



College of Allied Health & Nursing
Physician Assistant Program
Ft. Lauderdale - Davie

Clinical Year Student Handbook
2009 - 2010

NOVA SOUTHEASTERN UNIVERSITY PHYSICIAN ASSISTANT PROGRAM

CLINICAL YEAR HANDBOOK

CLINICAL YEAR
2009-2010

This clinical year handbook has been developed by the faculty and administration of the Nova Southeastern University Physician Assistant Program to provide the student with specific guidelines, rights, and responsibilities regarding the Physician Assistant Program. This handbook is designed to supplement rather than supplant existing University policies and procedures, including those set forth in University Catalog and the College of Allied Health and Nursing Student Handbook and the Physician Assistant Academic Handbook. We encourage every student to become familiar with and refer to those and other University publications for further information.

Any questions regarding policies contained within this manual should be directed to the Clinical Team. Although every effort has been made to make this handbook as complete and up-to-date as possible, it should be recognized that circumstances will occur that the handbook does not cover. Changes will also be necessary in the handbook due to changes in the Physician Assistant Program. Students will be notified of any changes, or additions, in writing and they will become effective immediately.

When the handbook does not cover a specific circumstance or the interpretation is ambiguous, the Director of the Program will make the necessary decision or interpretation. The fact that written policies are not in the handbook should not be interpreted as an absence of a policy or regulation. If students have questions regarding a situation, they should discuss them with the Director of the Physician Assistant Program.

Please note that if there is any conflict between the specific policies and procedures set forth in this handbook and general University policies and procedures, the policies and procedures in this handbook shall be controlling. We hope you find this handbook helpful and wish you much success in your studies.

-- *The Program Faculty*

New policies approved after publication of this handbook may add to or supersede those contained herein.

TABLE OF CONTENTS

INTRODUCTION	6
2009-2010 CLINICAL YEAR ROTATION SCHEDULE	8
HOLIDAY BREAK	8
AAPA’S PHYSICIAN ASSISTANT CODE OF ETHICS	9
ACADEMIC HONORS	10
GOALS OF THE CLINICAL YEAR	10
CLINICAL YEAR RESPONSIBILITIES	11
GENERAL POLICIES AND PROCEDURES	14
PREREQUISITES FOR CLINICAL ROTATIONS	15
STANDARDS OF CONDUCT FOR THE PHYSICIAN ASSISTANT STUDENT	15
ATTENDANCE	18
LEAVE OF ABSENCE	20
ATTIRE/IDENTIFICATION	21
MEDICAL DIAGNOSTIC EQUIPMENT	22
PARKING/TRAVEL	22
MEALS	22
HOUSING	22
STUDENT HEALTH INSURANCE	22
LIABILITY INSURANCE COVERAGE	22
UNIVERSAL PRECAUTIONS	23
ACCIDENT REPORTING AND MEDICAL CARE	23
DRUG SCREENING	23
EMERGENCY PROCEDURES	23
SAFETY PROCEDURES	24
PATIENT CONFIDENTIALITY	24
PATIENT RECORDS, PHYSICIAN REVIEW, AND COUNTERSIGNATURE:	24
CHARTING	25
PRESCRIPTION WRITING – SPECIFICS	25
EMPLOYMENT	25
CLINICAL POLICIES	27
GENERAL ROTATION GUIDELINES	28
ROTATION SCHEDULES	29
ROTATION PROCEDURES	30
BEFORE EACH ROTATION BEGINS	30
WEEK 1	30
WEEK 3 – MID ROTATION EVALUATION	30
SITE VISITS: WEEKS 3-4	31
WEEKS 5-6	31
PATIENT PROFILE LOG	31
CLINICAL PROCEDURE LOG	32
STUDENT EVALUATION OF THE CLINICAL SITE	33
INCOMPLETE/UNSUBMITTED PAPERWORK	33
COMPUTING CLINICAL ROTATION COURSE GRADES	33
PRECEPTOR EVALUATION	34
COMPREHENSIVE SUBJECT EXAMINATION	34
WRITTEN ASSIGNMENTS	35
SITE VISITS/ORAL PRESENTATIONS	35
END-OF-ROTATION SEMINARS	36
OBJECTIVE STRUCTURED CLINICAL EXAMINATION (OSCE)	36
REMIEDIATION	36
COMMITTEE ON STUDENT PROGRESS	37
REQUIREMENTS FOR SUCCESSFUL COMPLETION OF THE CLINICAL YEAR	37
GRADUATION REQUIREMENTS	38

CLINICAL SYLLABI & OBJECTIVES	39
EMERGENCY MEDICINE ROTATION	40
FAMILY MEDICINE ROTATION	49
INTERNAL MEDICINE ROTATION	59
PEDIATRICS ROTATION	67
PRENATAL CARE/GYNECOLOGY ROTATION	75
SURGERY ROTATION	83
ELECTIVE ROTATIONS	93
FORMS	100

GENERAL INFORMATION

INTRODUCTION

Congratulations Class of 2010! Welcome to the Clinical Year!

The Clinical Year will take you from a relatively passive learning situation into an active one. For the past year you have been studying the science of medicine; now you will couple that with the art of medicine. This is the time to take advantage of the transition from the classroom into clinical practice. The clinical year is the critical link between the student and graduate physician assistant. Your preceptors, as well as other instructors, will provide a number of opportunities for you to apply your newly acquired knowledge and skills to actual patient activities. A positive attitude with 100% dedication and effort will make your clinical rotations true and valuable learning experiences.

The clinical year will be both challenging and exhausting, but will also be full of tremendous opportunities! Take advantage of each and every opportunity presented and strive to be the BEST PA that you can be. Remember that no rotation is perfect, but learning experiences can and do exist under all circumstances. Maintain your perspective, relax, and ready yourself for a year of tremendous personal and professional growth and the final realization of a goal that you have sacrificed and worked so hard to achieve. We are excited and proud of each one of you!

This manual contains the majority of information you will need to know during your clinical year. *If you have questions, please refer to this manual first.* If you cannot find the information here, then call the program office for assistance. Your first line contact is the Clinical Support Coordinator, followed by the Assistant Clinical Director, and then the Clinical Director. We request that you follow the appropriate chain of command.

The Program Faculty and Staff are available for advice, guidance, and support during your clinical year. Keep in mind that as students and future graduates of NSU, your performance reflects highly on this department, the University and its many affiliates. Strive to continually conduct yourself in a professional manner!

We wish you the best of luck through this upcoming year!!



Odoo K. McCallum, MPH, CHES
Clinical Director



Rick Yarosh, MPAS, PA-C
Assistant Clinical Director



Kyle Baccus Horsley, PA
Clinical Support Coordinator

FACULTY & STAFF

Department Chair & Program Director	Melissa J. Coffman, MPA, PA-C	(954) 262-1252 marchiso@nova.edu
Medical Director	Morton A. Diamond, MD, FACP, FACC, FAHA	(954) 262-1292 mdiamond@nova.edu
Associate Program Director & Academic Director	C. Richard Finley, EdD, PA-C, DFAAPA	(954) 262-1288 cfinley@nova.edu
Clinical Director	Odo K. McCallum, MPH, CHES	(954) 262-1289 odoo@nova.edu
Assistant Clinical Director	Rick V. Yarosh, MBA, MPAS, PA-C	(954) 262-1326 yarosh@nova.edu
Faculty	Robert C. Grosz, EdD, FACSP	(954) 262-1285 rgrosz@nova.edu
Faculty	Harvey A. Feldman, MD, FACP	(954) 262-1258 hfeldman@nova.edu
Faculty	Pamela B. Jaffey, MD	(954) 262-1294 pjaffey@nova.edu
Faculty	John W. Rafalko, EdD, PA-C	(954) 262-1287 rafalko@nova.edu
Faculty	J. Keith Williams, MPAS, PA-C	(954) 262-1256 willjohn@nova.edu
Faculty	Steven J. Sager, MPAS, PA-C, DFAAPA	(954) 262-1236 ssager@nova.edu
Faculty	Robin Schugar, MS, PA-C	(954) 262-1281 rs1181@nova.edu
Faculty	Angela Mesa-Taylor, MPAS, PA-C	(954) 262-1257 am72@nova.edu
Faculty	Troy E. Elmstrom, MPH, PA-C	(954) 262-2193 te39@nova.edu
Clinical Support Coordinator	Kyle Baccus-Horsley, BA	(954) 262-1279 baccus@nova.edu
Academic Support Coordinator	Judith Ricketts	(954) 262-1283 rjudith@nova.edu
Administrative Staff	Grace Alu	(954) 262-1253 galu@nova.edu
Administrative Staff	Nancy Jeffcoat	(954) 262-1251 njeffcoa@nova.edu



2009-2010 CLINICAL YEAR ROTATION SCHEDULE

2009-2010 CLINICAL YEAR ROTATION SCHEDULE					
ROTATION #		ROTATION DATES		END-OF-ROTATION DATES	
		Day	Date	Day	Date
1	Start End	Monday Wednesday	August 24, 2009 September 30, 2009	Thursday Friday	October 1, 2009 October 2, 2009
2	Start End	Monday Wednesday	October 5, 2009 November 11, 2009	Thursday Friday	November 12, 2009 November 13, 2009
3	Start End	Monday Tuesday	November 16, 2009 December 22, 2009	Wednesday	December 23, 2009 until 12:00 p.m. (noon)
	Start End	Thursday Sunday	December 24, 2009 <i>through</i> January 3, 2010	HOLIDAY BREAK Remediation Exam: Monday 1/4/10	
4	Start End	Monday Wednesday	January 4, 2010 February 10, 2010	Thursday Friday	February 11, 2010 February 12, 2010
5	Start End	Monday Tuesday	February 15, 2010 March 23, 2010	Wednesday Thursday Friday	March 24, 2010 March 25, 2010 March 26, 2010
6	Start End	Monday Wednesday	March 29, 2010 May 5, 2010	Thursday Friday	May 6, 2010 May 7, 2010
7	Start End	Monday Wednesday	May 10, 2010 June 16, 2010	Thursday Friday	June 17, 2010 June 18, 2010
8	Start End	Monday Wednesday	June 21, 2010 July 28, 2010	Thursday Friday	July 29, 2010 July 30, 2010
9	Start End	Monday Wednesday	August 2, 2010 August 25, 2010	Thursday	August 26, 2010 Paperwork due <u>Only</u> - No Exam/Lectures
		Graduation Rehearsal	Friday, August 27, 2010		
		Senior Awards Banquet:	Saturday, August 28, 2010		
		Graduation Ceremony:	Sunday, August 29, 2010		

THE MISSION STATEMENT

To provide a primary care training program designed for and dedicated to producing competent physician assistants who will provide quality health care in the rural, urban, underserved, and culturally diverse communities; and

- To increase the accessibility of quality health care in the primary care setting; and
- To prepare students for life-long learning and leadership roles; and
- To promote the physician assistant profession.

AAPA'S PHYSICIAN ASSISTANT CODE OF ETHICS

The physician assistant profession has revised its code of ethics several times since the profession began. Although the fundamental principles underlying the ethical care of patients have not changed, the societal framework in which those principles are applied has. Economic pressures of the health care system, social pressures of church and state, technological advances, and changing patient demographics continually transform the landscape in which PAs practice. Previous codes of the profession were brief lists of tenets for PAs to live by in their professional lives. This document departs from that format by attempting to describe ways in which those tenets apply. Each situation is unique. Individual PAs must use their best judgment in a given situation while considering the preferences of the patient and the supervising physician, clinical information, ethical concepts, and legal obligations.

Four main bioethical principles broadly guided the development of these guidelines: autonomy, beneficence, non-maleficence, and justice.

Autonomy, strictly speaking, means self-rule. Patients have the right to make autonomous decisions and choices, and physician assistants should respect these decisions and choices.

Beneficence means that PAs should act in the patient's best interest. In certain cases, respecting the patient's autonomy and acting in their best interests may be difficult to balance.

Non-maleficence means to do no harm, to impose no unnecessary or unacceptable burden upon the patient.

Justice means that patients in similar circumstances should receive similar care. Justice also applies to norms for the fair distribution of resources, risks, and costs.

Physician assistants are expected to behave both legally and morally. They should know and understand the laws governing their practice. Likewise, they should understand the ethical responsibilities of being a health care professional. Legal requirements and ethical expectations will not always be in agreement. Generally speaking, the law describes minimum standards of acceptable behavior, and ethical principles delineate the highest moral standards of behavior.

When faced with an ethical dilemma, PAs may find the guidance they need in this document. If not, they may wish to seek guidance elsewhere – possibly from a supervising physician, a hospital ethics committee, an ethicist, trusted colleagues, or other AAPA policies. PAs should seek legal counsel when they are concerned about the potential legal consequences of their decisions.

STATEMENT OF VALUES OF PHYSICIAN ASSISTANT PROFESSION

- Physician assistants hold as their primary responsibility the health, safety, welfare, and dignity of all human beings.
- Physician assistants uphold the tenets of patient autonomy, beneficence, non-maleficence, and justice.
- Physician assistants recognize and promote the value of diversity.
- Physician assistants treat equally all persons who seek their care.
- Physician assistants hold in confidence the information shared in the course of practicing medicine.
- Physician assistants assess their personal capabilities and limitations, striving always to improve their medical practice.
- Physician assistants actively seek to expand their knowledge and skills, keeping abreast of advances in medicine.
- Physician assistants work with other members of the health care team to provide compassionate and effective care of patients.
- Physician assistants use their knowledge and experience to contribute to an improved community.
- Physician assistants respect their professional relationship with physicians.
- Physician assistants share and expand knowledge within the profession.

For the complete version of the “Guidelines for Ethical Conduct for the Physician Assistant Profession, please see <http://www.aapaorg/manual/23-EthicalConduct.pdf>

ACADEMIC HONORS

For the College of Allied Health and Nursing policy on Graduation with Honors, please see your Handbook of the College of Allied Health and Nursing, Health Professions Division.

Induction into the National PA Honor Society, Pi Alpha, is an honor bestowed on graduating students, faculty and alumni in recognition not only of scholastic achievement but also of demonstrated excellence in research, publishing, community and professional service, and/or leadership activities.

GOALS OF THE CLINICAL YEAR

The clinical year takes you from a passive to an active learning environment to prepare for the emergence and assumption of your professional role as a physician assistant.

To this end, the goals of the clinical year include:

1. To apply didactic knowledge to supervised clinical practice,
2. To develop and sharpen clinical problem solving skills,
3. To add to the medical fund of knowledge,
4. To perfect the art of history taking and physical examination skills,
5. To sharpen and refine oral presentation skills,
6. To develop an understanding of the PA role in health care delivery,
7. To prepare for the Physician Assistant National Certifying Examination,
8. To begin to develop an area of interest for employment after graduation,
9. To develop a resume and to gain self confidence in the professional role, and
10. To develop interpersonal skills necessary to function as part of a medical team.

CLINICAL YEAR RESPONSIBILITIES

PRECEPTOR'S RESPONSIBILITIES

- To provide an appropriate clinical environment and a variety of patient encounters necessary for your learning experience
- To provide a minimum number of clinical hours (minimum of 40 hours/week for 6 weeks) for you to attend and participate in clinical activities at the rotation site. During this time the preceptor must be available for supervision, consultation, and teaching, or designate an alternate preceptor.
- To acquaint you at the onset of the rotation with the practice/site policies and procedures and review with you the expectations and objectives for the rotation.
- To supervise, demonstrate, teach, and observe you in clinical activities in order to aid in the development of clinical skills and to insure proper patient care; to delegate increasing levels of responsibility for clinical assessment and management as your skills develop; to co-sign all chart entries as required.
- To provide on-going feedback regarding your clinical performance.
- To participate in the evaluation of clinical skills and medical knowledge base through the following mechanisms:
 1. Direct supervision, observation, and teaching in the clinical setting,
 2. Direct evaluation of oral case presentations,
 3. Assignment of outside readings and research to promote further learning,
 4. Participation in dialogue with faculty during site visits to evaluate your progress and to assist your learning process,
 5. Audit of charts to evaluate your ability to write appropriate and complete progress notes, histories, physical examinations, assessments and treatment plans,
 6. Review of your mid-rotation self evaluation, and

7. Completion and timely return of the End-of-Rotation evaluation forms.
- To promptly notify the PA Program of any circumstances that might interfere with the accomplishment of the above goals or diminish the overall training experience. The Program strives to maintain open faculty-colleague relationships with its preceptors and believes that by notifying appropriate program personnel early, should problems arise during a rotation, early problem solving will result without unduly burdening the preceptor. In addition, open communication and early problem solving may help to avoid a diminution in the educational experience.

THE PA PROGRAM'S RESPONSIBILITIES

- Orientation of the preceptors and students to the policies and procedures of the clinical year.
- To serve as a resource in developing quality rotation sites and to facilitate the introduction of the PA role to the community, in general, and the medical community, specifically.
- To provide professional liability coverage throughout your time in the program.
- To evaluate the entire clinical experience with periodic site visits. Evaluations will be discussed with you and the preceptor and suggestions will be made for strengthening the experience as needed.
- To maintain close contact with you in an attempt to anticipate problems before they arise and to provide a support network outside of the rotation.
- To provide continuing education seminars, end-of-rotation examination experiences, clinical skills testing experiences, and evaluation reports to you during the clinical year.

STUDENT RESPONSIBILITIES TO THE PRECEPTOR

- To accrue the number of hours required by the program and to be sensitive to the schedule of the clinical site.
- To inform the preceptor on a regular basis of your individual needs; this includes sharing with the preceptor where you feel “you are” and where you “ought to be” in specific clinical requirements and clinical skills.
- To be sensitive to the pressures on the preceptor; the amount of time the preceptor can spend with you may depend on the number of patients scheduled, the physician’s concern about patients or other issues, or how tired he/she is. The preceptor may also feel pressured by the responsibility of having an expectant, inquiring student!
- To be sensitive to the wishes of patients and their willingness to share confidences or to have you be partially responsible for their care.

- To be sensitive of the way in which the preceptor deals with his/her patients. You may not wish to adopt the same attitudes and behaviors toward the patients; however, if there appears to be an issue, *it should be discussed before a major problem develops*.
- To be sensitive to the demands your presence places on the office staff; check regularly with staff about the increased workload expected of them. If aware and/or informed that the workload has increased to an unbearable level, you should cooperate in the planning and alleviation of the situation.
- Express your appreciation to the all staff and personnel that you interact with, including the preceptor, other medical professionals, nurses, and office staff.

STUDENT RESPONSIBILITIES TO THE PROGRAM

- To attend, and participate fully, in all rotations as scheduled.
- To notify the program of any problems in a timely fashion.
- To complete all required paperwork for each rotation.
- To review learning objectives prior to the onset, and periodically throughout, the rotations.
- To prepare for and participate in periodic site visits.
- To prepare for and participate in Comprehensive Subject Exams (CSEs) and End-of-Rotation Seminar activities for each rotation.
- To attend all EOR events for each rotation.

STUDENT RESPONSIBILITIES TO THEMSELVES

- To schedule adequate time for reading, studying, preparing for CSE exams, and completing all required paperwork.
- To keep all lines of communication open between yourself, your family, your support groups, your preceptor, and the Program.
- To schedule a weekly leisure opportunity.
- You are responsible for your own clinical progress and for making your needs known to the preceptor and the PA Program.

GENERAL POLICIES AND PROCEDURES

PREREQUISITES FOR CLINICAL ROTATIONS

- A. Successful completion of all didactic course work.
- B. Maintain a valid health insurance policy. Failure to maintain health insurance throughout the clinical year will result in you being removed from rotations until proof of compliance is submitted.
- C. Update the criminal background check accomplished at admission, and drug testing where required.
- D. Completion of all required immunizations and testing (MMR, varicella, Polio, Td, Hep B, PPD with or without chest x-ray as indicated). Maintain yearly TB testing while on rotation. You are responsible for maintaining your personal immunization record, and it is recommended that you carry this record to your site on the first day of each rotation. Serum titers for proof of immunity are acceptable in some cases. Failure to demonstrate up-to-date immunization status on request will result in removal from the rotation until proper proof of “current” immunization status is presented.
- E. Completion of University registration.
- F. Maintain a functional cell phone and NSU email. Please keep the PA Program office apprised of any phone number changes throughout the clinical year.

STANDARDS OF CONDUCT FOR THE PHYSICIAN ASSISTANT STUDENT

Success in the physician assistant profession requires certain behavioral attributes, including empathy, discipline, honesty, integrity, the ability to work effectively with others in a team environment, and the ability to address a crisis or an emergency situation in a composed manner. Physician assistants and physician assistant students must exhibit a high level of maturity and self control even in highly stressful situations.

In keeping with these precepts physician assistant students must conduct themselves in a highly professional manner consistent with the patient care responsibilities they will be entrusted with during their training in the Program. Students must adhere to the following standards:

RESPECT

Students are expected to treat all patients, faculty, university staff, clinical preceptors, health care workers, and fellow students with dignity and respect. Conflicts should be resolved in a diplomatic, reasoned manner. Students should be sensitive to, and tolerant of, diversity in the student and patient population. Physician assistant training involves a close working environment with other students and includes physical examination of fellow students and discussion groups that may reveal personal information. These situations must be approached with respect for the privacy, confidentiality, and feelings of fellow students. Students should offer criticism or suggestions in a thoughtful and reasoned manner that fosters respect and trust. Displays of anger, which include demeaning, offensive, argumentative, threatening language/behavior, or language that is insensitive to race, gender, ethnicity, religion, and sexual orientation will not be tolerated. Students must be appropriately responsive to lawful requests

from their instructors, preceptors, and clinical sites. Students shall not engage in disruptive or obstructive behavior at the university or at clinical sites.

FLEXIBILITY

Physician assistant training involves instruction from practicing clinicians with unpredictable schedules. At times, lectures or clinical session times may need to be adjusted with short notice. The Program believes the advantage of utilizing practicing clinicians outweighs this inconvenience, and asks students to be flexible and tolerant of changes. Student schedules in the clinical year are set by the clinical sites and may involve night and weekend hours.

INTEGRITY

Students are expected to follow all policies in the University Student Handbook, and University Catalog, including those pertaining to academic honesty. Infractions such as forgery, plagiarism, stealing/copying tests, and cheating on examinations will not be tolerated. PA students are also expected to display the highest ethical standards commensurate with work as a health care professional. Students shall report any illegal or unethical activity to the preceptor and Program. Students may not accept gifts or gratuities from patients or families. Breaches in confidentiality, falsification of records, misuse of medications, and sexual relationships with patients will not be tolerated.

CONFIDENTIALITY

Students must respect the confidentiality of patients and fellow students and are not permitted to discuss any patients by name outside the clinical encounter situation. For academic presentations and H & PE assignments, please use patients' initials or first name only.

HEALTH CARE DELIVERY

PA students shall deliver health care service to patients without regard to their race, religion, creed, national origin, sexual orientation, socioeconomic status, disability, disease status, or political beliefs.

STUDENT ROLE

Students at clinical sites must always work under the supervision of a preceptor. They may not function in the place of an employee, or assume primary responsibility for a patient's care. Students shall not treat and discharge a patient from care without consulting a clinical preceptor or supervisor. Students shall perform only those procedures authorized by the Program, clinical site, and preceptor. Students must adhere to all regulations of the Program and the clinical sites.

IMPAIRMENT

Students shall not appear at the university or clinical sites under the influence of alcohol or drugs.

TIMELINESS

Students must report to all classes, labs, seminars, and clinical sites at the scheduled time. Students must also return messages from the PA Program, faculty, clinical preceptors, patients, and clinical sites in a timely manner (within 24 hours).

PROFESSIONAL RELATIONSHIPS

A. PA Student/Peer

As a professional colleague, peers will be accorded due respect in interactions taking place in or outside the classroom/clinical setting. Students are encouraged to utilize their classmates as resources in surmounting the challenges of the Program. Sharing experiences with their classmates will allow students to realize the range of experiences and common challenges encountered in this type of training. Many physician assistant students have found that studying in small groups has been a valuable adjunct to their normal study patterns.

B. PA Student/Members of the Medical Team

Each member of the medical team lends a particular expertise to the holistic care of the patient. It should be realized that the physician assistant does not supplant any other team member's role, but complements each role to provide more effective patient care. Thus, each member of the medical team possesses knowledge from which the student may benefit. Occasionally, other members of the medical team (many times from misunderstanding the PA concept) will not greet the student with acceptance or enthusiasm. Each student is not only an ambassador of the PA Program at Nova Southeastern University but of the entire profession. It is important that the students not respond angrily to such individuals but rather be cordial and attempt to educate them to all of the positive aspects of the profession. One of the most effective ways to change these negative attitudes is to display excellent interpersonal and professional demeanor.

While on rotations, actively look for work and seek to learn through questioning and outside reading. Report early, stay late, volunteer for call and know the patients well. You are expected to be active participants in patient care, which may include (but not be limited to) examining patients, writing in medical records, performing and assisting in medical procedures, presenting patients, formulating differential diagnoses, ordering and interpreting labs and other diagnostic exams, formulating treatment plans and acting as team members. You must present every patient to the supervising physician or physician assistant prior to the implementation of any final diagnostic or therapeutic plan.

C. PA Student/Patient Contact

Students must wear pictured nametags identifying your status with the University and clearly identify yourself as a "Physician Assistant Student". When initiating the clinical relationship, the student should properly introduce him or herself and greet the patient using an appropriate title. (Whenever possible, the student should assume a position suitable to maintaining the same eye level as the patient.)

During the entire encounter, the physical and emotional comfort of the patient is of paramount importance. By use of verbal and non-verbal clues, the student should transmit an attitude of concern, professionalism and pleasantness to the patient. All possible physical barriers should be removed between the patient and student during the course of the clinical contact.

The physician assistant student must facilitate the interview by adjusting the language to the patient's level of understanding, using attentive postures, verbal and non-verbal language and gestures of understanding. The student should recognize the confidential nature of the information discussed during the interview.

While performing any physical examination on a patient, the student should be careful to explain each step to the patient. The student must be alert to verbal and non-verbal clues transmitted by the patient to signal physical or emotional discomfort. The patient's modesty should be maintained at all times.

As appropriate per setting and preceptor, findings and conclusions should be shared with the patient. Encourage the patient to express any concerns or ask questions regarding their health status. The student must be careful to encourage the patient to take part in the maintenance of his or her own health and educate the patient as to the best method to accomplish this. The encounter should be ended only after the patient has a clear sense of what is going to be done and why. The patient should be encouraged to contact their health provider at any time if they have questions.

ATTENDANCE

Adherence to scheduled rotation hours and attendance at all EOR activities are mandatory. Failure to fulfill this requirement is considered in the evaluation of your overall performance and professional attitude and may result in a failing grade for the rotation. Attendance at the end-of-rotation seminars is mandatory and is considered part of the previous rotation.

You are expected to follow reporting instructions and to notify the program of any errors or changes.

- A. A suitable **work schedule will be determined by the preceptor** or by his/her agent and should include a minimum of 40 hours per week. Expect to work a minimum of 19- twelve hour shifts on your emergency medicine rotation; ten to twelve hour days on your surgery and internal medicine rotations (not including call and weekends); and some nights and weekends on all of your other rotations. **College holidays do not apply in the Clinical Year. Preceptors are not obligated to give you days off on holidays or weekends.**
- B. Please email or fax your schedules to the Clinical Support Coordinator via a "student rotation work schedule" **by the end of the first week** of your rotation.

- C. You must notify the Clinical team how you may be reached during regular office hours and of any mailing address or phone number change, to include an emergency contact and functional cellular number.
- D. You are required to turn in attendance forms to the PA Program for each clinical rotation. Failure to do so will result in an incomplete grade for the rotation. The preceptor must sign these forms.
- E. Reporting Absences - If you must be absent from a rotation both the **preceptor and the Clinical Director** must be notified as soon as possible but, in any event, no later than 9:00 AM on the day of the absence. If the appropriate party cannot be reached then you must leave a message regarding your absence and a number where you can be reached. **In addition, you must complete and submit a “Student Clinical Absence” form to the Clinical Director within 24 hours of the date of the absence (forms may be faxed to the program office).** Failure to follow this procedure as stated will result in an unexcused absence. *Be advised that the program will make random calls to rotation sites to verify student attendance and performance.*

EXCUSED ABSENCES:

1. Incapacitating illness, injury requiring bed rest and unexpected family emergencies are considered valid reasons for absenteeism, however, the procedure for absenteeism as outlined above, must be followed.
2. Excused absences greater than 3 days for a 6-week rotation due to bona fide, documented, medical or personal emergencies will result in a grade of "I" (incomplete) for the rotation.
3. Rotations in which you receive an "I" due to excessive excused absences may be completed at a later date depending on the availability of the rotation and at the discretion of the Clinical Director. For an excused absence, time missed will be made up on an hour-for-hour basis.
4. Review Courses – NSU sponsors an Annual Comprehensive Medical Review Course to help prepare for the PANCE examination. Students who enroll in the NSU Comprehensive Medical Review Program will be given time off from the rotation to attend this course. Time off from rotations will not be granted to allow for individual PANCE “study time” and preceptors should not grant time off from a rotation for this purpose.
5. FAPA/AAPA conferences - students who wish to attend these conferences must submit their intentions in writing to the Clinical Director no later than **one month** before the conference starts. After approval by the Clinical Director, permission from the preceptor must also be obtained one month prior. This absence will be considered excused.
6. Students who serve on state or national committees must submit requests for time off for meetings at least 2 (two) months in advance since these organizations schedule their meetings on an annual calendar. Any request submitted less than two months in advance may not be granted. If a documented “emergency

meeting” is scheduled, permission for attendance will be considered on an individual basis.

UNEXCUSES ABSENSES AND TARDINESS:

1. Business appointments, routine dental and doctor appointments, weddings, graduations and other social events are **NOT** valid reasons for absenteeism. **Do NOT schedule these during EOR.**
2. Absenteeism not properly reported as outlined above will be considered unexcused regardless of cause.
3. You are expected to always act in a professional manner. Tardiness to rotation and/or EOR events is not acceptable.
4. Job interviews are not considered valid reasons for absences. All attempts must be made to schedule an interview so it does not interfere with the rotation. In the event that this cannot be accomplished, you must first obtain the permission of the Clinical Director to attempt to arrange time off for the interview. Subsequently, the preceptor must grant permission for the absence and you must make up the time within the confines of that rotation. A total of 4 days per calendar year will be allowed for interviews.

Unexcused absences and tardiness will be handled as follows:

FIRST EVENT - Documented counseling session with assigned faculty advisor and Clinical Director; documented proof, with preceptor's signature, that missed time was made up; **final rotation grade decreased by 5 points.**

SECOND EVENT - Documented conference with the Clinical Director and Program Director concerning professional attitude and responsibility; documented proof, with preceptor's signature, that missed time was made up (as per first event, above); **final rotation grade decreased by 10 points.**

THIRD EVENT - **Automatic rotation failure** and referral to the Committee on Student Progress with subsequent action/s reviewed by the PA Department Chair. A letter from the Department Chair will be placed in your file and will remain in your file at his discretion. You will be required to report to PA Program office for the remainder of the rotation 8:30 AM - 5:00 PM, Monday through Friday for an independent study program.

LEAVE OF ABSENCE

A leave of absence may be granted by the Chair for extended illness or absence from a rotation. The Department Chair, on an individual basis, will consider emergencies, special requests, and special issues arising that cause you to request a leave of absence, if done prior to failure of the rotation. All student requests are considered private and are treated as such by the faculty.

ATTIRE/IDENTIFICATION

As health professionals, Physician Assistant students are expected to maintain the highest possible standard of appearance. Students are expected to be conservatively and neatly dressed and groomed throughout all phases of their professional education.

Physician Assistant students are expected to be in full professional attire and to comply with the standards for attire as outlined by the clinical setting.

1. All Physician Assistant students are to wear clean, pressed, short white jackets with the Nova Southeastern University PA Program patch attached to the left upper sleeve.
2. Proper identification badges bearing the student's name identifying him/her as a "Physician Assistant Student" must be worn at all times.

At no time should a student either by virtue of his/her skills or knowledge attained while progressing through the Program misrepresent him/herself as being other than a physician assistant student. While in the Program, students may not use previously earned titles (i.e. RN, MD, DC, PhD, etc.) Failure to identify oneself appropriately or to misrepresent oneself may result in dismissal from the Program.

3. Men should wear conservative slacks and shirts; ties are required.
4. Women should wear slacks/skirts with shirts/blouses. (skirts should be of a conservative length and shirts and blouses should also be conservative and not revealing).
5. Scrubs are not permitted except while actually in surgery, unless otherwise indicated by your preceptor.
6. No sneakers permitted. Shoes must be worn with socks or hose; heel height should be conservative. Open toed shoes and sandals are not permitted.
7. Jewelry, make-up and cologne are best if conservative and subtle.
8. Hair for both men and women should be worn in neat conservative style.
9. No jeans or athletic wear are permitted on clinical sites.

Along with a neat and tidy appearance, students are expected to maintain appropriate personal hygiene. If in doubt, keep it simple, neat and presentable.

Note: Clinical supervisors, preceptors or PA Program faculty reserve the right to remove any student from a clinical site/experience who is not appropriately dressed. If a student is sent home due to inappropriate attire, the student is required to make-up any clinical work, assignments or experiences for the missed day. Any such episodes will be documented in the student's permanent record.

MEDICAL DIAGNOSTIC EQUIPMENT

You should bring your own, properly functioning, medical diagnostic instruments (stethoscope, ophthalmoscope, otoscope, reflex hammer, etc.) to all rotations. Prenatal/GYN rotations require an “EDC” wheel.

PARKING/TRAVEL

You are responsible for all parking and travel costs incurred. One day return travel time is allotted at the end of the rotation for students who are outside the tri-county area to campus. Travel time to and from rotation sites more than 300 miles from campus will be granted at the discretion of the Clinical Director or Assistant Clinical Director.

MEALS

Some sites may provide meals at their own discretion. The program does not require nor request that any site provide meals. Please do not take for granted your invitation into the “physician lounge” at area hospitals. Enter IF, and only if, your preceptor invites you.

HOUSING

As a courtesy, the program provides housing at some rural clinic sites. This housing is for assigned STUDENTS ONLY. At times, male and female students may occupy separate rooms in the same housing. Pets are not allowed. The program reserves the right to change housing assignments at any time. The housing sites should be cared for as you would your own home. Clean up before you leave. You will be responsible for any damages and all long distance phone calls. Any problems/concerns with the housing should be communicated to the clinical team.

STUDENT HEALTH INSURANCE

Health Insurance is required. You must maintain a valid health insurance policy throughout your course of study in the program. Failure to maintain a valid insurance policy will result in you being removed from clinical rotations until proof of compliance is provided. At the outset, and throughout, the clinical year you may be required to show proof of a valid health insurance policy. Any costs incurred through illness and/or a hospitalization during attendance at the PA Program is your sole responsibility. Many sites require immunization records at the beginning of rotations. It may be advisable to keep several copies with you for such purposes.

LIABILITY INSURANCE COVERAGE

All students are covered under the Health Professions Division commercial and professional

liability policy while on scheduled rotations. All students shall be supervised by an on-site licensed preceptor. All rotations must be approved by the Clinical Director prior to beginning the rotation in order for the student to be covered by liability insurance and receive course credit. Current insurance coverage will apply only within the United States of America, its territories or possessions, Puerto Rico, or Canada. Requests for proof of liability coverage may be directed to the Clinical Director. It is expected that all incidents involving students and patients will be reported immediately by phone and at request, in writing to the PA Program.

UNIVERSAL PRECAUTIONS

You are responsible for following OSHA Guidelines for universal precautions at the clinical rotation site, including the use of gloves, care of sharp objects, use of eyewear, protective clothing, and other precautionary measures.

ACCIDENT REPORTING AND MEDICAL CARE

If you believe you have been exposed to HBV or HIV, especially if any of the signs or symptoms of these diseases have been experienced, you should consult your physician immediately. Ultimately, you are responsible for initiating care after exposure to possible blood borne pathogens. You may consult your private physician or NSU Health Clinics for guidance and assistance. The Clinical Director must also be notified in writing of any exposure/possible exposure. All costs, except those of initial Hepatitis B vaccination, are your sole responsibility.

DRUG SCREENING

The College of Allied Health and Nursing maintains affiliation agreements with Healthcare Institutions. These affiliation agreements allow for student clinical training experiences within these institutions. Students may be required to undergo random drug screening, at the request of these institutions, prior to entering the facility for training.

EMERGENCY PROCEDURES

While there is no guarantee or requirement for such, most of the clinical sites utilized by the NSU Physician Assistant Program can and will arrange for immediate care of students in the event of accidental injury or illness without charge to you, accepting assignment of your insurance. They will not, as a rule, take responsibility for subsequent costs involved in follow-up care, treatment, counseling, hospitalization or preventive care.

In any situation involving possible exposure to blood or potentially infectious materials, you should always use Universal Precautions and try to minimize your exposure by wearing gloves, splash goggles, pocket mouth-to-mouth resuscitation masks, and other barrier devices.

If you are exposed, however, you should:

1. Using gloves remove and dispose of all contaminated personal protective equipment (PPE). Wash the exposed area thoroughly with soap and running water. Use non-abrasive, antibacterial soap, if possible. If blood is splashed in the eye or mucous membrane, flush the affected area with running water for at least 15 minutes.
2. Report the exposure to your supervising physician or immediate clinical supervisor AND to the Clinical Director as soon as possible.
3. Many clinical facilities during the second year will begin the post exposure procedure(s) with you. There is no mandatory requirement for them to do so. Any cost you incur following such a plan is your responsibility. You should ascertain costs (if any) in advance of accepting such services.
4. You may also go to the NSU Health Care Center to request blood testing or the Hepatitis B vaccination if you have not already received it. The vaccination series is provided at no cost as part of student activity fees. Blood testing is NOT part of this free service. You may also contact your personal primary care provider for care and follow-up.

If you choose to utilize the services on campus, the NSU Health Center has a specific set of procedures they will follow for all post-exposure cases. These guidelines are consistent with the Centers for Disease Control (CDC) policy and procedures in such cases. These procedures include documentation, treatment and follow-up recommendations. Any costs incurred at the NSU Health Care Center are your responsibility.

SAFETY PROCEDURES

You are required to read the Campus Safety Manual published by NSU Public Safety Department. This manual is distributed during the advanced didactic semester. Any documented allergies to latex products should be reported to the preceptor and Clinical Director. Each student is responsible to supply the latex free products they may need.

PATIENT CONFIDENTIALITY

Medical ethics forbids violation of patient confidentiality. You and your supervising preceptor alike must be sensitive to this issue. Any discussion regarding a patient's diagnosis, care, and condition should be conducted with discretion and preferably in a private setting. All current HIPAA Guidelines must be followed as per University policy.

PATIENT RECORDS, PHYSICIAN REVIEW, AND

COUNTERSIGNATURE:

On each rotation, it is the student's responsibility to ensure that the supervising physician or preceptor also sees all his/her patients. The supervising preceptor should also review all student notes written in medical records and countersign these documents. If there is any doubt as to the correct format, students must consult with their preceptor. (Be neat, orderly, and avoid abbreviations on medical records)

CHARTING

Students are reminded that the medical record is a legal document. Whenever a student makes an entry into a patient's medical record (i.e., H&P, progress notes, etc.), the student must indicate that he/she is a Physician Assistant student when signing the entry. Either of the following is acceptable:

JOHN/JANE DOE, P.A. – S
JOHN/JANE DOE, P.A. – STUDENT

PRESCRIPTION WRITING – SPECIFICS

PA students may *not* prescribe medications. Students may transmit prescribing information for the preceptor, but the physician must sign all prescriptions. ***MORE SPECIFICALLY, YOUR NAME IS NOT TO APPEAR ON THE PRESCRIPTION AT ALL.*** You may NOT sign a prescription for the physician and then write your initials after the physician's name. Any student violating the guidelines on prescription writing will result in disciplinary action. Should you have further questions or need clarification about prescription writing while on a rotation, please call the clinical team.

EMPLOYMENT

Participation in any rotation is not to be construed as gainful employment. Accepting payment or gifts could result in the loss of malpractice liability coverage for the student. Once the clinical phase of the PA program has been accomplished and the student has graduated from the PA Program, he/she may then pursue a salaried position at the institution.

Students completing a formal elective rotation with a preceptor or site that may end up being an employer must be very careful in maintaining a consistent student / preceptor relationship as defined in your course materials. This includes appropriate, routine, supervision with the preceptor of record and within the scope of the agreed upon elective experience. This is vital in preserving the professional liability coverage provided by the university and is as important to you as to the preceptor and the practice. Even more critical is the occasional opportunity, or suggestion, from a potential employer to participate in patient care activities outside of the formal rotation assignment prior to graduation. While these "trial periods" may be attractive and are seemingly benign, they must be absolutely avoided as the university's liability coverage does

not cover you in these circumstances. Participation in health care in any form, including “shadowing”, subjects both you and the preceptor to potential liability and must be avoided.

PALIATIVE/ HOSPICE CARE

Students will be expected to complete one work day on a hospice care team performing evaluation, treatment, and education of patients with terminal illnesses dealing with the prospect of death during their Internal Medicine rotation.

STUDENT AFFAIRS

All requests for student documents (toxicology screening, background check, etc) must be made in writing. No documents will be released without the student’s written consent. Requests may be made in person, by mail, or by fax.

NAME OR ADDRESS CHANGE

A name change on official school records will be made after submission of one of the following:

- Copy of a court filed marriage license
- Copy of a court filed divorce decree
- Copy of a court order dictating a change of name

Students are to notify both the University and the Physician Assistant Department of a change of residential address within 48 hours of the change.

CLINICAL POLICIES

GENERAL ROTATION GUIDELINES

1. Rotation assignments are entirely the prerogative of the Clinical administration team; they maintain the prerogative of pre-approval on all program and program-related activities.
2. All aspects of your program performance will be considered during deliberation concerning rotations, including, but not limited to grades and professional and ethical conduct.
3. **The six core rotations of the clinical year MUST be completed in Florida, and in local or established rotation sites.** Local, for the purposes of the program, is generally defined as the Tri-county area (**Broward, Miami-Dade and Palm Beach counties**) but includes facilities as far away as Tampa on the west coast, Orlando in the middle of the state, and Melbourne on the east coast.
4. **Notwithstanding the above, you may suggest alternative rotation sites, adhering strictly to the following guidelines:**
 - A. Requests are considered on an individual basis. No decision is a precedent for any subsequent decisions.
 - B. All rotations must be pre-approved by the Clinical Director.**
 - C. You must have a grade of C- (75%) or better on all prior rotations. Any problems identified with prior clinical rotations, professional conduct, or ethical behavior will result in cancellation of all subsequent self-arranged rotations, in which case the program will attempt to arrange similar replacement rotations. However, in the event the program is unable to find suitable sites, you may be placed on a leave of absence until which time sites are available, resulting in a lengthening of the program and a later graduation date.
 - D. Once you have identified a potential preceptor, you must forward the required information regarding the site to the Clinical Support Coordinator. This must be done at least **three** months prior to the beginning of the rotation. If potential preceptors do not return required paperwork or deny you with short notice, you may need to take a leave of absence and extend your course of study.
 - E. The Clinical Director will screen all potential sites for appropriateness. Once the Clinical Director gives approval, the site will be visited by one of the faculty (within Florida or called if out of state, for phone interview) to assure its ability to meet your and program's needs. All contracts and agreements must be completed and approved prior to utilizing the site.
5. If a preceptor requests that a student be removed from a site, you will automatically fail the rotation. You will be referred to the Committee on Student Progress for recommendations regarding the failure.

ELECTIVE ROTATION GUIDELINES

Elective rotations may be established as outlined in item #4 in the above section entitled “General Rotation Guidelines”. If you wish to complete elective rotations at a site outside of the state of Florida you may submit a request to the clinical team, submitted at least three months prior to the time of the elective rotation. Each request is considered on an individual basis and no decision is a precedent for any subsequent decision. Additionally, to be eligible for an out-of-state elective rotation, the following criteria must be met:

1. You must have completed a minimum of two required rotations prior to the out-of-state elective rotation.
2. You can not have failed a previous rotation.
3. You must not have any unexcused absences during the clinical year, and,
4. You must have demonstrated an acceptable level of maturity and professionalism throughout your time in the program.

ROTATION SCHEDULES

Considerable time and effort have gone into planning and arranging your rotation schedule; with special consideration and concentration given to your needs, as well as the faculty and preceptors. The Program adheres to its assignments and schedule after distribution in the summer and, in the case of elective rotations, after confirmation with the clinical preceptor/site chosen. Because changes create problems and cause a burden for everyone involved, the PA Program only allows one change throughout the clinical year by student request. In the case of exceptional circumstances, however, changes may be made. These changes may be necessary for many reasons, including preceptor schedule changes, program scheduling difficulties, or at program discretion. In the event the change of schedule is not due to student request (most often, due to site constraints), sufficient notice will be given and comparable experiences will be assigned, when possible. If a student requests a change in rotation schedule, **the request must be made in writing on your “Schedule Change Request” form and personally submitted to the clinical team** at least three months prior to the beginning date of that rotation. Once the Clinical Director has approved a request for change and the change is effective, no further changes will be made.

ROTATION PROCEDURES

BEFORE EACH ROTATION BEGINS:

- Make sure to provide the Clinical Support Coordinator with an up-to-date electronic copy of your resume.
- Prior to each rotation, the program will provide you with all the contact information and paperwork necessary for the upcoming rotation.
- Make sure to fill out all paperwork, which may include a copy of your immunization status. It is your responsibility to complete all the information prior to the beginning of your rotation. It is advised that you keep a copy of your immunizations for this purpose throughout the clinical year.
- Contact the preceptor a few days prior to starting a new rotation.

THINGS TO DISCUSS INITIALLY WITH YOUR PRECEPTOR:

- Confirm your time schedule and specific duties (when to report to your rotation, on-call schedule, rounds, weekend hours, etc.).
- Identify special interests, whether it is procedures or particular cases relevant to the rotation.
- Find out what available conferences you might attend (grand rounds, daily/weekly conferences, CME presentations, etc.).
- Locate the library and determine the hours of operation.

THROUGHOUT YOUR ROTATIONS:

- Follow all procedures as outlined in this handbook.
- You may encounter harsh criticism at times. Try to learn from the feedback.
- Be prepared to discuss and answer questions about any disease or procedure encountered during your rotation.
- Study and read at LEAST two hours per day, work on written assignments.
- If you encounter problems with a preceptor or the rotation site, please notify the program as soon as possible.

WEEK 1

- Complete the “*Rotation Work Schedule*” and return back to the program by the end of your first week.
- Develop and maintain a professional attitude.
- Be helpful to the preceptor and staff.
- Take initiative.
- Be courteous to preceptor, patients and other professionals.

WEEK 3 – MID ROTATION EVALUATION

- Complete the “*Mid-Rotation Self Evaluation*” form and review this with your preceptor. Make sure your preceptor has signed this form and return the completed form to the clinical

team by the end of your third week of the rotation.

(You may be removed from your rotation if this is not submitted by the end of the 3rd week.)

SITE VISITS: WEEKS 3-4

The purpose of the site visit is to ensure ongoing assessment of the clinical educational experience provided at the site, including preceptor, patients, facility, and ancillary staff. The PA program faculty will be conducting announced and/or unannounced site visits on a regular basis. During a site visit, both the preceptor and student are interviewed and the visiting faculty records comments and questions of the preceptor and facility on the “*Site Visit Questionnaire and Report Form*”. In addition, you will be asked to present an oral case to the visiting faculty and review actual chart work, comment on a case presented by a colleague, and/or perform a monitored history and physical examination on a patient. You will be required to submit to the visiting faculty member, a handwritten SOAP note of a patient that you evaluated during the rotation. The visiting faculty will evaluate your clinical performance when possible and this will become a part of the rotation grade, on a pass/fail basis.

All clinical students will receive a site visit during the first 3 rotations of the clinical year. Rotations 4 - 9 will be site visited on a random basis for site maintenance, and/or further student evaluation. If you are not present at the site when a faculty member performs a site visit, you will fail the rotation.

WEEKS 5-6

As your rotation comes to an end, make sure to complete the following:

- a. Written Assignment designated for each rotation
 - These are outlined in the individual Rotation Syllabi within this handbook
- b. The following requirements are further outlined below. In addition, all of these requirements **MUST** be signed by your preceptor. It is recommended that you keep a copy of these forms for your personal files as well.
 - Attendance Sheet
 - Preceptor Evaluation
 - Patient Profile Log
 - Clinical Procedure Log
 - Student Evaluation of Clinical Site
- c. Make sure you are adequately prepared for the Comprehensive Subject Examination.
- d. Review the schedule and be prepared for EOR seminar activities.
- e. Take time to thank your preceptor and any ancillary staff for their assistance throughout your rotation.

PATIENT PROFILE LOG

The patient profile log serves to aid the PA Program in evaluating the educational experience provided by the rotation site. The patient profile log indicates the quantity of patients seen for specific patient complaints and/or diagnoses and your/preceptor's level of participation in the

encounter. This form also serves to help you know how and in which direction to guide your self-study for the particular rotation CSE exam. It also helps the clinical team monitor compliance with the accreditation standards for PA Programs.

We now have an electronic system of capturing your Patient Log data. One of the reasons for this is to be able to create reports for you when you need this information, such as when you are applying for a job or when you are applying for hospital privileges. Online submission is mandatory. Online forms follow the same format as the paper forms. You will still need to submit your paper form at EOR, however, because it includes your preceptor's initials and "Other" entries. Simply use your paper form to copy your entries to the online form at the end of your rotation.

Please follow the instructions below carefully.

1. Go to <http://www.nova.edu/nsu-only/hpdpalogs/> (there is also a link on the PASS website for you). You can save this site in your favorites for future reference.
2. Enter your NSU email name (you can find it by clicking on the Student Email List link on this page). Use only the part before the "@". Enter your NSU email password.
3. Select the rotation number you're entering data for. For example, 2010-1 for rotation one.
4. Select the rotation type (specialty) you're entering data for.
5. Fill in the Patient Complaint/Diagnosis and Procedure sections as you do now on your paper logs with the number of patients you've encountered as appropriate.
6. Print a copy of this form now and keep it for your records.
7. Click on Submit Rotation Information at the bottom when you are finished.

CLINICAL PROCEDURE LOG

This, like the patient profile log, is a summary recording of all of the procedures you performed while on the particular rotation. This form indicates the quantity of specific procedures encountered by you during the rotation, your/preceptor's level of participation in the performance, and a rating of your technical ability, when appropriate. The form must be turned in even if no procedures are performed. In addition, this form may aid you in obtaining hospital privileges after graduation.

STUDENT EVALUATION OF THE CLINICAL SITE

Each student will complete a rotation evaluation upon completion of each rotation. A student's candid thoughtful input, suggestions, and constructive criticism are welcomed, and necessary to ensure quality training. Students who do not submit a site evaluation will receive an incomplete ("I") for the rotation.

INCOMPLETE/UNSUBMITTED PAPERWORK

Failure to submit these forms will result in an incomplete grade for the rotation. **Failure to resolve an incomplete grade within 90 days results in a failing grade for the rotation.**

COMPUTING CLINICAL ROTATION COURSE GRADES

The following components are calculated in the computation of final clinical rotation grades. All components of each rotation must be passed. Failure of any single component will result in an automatic failure for the rotation. Descriptions of each component are found below.

Core Rotations (Emergency Medicine, Family Medicine, Internal Medicine, Pediatrics, Prenatal Care/Gynecology & General Surgery)

Component:	Percentage of Final Grade
Preceptor Evaluation (Must be greater than 75% to pass rotation)	40%
Comprehensive Subject Examination	40%
Written Assignment	20%
Site Visit / Oral Presentation (when applicable) EOR Seminar Attendance/ Participation	Students must pass all these components

Clinical Elective I & II

Component:	Percentage of Final Grade
Preceptor Evaluation (Must be greater than 75% to pass rotation)	50%
Written Assignment	50%
Site Visit / Oral Presentation (when applicable) EOR Seminar Attendance/ Participation	Students must pass all these components

Elective Rotations III

Component:	Percentage of Final Grade
Preceptor Evaluation (Must be greater than 75% to pass rotation)	50%
Objective Structured Clinical Examination (OSCE)	50%
Written Assignment	Pass/Fail
Site Visit / Oral Presentation (when applicable) EOR Seminar Attendance/ Participation	Students must pass all these components

PRECEPTOR EVALUATION

Mid-Rotation and End-of-Rotation Evaluations

Each clinical site has a preceptor responsible for the rotation and for your evaluation. The preceptor evaluates you based on regular observation and review of clinical performance. Other staff members as designated by the preceptor, who have worked a minimum of 3 (three) days with you, may be consulted for evaluation input. The level of clinical competency will be assessed in areas such as medical knowledge, history taking, performing physical exams, medical record keeping, problem solving, interpersonal skills, and professionalism.

Preceptor evaluations will be recorded on a rotation evaluation form provided by the program. Evaluators should consider you with respect to other students at the same level of training. Evaluation is essential to identifying learning difficulties and performance deficiencies. The midterm and End-of-Rotation evaluations are required and feedback regarding your performance should be given on an on-going basis. Once the evaluation form is completed, the preceptor should retain a copy and return the signed original to the program. The mid-rotation evaluation is a self-evaluation that must be reviewed and signed by the preceptor. You must return the mid-rotation evaluation to the clinical team at the end of the third week of the rotation.

COMPREHENSIVE SUBJECT EXAMINATION

The CSE is a fifty-question exam administered during EOR and generally occurs on the first day. All students take these exams following core rotations, and are designed to test knowledge of that rotation's clinical subject matter as well as the medical procedures normally encountered. The format and content of the CSEs reflect the Physician Assistant National Certifying Examination (PANCE) and the majority of the questions come from the syllabi and specific learning objectives provided for each rotation. Although a clinical rotation may not provide experience with all topics or medical procedures listed on the objectives, you are still responsible for knowing all the material and should use the objectives to direct your self-study.

Failure to achieve a score of C- (75%) on the CSE will necessitate a remediation exam within 2 working days. The highest score achievable for the remediation is a score of 75%. Failure to

achieve a score of C- (75%) on the remediation will result in a failure of the rotation and referral to the Committee on Student Progress for further recommendations.

All students should obey proper testing procedures and precautions. Dishonest acts will be subject to immediate disciplinary actions up to and including expulsion from the program. Such acts include any attempt to pass examinations by improper means and to aid or abet another student in a dishonest act. Thus, any communication between students regarding CSE content will be considered a dishonest act and will subject you to the above actions. (This INCLUDES outside the classroom.)

If you miss a scheduled examination you will receive a 0 (zero) for the examination and thus fail the rotation. The Clinical Director will entertain extenuating circumstances on an individual basis.

A 30-minute test review period will be provided immediately following the exam. **This is the only opportunity to review the test. No alternative arrangements will be made for students who do not attend the review sessions.** All exam question statistics will be reviewed by the Testing Committee for the Clinical year.

WRITTEN ASSIGNMENTS

Students are responsible for a written assignment for each rotation with the exception of Elective Rotation III. These assignment descriptions and expectations are described in detail within each course syllabus found within this handbook. In addition, grading checklists for these assignments can be found in WebCT as a reference.

An electronic copy of the assignment is due to your assigned faculty prior to 12:30 pm on the first day of each EOR seminar. Late submissions will be subject to deductions of 5 points per day. Each paper must be the original work of the author.

SITE VISITS/ORAL PRESENTATIONS

As previously described, all clinical sites in which students are present will receive a site visit for the first 3 of the core rotations scheduled in the clinical year. Other rotation periods will be site visited on a random basis for site maintenance, and/or further student evaluation. If you are not present at the site when a faculty member performs a site visit, you will fail the rotation.

During the site visit, you will be asked to present an oral case to the visiting faculty and review actual chart work, comment on a case presented by a colleague, and/or perform a monitored history and physical examination on a patient. You will be required to submit to the visiting faculty member, a journal of three or more SOAP (style) notes (i.e., one SOAP note per week). The visiting faculty will evaluate your clinical performance when possible and this will become a part of the rotation grade, on a pass/fail basis. Students will maintain a journal of one or more SOAP style notes per week throughout the duration of each CORE clinical rotation period.

END-OF-ROTATION SEMINARS

All students are required to attend all End-of-Rotation seminar activities. EOR Seminar takes place on the last Thursday and Friday of each six week rotation block. Depending on the planned activities, students can expect to be dismissed by 5 pm on both days. A schedule of EOR events will be made available to you at least 1 week prior to properly coordinate your travel arrangements and prepare for EOR activities.

There are a number of activities that take place during EOR Seminar. They include:

1. Comprehensive Subject Examination
2. End-of-Rotation Discussion, Site Update & Questions
3. Submission of all rotation paperwork: The following paperwork **MUST** be submitting during each EOR seminar: Student evaluation of the site, Preceptor Evaluation, Attendance Sheet, Patient Profile Log, Clinical Procedure Log and the original mid-rotation evaluation (although a copy is submitted during the third week of the rotation). It is recommended that you make copies of these documents for your files prior to submitting them to the program.
4. Lecture Series: assorted lectures on medical topics, resume writing, PANCE prep., etc.
5. Rotation Workshops: Clinical orientated workshops to prepare you for your upcoming rotation.

Students that are completing their rotation outside the tri-county area (Miami-Dade, Broward & Palm Beach) are allowed one travel day to arrive at campus for EOR activities. Therefore, those students **OUTSIDE** the tri-county area will end their rotation on Tuesday or Wednesday morning (depending on their travel arrangements). Students completing rotations **WITHIN** the tri-county area are required to attend their regular rotation hours on the Wednesday prior to EOR Seminar.

OBJECTIVE STRUCTURED CLINICAL EXAMINATION (OSCE)

During the middle of the clinical year you will be required to demonstrate your ability to perform a problem-orientated physical examination including formulation of a differential diagnosis, interpretation of pertinent diagnostic data, demonstration of appropriate clinical procedures and discussion of patient education and counseling. Following the examination, students will be required to properly document their encounter. This examination grade will be a component of the student's final grade for Clinical Elective III.

REMEDIATION

Remediation of a failed CSE exam will include the successful completion of a remediation exam within 2 working days as scheduled by the Clinical Director. The highest score achievable for the

remediation is a score of C- (75%). Failure to achieve a score of C- (75%) on the remediation will result in a failure of the rotation and referral to the Committee on Student Progress for further recommendations. Students will receive letter grades that reflect their performance in the program.

Failure of any written assignment as graded by your assigned faculty advisor will require a written remediation exercise. This remediation will be designed with the input of the faculty advisor and Clinical Director and will be based on remediating the student's individual deficiencies. Therefore, remediation for written assignments will be individualized with a focus of development of proficiency in medical documentation.

Failure of other clinical grade components will be based on an individual basis and will be developed with the input of the clinical team and associated faculty members and may include recommendation to the Committee on Student Progress.

COMMITTEE ON STUDENT PROGRESS

The Physician Assistant Department's Committee on Student Progress regularly meets and reviews the progress of student. Their evaluation includes academic, behavioral and clinical performance. Poor academic progress, professional misbehavior, or non-compliance with the Nova Southeastern University and clinical site policies may be cause for referral to the Committee on Student Progress.

REQUIREMENTS FOR SUCCESSFUL COMPLETION OF THE CLINICAL YEAR

A physician assistant student must complete the following requirements to successfully complete the clinical year and graduate the Physician Assistant Program.

1. Follow all rules and regulations published by the Nova Southeastern University Physician Assistant Program.
2. Maintain a professional demeanor as a physician assistant student, as evidenced by attendance and active participation in rotations, End-of-Rotation seminars, lectures and clinical experiences.
3. Assume responsibility for learning.
4. Satisfactorily participate in summative evaluations, either written, practical or both.
5. Participate in the PACKRAT exam.

6. Satisfactorily complete all 9 clinical rotations, including comprehensive subject examinations, and End-of-Rotation evaluations with passing grades, in addition to submitting all necessary rotation forms.
7. Demonstration of required skills necessary for clinical practice and professional behaviors as determined by Program faculty.

GRADUATION REQUIREMENTS

Students must fulfill all Department and University requirements, including but not limited to compliance with academic integrity and disciplinary policies, before being awarded a diploma and/or certificate and to be eligible for the physician assistant national certifying examination. Specific requirements include:

1. Satisfactory completion of all Nova Southeastern University required courses.
2. Satisfactory completion of all courses in the professional curriculum with a grade of C- (75%) or better.
3. Successful completion of all assignments.
4. Successful completion of a comprehensive OSCE (Objective Structured Clinical Evaluation)
5. Compliance with the required skills necessary for clinical practice and professional behaviors as determined by Program faculty.

CLINICAL SYLLABI & OBJECTIVES



**NOVA SOUTHEASTERN UNIVERSITY
PHYSICIAN ASSISTANT PROGRAM
FORT LAUDERDALE**

Course Syllabus

EMERGENCY MEDICINE ROTATION

I. COURSE TITLE: PAC 6315, Emergency Medicine Rotation
6 credit hours

II. CO-DIRECTORS:

Kenny McCallum, MPH, CHES
Second Floor, Terry Building,
Rm 1289
Office: 954-262-1289
Email: odoo@nsu.nova.edu
Office: M-F, 9am-5pm

Rick Yarosh, MBA, MPAS, PA-C
Second Floor, Terry Building,
Rm 1290
Office: 954-262-1326
Email: yarosh@nsu.nova.edu
Office: M-F, 9am-5pm

III. REQUIRED READINGS:

Emergency Medicine: A Comprehensive Study Guide, Judith E. Tintinalli,
6th Edition, 2003, McGraw-Hill, ISBN 978-0071388757

IV. RECOMMENDED READINGS:

Manual of Emergency Medicine (Little Brown Spiral Manual) by Jon L. Jenkins, Joseph Loscalzo, G. Richard Braen; Paperback 5th ed/spiral edition, 2004. Lippincott-Raven Publishers; ISBN: 978-0781750356

Squire's Fundamentals of Radiology, Robert Novelline, Harvard University, 5th Edition, 1997, ISBN 978-0674833395

Practical Guide to ECG Interpretation, Ken Grauer, Mosby, ISBN 978-1556645570

Current Emergency Diagnosis and Treatment (5th edition), 2003, McGraw Hill, ISBN 978-0838514504

Roberts: Clinical Procedures in Emergency Medicine, 4th edition, 2003, W.B. Saunders Company, ISBN 978-0721697604

Davis's PA Exam Review; Focused Review for the PANCE and PANRE, Morton A. Diamond, P.A. Davis, 2008, ISBN 978-083618732

FYI SITES:

A The Emergency Medicine and Primary Care Homepage

Provides some wonderful educational resources—a radiology library, CT scan library, Medical Photography library, Pediatric Emergency Medicine clinical cases (multi-media), Megacode simulator, “EKG of the month” quiz, and PALS Megacode simulator.

Address: <http://www.encemi.org/>

Hardin Meta Directory: Emergency Medicine Links

Many links to links for emergency medicine resources, a virtual “catalogue of catalogues.” *Address:* <http://www.lib.uiowa.edu/hardin/md/emerg.html>

Manual for Treatment of Chemical Agent Casualties and Conventional Military Chemical Injuries: NavMed P-5041 *Address:* <http://www.vnh.org/FM8285/cover.html>

Virtual Hospital: Emergency Psychiatry Service Handbook

Major **Emergencies**. Suicidal Patients. Basic Facts. Risk Factors. In the Emergency Room. Admit to **Psychiatric** Hospital vs ... Signs of Toxicity from Common **Psychiatric** Medications.

Address: www.vh.org/Providers/Lectures/EmergencyMed/Psychiatry/TOC.html

V. COURSE DESCRIPTION: This is a required six-week rotation, which takes place in the Emergency Department environment. The purpose of this rotation is to educate the physician assistant student in the diagnosis, management, and treatment of emergent, urgent and non-urgent medical problems commonly encountered in the Emergency Department setting.

VI. COURSE ATTENDANCE:

A. Students are expected to follow reporting instructions and to notify the program of any errors or changes.

B. A suitable **work schedule will be determined by the preceptor** or by his/her agent and should include a minimum of 40 hours per week. **College holidays do not apply in the clinical year.** **Preceptors are not obligated to give the student days off on weekdays or weekends.** Remember, the more you are at the site; the more opportunity there is for learning to take place.

C. Students must notify the Clinical Director of their rotation schedule in writing via a “student rotation work schedule” **by the end of the first week** of their rotation, if their schedule differs from that listed on the reporting instructions.

D. **Absenteeism** – Please refer to Clinical Handbook regarding policies and procedures related to excused and unexcused absences.

VII. PROFESSIONALISM:

Professional behavior and decorum is a requirement for successful completion of this

course. This will be evaluated in both the classroom and in associated encounters with the instructor and/or staff. Failure to adhere to this standard, regardless of academic achievement in the course, will subject the individual to referral for possible disciplinary action and/or dismissal.

VIII. COURSE GOALS:

By the end of the clinical rotation, the PA student will:

1. Communicate effectively with medical colleagues.
2. Perform professionally in a clinical situation with other members of the health care team.
3. Perform and record a complete history & physical examination.
4. Perform and record a problem oriented, age-specific medical interview & physical examination.
5. Write problem oriented progress notes using the SOAP format.
6. Identify, order and interpret appropriate diagnostic procedures.
7. Formulate an appropriate problem list and differential diagnosis based upon history, physical examination and laboratory data.
8. Formulate and implement an appropriate treatment plan as approved and supervised by the preceptor.
9. Make appropriate medical decisions regarding work-up, treatment, and/or disposition of a patient given all pertinent medical data.
10. Define health promotion and disease prevention pertinent to the patient including but not limited to immunization, auditory and visual screening, accident prevention, developmental screen, nutritional assessment, smoking cessation, weight reduction and exercise, rectal, breast and Pap examinations.
11. Deliver oral case presentations to the preceptor.
12. Demonstrate an openness to receive constructive criticism.
13. Recognize limitations and seek help from supervising preceptors and appropriate reference materials.
14. Perform duties with a professional attitude including demeanor, dress and attendance.
15. Demonstrate sensitivity to the emotional, social and ethnic background of patients and medical colleagues.
16. Demonstrate that he/she has studied medical reference material related to encountered patients
17. Identify age-related barriers in communication with the elderly and demonstrate strategies to lessen such issues.
18. Differentiate normal aging from pathologic disorders.
19. Understand the variable presentation of common medical problems.
20. Understand how aging of the patient may influence pharmacodynamics of the medications.
21. Understand common medication issues including polypharmacy, drug interactions and compliance.
22. Integrate knowledge of medical ethics and end-of-life issues into geriatric patient care e.g. advanced directives, living will.

- IX. LEARNING OBJECTIVES:** By the end of the emergency medicine rotation, the PA student will meet the following minimum competencies:
1. **Basic and Advanced Cardiac Life Support:** demonstrate knowledge of ACLS and BLS standards as required for successful completion of the courses.
 2. Delineate, differentiate and discuss typical presenting complaints, history and physical exam findings, differential diagnosis, appropriate diagnostic studies and their expected results and outline the appropriate principles of management to initiate treatment with appropriate supervision for the following:
 3. Define, where appropriate, genetic factors in the patient's illness
 4. Describe the indications, contraindications, mechanism of action, adverse effects and drug interactions of those medications used to treat the following:
 5. Define the normal values for the common laboratory tests performed in the diagnosis and management of the following disorders:
 - A. Shock:** hypovolemic, cardiogenic, obstructive, distributive, septic, neurogenic and anaphylactic.
 - B. Pulmonary:** pneumothorax, aspiration, pulmonary edema, asthma, COPD, pneumonia, upper airway obstruction, and hyperventilation.
 - C. Cardiac:** chest pain, acute MI, angina, pericarditis, pleurodynia, costochondritis, muscle spasm as a cause of chest pain, heart failure, pericardial effusion, and hypertension.
 - D. Gastrointestinal:** abdominal pain, nausea, vomiting and diarrhea, peptic ulcer disease, gastrointestinal bleeding, appendicitis, intestinal obstruction, diverticulitis, gastroenteritis, inflammatory bowel disease, biliary colic, acute cholecystitis, hepatitis, acute pancreatitis, peritonitis., hemorrhoids, and gastritis.
 - E. Genitourinary:** scrotal pain, dysuria, STD's in males, painless scrotal mass lesions, hematuria, renal colic, torsion of the testicle, priapism, balanitis, phimosis and paraphimosis, epididymitis, prostatitis, pyelonephritis, acute urinary retention, cystitis and urethritis.
 - F. Neurological:** loss of consciousness, concussions, headache, syncope, weakness, vertigo, benign positional vertigo, CVA, TIA, spinal injury, Bell's palsy, Guillain-Barré syndrome.
 - G. Trauma:** scalp lacerations, minor head injuries, post-concussive headaches, neck trauma, facial fractures, nasal fractures, dental trauma, ear lacerations, whiplash injuries of the cervical spine, vertebral fractures.

- H. Orthopedic Emergencies:** splinting of acute orthopedic emergencies, growth plate injuries (Salter classification), clavicular fractures, acromioclavicular joint injuries, scapular fractures, rotator cuff tears, humeral fractures, shoulder tendonitis, nursemaids elbow (radial head dislocation), Colle's fractures, radial head fractures, metacarpal and finger fractures, patella fracture, knee ligament injuries, hemarthrosis, ankle joint injuries, fracture of the base of the 5th metatarsal, toe fractures and septic arthritis.
- I. Soft Tissue Emergencies:** assessment and management of simple lacerations, suture materials, wound preparation prior to suturing, local anesthetics, digital nerve blocks, abscess I&D, tetanus prophylaxis, cellulitis, paronychia and felon, first, second and third degree burns, sunburn, foreign body removal from soft tissue, bites, sting injuries, puncture wounds, rabies prophylaxis, wound aftercare.
- J. Eye Emergencies:** acute dacryocystitis, hordeolum, subconjunctival hemorrhage, conjunctivitis, hyphema, uveitis, foreign body removal from eye, and ocular burns.
- K. Obstetrics and Gynecological Emergencies:** abnormal vaginal bleeding, pelvic pain, cystitis, vaginal discharge, STD's in women, genital trauma, dysmenorrhea, Mittelschmerz, salpingitis, eclampsia and Preeclampsia, labor and delivery.
- L. Vascular Emergencies:** abdominal aortic aneurysm, peripheral arterial occlusion, deep vein thrombosis, superficial thrombophlebitis, pulmonary embolism, and varicose veins.
- M. Infectious Disease:** Lyme disease, meningitis, pharyngitis, skin and soft tissue infections and tuberculosis
- N. Metabolic & Endocrine:** diabetic ketoacidosis, hyperosmolar nonketotic coma, hypoglycemia, and alcoholic ketoacidosis, thyroid storm and pheochromocytoma.
- O. Fluid, Electrolyte & Acid Base:** hyponatremia, hypernatremia, hyperkalemia, hypokalemia, respiratory acidosis and alkalosis, metabolic acidosis and alkalosis, dehydration.
- P. Environmental:** frostbite, heat exhaustion, heat cramps, heat stroke, acute mountain sickness, bee stings, black widow and brown recluse spider bites, scorpion bites, hazardous marine life, ingestion of poisonous fish, diving injuries.
- Q. Dermatological:** intense pruritus, purpura, poison ivy, urticaria and angioedema, scabies and pediculosis, impetigo, erythema multiforme and Stevens-Johnson syndrome, herpes zoster, drug eruptions, pityriasis rosea, tinea corporis, molluscum contagiosum, tinea versicolor, herpes simplex virus.
- R. Psychiatric Emergencies:** acute alcoholic intoxication, panic attacks, depressive

states, manic states, obsessive / compulsive disorder, psychosis, delirium, and dementia.

- S. Pediatrics:** dehydration, apnea, croup, fever in infants (FOUO), otitis media, pharyngitis, periorbital cellulitis, UTI, gastroenteritis, exanthems, foreign body removal from ears and nose and colic
6. Identify the pertinent historical, physical, and diagnostic studies/findings to evaluate the condition and identify the basic principles of management, and initiate consultation and/or referral for the following:
- A. Pulmonary:** hemothorax, hemoptysis, aspiration, severe pulmonary edema, atelectasis.
 - B. Cardiac:** aortic dissection, cardiac tamponade, pneumomediastinum, hypertensive crisis, coarctation of the aorta, management of life-threatening dysrhythmias.
 - C. Gastrointestinal:** perforated peptic ulcer, splenic rupture, liver trauma, penetrating and blunt abdominal trauma, mesenteric thrombosis.
 - D. Genitourinary:** renal trauma, bladder and urethral injuries, testicular trauma.
 - E. Neurological:** stroke, transient ischemic attacks, seizures.
 - F. Trauma:** skull fractures, LeFort fractures, orbital floor fractures, hematotympanum, penetrating and blunt chest trauma.
 - G. Orthopedic Emergencies:** arterial injuries, compartment syndrome, open fractures, shoulder dislocation, pelvic, hip, and femur fractures.
 - H. Eye Emergencies:** acute angle-closure glaucoma, orbital cellulitis, retinal detachment, central retinal vein occlusion, blunt trauma to the eye and orbit.
 - I. Obstetrics and Gynecology:** ectopic pregnancy, spontaneous abortion, ruptured ovarian cyst, endometriosis, hyperemesis gravidarum, third-trimester bleeding, and trauma in pregnancy, postpartum hemorrhage.
 - J. Infectious Disease:** acute meningococemia, toxic shock syndrome, septic arthritis, and osteomyelitis.
 - K. Endocrine:** Addisonian crisis, thyroid storm
 - L. Environmental:** snakebites, drowning, hypothermia, heat stroke.
 - M. Psychiatric:** substance abuse disorders (including cocaine and cocaine psychosis,

opioids, hallucinogens, THC, amphetamines, and sedatives / hypnotics), suicidal states, domestic violence, psychotic disorders (including schizophrenia and brief psychotic disorder), posttraumatic stress disorder, and personality disorders (Axis I – Cluster A Disorder).

- N. **Pediatrics:** upper and lower airway obstruction, epiglottitis, febrile seizures, and sexual and physical abuse.
7. Identify the indications, contraindications, precautions, mechanisms of action, and management of the following:
 - A. Intravenous fluid therapy
 - B. Analgesics, oral and parenteral
 - C. Antacids
 - D. Antibiotics
 - E. Antihypertensives
 - F. Antiarrhythmics
 - G. Bronchodilators
 - H. Antifungal agents
 - I. Topical corticosteroids
 - J. Anesthetics, topical and parenteral
 8. Describe the indications for, the expected / normal results for, and list the common diseases, which may account for abnormal values for the following laboratory tests:
 - A. CBC with differential
 - B. Urinalysis
 - C. Chemistry profiles including glucose, electrolytes, BUN / Creatinine, liver function tests, and cardiac enzymes. (SMA 12 etc.)
 - D. Bilirubin, conjugated and unconjugated
 - E. Arterial blood gases
 - F. Thyroid function studies
 - G. Pulmonary function tests
 - H. Beta Human Chorionic Gonadotropin (β -HCG) and/or urine pregnancy test.
 9. Describe the indications for ordering and be able to interpret the following diagnostic procedures:
 - A. PA and lateral chest x-ray
 - B. X-rays of the extremities for fractures, dislocations, and degenerative joint disease.
 - C. X-rays of the spine for fracture, degenerative joint disease, spondylolisthesis, spondylolysis, scoliosis, kyphosis, and lordosis.
 - D. KUB and acute abdominal series.
 - E. Abdominal CT Scan
 - F. CT of skull
 - G. X-rays of the facial bones

10. Observe, learn the proper technique, perform where permitted, identify the indications, contraindications, precautions and risks of, interpret the results of, and appropriately educate the patient or legal guardian about the performance of and the meaning of the results of the following procedures:
- A. Arterial blood gas analysis
 - B. Venipuncture/fingerstick glucose
 - C. Intravenous (IV) catheter insertion
 - D. Injections- IM, ID and SQ
 - E. Nasogastric and Orogastric tube placement
 - F. Stool for occult blood
 - G. Urinalysis- clean catch and catheter
 - H. Gram stains
 - I. Specimen collection for culture/sensitivity - including blood, cervical, nasopharyngeal, sputum, urethral, urine, wound.
 - J. Wet mounts/KOH preps
 - K. Foley catheter placement
 - L. Electrocardiograms
 - M. Pulse oximeter monitoring
 - N. Gastric lavage
 - O. Performing CPR
 - P. Endotracheal intubation
 - Q. Thoracentesis
 - R. Lumbar puncture
 - S. Joint aspiration
 - T. Foreign body removal from soft tissue, ear, nose, throat and eye
 - U. Suture minor lacerations
11. Identify and describe various legal aspects of emergency care, such as: negligence, duty to provide medical care, Good Samaritan laws, consent, psychiatric emergencies (Baker Act), reportable events, medical records.

X. EVALUATION PROCEDURES:

The following components are calculated in the computation of final clinical rotation grade. All components of must be passed. Failure of any single component will result in an automatic failure for the rotation.

Component:	Percentage of Final Grade
Preceptor Evaluation * (Must be greater than 75% to pass rotation)	40%
Comprehensive Subject Examination*	40%
Written Assignment (Described Below)	20%
Site Visit / Oral Presentation* (when applicable) EOR Seminar Attendance/ Participation*	Students must pass all these components

* Detailed descriptions of these components can be found in the Clinical Year Handbook under “Computing Clinical Rotation Course Grades”

Students are also required to submit all proper documentation related to their clinical rotation at EOR Seminar as well as update their patient profile and clinical procedure logs.

WRITTEN ASSIGNMENT

Students are responsible for a written case assignment for each required rotation. Your assignment should be typed using Microsoft Word (using font Times New Roman, 12pt) and submitted to your faculty advisor by 12:30pm on the first EOR seminar day (Points will be deducted for lateness). The assignment should be properly labeled as such **LastNameFirstInitial_EM.doc** (For example, SmithA_EM.doc) All assignments should contain a cover page.

FOCUSED SOAP NOTE

A complete and focused SOAP note is required for the emergency medicine clinical rotation written assignment. You will note that many emergency departments have pre-printed instructions for many final diagnoses. The objective is to give you experience with a format you can modify to use in any patient management plan including a discharge summary if indicated. The following format is to be used:

1. Date and time (military) of admission to ED
2. Same for discharge
3. Discharge diagnosis
4. Consults or services called for additional opinions/care
5. Attending Physician
6. Procedures: Include any diagnostic tests (i.e., LP)
7. Brief history; pertinent positives only for physical exam findings and lab data. The point here is not to repeat the SOAP note but to SUMMARIZE the most important points.
8. Condition at discharge
9. Medications on discharge
10. Disposition: Home, ICU, nursing home, etc.
11. Follow-up

PLEASE REMEMBER:

You must submit a signed “**Certificate of Authorship**” at the end of your written assignment (template available on WebCT) ensuring the assignment is your original. There will be a five-point deduction for omission of the Certificate of Authorship.



**NOVA SOUTHEASTERN UNIVERSITY
PHYSICIAN ASSISTANT PROGRAM
FORT LAUDERDALE**

Course Syllabus

FAMILY MEDICINE ROTATION

I. COURSE TITLE: PAC 6318, Family Medicine Rotation
6 credit hours

II. CO-DIRECTORS:

Kenny McCallum, MPH, CHES
Second Floor, Terry Building,
Rm 1289
Office: 954-262-1289
Email: odoo@nsu.nova.edu
Office: M-F, 9am-5pm

Rick Yarosh, MBA, MPAS, PA-C
Second Floor, Terry Building,
Rm 1290
Office: 954-262-1326
Email: yarosh@nsu.nova.edu
Office: M-F, 9am-5pm

III. REQUIRED READINGS:

Harrison's Principles of Internal Medicine, Anthony S. Fauci, et al., McGraw, Hill, 17th Edition, 2008, ISBN 978-0071466339, (Online-from HPD Library, Books and Journals) (16th Edition is also acceptable)

Practice of Geriatrics, Edmund H. Duthie & Paul Katz, W.B. Saunders, 4th Edition, 2007, ISBN 978-1416022619 (Online-MD Consult)

Nelson Textbook of Pediatrics, Richard E. Behrman, Robert M. Kleigman, Ann M. Arvin (Editor), W.B. Saunders, 18th Edition, 2007, ISBN -78-1416040040, (Online-MD Consult)

V. RECOMMENDED READINGS:

Squire's Fundamentals of Radiology, Robert Novelline, Harvard University, 5th Edition, 1997, ISBN 978-0674833395

Practical Guide to ECG Interpretation, Ken Grauer, Mosby, ISBN 978-1556645570

Fitzpatrick's Color Atlas and Synopsis of Clinical Dermatology, Thomas B. Fitzpatrick, et al., McGraw Hill, 2005, 5th Edition, ISBN 978-0071440196

Current Medical Diagnosis & Treatment – latest edition

Davis's PA Exam Review; Focused Review for the PANCE and PANRE, Morton A. Diamond, P.A. Davis, 2008, ISBN 978-083618732

The student is encouraged to refer to www.mdconsult.com, www.emedicine.com, or www.uptodateonline.com available through NSU HPD Library which has excellent references, and to other online textbooks.

FYI SITES:

The Merck Manual

The real Merck Manual, in its entirety, On-line!

Address: <http://www.merck.com/pubs/mmanual/>

The Merck Manual of Geriatrics

Like it's parent book, also online in its entirety, 2nd edition.

Address: http://www.merck.com/pubs/mm_geriatrics/

Internet Mental Health

An excellent, comprehensive site featuring detailed descriptions of the 67 most commonly used Psych meds, the 52 most common mental disorders, links, and on-line diagnosis of a variety of disorders.

Address: <http://www.mentalhealth.com/>

V. COURSE DESCRIPTION: This is a required six-week rotation, which takes place primarily in the outpatient setting. The purpose of this rotation is to educate the physician assistant student in the diagnosis, management, and treatment of primary care patients. Emphasis is placed on the primary care needs of patients in rural and inner city communities.

VI. COURSE ATTENDANCE:

A. Students are expected to follow reporting instructions and to notify the program of any errors or changes.

B. A suitable **work schedule will be determined by the preceptor** or his/her agent and should include a minimum of 40 hours per week. **College holidays do not apply in the clinical year.** **Preceptors are not obligated to give the student days off on weekdays or weekends.** Remember, the more you are at the site; the more opportunity there is for learning to take place.

C. Students must notify the Clinical Director of their rotation schedule in writing via a "student rotation work schedule" **by the end of the first week** of their rotation, if their schedule differs from that listed on the reporting instructions.

D. **Absenteeism** – Please refer to Clinical Handbook regarding policies and procedures related to excused and unexcused absences.

VII. PROFESSIONALISM:

Professional behavior and decorum is a requirement for successful completion of this course. This will be evaluated in both the classroom and in associated encounters with the instructor and/or staff. Failure to adhere to this standard, regardless of academic achievement in the course, will subject the individual to referral for possible disciplinary action and/or dismissal.

VIII. COURSE GOALS:

By the end of the rotation, the PA student will:

1. Communicate effectively with colleagues and other medical personnel.
2. Relate and perform professionally in a working situation with other members of the healthcare team.
3. Perform and record a complete medical interview & physical examination.
4. Perform and record a problem oriented age-specific medical interview & physical examination.
5. Write problem oriented progress notes using the SOAP format.
6. Identify, order and interpret appropriate diagnostic procedures.
7. Formulate an appropriate problem list and differential diagnosis based upon history, physical examination and laboratory data.
8. Formulate and implement an appropriate treatment plan as approved and supervised by the preceptor.
9. Make appropriate medical decisions regarding work-up, treatment, and/or disposition of a patient given all pertinent medical data including but not limited to history, physical examination and laboratory and diagnostic data.
10. Perform and understand health promotion and disease prevention including but not limited to immunization, auditory and visual screening, accident prevention, PAP, rectal, breast examination, developmental screen, nutritional assessment for adult groups, smoking cessation, weight reduction and exercise recommendations.
11. Present oral case presentations to the preceptor.
12. Demonstrate an openness to receive constructive criticism.
13. Demonstrate a willingness to recognize limitations and seek help from supervising preceptors and appropriate reference materials.
14. Perform duties with a professional attitude in such areas as attendance, dress code and general demeanor.

15. Demonstrate sensitivity to the emotional, social and ethnic background of patients on his/her service.
16. Demonstrate that he/she has done independent outside reading concerning problems encountered.
17. Identify age-related barriers in communication with the elderly and use strategies to mitigate such problems.
18. Distinguish normal aging from pathologic process.
19. Distinguish the different ways disease processes may present in the elderly population.
20. Understand major age-related changes in body composition and function that affect the pharmacokinetic process.
21. Understand the common medication problems specific to the elderly population, such as poly-pharmacy, potential toxic interactions of drugs, compliance issues, and the complexity of new medication prescribing.
22. Know the importance of restoring and/or maintaining independence in the elderly.
23. Be exposed to the concept and philosophy of hospice.
24. Perform patient based periodic health screenings and appraisals.
25. Integrate knowledge of medical ethics and end-of-life issues into geriatric patient care (i.e. advanced directives, living will, etc.)

IX. LEARNING OBJECTIVES: By the end of the family medicine rotation, the PA student will be able to:

1. Delineate, differentiate and discuss typical presenting complaints, history and physical exam findings, differential diagnosis, appropriate diagnostic studies and their expected results and outline the appropriate principles of management to initiate treatment with appropriate supervision for the following:
2. Define, where appropriate, genetic factors in the patient's illness
3. Describe the indications, contraindications, mechanism of action, adverse effects and drug interactions of those medications used to treat the following:
4. Define the normal values for the common laboratory tests performed in the diagnosis and management of the following disorders:
 - A. Pulmonary:** Asthma, Bronchitis, COPD, Pleurisy, Pneumonia, URI, Tracheobronchitis, Bronchiolitis, Respiratory Syncytial Virus (RSV) Infection, Croup, Aspiration Pneumonia, TB, Hemoptysis, Influenza, Pulmonary Embolism, Pneumothorax

- B. Cardiovascular/Peripheral Vascular:** CHF, Hypertension, Varicose Veins, Coronary Artery Disease, Thrombophlebitis, Deep Venous Thrombosis, Chronic Arterial/Venous Insufficiency, Angina, Hyperlipidemia, Arrhythmias, Syncope, Myocardial Infarction.
- C. GI/Abdominal:** Appendicitis, Rectal Bleeding, Esophagitis, Gastric Ulcer, Duodenal Ulcer, Gastritis, GI Bleed, Cholelithiasis, Cholecystitis, Irritable Bowel Disease, Hepatitis, Pancreatitis, Diverticulosis, Diverticulitis, Constipation, Diarrhea, Dysphagia, Dyspepsia, Food Poisoning, Fecal Incontinence, Enteric Infections, Hernias
- D. GU/Gyn:** Cystitis and UTI, Pyelonephritis, Hematuria, Acute Renal Failure, BPH, Urethritis, Dysmenorrhea, PMS, Disorders of Menstruation, Infertility, Contraception, Mastitis, Vaginitis, Candidiasis, PID, Menopause, Cervicitis, Breast Cancer, Fibrocystitis Disease, STD's, Differential Diagnosis of Pregnancy including Ectopic and Unwanted Pregnancy, Vaginal Bleeding, Vaginal Atrophy, Epididymitis, Prostatitis, Urinary Retention/Incontinence, Estrogen Replacement Therapy, Catheter Sepsis.
- E. Musculoskeletal/Rheumatologic:** Joint Effusion, Ganglion Cyst, Synovitis, Tendinitis, Bursitis, Osteoarthritis, Gout & Pseudogout, Back Strain, Temporal Mandibular Joint Disease, Carpal Tunnel Syndrome, Lacerations and Wound Management, Sprains and Strains, Septic Arthritis, Rheumatoid Arthritis, Falls in the Elderly, Simple Fractures.
- F. Psychiatric:** Depression, Anxiety, Bipolar Disorder, Drug and Alcohol Abuse, Panic Disorder, Insomnia, Suicide & Prevention, Domestic Violence and Abuse, Child Abuse, and Death and Dying.
- G. Dermatology:** Dermatitis, Eczema, Psoriasis, Urticaria, Herpes Zoster, Herpes, Cellulitis, Abscess and Ulcers, Pyoderma, Scabies, Pediculosis, Warts, Acne, Skin Cancer, Varicella, Pityriasis Rosea, Burns, Urticaria, Mycoses/Dermatophytoses, Lipoma, Sebaceous Cyst, Disorders of the Hair and Nail beds, Insect and Spider Bites, Impetigo, Decubitus Ulcers, Lacerations & Wound Care.
- H. Endocrine:** IDDM, NIDDM, Hyperthyroidism, Hypothyroidism, Hypoglycemia, Electrolyte Disorders, Osteoporosis, Hyperlipidemia.
- I. Neurological:** Dizziness, Tremor, Headache, Alzheimer's Disease, Neuralgia, Neuropathies, CVA, TIA, Parkinsonism and Parkinson's Disease, Syncope, Vertigo, Dementias, Delirium, Cranial Nerve Palsies
- J. Hematopoietic:** Anemias.
- K. Infectious:** Influenza, Infectious Mononucleosis, Scarlet Fever, Erythema Infectiosum, Lyme's Disease, Mumps, Measles, Rubella, Rubeola,

Varicella, Herpes simplex, Meningitides, Herpes Zoster, Rocky Mountain Spotted Fever, Enteropathic infections

- L. Health Maintenance:** Community Related Prevention, Nutrition, Oral Hygiene, routine Infant and Child Health Check ups, Cardiovascular risk Counseling, Exercise Counseling, Counseling for : Contraception, Family Planning, Pap Smears, Routine Immunizations, Allergy Testing and Desensitizations.
 - M. HEENT:** Hearing Impairment, Strabismus, Impacted Cerumen, Barotrauma, Tympanic Membrane Perforation, Otitis Media, Otitis Externa, Sinusitis, Epistaxis, Upper Respiratory Infections, Pharyngitis, Tonsillitis, Laryngitis, Epiglottitis, Hyphemas, Oral Candidiasis, Conjunctivitis, Orbital Cellulitis, Corneal Abrasions, Blurred Vision, Cataracts, Glaucoma, Tinnitus, Vertigo, Lymphadenopathy, Hypertensive and Diabetic Retinopathy, Blepharitis, Chalazion, Foreign body in the eye, Allergic rhinitis, Parotitis, Oral herpes simplex
6. Will identify the pertinent historical, physical and diagnostic studies, findings to evaluate the condition and identify basic principles of management, and will initiate consultation and/or referral for the following:
- A. Pulmonary:** Pneumocystis carinii Pneumonia, Restrictive Lung Disease of environmental, occupational and connective tissue etiologies, Pulmonary Infarction, Sarcoidosis, Pulmonary Edema, Acute Respiratory Failure, Cystic Fibrosis, Bronchiectasis, Carcinomas.
 - B. Cardiovascular/Peripheral Vascular:** Pericardial Disease, Congenital and Acquired Valvular Heart Disease, Rheumatic Heart Disease, Cardiomyopathies, Cor Pulmonale, Giant Cell Arteritis, Malignant Hypertension, Peripheral Vascular Occlusive Disease/Arterial Embolism.
 - C. GI/Abdominal:** Esophageal Varices, Mallory-Weiss Tears, Crohn's Disease, Ulcerative Colitis, Achalasia, Carcinomas, Cirrhosis
 - D. GU/Gyn:** Acute and Chronic Renal Failure, Nephrolithiasis, Male Erectile Dysfunction, Cervical Dysplasia, Cervical Polyps, Endometriosis, Ovarian Masses, Spontaneous Abortions, Genital/Uterine Prolapse, Testicular Mass, Carcinomas.
 - E. Musculoskeletal/Rheumatologic:** Pain Syndromes, Fibromyalgia, Polymyalgia Rheumatica, Autoimmune Diseases, Vasculitis Syndromes, Osteomyelitis & other Bone Infections, Rotator Cuff Tears, Knee Injuries, Complex Dislocations and Fractures, Ganglion cysts, Septic Arthritis.
 - F. Psychiatric:** Eating Disorders, Dementia, Delirium, Alzheimer's, Phobias, Obsessive Compulsive Disorder, Conversion Disorder, Hypochondriasis, Rape Crisis, Posttraumatic Stress Disorder, Personality Disorders.

- G. Dermatology:** Dermatitis, Eczema, Psoriasis, Urticaria, Herpes Zoster, Herpes, Cellulitis, Abscess and Ulcers, Pyoderma, Scabies, Pediculosis, Warts, Acne, Skin Cancer, Varicella, Pityriasis Rosa, Mycoses, Dermatophytosis, Lipoma, Sebaceous Cyst, Disorders of the Hair and Nail beds, Insect Bite, Impetigo, Decubitus Ulcers, Wound Care.
 - H. Endocrine:** Diabetes, Hypoglycemia, Gout, Electrolyte Disorders, Osteoporosis, Hyperlipidemia, Cushing Disease, Adrenal Insufficiency, Thyroid Nodules
 - I. Neurological:** Dizziness, Tremor, Headache, Alzheimer's Disease, Neuralgia, Neuropathies, CVA, TIA, Parkinsonism and Parkinson's Disease, Syncope, Vertigo, Dementias, Delirium.
 - J. Hematopoietic:** Idiopathic Thrombocytopenic Purpura/Thrombotic Thrombocytopenic Purpura; Hemophilias; Leukemias; Polycythemia Vera; Multiple Myeloma; Henoch Schönlein Purpura..
 - K. Infectious:** Kawasaki's Disease, Rheumatic Fever, Endocarditis, Rickettsial Diseases, HIV, TB, Syphilis, Bacteremia/Sepsis
 - L. Health Maintenance:** Community Related Prevention, Nutrition, Oral Hygiene, routine Infant and Child Health Check ups, Cardiovascular risk Counseling, Exercise Counseling, Counseling for: Contraception, Family Planning, Pap Smears, Routine Immunizations, Allergy Testing and Desensitizations.
 - M. HEENT:** Macular Degeneration, Corneal Ulcer, Candidal Esophagitis, Leukoplakia, Branchial Cleft Cysts, Thyroglossal Duct Cyst, Meniere's Disease, Peritonsillar abscess, Dacryoadenitis, Retinal Detachment, Cancers, Strabismus
7. Will identify the indications, contraindication, precautions, mechanisms of action, and management of the following:
- A. Common OTC medications,
 - B. Analgesic
 - C. Antacids
 - D. Antianxiolytics
 - E. Antibiotics
 - F. Antihypertensives
 - G. Antidepressants
 - H. Antiarrhythmics
 - I. Bronchodilators
 - J. Antifungals
 - K. Antivirals
 - L. Insulin/ Oral Hypoglycemic Agents

8. Will describe the indications for, the expected and normal results for and list the common diseases that may account for abnormal values for the following lab tests:
 - A. CBC with differential
 - B. Hematologic studies for anemia
 - C. Glucose testing and monitoring
 - D. Biochemical Profiles
 - E. Thyroid Function Studies
 - F. Pulmonary Function Studies

9. Will describe the indications for ordering and be able to interpret the following diagnostic procedures:
 - A. Chest x-rays
 - B. X-rays of the extremities for fractures, dislocations, degenerative joint diseases, metabolic and primary bone diseases
 - C. X-rays of the spine
 - D. KUB
 - E. Descriptive radiologist's reports concerning: upper GI series, Barium studies, skull films, sinus series, CT with and without contrast, sonograms, MRIs

10. Will observe, learn the proper technique, perform where permitted, identify the indications, contraindications, precautions and risks of, interpret the results of, and appropriately educate the patient or legal guardian about the performance of and meaning of the following procedures:
 - A. Venipuncture and finger-sticks
 - B. Injections IM, IV, SQ
 - C. Stool for occult blood
 - D. Gram Stains
 - E. KOH smears/wet mount preps
 - F. Urinalysis
 - G. Specimen collection for C&S- blood, cervical, sputum, bronchial, stool, urethral, urine, wound
 - H. Electrocardiograms
 - I. Suture and wound care
 - J. Simple foreign body removal

X. EVALUATION PROCEDURES:

The following components are calculated in the computation of final clinical rotation grade. All components of must be passed. Failure of any single component will result in an automatic failure for the rotation.

Component:	Percentage of Final Grade
Preceptor Evaluation * (Must be greater than 75% to pass rotation)	40%
Comprehensive Subject Examination*	40%

Written Assignment (Described Below)	20%
Site Visit / Oral Presentation* (when applicable) EOR Seminar Attendance/ Participation*	Students must pass all these components

* Detailed descriptions of these components can be found in the Clinical Year Handbook under “Computing Clinical Rotation Course Grades”

Students are also required to submit all proper documentation related to their clinical rotation at EOR Seminar as well as update their patient profile and clinical procedure logs.

WRITTEN ASSIGNMENT

Students are responsible for a written case assignment for each required rotation. Your assignment should be typed using Microsoft Word (using font Times New Roman, 12pt) and submitted to your faculty advisor by 12:30pm on the first EOR seminar day (Points will be deducted for lateness). The assignment should be properly labeled as such

LastNameFirstInitial_FM.doc (For example, SmithA_FM.doc) All assignments should contain a cover page.

COMPLETE HISTORY & PHYSICAL WITH DISCUSSION

A complete, head-to-toe history and physical examination with a discussion of the patient’s diagnosis is required for the family medicine clinical rotation written assignment. The complete head to toe history and physical should include a complete medical history, full head to toe physical examination, possible diagnoses (differential of current complaint, chronic medical conditions and health maintenance issues) as well as a complete treatment plan. Patient must have a chief complaint, no routine physicals or follow-up visits will be accepted.

Discussion of Final Diagnosis for should be divided into two parts:

1. The first section is a review of the pathophysiology, etiology, presentation, course, management, and treatment of the disease indicated by the final diagnosis AND MUST INCLUDE THE FOLLOWING:
 - a. All treatment options which may be utilized in the management of the primary disorder
 - b. The influence of the primary disorder and any co-morbid conditions upon the choice of therapies.
 - c. Therapeutic considerations, including interactions and clinical aspects of medicinal prescribing that relates to drug metabolism and excretion.
2. The second section discusses **this particular case** in relationship to the disease process as you described it in the first section. The narrative should involve all aspects of the case and substantiate the final diagnosis.

Typically, the discussion is three to five pages in length. You must cite all resources (consistent with APA approved style - refer to the Journal of the AAPA for examples) from which data,

ideas, or words, either quoted directly or paraphrased, was taken. Avoid overusing quotations and be sure you cannot be accused of plagiarism. A minimum of 2 current (within last three years) references is required for the FM discussions.

PLEASE REMEMBER:

You must submit a signed “**Certificate of Authorship**” at the end of your written assignment (template available on WebCT) ensuring the assignment is your original. There will be a five-point deduction for omission of the Certificate of Authorship.



**NOVA SOUTHEASTERN UNIVERSITY
PHYSICIAN ASSISTANT PROGRAM
FORT LAUDERDALE**

Course Syllabus

INTERNAL MEDICINE ROTATION

I. COURSE TITLE: PAC 6311, Internal Medicine Rotation
6 credit hours

II. CO-DIRECTORS:

Kenny McCallum, MPH, CHES
Second Floor, Terry Building,
Rm 1289
Office: 954-262-1289
Email: odoo@nsu.nova.edu
Office: M-F, 9am-5pm

Rick Yarosh, MBA, MPAS, PA-C
Second Floor, Terry Building,
Rm 1290
Office: 954-262-1326
Email: yarosh@nsu.nova.edu
Office: M-F, 9am-5pm

III. REQUIRED READINGS:

Harrison's Principles of Internal Medicine, Anthony S. Fauci, et al., McGraw, Hill, 17th Edition, 2008, ISBN 978-0071466339, (Online-from HPD Library, Books and Journals) (16th Edition is also acceptable)

Practice of Geriatrics, Edmund H. Duthie & Paul Katz, W.B. Saunders, 4th Edition, 2007, ISBN 978-1416022619 (Online-MD Consult)

VI. RECOMMENDED READINGS:

Squire's Fundamentals of Radiology, Robert Novelline, Harvard University, 5th Edition, 1997, ISBN 978-0674833395

Practical Guide to ECG Interpretation, Ken Grauer, Mosby, ISBN 1556645570

Fitzpatrick's Color Atlas and Synopsis of Clinical Dermatology, Thomas B. Fitzpatrick, et al., McGraw Hill, 2005, 5th Edition, ISBN 978-0071440196

Nelson Textbook of Pediatrics, Richard E. Behrman, Robert M. Kleigman, Ann M. Arvin (Editor), W.B. Saunders, 18th Edition, 2007, ISBN 978-1416040040, online

Current Medical Diagnosis & Treatment – latest edition

Davis's PA Exam Review; Focused Review for the PANCE and PANRE, Morton A. Diamond, P.A. Davis, 2008, ISBN 978-083618732

The student is encouraged to refer to www.mdconsult.com , www.emedicine.com, or www.uptodateonline.com available through NSU HPD Library which has excellent references, and to other online textbooks.

FYI SITES:

The Merck Manual

The real Merck Manual, in its entirety, On-line

Address: <http://www.merck.com/pubs/mmanual/>

The Merck Manual of Geriatrics

Like its parent book: also online in its entirety, 2nd edition.

Address: http://www.merck.com/pubs/mm_geriatrics/

Internet Mental Health

An excellent, comprehensive site featuring detailed descriptions of the 67 most commonly used Psych meds, the 52 most common mental disorders, links, and on-line diagnosis of a variety of disorders.

Address: <http://www.mentalhealth.com/>

Geriatric Resource Guide-<http://www.galter.nwu.edu/geriatrics/>

- V. **COURSE DESCRIPTION:** This is a required six-week rotation, which takes place in both outpatient and inpatient settings. The purpose of this rotation is to educate the physician assistant student in the diagnosis, management, and treatment of acute and chronic medical problems seen in the internal medicine practice. Emphasis is placed on the adult, non-surgical patient.

VI. **COURSE ATTENDANCE:**

A. Students are expected to follow reporting instructions and to notify the program of any errors or changes.

B. A suitable **work schedule will be determined by the preceptor** or his/her agent and should include a minimum of 40 hours per week. **College holidays do not apply in the clinical year.** Preceptors are not obligated to give the student days off on **weekdays or weekends**. Remember, the more you are at the site; the more opportunity there is for learning to take place.

C. Students must notify the Clinical Director of their rotation schedule in writing via a "student rotation work schedule" **by the end of the first week** of their rotation, if their schedule differs from that listed on the reporting instructions.

D. **Absenteeism** – Please refer to Clinical Handbook regarding policies and procedures related to excused and unexcused absences.

VII. PROFESSIONALISM:

Professional behavior and decorum is a requirement for successful completion of this course. This will be evaluated in both the classroom and in associated encounters with the instructor and/or staff. Failure to adhere to this standard, regardless of academic achievement in the course, will subject the individual to referral for possible disciplinary action and/or dismissal.

VIII. COURSE GOALS:

By the end of the rotation, the PA student will

1. Communicate effectively with medical colleagues.
2. Perform professionally in a clinical situation with other members of the health care team.
3. Perform and record a complete history & physical examination.
4. Perform and record a problem oriented age-specific medical interview & physical examination.
5. Write problem oriented progress notes using the SOAP format.
6. Identify, order and interpret appropriate diagnostic procedures.
7. Formulate an appropriate problem list and differential diagnosis based upon history physical examination and laboratory data.
8. Formulate and implement an appropriate treatment plan as approved and supervised by the preceptor.
9. Make appropriate medical decisions regarding work-up, treatment, and/or disposition of a patient given all pertinent medical data.
10. Define health promotion and disease prevention pertinent to the patient including but not limited to immunization, auditory and visual screening, accident prevention, developmental screen, nutritional assessment, smoking cessation, weight reduction and exercise, rectal, breast and PAP examinations.
11. Deliver oral case presentations to the preceptor.
12. Demonstrate an openness to receive constructive criticism.
13. Recognize limitations and seek help from supervising preceptors and appropriate reference materials.
14. Perform duties with a professional attitude including demeanor, dress and attendance.
15. Demonstrate sensitivity to the emotional, social and ethnic background of patients and medical colleagues.
16. Demonstrate that he/she has studied medical reference material related to encountered patients
17. Identify age-related barriers in communication with the elderly and demonstrate strategies to lessen such issues.
18. Differentiate normal aging from pathologic disorders.
19. Understand the variable presentation of common medical problems.
20. Understand how aging of the patient may influence pharmacodynamics of the medications.

21. Understand common medication issues including polypharmacy, drug interactions and compliance.
22. Understand the importance of restoring and/or maintaining independence of the geriatric patient
23. Understand the concept and philosophy of hospice.
24. Perform patient-based periodic health screenings and appraisals.
25. Integrate knowledge of medical ethics and end-of-life issues into geriatric patient care e.g. advanced directives, living will.

IX. LEARNING OBJECTIVES: By the end of the internal medicine rotation, the PA student will meet the following minimum competencies:

1. Delineate, differentiate and discuss typical presenting complaints, history and physical exam findings, differential diagnosis, appropriate diagnostic studies and their expected results and outline the appropriate principles of management to initiate treatment with appropriate supervision for the following:
2. Define, where appropriate, genetic factors in the patient's illness
3. Describe the indications, contraindications, mechanism of action, adverse effects and drug interactions of those medications used to treat the following:
4. Define the normal values for the common laboratory tests performed in the diagnosis and management of the following disorders:
 - A. Pulmonary:** Asthma, Pneumonia (Community and Hospital-Acquired), Chronic Obstructive Pulmonary Disease, Pulmonary Embolism, Pleural Effusion, Acute Respiratory Failure, Acute Upper Respiratory Infection, Acute Bronchitis, Pulmonary Tuberculosis, Pulmonary Aspiration and Lung Abscess, Acute Hyperventilation Syndrome, Atelectasis
 - B. Cardiac/Peripheral Vascular:** Ischemic coronary syndromes, Essential Hypertension, Heart Failure, shock, Supraventricular and Ventricular Arrhythmias, Hypertrophic Cardiomyopathy, Deep Vein Thrombosis, Chronic Venous Insufficiency, Peripheral Arterial Disease, Valvular Disease, Endocarditis, Syncope, Acute Viral Pericarditis, Pericardial Effusion, Cor Pulmonale
 - C. Gastroenterologic:** Peptic Ulcer Disease, Gastritis, Esophagitis, Gastroesophageal Reflux, Diverticulosis, Diverticulitis, Acute Pancreatitis, Irritable Bowel Syndrome, Constipation, Diarrhea, Cholelithiasis, Cholecystitis, Enteritis (Protozoan and Bacterial), Fecal Incontinence, Viral Hepatitis, Upper Gastrointestinal Bleeding, Ascites
 - D. Renal/Urologic:** Cystitis, Pyelonephritis, Catheter-Induced Sepsis, Nephrolithiasis, Electrolyte Disorders (Hyponatremia, Hypokalemia, Hyperkalemia), Benign Prostatic Hyperplasia, Acute Prostatitis, erectile

dysfunction

- F. Hematologic:** Anemia (microcytic, macrocytic, hemolytic)
 - H. Neurologic:** Syncope, Transient Ischemic Attack, Dementia, Headache, Vertigo, Essential Tremor, Parkinsonism and Parkinson's Disease.
 - G. Rheumatologic/Immunologic:** Rheumatoid Arthritis, Osteoarthritis, Osteoporosis, Gout, Pseudogout, Musculoskeletal Chest Pain, Carpal Tunnel Syndrome, Gonococcal Arthritis and Tenosynovitis, Polymyalgia Rheumatica, Herniated Nucleus Pulposus, Reiter's Syndrome, Allergic Rhinitis, Angioedema, Urticaria
 - I. Endocrine:** Hypothyroidism, Hyperthyroid States, Diabetes Mellitus, Hyperglycemia (Secondary Causes), Acute Thyroiditis, Hypoglycemia, Dyslipidemia, metabolic syndrome
 - J. Infectious Disease:** Infectious Mononucleosis, Gonorrhea, Syphilis, Condyloma Acuminatum, Chlamydial Genital Infection, Herpesvirus Genital Infection, Infectious Diarrhea (including Traveler's Diarrhea and Traveler's Recommendations), Adult Immunizations, Streptococcal Infections (Pharynx and Skin), Staphylococcal Infection (Skin, Soft Tissue)
 - K. Dermatologic:** Herpes Zoster, Dermatophytoses, Eczema, Psoriasis, Actinic Keratosis, Decubitus Ulcer, Solar Protection Recommendations, Seborrheic Dermatitis, Tinea Versicolor, Contact Dermatitis, Acne, Warts, Scabies, Pediculosis, Photodermatitis, Drug Eruption, Lentigenes, Pustular disorders, Erythemas, flushing syndromes, Acanthosis Nigricans
 - L. Psychiatric Disorders:** Anxiety, Depression, Stress and Adjustment Disorders, Psychosomatic Disorders, Insomnia, Substance Abuse, Death and Dying
 - M. Ophthalmology / Otorhinolaryngology:** Rhinitis, Sinusitis, Nasal Polyps, Bell's palsy, Conjunctivitis
5. Identify the typical symptoms, physical signs, differential diagnosis, diagnostic studies to diagnose, and to define the basic principles of management of the following disorders
- A. Pulmonary:** Interstitial Lung Disease, Pulmonary Hypertension, Sarcoidosis, Pneumothorax, Hemothorax, Bronchogenic Carcinoma, Obstructive Sleep Apnea, Pickwickian Syndrome, Bronchiectasis, Pleuritis
 - B. Cardiac/Peripheral Vascular:** Pre-Excitation Syndrome, Secondary Hypertension, Aortic Aneurysm, Lymphangitis and Lymphedema,

Raynaud's Disease and Phenomenon, Acute Rheumatic Fever, Myocarditis, Congenital Heart Disease (Atrial and Ventricular Septal Defects, Coarctation of Aorta), Pericardial Tamponade, Constrictive Pericarditis, Superior Vena Cava Syndrome, Long QT interval, Dilated Cardiomyopathy

- C. Gastroenterologic:** Chronic Pancreatitis, Ulcerative Colitis, Crohn's Disease, Bowel Obstruction, Pseudomembranous Colitis, Cirrhosis, Hepatitis (Acute Non-Viral), Chronic Hepatitis, Spontaneous Bacterial Peritonitis, Lower Gastrointestinal Bleeding, Malabsorption Syndrome, Carcinoma (Liver, Esophagus, Stomach and Colon), Celiac Disease, Primary Biliary Cirrhosis, Portal Hypertension, Colon Polyps.
- D. Renal/Urologic:** Acute and Chronic Renal Failure, Acute Glomerulonephritis, Acid-Base Disorders, Nephrotic Syndrome, Polycystic Kidney Disease, Carcinoma (Kidney, Urinary Bladder, Prostate) , Prostatodynia
- E. Hematologic:** Thrombocytosis and Thrombocytopenia Acute and Chronic Leukemias, Hodgkin's and non-Hodgkin's Lymphoma, Polycythemia Ruba Vera, Hemophilia, Von Willebrand Disease, Hemoglobinopathies
- F. Neurologic:** Cerebrovascular Accident, Seizure Disorder, Traumatic Brain Injury, Wernicke's Encephalopathy, Coma, Multiple Sclerosis, Brain Tumors, Peripheral Neuropathy, Normal Pressure Hydrocephalus, Myasthenia Gravis, Cerebellar Tremor, Movement Disorders, Cranial Nerve Palsies, autonomic insufficiency
- G. Musculoskeletal/Rheumatologic:** Systemic Lupus Erythematosus, Systemic Sclerosis (Scleroderma), Giant Cell Arteritis, Polymyositis, Lumbar (Spinal) Stenosis, Pathologic Fracture, Multiple Myeloma, Paget's Disease
- H. Endocrine:** Gynecomastia, Hypopituitarism, Diabetes Insipidus, Acromegaly, Hyperprolactinemia, Benign Thyroid Nodule, Thyroid Carcinoma, Hypoparathyroidism, Hyperparathyroidism, Paget's Disease of Bone, Adrenal Insufficiency (Acute and Chronic), Hypercortisolism (Cushing Syndrome), Pheochromocytoma, Carcinoma of the Adrenal Cortex
- I. Infectious Disease:** Fever of Unknown Etiology, Chancroid, Human Papilloma Virus, HIV Infection, Meningitis (Viral and Bacterial), Rabies, Rocky Mountain Spotted Fever, Staphylococcal Bacteremia, Gas Gangrene, Botulism, Septic Arthritis, Acute Rheumatic Fever, Gram negative Bacteremia
- J. Dermatologic:** Skin Malignancies, Toxic Epidermal Necrolysis (TEN),

Congenital Nevus, Pemphigus, Lichen Planus, Erythema Nodosum, Blistering diseases.

K. Psychiatric Disorders: Psychoses, Anorexia Nervosa, Bulimia, Chronic Pain Syndromes, Bipolar Disorder, Psychosexual Disorders, Personality Disorders, Mania

L. Ophthalmology / Otorhinolaryngology: Blurred Vision, Cataracts, Ptosis, Retinopathy (Hypertensive and Diabetic), Optic Neuritis, Hearing Loss, Papilledema, Glaucoma

6. Identify the indications, contraindications, precautions, and management of the following:
 - A. Intravenous fluid
 - B. Blood and Blood Products
 - C. Assisted Ventilation (Bag, ventilator, initial settings)

7. Define the indications for ordering and to be able to interpret (consistent with the level of basic academic training) the following diagnostic studies:
 - A. Chest radiographs
 - B. Radiographs of long bones, spine and skull
 - C. Flat and upright films of the abdomen (KUB)
 - D. Electrocardiogram
 - E. Echocardiogram
 - F. CT and MRI scans
 - G. Intravenous pyelogram

X. EVALUATION PROCEDURES:

The following components are calculated in the computation of final clinical rotation grade. All components of must be passed. Failure of any single component will result in an automatic failure for the rotation.

Component:	Percentage of Final Grade
Preceptor Evaluation * (Must be greater than 75% to pass rotation)	40%
Comprehensive Subject Examination*	40%
Written Assignment (Described Below)	20%
Site Visit / Oral Presentation* (when applicable) EOR Seminar Attendance/ Participation*	Students must pass all these components

* Detailed descriptions of these components can be found in the Clinical Year Handbook under “Computing Clinical Rotation Course Grades”

Students are also required to submit all proper documentation related to their clinical rotation at EOR Seminar as well as update their patient profile and clinical procedure logs.

WRITTEN ASSIGNMENT

Students are responsible for a written case assignment for each required rotation. Your assignment should be typed using Microsoft Word (using font Times New Roman, 12pt) and submitted to your faculty advisor by 12:30pm on the first EOR seminar day (Points will be deducted for lateness). The assignment should be properly labeled as such **LastNameFirstInitial_IM.doc** (For example, SmithA_IM.doc) All assignments should contain a cover page.

DETAILED SOAP NOTE, ADMISSION ORDERS AND DISCHARGE SUMMARY

A Detailed SOAP note and admission orders are required for the Internal Medicine Rotation. Therefore, you should choose a patient that you evaluated during your rotation who was admitted into an inpatient setting. Even if you did not complete the admission paperwork on your selected patient, write out a complete set of admission orders as if you did complete the admission.

A. The Detailed SOAP note should contain a complete HPI, pertinent Past Medical History, pertinent Family and/or Social History and a pertinent Review of Systems (minimum of 2 organ systems). A pertinent negative statement at the end of the HPI will qualify as a review of systems. The physical examination must include a complete examination of the affected body system as well as any other symptomatic or related systems. Assessment and Plan should include both current and chronic medical problems and address any pertinent health maintenance issues.

B. Admission Orders should be properly dated, timed and signed. They should follow the appropriate ADC VAAN DIML format as presented to you during your physical diagnosis course. Admission orders should be logical, clear, complete, and relate directly to the patient case.

C. Discharge Summary A brief narrative describing the events (from arrival to discharge) that occurred during this patient encounter including the discharge disposition

PLEASE REMEMBER:

You must submit a signed **“Certificate of Authorship”** at the end of your written assignment (template available on WebCT) ensuring the assignment is your original. There will be a five-point deduction for omission of the Certificate of Authorship.



**NOVA SOUTHEASTERN UNIVERSITY
PHYSICIAN ASSISTANT PROGRAM
FORT LAUDERDALE**

Course Syllabus

PEDIATRICS ROTATION

I. COURSE TITLE: PAC 6317, Pediatrics Rotation
6 credit hours

II. CO-DIRECTORS:

Kenny McCallum, MPH, CHES
Second Floor, Terry Building,
Rm 1289
Office: 954-262-1289
Email: odoo@nsu.nova.edu
Office: M-F, 9am-5pm

Rick Yarosh, MBA, MPAS, PA-C
Second Floor, Terry Building,
Rm 1290
Office: 954-262-1326
Email: yarosh@nsu.nova.edu
Office: M-F, 9am-5pm

III. REQUIRED READINGS:

Nelson Textbook of Pediatrics, Richard E. Behrman, Robert M. Kleigman, Ann M. Arvin (Editor), W.B. Saunders, 18th Edition, 2007, ISBN 978-1416040040, (Online-MD Consult)

VII. RECOMMENDED READINGS:

Johns Hopkins: Harriet Lane Handbook, 18th ed.; Mosby 2007, ISBN 978-1416024507 (Online-MDConsult:<http://home.mdconsult.com/das/book/view/871>) (17th edition is also acceptable)

Davis's PA Exam Review; Focused Review for the PANCE and PANRE, Morton A. Diamond, P.A. Davis, 2008, ISBN 978-083618732

V. COURSE DESCRIPTION: This is a required six-week rotation, which takes place in outpatient and/or inpatient settings. The purpose of this rotation is to educate the physician assistant student in the diagnosis, management, and treatment of acute and chronic medical problems seen in pediatric practice. Emphasis is placed on growth and development from the infant to the adolescent.

VI. COURSE ATTENDANCE:

A. Students are expected to follow reporting instructions and to notify the program of any errors or changes.

B. A suitable **work schedule will be determined by the preceptor** or his/her agent and should include a minimum of 40 hours per week. **College holidays do not apply in the clinical year.** **Preceptors are not obligated to give the student days off on weekdays or weekends.** Remember, the more you are at the site; the more opportunity there is for learning to take place.

C. Students must notify the Clinical Director of their rotation schedule in writing via a “student rotation work schedule” **by the end of the first week** of their rotation, if their schedule differs from that listed on the reporting instructions.

D. **Absenteeism** – Please refer to Clinical Handbook regarding policies and procedures related to excused and unexcused absences.

VII. PROFESSIONALISM:

Professional behavior and decorum is a requirement for successful completion of this course. This will be evaluated in both the classroom and in associated encounters with the instructor and/or staff. Failure to adhere to this standard, regardless of academic achievement in the course, will subject the individual to referral for possible disciplinary action and/or dismissal.

VIII. COURSE GOALS:

By the end of the rotation, the PA student will

1. Communicate effectively with medical colleagues.
2. Perform professionally in a clinical situation with other members of the health care team.
3. Perform and record a complete history & physical examination.
4. Perform and record a problem oriented age-specific medical interview & physical examination.
5. Write problem oriented progress notes using the SOAP format.
6. Identify, order and interpret appropriate diagnostic procedures.
7. Formulate an appropriate problem list and differential diagnosis based upon history, physical examination and laboratory data.
8. Formulate and implement an appropriate treatment plan as approved and supervised by the preceptor.
9. Make appropriate medical decisions regarding work-up, treatment, and/or disposition of a patient given all pertinent medical data.
10. Define health promotion and disease prevention pertinent to the patient including but not limited to immunization, auditory and visual screening, accident prevention, developmental screen, nutritional assessment, smoking cessation, weight reduction and exercise, rectal, breast and PAP examinations.
11. Deliver oral case presentations to the preceptor.
12. Demonstrate an openness to receive constructive criticism.
13. Recognize limitations and seek help from supervising preceptors and appropriate reference materials.

14. Perform duties with a professional attitude including demeanor, dress and attendance.
15. Demonstrate sensitivity to the emotional, social and ethnic background of patients and medical colleagues.
16. Demonstrate that he/she has studied medical reference material related to encountered patients
17. Identify age-related barriers in communication with the elderly and demonstrate strategies to lessen such issues.
18. Understand the variable presentation of common medical problems.
19. Understand common medication issues including polypharmacy, drug interactions and compliance.
20. Perform patient-based periodic health screenings and appraisals.

IX. LEARNING OBJECTIVES: By the end of the pediatric rotation, the PA student will meet the following minimum competencies:

1. Delineate, differentiate and discuss typical presenting complaints, history and physical exam findings, differential diagnosis, appropriate diagnostic studies and their expected results and outline the appropriate principles of management to initiate treatment with appropriate supervision for the following:
2. Define, where appropriate, genetic factors in the patient's illness
3. Describe the indications, contraindications, mechanism of action, adverse effects and drug interactions of those medications used to treat the following:
4. Define the normal values for the common laboratory tests performed in the diagnosis and management of the following disorders:
 - A. **Neonatology:** Physical examination of the newborn infant, routine delivery room care
 - B. **Growth & Development:** age appropriate well-child evaluation; normal growth and development; normal nutrition and feeding disorders; sleep disorders; injury control and prevention; school performance; weight gain; weight loss.
 - C. **HEENT:** conjunctivitis; corneal abrasions; blepharitis; hordeolum; nasolacrimal duct obstruction; strabismus; amblyopia; otitis externa; otitis media; rhinitis; sinusitis; epistaxis; stomatitis; pharyngitis; tonsillitis.
 - D. **Pulmonary:** common cold (URI); upper-respiratory infection, epiglottitis; laryngotracheobronchitis (croup); bronchitis; bronchiolitis; pneumonias; tuberculosis; asthma, apnea.

- E. **Cardiovascular:** Tetralogy of Fallot; atrial septal defect (ASD); ventricular septal defect (VSD); patent ductus arteriosus (PDA); coarctation of the aorta; other valvular heart disease; rheumatic heart disease.
- F. **Gastrointestinal:** Hiatal hernia; umbilical hernia; gastroesophageal reflux; pyloric stenosis; acute gastroenteritis; colic; anal fissure; umbilical hernia; constipation; diarrhea; physiologic and nonphysiologic jaundice.
- G. **Genitourinary:** urinary tract infection; hematuria; menstrual cycle; pregnancy and contraception
- H. **Hematological:** iron deficiency anemia; sickle cell disease; Henoch-Schönlein purpura.
- I. **Musculoskeletal/Rheumatologic:** common fractures; scoliosis; pectus excavatum/carinatum; developmental hip dislocation; Nursemaid's elbow; Osgood-Schlatter disease; torticollis; genu varum; genu valgum; pes planus; septic joint
- J. **Neurological:** febrile seizure; Reye's syndrome; meningitis; migraine headaches; tension headaches
- K. **Infectious Disease:** thrush; varicella; rubeola; rubella; mononucleosis; mumps; streptococcal pharyngitis; roseola; erythema infectiosum; respiratory syncytial virus.
- L. **Dermatologic:** milia; acne neonatorum; miliaria; café au lait spots; port wine stain; hemangioma; epidermal nevus; acne; impetigo; atopic dermatitis; diaper dermatitis; seborrheic dermatitis; pediculoses; scabies; molluscum contagiosum; warts; pityriasis rosea; aphthous stomatitis; tinea: capitis, corporis, cruris, pedis, unguium, versicolor; urticaria, roseola
- M. **Poisoning:** salicylate; sedatives; acetaminophen; ethanol; insecticides; caustics; lead.
- N. **Endocrine:** puberty; exogenous obesity; normal menstruation; diabetes mellitus I & II, sexual maturity rating.
- O. **Psychosocial and Psychiatric:** childhood fears and anxieties; adolescent rebellion and turmoil; autism; childhood schizophrenia; depression; anxiety disorder; enuresis; functional encopresis; suicide; child abuse and neglect, psychosocial development; peer interaction; family interaction; substance abuse; ADHD
- P. **Immunizations:** dosage and schedule; administration; contraindications; precautions, active immunization; passive immunization; adverse effects.

5. Will identify the pertinent historical, physical, and diagnostic studies/findings to evaluate the condition and identify the basic principles of management, and will initiate consultation and/or referral for the following:
- A. **Neonatology:** pre-term delivery; post-term delivery; small for gestational age infant; intrauterine growth retardation (IUGR); large for gestational age.
 - B. **Growth & Development:** failure to thrive; learning disability; sudden infant death syndrome (SIDS)
 - C. **HEENT:** uveitis/iritis; periorbital cellulitis; mastoiditis; foreign body in the ear/nose/mouth; hearing deficits & screening; nasal fracture; peritonsillar abscess; angioedema; retinoblastoma
 - D. **Pulmonary:** meconium aspiration syndrome; apnea; foreign body aspiration; tracheitis; subglottic stenosis; pneumo/hemo thorax; bronchiectasis.
 - E. **Cardiovascular:** congestive heart failure; cardiomyopathy; endocarditis; transposition of the great vessels; pericarditis
 - F. **Gastrointestinal:** achalasia; volvulus; intussusception; Hirschsprung's Disease; inflammatory bowel disease; appendicitis; malabsorption syndrome; tracheoesophageal fistula.
 - G. **Genitourinary:** renal failure; glomerulonephritis; nephritic syndrome; vesicoureteral reflux; hydrocele; cryptorchidism; hypospadias; inguinal and femoral hernia; wilm's tumor
 - H. **Hematological:** thalassemia; Glucose-6-phosphate dehydrogenase (G6PD) syndrome; aplastic anemia; hemophilias; Von Willebrand's disease; leukemia; Hodgkin's lymphoma; Non-hodgkin's lymphoma.
 - I. **Musculoskeletal/Rheumatologic:** Legg-Calve-Perthes Disease; pes planus; genu varum; genu valgum; slipped capital femoral epiphysis; sprains & strains; Juvenile rheumatoid arthritis; Salter-Harris classification of joint fractures; spina bifida; myelomeningocele; osteomyelitis.
 - J. **Endocrine:** phenylketonuria; pheochromocytoma; gigantism/short stature; hypothyroidism; hyperthyroidism; gynecomastia; dysmenorrhea.
 - K. **Neurologic:** Cerebral palsy; hydrocephalus; macrocephaly; microcephaly; seizure disorder; status epilepticus; neuroblastoma
 - L. **Infectious Disease:** Sepsis and septic shock; HIV/AIDS.

- M. **Genetic Disorders:** Trisomy 21; Turner's Syndrome; neurofibromatosis; Klinefelter's syndrome; Cystic fibrosis.
 - N. **Psychosocial and Psychiatric:** childhood schizophrenia; bipolar disorder; eating disorders; drug abuse; premenstrual syndrome
6. Will identify the indications, contraindications, precautions, mechanisms of action, and management of the following:
 - A. Intravenous fluid therapy
 - B. Total parenteral nutrition
 - C. Blood transfusions
 - D. Analgesics
 - E. Antibiotics
 - F. Bronchodilators
 - G. Antifungals
 - H. Antivirals
 7. Will describe the indications for, the expected/normal results for, and list the common diseases which may account for abnormal values for the following laboratory tests:
 - A. Complete blood count (CBC) with differential
 - B. Hematologic studies common for anemia work-ups
 - C. Urinalysis
 - D. Blood Urea Nitrogen (BUN), Creatinine (Cr), Electrolytes (SMA-6), and SMA 12 and Glucose
 - E. Bilirubin – conjugated and unconjugated
 - F. Arterial blood gases (ABG's)
 - G. Thyroid function tests (TFTs – TSH, T3, T4)
 - H. PKU
 - I. G6PD
 8. Will describe the indications for ordering and be able to interpret the following diagnostic procedures:
 - A. PA, AP, and lateral chest X-rays
 - B. X-rays of the extremities for fractures, dislocations, and degenerative joint disease
 - C. X-rays of the spine for scoliosis, kyphosis, fractures, and degenerative disease
 - D. KUB – flat and upright
 - E. Descriptive reports of radiologists concerning upper GI series, Barium enemas, IVPs, skull films, sinus series, CT with and without contrast, sonograms, MRIs
 9. Will observe, learn the proper technique, perform where permitted, identify the indications, contraindications, precautions and risks of, interpret the results of, and appropriately educate the patient or legal guardian about the performance of and the meaning of the results of the following procedures:

- A. Venipuncture/fingerstick glucose
- B. Heel stick for blood testing
- C. Intravenous (IV) catheter insertion
- D. Injections – intramuscular, intravenous, subcutaneous
- E. Naso/Orogastric tube placement
- F. Stool for occult blood
- G. Urinalysis
- H. Gram Stains
- I. Specimen collection for culture/sensitivity - including blood, nasopharyngeal, sputum, stool, urethral, urine, wound
- J. Electrocardiogram
- K. Gastric lavage
- L. Performing CPR
- M. Intubation
- N. Lumbar puncture
- O. Foreign body removal
- P. Suture

X. EVALUATION PROCEDURES:

The following components are calculated in the computation of final clinical rotation grade. All components of must be passed. Failure of any single component will result in an automatic failure for the rotation.

Component:	Percentage of Final Grade
Preceptor Evaluation * (Must be greater than 75% to pass rotation)	40%
Comprehensive Subject Examination*	40%
Written Assignment (Described Below)	20%
Site Visit / Oral Presentation* (when applicable) EOR Seminar Attendance/ Participation*	Students must pass all these components

* Detailed descriptions of these components can be found in the Clinical Year Handbook under “Computing Clinical Rotation Course Grades”

Students are also required to submit all proper documentation related to their clinical rotation at EOR Seminar as well as update their patient profile and clinical procedure logs.

WRITTEN ASSIGNMENT

Students are responsible for a written case assignment for each required rotation. Your assignment should be typed using Microsoft Word (using font Times New Roman, 12pt) and submitted to your faculty advisor by 12:30pm on the first EOR seminar day (Points will be deducted for lateness). The assignment should be properly labeled as such

LastNameFirstInitial_PEDS.doc (For example, SmithA_PEDS.doc) All assignments should contain a cover page.

FOCUSED SOAP NOTE

A focused SOAP note on a child that is less than 2 years old is required for the Pediatrics Rotation. Your SOAP note must involve a child with a chief complaint; a well child visit will not be accepted.

A. Subjective portion should include: birth and neonatal history, developmental milestones (should include DDST, social habits and milestones (toilet habits, play, major activities, sleep patterns, discipline, development of relationships), social disposition (identify the family constellation, relationships, parents' educational background and occupations, religious preference of family, and the role of the child in the family, as well as day care, pets, etc.), child's dietary habits (including eating patterns, likes and dislikes, use of vitamins, parental assessment of eating, estimation of calories ingested, and relative amounts of carbohydrate, fat, and protein in the diet), growth chart/percentiles, genitalia/sexual maturity rating, Neuro (DDST).

B. Physical exam should include:

1. **General description of the patient:** Assessment of child's use of language; child's understanding of exam; child's interpersonal interactions (e.g. with you and care giver)
2. **Focused Physical exam:** Pertinent to the child's presenting condition
3. **Growth curve data:** Observe growth curve in child's chart: if child has been consistently growing in height and weight in a given percentile, state: "Child is in the 50th percentile for height and weight which is unchanged for the past ___years"/If there has been a change in the child's growth percentile, this should be noted also.

C. Assessment and Plan should be age-specific and include both current and chronic medical problems and address any pertinent health maintenance issues.

PLEASE REMEMBER:

You must submit a signed "**Certificate of Authorship**" at the end of your written assignment (template available on WebCT) ensuring the assignment is your original. There will be a five-point deduction for omission of the Certificate of Authorship.



**NOVA SOUTHEASTERN UNIVERSITY
PHYSICIAN ASSISTANT PROGRAM
FORT LAUDERDALE**

Course Syllabus

PRENATAL CARE/GYNECOLOGY ROTATION

I. COURSE TITLE: PAC 6304, Prenatal Care/ Gynecology Rotation
6 credit hours

II. CO-DIRECTORS:

Kenny McCallum, MPH, CHES
Second Floor, Terry Building,
Rm 1289
Office: 954-262-1289
Email: odoo@nsu.nova.edu
Office: M-F, 9am-5pm

Rick Yarosh, MBA, MPAS, PA-C
Second Floor, Terry Building,
Rm 1290
Office: 954-262-1326
Email: yarosh@nsu.nova.edu
Office: M-F, 9am-5pm

III. REQUIRED READINGS:

Obstetric & Gynecologic Diagnosis & Treatment, by Alan H. Decherney (Editor) and
Martin L. Pernoll, MD (Editor), McGraw Hill, 9th Edition, 2006, ISBN 978-0071439008

VIII. RECOMMENDED READINGS:

Obstetrics - Normal and Problem Pregnancies, 5th Edition; Gabbe, Churchill
Livingstone, 2007 ISBN 978-0443069307 (Online: MD Consult)

Comprehensive Gynecology, 4th ed., Stenchever, 2002, Mosby, ISBN 978-0323023566
(Online MD Consult)

Davis's PA Exam Review; Focused Review for the PANCE and PANRE, Morton A.
Diamond, P.A. Davis, 2008, ISBN 978-083618732

FYI SITES:

The OB/GYN Network

A site with a variety of information on OB/GYN--neat graphics! See their image library
at http://www.obgyn.net/image_library/il.htm for Obstetric images, Gynecologic images,
Ultrasound scans, Anatomical images, and Rare & Unusual images.

Address: <http://www.obgyn.net>

Hardin Meta Directory: Obstetrics, Gynecology & Women's Health Links

Many links to links for OB/GYN resources; a virtual “catalogue of catalogues.”
Address: <http://www.lib.uiowa.edu/hardin/md/obgyn.html>

V. COURSE DESCRIPTION: A required six-week rotation conducted in both the inpatient and outpatient settings. The physician assistant student while on this rotation will learn perinatal care, care of the obstetric patient and assessment procedures for both maternal and fetal well being. The student will also learn about gynecological disorders, as well as the diagnosis, treatment and management of disorders that afflict both the gynecological and obstetric patients. Emphasis of this rotation is placed on care of the obstetric and gynecological patient including performing vaginal delivery on the former.

VI. COURSE ATTENDANCE:

A. Students are expected to follow reporting instructions and to notify the program of any errors or changes.

B. A suitable **work schedule will be determined by the preceptor** or his/her agent and should include a minimum of 40 hours per week. **College holidays do not apply in the clinical year.** **Preceptors are not obligated to give the student days off on weekdays or weekends.** Remember, the more you are at the site; the more opportunity there is for learning to take place.

C. Students must notify the Clinical Director of their rotation schedule in writing via a “student rotation work schedule” **by the end of the first week** of their rotation, if their schedule differs from that listed on the reporting instructions.

D. **Absenteeism** – Please refer to Clinical Handbook regarding policies and procedures related to excused and unexcused absences.

VII. PROFESSIONALISM:

Professional behavior and decorum is a requirement for successful completion of this course. This will be evaluated in both the classroom and in associated encounters with the instructor and/or staff. Failure to adhere to this standard, regardless of academic achievement in the course, will subject the individual to referral for possible disciplinary action and/or dismissal.

VIII. COURSE GOALS:

By the end of the rotation, the PA student will

1. Communicate effectively with medical colleagues.
2. Perform professionally in a working situation with other members of the health care team.
3. Perform and record a complete history & physical examination.
4. Perform and record a problem oriented, age-specific medical interview & physical

- examination.
5. Write problem-oriented progress notes using the SOAP format.
 6. Identify, order and interpret appropriate diagnostic procedures.
 7. Formulate an appropriate problem list and differential diagnosis based upon history, physical examination and laboratory data.
 8. Formulate and implement an appropriate treatment plan as approved and supervised by the preceptor.
 9. Make appropriate medical decisions regarding work-up, treatment, and/or disposition of a patient given all pertinent medical data.
 10. Define health promotion and disease prevention methods pertinent to the patient including but not limited to immunization, auditory and visual screening, accident prevention, developmental screens, nutritional assessment, smoking cessation, weight reduction, exercise, and rectal, breast and PAP examinations.
 11. Deliver oral case presentations to the preceptor.
 12. Demonstrate an openness to receive constructive criticism.
 13. Recognize limitations and seek help from preceptors and reference materials.
 14. Perform duties with a professional attitude including demeanor, dress and attendance.
 15. Demonstrate sensitivity to the emotional, social and ethnic background of patients and medical colleagues.
 16. Demonstrate that he/she has studied medical reference material related to the encountered patients.
 17. Identify age-related barriers in communication with the elderly and demonstrate strategies to lessen such issues.
 18. Differentiate normal aging from pathologic disorders.
 19. Understand the variable presentation of common medical problems.
 20. Understand how aging of the patient may influence pharmacodynamics of medications.
 21. Understand common medication issues including polypharmacy, drug interactions and compliance.
 22. Understand the importance of restoring/maintaining the independence of the geriatric patient.
 23. Understand the concept and philosophy of hospice.
 24. Perform patient-based periodic health screenings and appraisals.
 25. Integrate knowledge of medical ethics and end-of-life issues into geriatric patient care, e.g., advance directives and living will.

IX. LEARNING OBJECTIVES: By the end of the prenatal/gynecology rotation, the PA student will meet the following minimum competencies:

1. Delineate, differentiate and discuss typical presenting complaints, history and physical exam findings, differential diagnosis, appropriate diagnostic studies and their expected results and outline the appropriate principles of management to initiate treatment with appropriate supervision for the following:
2. Define, where appropriate, genetic factors in the patient's illness

3. Describe the indications, contraindications, mechanism of action, adverse effects and drug interactions of those medications used to treat the following:
4. Define the normal values for the common laboratory tests performed in the diagnosis and management of the following disorders:

I: OBSTETRICS

- A. Uncomplicated Pregnancy:** Maternal-fetal physiology, Preconception and antepartum care, Stages and mechanisms of labor, True and false labor, Maternal and fetal assessment, Indications for operative delivery, Immediate postpartum maternal care, Immediate care of the newborn, Adolescent pregnancy
- B. Puerperium:** Conduct of the Puerperium, Complication of the puerperium
- C. Complications of Pregnancy:** Ectopic pregnancy, Spontaneous abortions and subtypes, Habitual or recurrent abortions, Management of first trimester bleeding, Incompetent cervix, induced abortions and types of procedures, Preeclampsia – eclampsia, Hypertension of pregnancy, Bleeding during pregnancy, Abruptio placentae, Placenta previa, maternal-fetal complications, Hydatidiform moles, Preterm labor and delivery, Premature rupture of the membrane, Postterm pregnancy, Urinary incontinence
- D. Medical and Surgical Procedures in Pregnancy:** Anemia, Diabetes; pre-existing and gestational, urinary tract infections, Infectious disease, Cardiac disease, Asthma, Substance abuse, eating disorders, Sleeping disorders, Acute abdominal symptoms
- E. Postpartum complications:** Hemorrhage, Uterine atony, Lacerations of the lower genital tract, Retained placenta products, Postpartum infection, anxiety depression and psychosis.

II: GYNECOLOGY

- A. Menstruation:** Menstrual physiology, Normal and abnormal menstruation, Disorders and complications of menstruation, PMSDD, Toxic Shock Syndrome
- B. Menopause:** Physiologic changes of menopause and climacteric, Iatrogenic & Premature menopause, Complications of menopause, Hormone replacement therapy, Postmenopausal bleeding
- C. Fertility:** Contraception, Sterilization, Family Planning
- D. Sexually Transmitted Diseases:** Gonorrhoea, Chlamydia, Herpes Simplex I &

II, Syphilis, Condyloma acuminatum (HPV), HIV, Bacterial Vaginosis, Trichomoniasis, Candidiasis, Lymphogranuloma venereum

- E. Uterine:** Endometrial hyperplasia, Endometriosis, Leiomyomata, Endometrial polyps, Uterine prolapse
 - F. Vulvar and Vaginal disease:** Physiologic vaginal discharge, atrophic vaginitis, Dermatological conditions of the vulvar, Bartholin's gland disease and other benign conditions of the vulvar and vagina
 - G. Cervical Diseases:** Cervicitis, Endocervicitis, Abnormal Pap smears, Cervical dysplasia, CIN classification
 - H. Ovarian and Fallopian tube Diseases:** Pelvic inflammatory disease, Salpingitis, Functional ovarian cysts, Tubo-ovarian abscess, Benign ovarian neoplasms
 - I. Breast Diseases:** Breast-self examination, Breast mass, Nipple discharge, Breast pain, Mastitis, fibrocystic disease. Fibroademoma of the breast, Breast carcinoma, Breast feeding, Mammography
 - J. Other:** Rectocele, Cystocele,
5. Will identify the pertinent historical, physical and diagnostic studies/findings in order to evaluate the condition and identify the basic principles of management, and will initiate consultation and/or referral for the following:

I: OBSTETRICS

- A. Infertility:** Initial evaluation, Initial testing for male factor and female factors
- B. Complications of Pregnancy:** Isoimmunization, Multifetal gestation Abnormal labor, Causes, labor patterns, evaluation & management, Fetal-pelvic disproportion, Abnormal fetal presentations, Abnormal labor, patterns, Hematomas, Coagulation defects, Uterine rupture, Uterine inversion, Fetal growth abnormalities, Fetal genetic abnormalities, Amniocentesis in the older pregnant female, PUPS

II: GYNECOLOGY

- A. Neoplasms:** Vulvar and vaginal neoplasms, Ovarian and fallopian neoplasms, Cervical neoplasms, Uterine neoplasms, Chronic pelvic pain,
6. Will identify the indications, contraindications, precautions, mechanisms of action, and management of the following:
- a) Intravenous fluid therapy

- b) Oral contraceptives - hormonal and mechanical
- c) Anti-epileptic drugs
- d) Anti-hypertensive medications
- e) Hypoglycemics
- f) Sedatives
- g) Tocolytics
- h) Inducing agents

7. The PA student will observe, learn the proper technique, perform where permitted, identify the indications, contraindications, precautions and risks of, interpret the results of, and appropriately educate the patient or legal guardian about the performance of and the meaning of the results of the following diagnostic procedures:

I. Gynecologic Procedures:

- a) Pap smears
- b) Cervical, urethral, rectal, pharyngeal cultures
- c) Cervical Gram stain
- d) Wet mount of vaginal secretions
- e) Microscopic evaluation of cervical mucus for Ferning
- f) Pregnancy tests: urine and serum
- g) Colposcopy
- h) Cervical biopsy
- i) Cone biopsy
- j) Cryotherapy
- k) Culdocentesis
- l) Dilation and curettage
- m) Endometrium biopsy
- n) Hysterectomy
- o) Hysterosalpingography
- p) Hysteroscopy
- q) Laparoscopy
- r) Mammography
- s) Needle aspiration of breast mass
- t) Pelvic ultrasonography
- u) Pregnancy termination
- v) Vulvar biopsy

II. Obstetrics Procedures

- a) Ultrasonography
- b) Episiotomy
- c) Cesarean delivery
- d) Forceps delivery
- e) Induction and augmentation of labor
- f) Vacuum-assisted delivery
- g) Breech delivery
- h) Antepartum fetal assessment

- i) Amniocentesis and cordocentesis
- j) Chorionic villus sampling
- k) Newborn circumcision
- l) Vaginal birth after cesarean delivery
- m) Spontaneous vaginal delivery
- n) Fetal monitoring
- o) Rupture of amniotic membranes
- p) Assist in deliveries

X. EVALUATION PROCEDURES:

The following components are calculated in the computation of final clinical rotation grade. All components of must be passed. Failure of any single component will result in an automatic failure for the rotation.

Component:	Percentage of Final Grade
Preceptor Evaluation * (Must be greater than 75% to pass rotation)	40%
Comprehensive Subject Examination*	40%
Written Assignment (Described Below)	20%
Site Visit / Oral Presentation* (when applicable) EOR Seminar Attendance/ Participation*	Students must pass all these components

* Detailed descriptions of these components can be found in the Clinical Year Handbook under “Computing Clinical Rotation Course Grades”

Students are also required to submit all proper documentation related to their clinical rotation at EOR Seminar as well as update their patient profile and clinical procedure logs.

WRITTEN ASSIGNMENT

Students are responsible for a written case assignment for each required rotation. Your assignment should be typed using Microsoft Word (using font Times New Roman, 12pt) and submitted to your faculty advisor by 12:30pm on the first EOR seminar day (Points will be deducted for lateness). The assignment should be properly labeled as such

LastNameFirstInitial_GYN.doc (For example, SmithA_GYN.doc) All assignments should contain a cover page.

FOCUSED SOAP NOTE

A focused SOAP note is required for the Prenatal/Gyn Rotation. Your assignment should be on the evaluation of a prenatal, postpartum patient or a patient presenting with a chief complaint. A routine check-up or patient presenting for renewal of birth control pills will not be accepted.

- A. Subjective portion should include: menstrual history, contraceptive history, previous pregnancy and delivery history (including date of delivery, sex, weight and height of child,

duration of pregnancy, length of labor, type of delivery, type of anesthesia, and any complications), prior STD history, last pap smear/pelvic exam and results, last mammogram and results, and self breast exam history.

If currently pregnant, must include all pertinent prenatal care received to date. (health of the mother during this pregnancy, especially in regard to any infections, other illnesses, vaginal bleeding, toxemia, or care of animals, such as cats, which may induce toxoplasmosis or other animal-borne diseases, all of which can have permanent effects on the embryo and child.) The time and type of movements the fetus made in utero should be determined. The number of previous pregnancies and their results, radiographs or medications taken during the pregnancy, results of serology and blood typing of the mother and baby, and results of other tests such as amniocentesis should be recorded. If the mother's weight gain has been excessive or insufficient, this also should be noted.

- B. Physical exam must include a complete breast, GU/pelvic and focused abdominal exam.
- C. Assessment and Plan should be age-specific and include both current and chronic medical problems and address any pertinent health maintenance issues.

PLEASE REMEMBER:

You must submit a signed “**Certificate of Authorship**” at the end of your written assignment (template available on WebCT) ensuring the assignment is your original. There will be a five-point deduction for omission of the Certificate of Authorship.



**NOVA SOUTHEASTERN UNIVERSITY
PHYSICIAN ASSISTANT PROGRAM
FORT LAUDERDALE**

Course Syllabus

SURGERY ROTATION

I. COURSE TITLE: PAC 6313, Surgery Rotation
6 credit hours

II. CO-DIRECTORS:

Kenny McCallum, MPH, CHES
Second Floor, Terry Building,
Rm 1289
Office: 954-262-1289
Email: odoo@nsu.nova.edu
Office: M-F, 9am-5pm

Rick Yarosh, MBA, MPAS, PA-C
Second Floor, Terry Building,
Rm 1290
Office: 954-262-1326
Email: yarosh@nsu.nova.edu
Office: M-F, 9am-5pm

III. REQUIRED READINGS:

Sabiston Textbook of Surgery, W.B. Saunders, 18th Edition, 2007, ISBN 978-1416052333 (Online: MD Consult)

IX. RECOMMENDED READINGS:

Current Surgical Diagnosis and Treatment (latest edition)
Khatri: Operative Surgery Manual, 1st ed., 2002, Saunders, ISBN 978-0721678641
(Online: MD Consult)

Ford: Clinical Toxicology, 1st ed., 2003, Saunders, ISBN 978-0721678641 (Online:MD Consult)

Clinical Procedures in Emergency Medicine, Roberts, 4th ed., 2003, Saunders, ISBN 978-0721697604 (Online MD Consult)

Davis's PA Exam Review; Focused Review for the PANCE and PANRE, Morton A. Diamond, P.A. Davis, 2008, ISBN 978-083618732

FYI SITES:

Ethicon: [Wound Closure Manual](http://www.jnjgateway.com/public/NLDUT/Wound_Closure_Manual1.pdf), 2004 Ethicon, Inc, Johnson & Johnson Co.
www.jnjgateway.com/public/NLDUT/Wound_Closure_Manual1.pdf

Ethicon: [Knot Tying Manual](#), 2004, Ethicon, Inc., Johnson & Johnson Co.

http://www.jnjgateway.com/public/USENG/Knot_Tying_Manual.pdf

Scrubbing, Gowning, Gloving, and Prepping
<http://cal.vet.upenn.edu/projects/surgery/index.htm>

Wound management, sutures, instruments, suture technique and surgical skills:
<http://www.residentnet.com>

Scrubbing, Gowning, Gloving, and Prepping
<http://www.bumc.bu.edu/Dept/Content.aspx?DepartmentID=69&PageID=5734>

Website for clinical procedures and surgical skills:
<http://www.vesalius.com>
<http://www.orlive.com>
<http://www.ProceduresConsult.com> available through HPD library

V. COURSE DESCRIPTION: This required six-week rotation is conducted in both the clinical and hospital settings. The purpose of this rotation is to educate the physician assistant student in the diagnosis, treatment and management of both the inpatient and outpatient surgical patient. Emphasis is placed on surgical disorders commonly encountered in various settings by the physician assistant.

VI. COURSE ATTENDANCE:

A. Students are expected to follow reporting instructions and to notify the program of any errors or changes.

B. A suitable **work schedule will be determined by the preceptor** or his/her agent and should include a minimum of 40 hours per week. **College holidays do not apply in the clinical year.** **Preceptors are not obligated to give the student days off on weekdays or weekends.** Remember, the more you are at the site; the more opportunity there is for learning to take place.

C. Students must notify the Clinical Director of their rotation schedule in writing via a “student rotation work schedule” **by the end of the first week** of their rotation, if their schedule differs from that listed on the reporting instructions.

D. **Absenteeism** – Please refer to Clinical Handbook regarding policies and procedures related to excused and unexcused absences.

VII. PROFESSIONALISM:

Professional behavior and decorum is a requirement for successful completion of this course. This will be evaluated in both the classroom and in associated encounters with the instructor and/or staff. Failure to adhere to this standard, regardless of academic achievement in the course, will subject the individual to referral for possible disciplinary action and/or dismissal.

VIII. COURSE GOALS:

By the end of the rotation, the PA student will

1. Communicate effectively with medical colleagues.
2. Perform professionally in a clinical situation with other members of the health care team.
3. Perform and record a complete pre/post operative history & physical examination.
4. Perform and record a problem oriented, age-specific surgical interview & physical examination.
5. Write problem-oriented pre/post operative progress notes using the SOAP format.
6. Identify, order, and interpret appropriate pre/post diagnostic procedures.
7. Formulate an appropriate problem list and differential diagnosis based upon pre operative history, physical examination, and pre-operative laboratory data.
8. Formulate and implement an appropriate post-surgical treatment plan and orders as approved and supervised by the preceptor.
9. Make appropriate decisions regarding work-up, treatment, and/or disposition of a patient given all pertinent medical and surgical data.
10. Define health promotion and disease prevention methods pertinent to the Patient's post-operative diagnosis.
11. Deliver oral case presentations to the preceptor.
12. Demonstrate an openness to receive constructive criticism.
13. Recognize limitations and seek help from the preceptors and reference materials.
14. Perform duties with a professional attitude including demeanor, dress and attendance.
15. Demonstrate sensitivity to the emotional, social, and ethnic background of patients and medical colleagues.
16. Demonstrate that he/she has studied surgical reference material related to encountered patients.
17. Identify age-related barriers in communication with the patient and demonstrate strategies to lessen such issues.
18. Differentiate normal aging from pathologic disorders.
19. Understand the variable presentation of common surgical problems.
20. Understand how the age of the patient may influence pharmacodynamics of medications used pre, intra, & postoperatively.
21. Understand common medication issues including pain management, anesthesia interactions and compliance.
22. Understand the importance of restoring/maintaining the independence of the surgical patient.
23. Understand the concept and philosophy of long & short term rehabilitative centers.
24. Perform patient-based preoperative screenings and postoperative appraisals.
25. Integrate knowledge of medical ethics and end-of-life issues into trauma patient care, e.g., advance directives and living will.

- IX. LEARNING OBJECTIVES:** Students on Surgery rotation are responsible for required objectives from Clinical Medicine and Surgery I, II, & III, as surgery is part of the continuum of care.
1. Delineate, differentiate and discuss typical presenting complaints, history and physical exam findings, differential diagnosis, appropriate diagnostic studies and their expected results and outline the appropriate principles of management to initiate treatment with appropriate supervision for the following:
 2. Define, where appropriate, genetic factors in the patient's illness
 3. Describe the indications, contraindications, mechanism of action, adverse effects and drug interactions of those medications used to treat the following:
 4. Define the normal values for the common laboratory tests performed in the diagnosis and management of the following disorders:
 - A. **Respiratory/Thorax:** Atelectasis, Pneumonia, Lung Neoplasm, Pulmonary Embolism, Pleural Effusion, Pneumothorax, Chest Trauma.
 - B. **Cardiac/Circulatory:** Venous Insufficiency, Deep Venous Thrombosis, Thrombophlebitis, Coronary Arteriosclerotic Disease and Myocardial Infarction, Peripheral Arterial Occlusive Disease, Varicose Veins.
 - C. **Abdomen/Digestive:** Congenital Anomalies, Abdominal Mass, Abdominal Pain, Umbilical and Inguinal Hernias, Appendicitis, Esophagitis, Esophageal Varices, Mallory-Weiss Syndrome, Hiatal Hernia, Gastritis, Peptic Ulcer, Duodenal Ulcer, Gastric Ulcer, Intestinal Polyps, Pancreatic Pseudocyst, Ulcerative Colitis, Crohn's Disease, Diverticulosis, Diverticulitis, Acute Cholecystitis, Cholelithiasis, Choledocholithiasis, Swallowed Foreign Bodies, Hemorrhoids, Anal Fissure, Pilonidal Cyst, Abscess of Anal and Rectal Regions.
 - D. **Renal/Urinary Tract:** Acute Renal Failure, Urinary Tract Infections, Pheochromocytoma, Testicular Torsion, Urethral and Renal Calculi.
 - E. **Male/Female Reproductive:** Testicular Mass, Cryptorchidism, Prostatitis, Benign Prostatic Hypertrophy, Breast Masses, Ectopic Pregnancy, Fibrocystic Breast Disease.
 - F. **Musculoskeletal:** Pain in a Joint or Limb, Joint Effusion, Synovitis/Tenosynovitis/Bursitis, Ganglion Cyst, Carpal Tunnel Syndrome, Rotator Cuff Syndrome, Temporomandibular Joint Disorders, Various Sprains and Strains, Simple Joint Separations, Kyphoscoliosis and Scoliosis, Low Back Pain, Spinal Stenosis, Spondylosis and Spondylolisthesis, Vertebral Compression Fractures, Thoracic Outlet Syndrome, Initial Management of Simple Closed Compound Fractures.
 - G. **Neurologic:** Closed Head Trauma, Evaluation of Coma Patient.

- H. Skin/Subcutaneous:** Squamous Cell Carcinoma, Basal Cell Carcinoma, Malignant Melanoma. Lipomas, Sebaceous Cysts, Viral Warts, Decubitus Ulcer, Burns & Open Wounds, Pilonidal Cyst
 - I. General:** Acute Trauma Management; Blunt and Penetrating Eye Trauma; Foreign Body in the Eye, Ear or Nose; Peritonsillar Abscess; Acute Hemorrhage; Shock; Carcinomas of the HEENT System.
 - J. Pre-operative:** Fever, Pneumonia, Pneumothorax, Arrhythmias, Acute Renal Failure, Acute Respiratory Failure.
 - K. Post-operative:** Fever, Pneumonia, Wound Infection, Thrombophlebitis, Pneumothorax, Arrhythmias, Myocardial Infarction, Pulmonary Embolus, Atelectasis, Urinary Tract Infection, Acute Renal Failure, Acute Respiratory Failure, Wound Evisceration, Wound Dehiscence and Urinary Retention.
5. Will identify the pertinent historical, physical, and diagnostic studies/findings to evaluate the condition and identify the basic principles of management, and will initiate consultation and/or referral for the following:
- A. Respiratory/Thorax:** Massive Pneumothorax or Hemothorax, Pulmonary Infarction, Lung Abscess, Empyema, Mediastinitis, Superior Vena Caval Syndrome, Mediastinal Masses, Internal Injury of the Thorax.
 - B. Cardiac/Circulatory:** Aortic Aneurysm, Arterial Aneurysm, Left Ventricular Aneurysm, Vascular Graft Complications, Cardiac Valvular Disease or Complications, Congenital Heart Lesions, Pericardial Tamponade, Acute Hemorrhage.
 - C. Abdominal/Digestive:** Pancreatic Carcinoma, Tumors of the Esophagus, Zenker's Diverticulum, Barrett's Esophagus, Perforation of the Esophagus, Colorectal Carcinoma, Gastric Carcinoma, Zollinger-Ellison Syndrome, Hepatic Carcinoma, Hepatic Laceration and Rupture, Hepatic Abscess, Cholangitis, Carcinoma of the Gallbladder, Pancreatic Carcinoma, Insulinoma, Splenic Lacerations & Rupture, Splenic Abscess, Intestinal Obstruction, Hernias, Peritonitis, Abdominal Abscess, Retroperitoneal Abscess, Peritoneal Tumors, Anorectal Fissure, Ischemic Bowel Disease, Internal Injury of the Abdomen or Pelvis.
 - D. Renal/Urinary Tract:** Renal Failure, Renal Carcinoma, Urethral Stricture, Hydronephrosis, Polycystic Kidney Disease, Adrenocortical Carcinoma.
 - E. Male/Female Reproductive:** Prostatic Carcinoma, Priapism, Phimosis & Paraphimosis, and Carcinomas of the Uterus, Ovaries or Cervix.
 - F. Musculoskeletal:** Cauda Equina Syndrome, Acute and Chronic Osteomyelitis,

Developmental Problems, Open Fractures, Dislocations, Pathologic Fractures, Various Fractures of the Hand, Foot, Leg, Arm and Vertebral Column, Fracture of the Femoral Neck, Avascular Necrosis of the Femoral Head, Septic Arthritis, Bone Tumors, Acute Compartment Syndrome.

G. Neurologic: Epidural Hematoma, Subdural Hematoma, Subarachnoid Hemorrhage & Aneurysms, Arterio-venous Malformations, Intracerebral Hematoma, Hydrocephalus, Brain Abscess, Optic Nerve Injury, Intervertebral Disk Disease, Pituitary Tumors, Central Nervous System Neoplasms.

H. Endocrine: Thyroid Carcinoma, Thyroid Neoplasms.

I. Skin/Subcutaneous: Skin Grafts.

J. General: Acute Hemorrhage, Severe Shock, Gangrene, Septicemia, Foreign Body in Trachea, Disorders of the Visual Path, Cataracts, Diseases of the Globe/Retina/Detachment, Glaucoma, Eye Burns.

K. Post-operative: Chronic Respiratory Failure, Chronic Renal Failure, Hypothyroidism and Hypoparathyroidism, Hyperthyroidism and Hyperparathyroidism.

L. Basic Surgical Principles: Hemostasis and coagulation, use & risks of blood components, shock & electrolyte balance, fluid replacement, metabolism & nutrition, sequela of impaired nutrition, the treatment & healing of wounds, hypertrophic scars & keloids, anesthesia, conscious sedation & pain management, patient monitoring intra/post operatively, postoperative complications, the surgical ICU.

6. Will identify the indications, contraindications, precautions, mechanisms of action, and management of the following:

- A. Intravenous fluid therapy
- B. Total Parenteral Nutrition
- C. Blood Transfusions
- D. Analgesics
- E. Antacids
- F. Antianxiolytics
- G. Antibiotics
- H. Antispasmodics
- I. Antiemetics
- J. Anti-inflammatories
- K. Anesthetics

7. Will describe the indications for, the expected/normal results for, and list the common diseases, which may account for abnormal values for the following laboratory tests:

- A. Complete Blood Count (CBC) with differential
- B. Hematologic studies common for anemia work-ups
- C. Urinalysis

- D. Glucose
 - E. Blood Urea Nitrogen (BUN), Creatinine (Cr), Electrolytes (SMA-6), and full metabolic profiles
 - F. Biochemical Profiles, including but not limited to Liver Function test (LFTs), Cardiac enzymes, calcium metabolism tests
 - G. Bilirubin - conjugated and unconjugated
 - H. Arterial Blood Gases (ABG's)
 - I. Thyroid Function Tests (TFTs - TSH, T3, T4)
 - J. ESR, ANA, RF, C Reactive Protein
8. Will describe the indications for ordering and be able to interpret the following diagnostic procedures:
- A. PA, AP, and lateral Chest X-rays
 - B. X-rays of the extremities for fractures, dislocations, and degenerative joint disease
 - C. X-rays of the spine for scoliosis, kyphosis, fractures, and degenerative disease
 - D. Flat and upright films of the abdomen
 - E. Kidney-Ureter-Bladder Radiographs
 - F. Intravenous Pyelogram
 - G. Descriptive reports of radiologists concerning upper and lower GI series, Barium enemas, skull films, sinus series, CT with and without contrast, sonograms, mammograms, MRI's, Venograms and Arteriograms
9. Will observe, learn the proper technique, perform where permitted, identify the indications, contraindications, precautions and risks of, interpret the results of, and appropriately educate the patient or legal guardian about the performance of and the meaning of the results of the following procedures:
- A. Arterial Blood Gases (ABG's)
 - B. Arterial Line Insertion
 - C. Venipuncture/Fingerstick glucose
 - D. Intravenous (IV) Catheter Insertion
 - E. Injections - Intramuscular, Intravenous, Subcutaneous
 - F. Naso/Orogastric tube placement
 - G. Stool for Occult Blood
 - H. Urinalysis
 - I. Gram Stains
 - J. Specimen collection for culture/sensitivity - including blood, cervical, nasopharyngeal, sputum, stool, urethral, urine, wound
 - K. Wet Mounts/KOH preps
 - L. Foley catheter placement
 - M. Electrocardiogram
 - N. Gastric lavage
 - O. CPR/ACLS/ATLS/PALS
 - P. Thoracentesis
 - Q. Lumbar puncture
 - R. Paracentesis

- S. Joint aspiration
- T. Foreign body removal
- U. Central venous pressure monitor insertion/Swan-Ganz catheter insertion
- V. Wound management
- W. Insert & remove drains
- X. Reduce fractures and dislocations
- Y. Apply casts and splints
 - a. Dressing changes
 - b. Apply traction devices
 - c. First assist in surgery
- Z. OSHA, Blood-borne pathogens

X. EVALUATION PROCEDURES:

The following components are calculated in the computation of final clinical rotation grade. All components of must be passed. Failure of any single component will result in an automatic failure for the rotation.

Component:	Percentage of Final Grade
Preceptor Evaluation * (Must be greater than 75% to pass rotation)	40%
Comprehensive Subject Examination*	40%
Written Assignment (Described Below)	20%
Site Visit / Oral Presentation* (when applicable) EOR Seminar Attendance/ Participation*	Students must pass all these components

* Detailed descriptions of these components can be found in the Clinical Year Handbook under “Computing Clinical Rotation Course Grades”

Students are also required to submit all proper documentation related to their clinical rotation at EOR Seminar as well as update their patient profile and clinical procedure logs.

WRITTEN ASSIGNMENT

Students are responsible for a written case assignment for each required rotation. Your assignment should be typed using Microsoft Word (using font Times New Roman, 12pt) and submitted to your faculty advisor by 12:30pm on the first EOR seminar day (Points will be deducted for lateness). The assignment should be properly labeled as such

LastNameFirstInitial_SURG.doc (For example, SmithA_SURG.doc) All assignments should contain a cover page.

OPERATIVE NOTES

A set of operative notes are required for the Surgery Rotation. Your assignment must include: a pre-op note including brief pre-op orders, followed by an immediate post-op note (not the surgeon’s detailed operative note!) and 24 hour post-op notes for 2 days (these are

typically started the first day after the surgery and are to be done in SOAP format with the post-op day clearly identified) A “day-surgery” patient is not acceptable for this write-up.

A. Preoperative Note

Your note is important to summarize the available and necessary data that has been accumulated in preparation for the surgical event. The format for your preoperative note is as follows:

- a. Preoperative diagnosis
- b. Procedure planned
- c. Indications for procedure
- d. Lab results: CBC, electrolytes, PT, PTT, urine, and possible others such as type and cross match, depending on the case
- e. Chest x-ray
- f. EKG
- g. Comment on the status of the operative permit (signed by patient, etc.)
- h. Note any special orders such as, pre-op colon preps, prophylactic antibiotics, blood products, etc
- i. Consent- If completed write “signed and on chart”. If not, note the plan
- j. H & P- You are not required to write an H & P but you must note it, i.e.) “H & P by PMD on chart”

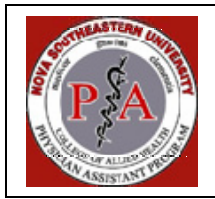
B. Operative Note & Immediate Post-op Orders: Following the ADC VAAN DIML format and addressing all the patient’s need immediately following surgery

C. Follow-up focused postoperative notes: This type of note is typically written at 24 hours, 48 hours, and each subsequent 24 hour period while the patient is in the hospital. You are required to submit at least 2 post-operative notes utilizing the following format.

- a. Start with listing the postoperative day, for example, “ POD #1”
- b. Procedure: Operation performed
- c. Level of consciousness: Alert, drowsy, etc
- d. Vital signs
- e. Intake & Output
- f. Labs: Review any labs done from the previous day
- g. Exam: FOCUSED!!! Include brief lung, cardiac, abdomen, and extremities exam. Also include dressing, condition, removal, and/or wound appearance.
- h. Assessment: Include comment on the patients condition, i.e.) stable
- i. Plan: Any changes in orders from prior day or labs needed, etc.
- j. **Discharge Orders:** Including patient counseling, wound care and appropriate follow up

PLEASE REMEMBER:

You must submit a signed “**Certificate of Authorship**” at the end of your written assignment (template available on WebCT) ensuring the assignment is your original. There will be a five-point deduction for omission of the Certificate of Authorship.



**NOVA SOUTHEASTERN UNIVERSITY
PHYSICIAN ASSISTANT PROGRAM
FORT LAUDERDALE**

Course Syllabus

ELECTIVE ROTATIONS

- I. COURSE TITLE:** PAC 6401, 6402 & 6308, Clinical Elective I, II & III
Elective: I. & II: 6 credit hours
Elective: III: 4 credit hours

II. CO-DIRECTORS:

Kenny McCallum, MPH, CHES
Second Floor, Terry Building,
Rm 1289
Office: 954-262-1289
Email: odoo@nsu.nova.edu
Office: M-F, 9am-5pm

Rick Yarosh, MBA, MPAS, PA-C
Second Floor, Terry Building,
Rm 1290
Office: 954-262-1326
Email: yarosh@nsu.nova.edu
Office: M-F, 9am-5pm

III. REQUIRED READING:

Your readings are specific to the specialty of medicine you choose for your elective. See course director for list of specialty medicine readings. Readings for FM, IM, Emergency, Surgery, Prenatal/Gyn, and Pediatrics are listed in those syllabi.

IV. COURSE DESCRIPTION

This is a required six-week rotation for Electives I and II; four-week rotation for Elective III. This rotation takes place in outpatient and/or inpatient settings. The purpose of this rotation is to educate the physician assistant student in the diagnosis, management, and treatment of acute and chronic medical problems seen in the specialty practice. Elective rotations are provided for students to gain knowledge and skill in an area of medicine, which they have not experienced, or to have additional exposure in an area of interest. The Clinical faculty must approve elective rotations. If you wish to complete elective rotations at a site outside the state of Florida you may submit a request to the clinical team, at least three months prior to the time of the elective rotation. Each request is considered on an individual basis and no decision is a precedent for any subsequent decision. Additionally, to be eligible for an out-of-state elective rotation, the following criteria must be met:

1. You must have completed a minimum of two required rotations prior to the out-of-state elective rotation.
2. You can not have failed a previous rotation.
3. You must not have any unexcused absences during the clinical year, and,
4. You must have demonstrated an acceptable level of maturity professionalism during the clinical year.

V. COURSE ATTENDANCE:

A. Students are expected to follow reporting instructions and to notify the program of any errors or changes.

B. A suitable **work schedule will be determined by the preceptor** or his/her agent and should include a minimum of 40 hours per week. **College holidays do not apply in the clinical year.** **Preceptors are not obligated to give the student days off on weekdays or weekends.** Remember, the more you are at the site; the more opportunity there is for learning to take place.

C. Students must notify the Clinical Director of their rotation schedule in writing via a “student rotation work schedule” **by the end of the first week** of their rotation, if their schedule differs from that listed on the reporting instructions.

D. **Absenteeism** – Please refer to Clinical Handbook regarding policies and procedures related to excused and unexcused absences.

V. PROFESSIONALISM:

Professional behavior and decorum is a requirement for successful completion of this course. This will be evaluated in both the classroom and in associated encounters with the instructor and/or staff. Failure to adhere to this standard, regardless of academic achievement in the course, will subject the individual to referral for possible disciplinary action and/or dismissal.

VII. COURSE GOALS: By the end of the rotation, the PA student will be able to:

1. Communicate effectively with medical colleagues.
2. Perform professionally in a clinical situation with other members of the health care team.
3. Perform and record a complete history & physical examination.
4. Perform and record a problem oriented, age-specific medical interview & physical examination.
5. Write problem oriented progress notes using the SOAP format.
6. Identify, order and interpret appropriate diagnostic procedures.
7. Formulate an appropriate problem list and differential diagnosis based upon history, physical examination and laboratory data.
8. Formulate and implement an appropriate treatment plan as approved and supervised by the preceptor.

9. Make appropriate medical decisions regarding work-up, treatment, and/or disposition of a patient given all pertinent medical data.
10. Define health promotion and disease prevention pertinent to the patient including but not limited to immunization, auditory and visual screening, accident prevention, developmental screen, nutritional assessment, smoking cessation, weight reduction and exercise, rectal, breast and PAP examinations.
11. Deliver oral case presentations to the preceptor.
12. Demonstrate an openness to receive constructive criticism.
13. Recognize limitations and seek help from supervising preceptors and appropriate reference materials.
14. Perform duties with a professional attitude including demeanor, dress and attendance.
15. Demonstrate sensitivity to the emotional, social and ethnic background of patients and medical colleagues.
16. Demonstrate that he/she has studied medical reference material related to encountered patients.
17. Identify age-related barriers in communication with the elderly and demonstrate strategies to lessen such issues.
18. Differentiate normal aging from pathologic disorders.
19. Understand the variable presentation of common medical problems.
20. Understand how aging of the patient may influence pharmacodynamics of the medications.
21. Understand common medication issues including polypharmacy, drug interactions and compliance.
22. Understand the importance of restoring and/or maintaining independence of the geriatric patient.
23. Understand the concept and philosophy of hospice.
24. Perform patient-based periodic health screenings and appraisals.
25. Integrate knowledge of medical ethics and end-of-life issues into geriatric patient care e.g. advanced directives, living will.

VIII. LEARNING OBJECTIVES:

By the end of the Elective rotations, the PA student will meet the following minimal competencies:

1. Refine and delineate the typical symptoms, physical signs, differential diagnosis, indicated diagnostic studies (and their expected results) and treatment (initiated under appropriate supervision) of the disorders of the specialty chosen.
2. Define, where appropriate, genetic factors in the patient's illness
3. Describe the indications, contraindications, mechanism of action, adverse effects and drug interactions of those medications used to treat these disorders.
4. Define the normal values for the common laboratory tests performed in the diagnosis and management of the disorder
5. Refine proper data collection, documentation, and skills.
6. Formulate accurate problem lists, investigate presenting complaints thoroughly and finalize appropriate treatment plans.
7. Coordinate available community resources.
8. Assist physicians in a wide range of medical treatments and procedures and participate in the counseling and education of patients on current health problems and preventive medicine within the chosen specialty.

IX. EVALUATION PROCEDURES:

The following components are calculated in the computation of final clinical rotation grade. All components of must be passed. Failure of any single component will result in an automatic failure for the rotation.

Clinical Elective I & II

Component:	Percentage of Final Grade
Preceptor Evaluation * (Must be greater than 75% to pass rotation)	50%
Written Assignment (Described Below)	50%
Site Visit / Oral Presentation* (when applicable) EOR Seminar Attendance/ Participation*	Students must pass all these components

* Detailed descriptions of these components can be found in the Clinical Year Handbook under "Computing Clinical Rotation Course Grades"

Students are also required to submit all proper documentation related to their clinical rotation at EOR Seminar as well as update their patient profile and clinical procedure logs.

Elective Rotations III

Component:	Percentage of Final Grade
Preceptor Evaluation* (Must be greater than 75% to pass rotation)	50%
Objective Structured Clinical Examination (OSCE)*	50%
Written Assignment (Described below)	Pass/Fail
Site Visit / Oral Presentation* (when applicable) EOR Seminar Attendance/ Participation*	Students must pass all these components

* Detailed descriptions of these components can be found in the Clinical Year Handbook under “Computing Clinical Rotation Course Grades”

Students are also required to submit all proper documentation related to their clinical rotation at EOR Seminar as well as update their patient profile and clinical procedure logs.

ELECTIVE I WRITTEN ASSIGNMENT

Your assignment should be typed using Microsoft Word (using font Times New Roman, 12pt) and submitted to your faculty advisor by 12:30pm on the first EOR seminar day (Points will be deducted for lateness). The assignment should be properly labeled as such **LastNameFirstInitial_ELECTIVE1.doc** (For example, SmithA_ELECTIVE1.doc) All assignments should contain a cover page.

ELECTIVE OBJECTIVES & MEDICATION EVALUATION

A set of objectives and evaluation of commonly used medications are required for the Elective Rotation I. The goal of this paper is to gear your thinking in terms of therapeutic management.

I. In addition to the general course objectives outlined in this syllabus, identify 5 specific objectives that you intended to achieve during your elective rotation. Utilizing proper terminology, begin this section with “By the end of this rotation, the PA student will:” and list 5 concrete and measurable objectives. Under the list of objectives, summarize in 2-3 paragraphs how you successfully reached these objectives through your rotation experience.

II. The medication evaluation portion of the assignment is designed to assist you in formulating an optimal therapeutic plan, including organizing and prioritizing interventions, listing available therapeutic options, choosing the best plan for an individual patient, and providing follow-up or follow-up recommendations for monitoring the patient. The medication evaluation should include the following components:

- a. Identify 5 commonly used drugs for RX/Management during this elective. (This drugs must represent at least 3 different classes of medications i.e, do NOT list 5 different NSAIDS or 5 different ACE inhibitors)
- b. List the drug class.

- c. List indications for use.
- d. Describe the mechanism of action.
- e. Describe potential adverse drug events.
- f. Identify the potential time course for adverse drug events.
- g. List monitoring parameters for therapeutic efficacy.
- h. Identify potential drug-drug interactions.
- i. Evaluate cost-effectiveness compared to other therapeutic options.
- j. List contraindications for use.
- k. Identify pregnancy category.

ELECTIVE II WRITTEN ASSIGNMENT

Your assignment should be typed using Microsoft Word (using font Times New Roman, 12pt) and submitted to your faculty advisor by 12:30pm on the first EOR seminar day (Points will be deducted for lateness). The assignment should be properly labeled as such **LastNameFirstInitial_ELECTIVE2.doc** (For example, SmithA_ELECTIVE2.doc). All assignments should contain a cover page.

ELECTIVE OBJECTIVES & PROGRESS NOTE OF PATIENT FOR A PSYCHIATRIC ILLNESS

A set of objectives and a progress note for a patient with a psychiatric illness is required for the Elective Rotation II.

I. In addition to the general course objectives outlined in this syllabus, identify 5 specific objectives that you intended to achieve during your elective rotation. Utilizing proper terminology, begin this section with “By the end of this rotation, the PA student will:” and list 5 concrete and measureable objectives. Under the list of objectives, summarize in 2-3 paragraphs how you successfully reached these objectives through your rotation experience.

II. Throughout the year you see a number of patients with psychiatric illnesses. For your assignment, you are required to submit a progress note on one of these patients. This patient does not need to be someone who you have encountered during Elective II. It can be anyone seen throughout the clinical year. However, your patient must have a documented psychiatric illness.

a. The subjective portion of your note should include details about their mental illness and how it affects their daily life. The past medical history should include previous hospitalizations (for both physical and mental issues), social history (educational background, occupational history, sexual history, diet, exercise, interests, drug, alcohol and tobacco use) and family history.

b. The objective portion of your note should include a detailed assessment of patient’s mental status (to which some reliance on the Mini Mental Status Exam can be employed) and well as utilization of mental screening tools (where applicable). The proper inclusion of a mental screening tool will result in 5 bonus points towards your assignment grade.

For example:

1. Global Assessment Scale
2. Hamilton Rating Scale for Depression
3. Geriatric Depression Scale
4. Hamilton Anxiety Rating Scale
5. Yale-Brown Obsessive Compulsive Scale
6. Michigan Alcoholism Screening Test
7. Eating Attitudes Test
8. Minnesota Multiphasic Personality Inventory
9. Wechsler IQ Test

The objective portion of the progress note should also include the pertinent physical examination findings and appropriate imaging and diagnostic tests.

c. The assessment portion of the note should be classified based on the DSM-IV Multiaxial System and your plan should include management of the patient's mental as well as physical problems. Referral, where and when necessary, should be included in your management protocol.

ELECTIVE III WRITTEN ASSIGNMENT

Your assignment should be typed using Microsoft Word (using font Times New Roman, 12pt) and submitted to your faculty advisor by 12:30pm on the first EOR seminar day (Points will be deducted for lateness). The assignment should be properly labeled as such **LastNameFirstInitial_ELECTIVE3.doc** (For example, SmithA_ELECTIVE3.doc) All assignments should contain a cover page.

ELECTIVE OBJECTIVES

A set of objectives is required for the Elective Rotation III. In addition to the general course objectives outlined in this syllabus, identify 5 specific objectives that you intended to achieve during your elective rotation. Utilizing proper terminology, begin this section with "By the end of this rotation, the PA student will:" and list 5 concrete and measureable objectives. Under the list of objectives, summarize in 2-3 paragraphs how you successfully reached these objectives through your rotation experience.

PLEASE REMEMBER:

You must submit a signed "**Certificate of Authorship**" at the end of your written assignment (template available on WebCT) ensuring the assignment is your original. There will be a five-point deduction for omission of the Certificate of Authorship.

FORMS

All electronic forms related to the clinical year are available on:

http://www.nova.edu/pa/students/cy_resources/index.html

and

www.nova.edu/webct under “Clinical Year”

** Both sites are password protected. Please use your nova email and password for access.*