii}
   c. Failure of one or more components on a third occasion will result in appearance before the PSPC, at which point, appropriate remediation, deceleration, or dismissal will be considered by the committee.
      i. If a student solely fails an EOR exam, a remediation exam will be given and the 2\textsuperscript{nd} EOR exam score will be graded on a “Pass/Fail” basis, but not replace the original EOR exam score.
      ii. If a student enters the clinical year on probationary status and fails their 1\textsuperscript{st} component of a rotation, they will be assessed by the PSPC according to letter b., above.

13. Grades on the Student Clinical Performance Evaluation are given using a 100-point grading scale, with 70% as the minimum passing score.
### Patient Care

**Medical Interview & Physical Exam:** Student synthesizes essential, accurate information to define patient's clinical problem(s) [PCI, EPA 1, 10]

<table>
<thead>
<tr>
<th>Critical Deficiencies</th>
<th>Deficient</th>
<th>Acceptable</th>
<th>Proficient</th>
<th>Advanced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unable to collect accurate history or physical exam</td>
<td>Inconsistently able to acquire accurate history</td>
<td>Consistently acquires accurate and relevant histories</td>
<td>Acquires H&amp;P in a prioritized, &amp; hypothesis-driven fashion</td>
<td>Obtains historical subtleties, that improve the differential diagnosis</td>
</tr>
</tbody>
</table>

**Written Patient Record and Decision Making:** Can synthesize a patient care plan and justify why urgent or emergent care is needed [EPA 7, 10]

| Care plans are often incomplete or inaccurate | Inconsistently develops an appropriate care plan | Consistently develops an appropriate care plan | Appropriately modifies care plans based on clinical course and patient preferences | Role models and comprehends complex, patient-centered care |

**Procedures:** Possesses technical skill to successfully complete procedures relevant to the clinical rotation [PC, PBU, EPA 11]

| Attempts to perform procedures without sufficient skill or supervision | Insufficient technical skill for safe completion of common procedures | Possesses basic technical skill for the completion of common procedures | Possesses good technical skill and has successfully performed all procedures related to this rotation | Maximizes comfort and safety when performing procedures |

### Medical Knowledge

**Clinical Knowledge:** Integrates clinical sciences with clinical application [MK1, EPA 7]

- Lacks scientific, socioeconomic or behavioral knowledge required to provide competent patient care
- Unable to demonstrate improved scientific, socioeconomic or behavioral understanding when faced with a similar scenario a second time
- Possesses the scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions
- Possesses the scientific, socioeconomic and behavioral knowledge required to provide care for complex medical conditions
- Possesses scientific, socioeconomic and behavioral knowledge required to diagnose and treat uncommon, or complex conditions

**Problem Solving and Critical Thinking:** Synthesizes and analyzes data correctly, correlates clinical and lab data, accurately determines active problems, distinguishes normal from abnormal findings [MK 8, EPAPA 3, 10]

| Misinterprets clinical and/or lab data, thereby causing misdiagnosis | Often interprets normal findings as abnormal or vice-versa | Acceptable level of analyzing clinical and lab data | Able to synthesize clinical data and correlate them correctly with minimal preceptor input | Able to function autonomously distinguishing normal and abnormal findings and correlating this with clinical and lab data |

**Differential Diagnosis:** Formulates a differential diagnosis, prioritizes it based on knowledge gathered [MK 9, EPAPA 2]

| Forms differential diagnoses not justified by clinical data, or unable to form a differential diagnosis | Typically able to only come up with a rudimentary differential diagnosis | Able to consistently form a small but correct differential diagnosis. (2-3 reasonable possibilities) | Able to form a broad based and correctly prioritized differential diagnosis | Needs no direction in formation of differential that is accurate & prioritized by evidence from history, exam & supporting data. |
**d. Knowledge of diagnostic testing and procedures [MK2, EPA 3]**

<table>
<thead>
<tr>
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<th>Proficient</th>
<th>Advanced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lacks foundational knowledge to apply tests &amp; procedures to patient care</td>
<td>Inconsistently interprets basic diagnostic tests</td>
<td>Consistently interprets basic diagnostic tests accurately</td>
<td>Chooses testing wisely &amp; accurately interprets complex diagnostic tests</td>
<td>Anticipates and accounts for pitfalls and biases when interpreting tests and procedures</td>
</tr>
</tbody>
</table>

**III. Interpersonal & Communication Skills**

a. **Oral Case Presentation [IPC 2, 6, EPA 6,9]**

- Conveys information that may pose detrimental
- Provides minimal prompting typically accurate w/ history & exam
- Able to adapt style & length of presentation according to specialty & complexity of case
- Accurately & succinctly communicates in all clinical situations including admission, consultation & care hand-offs

b. **Communicates Effectively with Patients and Caregivers [EPA 9,11, IPCS 1,2,4]**

- Does not engage in shared decision-making or take preferences into account
- Respects patient preferences when offered, but does not actively solicit preferences
- Incorporates patient preferences and shared decision making across a variety of patient care scenarios
- Role models effective communication and fosters therapeutic relationships in both routine & challenging situations

- Communication strategies hamper teamwork
- Uses unidirectional communication that fails to utilize wisdom of the team
- Consistently engages in collaborative communication with team members
- Role models/teaches collaborative communication to enhance patient care, even in challenging settings

**IV. Practice-Based Learning and System Based Practice**

a. **Monitors practice with a goal for improvement [EPA 12, PBL 11]**

- Unwilling to self-reflect on practice
- Lacks tools or misses opportunities to self-reflect on practice or performance
- Regularly self-reflects on practice or performance & consistently acts upon reflections
- Regularly self-reflects on practice & seeks external validation to maximize practice improvement

- Learns and improves via feedback [PBL 3, EPA 9]
- Never solicits feedback
- Rarely seeks, or sometimes responds to feedback in a defensive fashion
- Solicits feedback only from supervisors, usually incorporates feedback
- Solicits feedback from all members of the team and patients
- Performance continuously reflects incorporation of solicited and unsolicited feedback

**V. Professionalism**

a. **Has professional and respectful interactions with patients, caregivers and members of the inter-professional team [Prof, EPA 9]**

- Lacks empathy or compassion for patients & caregivers
- Inconsistently demonstrates empathy, compassion & respect for patients & caregivers
- Demonstrates empathy, compassion & respect for patients & caregivers & in all situations

- Exhibits integrity and ethical behavior in professional conduct [Prof, EPA 9]
- Sometimes dishonest in documentation, or scholarly activity
- Honest in clinical interactions, documentation, & scholarly activity
- Demonstrates integrity, honesty, & accountability to patients, society & the profession
- Assists others in adhering to ethical principles of integrity, honesty, & professional responsibility