



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

Clinical Year Preceptor Handbook
2009 - 2010

NOVA SOUTHEASTERN UNIVERSITY
Clinical Year Preceptor Handbook

© Physician Assistant Department
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INTRODUCTION

This preceptor handbook is designed to provide information about the Nova Southeastern University Physician Assistant Program and to offer guidance and educational objectives for supervising and evaluating students on their clinical rotations.

The clinical experiences the student will obtain in your office or clinic are of critical importance to a successful learning experience in the program. The clinical setting is where synthesis of concepts and application of principles for quality health care delivery. You are the key to successful learning experiences in the clinical setting. The Physician Assistant student will work closely with you, learning from your advice and example. Through your supervision, the student will progressively develop the skills and clinical judgment necessary to become a Physician Assistant.

Our twenty-seven (27) month entry-level physician assistant program, leading to a Master of Medical Science (MMS) degree, is a fully integrated program encompassing basic science, clinical, and professional work. All students must complete the entire curriculum, regardless of their previous educational preparation.

The first year consists of an intensive, didactic classroom and laboratory education. This educational process is designed to give the student practical and useful information to begin the practice of medicine with the supervision of a physician.

The second year consists of clinical rotations in hospitals, private practices, and other patient care areas over the remaining 12 months of the program. Some electives may be available for choice by the student. During the second year, students are required to return to campus after each rotation. These "End of Rotation" activities include testing, review seminars, job preparation and didactic instruction in contemporary clinical medicine and surgery topics.

We appreciate your interest in our students and wish to make your task in supervising them as productive as possible. It is with that purpose in mind that this handbook was created. Any questions regarding policies contained within this handbook should be directed to the Clinical Team. We can be reached at (954) 262-1250 and at any time please visit our website at www.nova.edu/pa.

Thank you for your commitment to PA education.



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BECOMING A PRECEPTOR

Each health care professional willing to provide supervision for a student must complete a NSU PA Program Preceptor Application. The application of the preceptor must be approved by the Physician Assistant Department before the student can begin the clinical experience. The preceptor may be visited by a faculty member, before acceptance, to assure mutual understanding of the Program and clinical teaching potential. Supplemental preceptors must also have their applications approved prior to students beginning preceptorships with them.

All preceptors will also sign a “Preceptorship Agreement” which is an agreement between the Physician Assistant Department and the preceptor, to provide clinical training and supervision for the student.

PRECEPTOR APPROVAL PROCESS

The approval process begins with completion of the Preceptorship Application by the Preceptor. The Preceptorship Application is designed for gathering information on sites where the student will be observing, experiencing “hands-on” training. It is also designed to ensure that Preceptors, if utilized, clearly designate the individual who is ultimately responsible for the student’s clinical activities.

Not every clinician who has casual teaching contact with the student needs to fill out the form. For example, if a student is training in a multi-specialty group whose several physicians are covered by one facility agreement with the University, the application will only be completed for a clinician who provides more than nine (9) days total of clinical supervision. This training must be in the same facility as his/her primary preceptor, and with the preceptor’s knowledge and agreement. The student chart notes must be signed by the preceptor who provided the training, and it is recommended that the student discuss that work with the precepting physician, physician assistant or nurse practitioner as well.

Each facility may have rules that govern student activities. Section 1 on the Preceptor Application asks for information on facility contacts. This will most often be required of large facilities such as County and State Health Department, multi-specialty groups, or hospitals where students are doing inpatient, surgery or emergency room rotations.

Note: A primary preceptor who has hospital privileges may invite a student to do inpatient hospital rounds or operating room procedures. Even though no patient contact is planned facilities often have strict rules regarding clearance for those activities. Often the preceptor is not aware of the facility policy regarding students. It is the Program’s responsibility to ask the facilities administration if any special clearances are required.

Attached is the 5 page Preceptorship Application form. The form may be copied as needed. Once the form has been submitted to the Physician Assistant Department allow 2 weeks for processing. If a new facilities agreement and contract needs to be developed please allow 6 weeks. Once approved, the Physician Assistant Department will send written confirmation of approval and a statement regarding malpractice coverage. The information gathered will be maintained in a NSU PA database and updated annually.

APPROVAL RESPONSIBILITIES

Healthcare professionals who are interested in serving as preceptors will

- Read the Clinical Preceptor Manual in order to understand the type of medical settings and medical providers that are appropriate and qualified to provide preceptorships
- Provide all information requested on the Preceptorship Application Form
- Mail and/or fax the original Preceptorship Application Form with original signature to:

Nova Southeastern University, Inc
Physician Assistant Department
3200 South University Drive
Fort Lauderdale, FL 33328-2018

Fax: 954-262-2285

The Physician Assistant Department will:

- Evaluate and verify information provided on the Preceptorship Application
- Decide within two weeks of receipt of information whether the preceptor is approved

Send confirmation letters to approved preceptors

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PROGRAM OVERVIEW

The Physician Assistant (PA) Program began in 1993 in North Miami at the then Southeastern University of the Health Sciences, relocating to Davie with the merger with Nova University forming Nova Southeastern University (NSU) in 1994. Since inception the program has fully matured, its mission, educational philosophy and goals aligned to those of the Health Professions Division (HPD) and the College of Allied Health & Nursing (CAHN).

The mission and educational philosophy of the program are 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.

It is our goal to see graduates practicing as generalist physician assistants while facing the continued challenges of limited and/or maldistribution of health resources. Having continually stressed the development of professional leadership skills throughout the curriculum, it is also our hope that graduates will assume key roles at every level of endeavor, from service to the underserved to local / regional/ national professional involvement.

The program has earned continuous accreditation since 1994, undergoing direct re-evaluation in 1998, 2004 and most recently in 2008. The program was approved to award graduate degrees effective with the Class of 2002, when graduates were awarded both baccalaureate degrees as a physician assistant, and Master of Public Health (MPH) degrees. This transitioned in 2004 to the awarding of the BS/PA degree in addition to a Master of Medical Science (MMS) degree. Completing the transition to graduate degree status, the class matriculated in 2006 was the first to be awarded the Master of Medical Science in Physician Assistant degree exclusively

THE MISSION STATEMENT OF THE PHYSICIAN ASSISTANT PROGRAM

- 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.

CURRICULUM

The Physician Assistant Program curriculum is completed following a minimum of 90 semester hours of undergraduate coursework, of which 30 semester hours (or equivalent quarter hours) must be upper division. The comprehensive curriculum, completed in a consecutive manner, is oriented to primary care and prepares the graduate to practice in a wide variety of clinical settings.

The first 15 months of study consist of basic sciences and clinically related didactic courses. All courses are required and must be successfully completed before advancing to the clinical year.

During this timeframe, students are generally in class from Monday through Friday, 8:00 a.m. to 5:00 p.m., although there are occasional evening and/or weekend hours.

Due to the highly integrated and compact curriculum, the department requires matriculants to complete the entire program at this campus. No advanced placement, transfer of credit, or credit for experiential learning will be granted. The clinical year is devoted to 12 months of clinical training with required clinical rotations in family medicine, emergency medicine, pediatrics, prenatal care/gynecology, surgery, and internal medicine. The students also complete three elective rotations, for a total of nine clinical rotations. The required subject rotations and two of the elective rotations are six weeks in length. The remaining elective rotation is four weeks in length.

Each required rotation has assigned readings and learning objectives. At the end of each required rotation, a written comprehensive subject examination is administered and must be passed. During rotations, students will be supervised by licensed practitioners and will actively participate in patient assessments, perform common laboratory procedures, interpret common diagnostic examinations, and help manage common medical problems. The work hours during clinical rotations are set by the preceptor and can include evening and weekend hours. Students are required to work a minimum of 40 hours per week; however, many rotation sites require students to work substantially more hours per week.

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 VALUE FOR PHYSICIAN ASSISTANT

- 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.aapa.org/manual/22-EthicalConduct.pdf>

ACADEMIC HONORS

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 students from a passive to an active learning environment to prepare for the emergence and assumption of their professional roles as a physician assistants. To this end, the goals of the clinical year include:

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

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 medical liability coverage throughout your time in the program.
- To evaluate the entire clinical experience with periodic site visits. Evaluations will be discussed with preceptor and the student and suggestions will be made for strengthening the experience as needed.
- To maintain close contact with preceptor 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 student during the clinical year.

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 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 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.

PANCE EXAMINATION

The National Commission on Certification of Physician Assistants (NCCPA) offers the national certifying examination for primary care physician assistants upon graduation. Such certification of competency by a nationally recognized organization provides the potential physician employer with acceptable evidence of graduate competency. Certification by the NCCPA is a prerequisite for licensure in Florida and all other states.

ACCREDITATION

The NSU Physician Assistant Department is accredited by the Accreditation Review Commission on education for Physician Assistant, Inc. (ARC-PA). The NSU Physician Assistant Department has enjoyed continuing accreditation since its inception. The Department is a member of the Physician Assistant Education Association.

THE CLINICAL TRAINING TEAM

The clinical training of each physician assistant student involves direct communication and teamwork by several people, including Clinical Director, Site Visitor, and Primary Preceptor. Their roles are briefly described below:

PRECEPTOR

The Preceptor is the clinical mentor and agrees to assume the responsibilities of clinical instruction of a student. The Physician Assistant Program has the responsibility of arranging the clinical instruction and supervision of each student, including identifying and supplying preceptors. Students may self identify compatible primary care preceptors in their home communities; however they are not required to do so. The program approves each clinical site and retains the responsibility for student training and evaluation. Preceptorship sites are located throughout the state of Florida.

Each student is assigned a Primary Preceptor who provides a clinical environment for the student's training. These may include licensed Physician Assistants (PAs), Nurse Practitioners (NPs), Certified Nurse Midwives (CNMs) or other licensed health professionals who provide training in primary care or in more specialized clinical areas, depending on their area of expertise. The primary preceptor must be in good standing with the licensing board and the community and be approved by NSU's Physician Assistant Department.

SITE VISITOR

By the end of the 3rd week of the rotation, students will be assigned a Site Visitor. In some cases the student's faculty advisor will serve as their Site Visitor. The role of the Site Visitor is to

- Assess the student's clinical progress during the rotation
- Review written SOAP notes, History/Physical exams and other clinical assignments.
- Review the student's patient logs, their progress on the minimum clinical requirements, and verify clinic days completed.
- Facilitate remedial instruction in clinical skills when areas of concern are identified

CLINICAL: DIRECTOR, ASSISTANT DIRECTOR, AND COORDINATOR

The Clinical Director, Clinical Assistant Director and Clinical Coordinator supervise the smooth functioning of the clinical team. This includes

- Consulting on the information collected for the Clinical Year database
- Instructing students on clinical requirements
- Updating and maintaining the clinical manuals and forms
- Mediating conflict and concerns of the clinical team
- Facilitate relations between student and the preceptor in the practice site, as well as with other health professionals in the medical community

ROLE OF PRECEPTOR

The preceptor is the most important part of the teaching program. It is his/her role to help the student perfect skills in communication, physical diagnosis, succinct recording and reporting, problem assessment, and development of a logical approach to further studies and therapy.

The preceptor should watch the student perform histories and physicals and help the student improve his/her technique. The preceptor should query the student on the possibilities and help him/her develop an appropriate selective work-up on an episodic visit. The preceptor should ask the student what further work-up and what therapy he/she thinks is appropriate, including patient education and the rationale. The student should steadily learn more about how the preceptor manages common problems and, as the program proceeds, manage increasingly more difficult problems, both psychological and physical. The preceptor should encourage order, thoroughness and logic in written medical records and in oral presentations. We require that the student maintain problem-oriented medical records including S.O.A.P. format and problem lists.

It is helpful for the preceptor to stay aware of the course objectives for the clinical rotations. The preceptor can greatly assist the student by informally reviewing the topics with him/her and selecting patients with those problems for special attention by the student. The preceptor should spend a few minutes each week in candid summary discussion with the student as to whether each is meeting the other's needs and expectations and what changes need to be made in the roles and the relationship. The preceptor's formal evaluation of the student to the program is an important part of the student's evaluation. The preceptor is asked to report on progress with an End-of Rotation Evaluation. A faculty member visits each student on at least three separate occasions to watch the student work and to discuss the student's progress with the preceptor. These site visits are often prearranged with student and preceptor.

PRECEPTOR'S RESPONSIBILITIES

- To provide an appropriate clinical environment and a variety of patient encounters necessary for a productive learning experience
- To provide a minimum number of clinical hours (minimum of 40 hours/week for 6 weeks) 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 students 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 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 skills develop; to co-sign all chart entries as required.
- To provide on-going feedback regarding 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 student progress and to assist the learning process,
 5. Audit of charts to evaluate the ability to write appropriate and complete progress notes, histories, physical examinations, assessments and treatment plans,
 6. Review of student mid-rotation self evaluations, 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 PRECEPTOR/STUDENT RELATIONSHIP

The relationship of the preceptor to the student may be more productive when there is a prior acquaintance and commitment. However, the preceptor should not be in a close personal relationship with the student (i.e., relative, fiancé, cohabitant, etc.) if it interferes with educational or evaluation goals. Clinical Director will work with students who have identified a potential preceptor and must approve all preceptors before the student can begin clinical training.

THE PRECEPTOR/PROGRAM RELATIONSHIP

The success of clinical training of NSU PA students depends on maintaining good communication between the student, Site Visitor, Preceptors and Clinical Coordinator. All members of the team should share contact information. Site Visitors will be assigned to students before the start of clinical rotations.

If a Preceptor has a question or concern about a student, he/she should contact the Clinical Director. The Preceptor's evaluation of the student is important. On-going feedback about student performance should be obtained from the Preceptor during site visits. On required rotations a passing Preceptor evaluation is required. If deemed “not passing,” the student may be required to repeat the rotation.

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 student 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. Students are responsible for maintaining their personal immunization record, and it is

recommended that they carry this record to the clinical 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. Students are encouraged to 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 polices 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

A suitable work schedule will be determined by the preceptor or his/her agent and should include a minimum of 40 hours per week for each student. College holidays do not apply in the clinical year. Preceptors are not obligated to give the student days off on weekdays or weekends. 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. If a student requests additional days away from the rotation, he/she should be referred to the PA Program's Clinical Director. Absences must be approved by both the preceptor and the Clinical Director. In emergency situations, students may obtain approval after the absence. Students may be required to make up days absent or to repeat the rotation if significant absences occur. Students are not permitted to arrive late to a rotation or leave early without the permission of the Clinical Director and the preceptor.

Adherence to scheduled rotation hours and attendance at all EOR activities are mandatory. Failure to fulfill this requirement is considered in the evaluation of student's 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.

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 student 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. All Physician Assistant students are expected to wear clean, pressed, short white jackets with the Nova Southeastern University PA Program patch attached to the left upper sleeve. 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.

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

All students should bring their own, properly functioning, medical diagnostic instruments (stethoscope, ophthalmoscope, otoscope, reflex hammer, etc.) to all rotations. Prenatal/GYN rotations require an "EDC" wheel.

INSURANCE

Health Insurance is required. Students must maintain a valid health insurance policy throughout course of study in the program. Failure to maintain a valid insurance policy will result in them being removed from clinical rotations until proof of compliance is provided. At the outset, and throughout the clinical year students 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 student's sole responsibility. **Medical Liability Coverage** - All students are covered under the Health Professions Division professional liability policy while at scheduled rotations. 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

Students 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 a student is believed to have been exposed to HBV or HIV, especially if any of the signs or symptoms of these diseases have been experienced, they should consult their physician as soon as possible. Ultimately, students are responsible for initiating care after exposure to possible blood borne pathogens. They may consult their private physician or NSU Health Clinics for guidance and assistance. The Clinical Director must also be notified of any exposure/possible exposure. All costs, except those of initial Hepatitis B vaccination, are student's sole responsibility.

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, accepting assignment of their 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, students

should always use Universal Precautions and try to minimize their exposure by wearing gloves, splash goggles, pocket mouth-to-mouth resuscitation masks, and other barrier devices.

PATIENT CONFIDENTIALITY

Medical ethics forbids violation of patient confidentiality. Students and their 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 UNDERSIGNATURE

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 physician or 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.

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

DOCUMENTATION

Students are required to maintain complete and accurate Procedure & Patient Contact Logs for each rotation. These logs will allow the Program to determine the quality and quantity of both individual and group learning experiences in the ongoing data-driven fashion required by the ARC-PA Standards. All progress notes, orders and entries on the hospital records must be co-signed by the preceptor.

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, STUDENT'S NAME IS NOT TO APPEAR ON THE PRESCRIPTION AT ALL. Students may NOT sign a prescription for the physician and then write their initials after the physician's name. Any student violating the guidelines on prescription writing will result in disciplinary action.

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 all involved. 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.

ADMINISTRATION OF CLINICAL ROTATIONS

Prior to the beginning of the first rotation, the preceptor will be asked to complete a brief preceptorship application, submit a copy of their curriculum vitae, board or national certification and sign a preceptorship agreement. This document is not binding and the preceptor may terminate the agreement if he/she deems it necessary. It is completed as a requirement for insurance purposes to demonstrate formal acceptance of the student on the rotation. Malpractice insurance is carried by the University to provide coverage for the student. A copy of the insurance certificate is available upon request.

OUTLINE OF STUDENT DUTIES ON CLINICAL ROTATIONS

The ideal preceptor is a person who enjoys teaching students and is dedicated to the perpetuation of the art of medicine. The University prefers that preceptor be board-certified or board-eligible in the discipline in which the student is rotating. The normal duties of the student will include performing histories and physical exams, and developing appropriate treatment plans for patients in the office and in the hospital.

Additionally, the student will perform some office laboratory procedures, learn diagnostic procedures, and assist with patient education as directed by the preceptor. Duties will vary depending on the type of rotation and subspecialty of the preceptor. On rotations that include inpatients, it is anticipated that the student will make daily rounds with the physician, and take night and weekend call with the physician. When possible, the student is expected to be on call every third evening and two weekends during the rotation, or as directed by the physician consistent with the rotation setting. It is desired that students be given the opportunity to evaluate patients in the emergency room. There is an emphasis on hands-on experience for students, and it is preferred that the preceptor permit this experience whenever possible.

GRADING AND EVALUATION

An evaluation form is completed by the preceptor for each student at the completion of the rotation. Preceptor evaluations will be recorded on a rotation evaluation form provided by the program prior to the end of student’s rotation. Ideally, the preceptor will provide feedback to the student during and at the end of the rotation. It is requested that the preceptor be as candid as possible in his/her evaluation in order that the faculty can realistically assess the progress of our students. A letter grade based on the preceptor’s evaluation will be calculated by the PA Program.

Other staff members as designated by the preceptor, who have worked a minimum of 3 (three) days with student, may be consulted for evaluation input. Evaluators should consider students with respect to other students at the same level of training. 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.

SITE VISITS/ORAL PRESENTATIONS

As previously described, all clinical sites in which students are present will receive a site visit for 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.

During the site visit, student 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. Students will be required to submit to the visiting faculty member, a SOAP (style) note. The visiting faculty will evaluate clinical performance when possible and this will become a part of the rotation grade, on a pass/fail basis.

COURSE OBJECTIVES

EMERGENCY MEDICINE ROTATION

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.

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.

FOCUSED SOAP NOTE & DISCHARGE SUMMARY

A complete, focused SOAP note and discharge summary 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. Your work must include detailed written discharge instructions. The objective is to give you experience with a format you can modify to use in any patient management plan that encompasses a discharge situation. 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

FAMILY MEDICINE ROTATION

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.

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
5. 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's 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
6. 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
7. 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
8. 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
8. 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

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.

INTERNAL MEDICINE ROTATION

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.

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

DETAILED SOAP NOTE AND ADMISSION ORDERS

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.

PEDIATRICS ROTATION

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.

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; dysmenorrheal.
 - 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 (TFT's – 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, IVP's, skull films, sinus series, CT with and without contrast, sonograms, MRI's
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

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.

PRENATAL CARE/GYNECOLOGY ROTATION

A required six-week rotation conducted in both the inpatient and outpatient settings. The physician assistant student while on this rotation will learn prenatal 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.

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:** Gonorrhea, 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) Laproscopy
- 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

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.

SURGERY ROTATION

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.

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, sequel 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 (LFT's), Cardiac enzymes, calcium metabolism tests
 - G. Bilirubin - conjugated and unconjugated
 - H. Arterial Blood Gases (ABG's)
 - I. Thyroid Function Tests (TFT's - 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

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. However, if you do not have the opportunity to follow a post-op patient and the patient is discharged home on the surgical day, you may write detailed discharge instructions instead.

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. 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

ELECTIVE ROTATIONS

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 Director must approve elective rotations. If students wish to complete elective rotations at a site outside the state of Florida they 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. Student 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.

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.