

Philadelphia College of Osteopathic Medicine



PHYSICIAN ASSISTANT STUDIES
PRECEPTOR MANUAL
2018-2019

Table of Contents

Introduction.....	3
Preceptor Recognition and CME Credits.....	4
Preceptor Responsibilities and Guidelines.....	5
Preceptor Role.....	5
Preceptor Responsibilities.....	5
The Preceptorship-Student Relationship.....	5
Preceptor Teaching Guidelines	6
Student Supervision	6
Student Introduction/Identification	6
Student Availability	6
Breaks and Holidays	7
Student Academic Responsibilities.....	7
Fulfilling Preceptorship Objectives	7
Objectives for Patient Assignments	8
Preceptor Administrative Guidelines.....	10
Liability Insurance Coverage.....	10
Student Immunizations, OSHA Requirements, Background Check and Drug Screen.....	10
Student Health Insurance	10
Incident Reporting	10
Evaluation and Grading	11
Program Communication with Students	12
Troubleshooting Problems During a Preceptorship.....	12
Program Contact Information	13
Family Medicine Preceptorship – PHYA 550	14
Internal Medicine Preceptorship – PHYA 551	24
Emergency Medicine Preceptorship – PHYA 553	34
Prenatal Care and Gynecology Preceptorship – PHYA 554.....	44
General Surgery Preceptorship – PHYA 555	52
Behavioral Medicine Preceptorship – PHYA 556	60

Pediatrics Preceptorship – PHYA 557	69
Elective Preceptorship – PHYA 558.....	79
Preceptor Evaluation of Student	85
Certificate of Liability Insurance	89

Introduction

We would like to take this opportunity to express our sincere gratitude to our preceptors for their hard work and dedication to this program and our physician assistant students. The clinical experiences the students will obtain with you are of critical importance to a successful learning experience in the program. The clinical setting synthesizes concepts and application of health care principles. You, as a clinical preceptor, are the key to successful learning experiences in the clinical setting. The PA 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 practicing PA. Thank you for your commitment to PA education.

Our program adheres to the Accreditation Standards for Physician Assistant Education that constitutes the minimum requirements to which an accredited program like ours is held accountable. You can easily access these standards at the Accreditation Review Commission on Education of Physician Assistants (ARC-PA) at www.arc-pa.org.

The primary purpose of this manual is to act as an ongoing reference for clinical preceptors. Your input is essential to our continued goal of achieving educational excellence. If you would like to make any changes to the clinical objectives or any other information found in this manual please contact us at your convenience. The preceptorship objectives in this manual outline the minimum knowledge and skills that a student should acquire during each preceptorship.

Our mission is to educate highly qualified physician assistants, focusing on preparing them to become competent, compassionate, and comprehensive health care providers for clinical practice in the broad range of practice settings in both primary and specialty care fields that reflect the changing health care environment.

On behalf of the entire Physician Assistant Program Faculty at Philadelphia College of Osteopathic Medicine (PCOM), we appreciate your dedication in teaching and mentorship of our students.

Preceptor Recognition and CME Credits

Cumulative hours spent precepting a Physician Assistant Student can be applied toward Continuing Medical Education requirements based on the following:

AMA Category 2 – 1 hour can be claimed for each hour of direct supervision of a student.

AAPA Category 1 – may be earned by PA preceptors who register with the program in advance for up to 10 hours per year, in addition to;

AAPA Category 2 – 1 hour can be claimed for each hour of direct supervision of a student that was not used to apply for Category 1 CME.

AAPA additionally recognizes PA preceptors through the Clinical Preceptor recognition program. AAPA Fellow members who precept more than one student may register for this program at <https://www.aapa.org/career/leadership-opportunities/clinical-preceptor-recognition-program/>

Preceptor Responsibilities and Guidelines

Preceptor Role

The preceptor is an integral part of the teaching program. Preceptors will serve as role models for the student. Through guidance and teaching the Preceptor will help students perfect skills in history taking, physical examination, effective communication, physical diagnosis, recording and reporting information, problem assessment, and plan development.

Preceptor Responsibilities

Provide a clinical setting with appropriate clinical direction and immediate supervision of students.

Review both the program's and your personal expectations and objectives for the rotation the first day of their rotation. Orient students at the onset of the rotation with the practice/site policies and procedures. Discuss any "on-call" schedules.

Provide ongoing and timely feedback regarding clinical performance, knowledge base, and critical thinking skills. This can be done with the student informally each week or at a designated time.

All patients seen by the student must be seen by the preceptor and charts and orders must be co-signed by the preceptor/designee prior to the patient leaving the clinical site or prior to treatment.

Maintain an ethical approach to the care of patients by serving as a role model for the student.

Remember that students are unlicensed trainees and cannot work at the site if the preceptor/designee is physically not present.

Students must not be used to substitute for regular clinical or administrative staff.

Promptly complete the "Preceptor Evaluation of Student" form online by the end of a rotation and review this with the student.

The final diagnosis, treatment plan, and examination of the patient shall remain the primary responsibility of the preceptor.

Communicate with the PA program any circumstances that affect student learning as well as the clinical environment.

The Preceptorship-Student Relationship

The preceptor should maintain a professional relationship with the PA student and at all times adhere to appropriate professional boundaries. Social activities and personal relationships outside of the professional learning environment are discouraged. Contact through web-based social networking sites (e.g. Facebook) should be avoided until the student has completed the educational program. If the preceptor and PA student have a personal relationship prior to the start of the rotation, a professional relationship must be maintained at all times in the clinical setting. Please contact a PA program clinical coordinator with any questions or concerns.

Preceptor Teaching Guidelines

The vast majority of clinical assignments run very smoothly and are both challenging and rewarding. However, the few words of caution listed below have proven of value in helping to ensure a successful experience for both preceptor and PA student.

The following guidelines are suggested for the preceptor when supervising a physician assistant student:

You may expect PA students to perform similar to undergraduate medical students. If the student shows any serious deficiency or is in danger of not achieving the learning objectives or failing the preceptorship, it is suggested that you review expectations and learning objectives with the student as soon as the concern arises, and notify a PA Program clinical coordinator immediately.

Please notify any facilities at which you provide patient care that you intend to bring a student for active participation in patient care. Inquire about policies and administrative agreements that must be in place before the student may begin their experience and share this information and appropriate contact information with a clinical coordinator.

Provide the needed supervision of the PA student by ensuring that only medical tasks delegated by you are performed and that the quality of services rendered by the student are regularly evaluated.

Student Supervision

Students function within the academic policies established by the College for the duration of the program. Preceptors serve as college faculty by providing clinical direction and immediate supervision of students during the clinical experiences.

Student Introduction/Identification

The PA student must properly identify him/herself at all times. It is also important that your office staff understand the student's role. Patients are entitled to a brief introduction as well. Each student has a PCOM-issued nametag and PA Program Patch. Both must be clearly visible when on-duty.

Student Availability

We would like the student to experience a typical exposure to your practice. The students are expected to be available during the regular hours of your practice. We request that students be allowed to accompany you to the hospital, nursing home, and/or other practice settings. We also recognize that evening and weekend experiences, if you practice such hours, are beneficial to the student so long as the total hours per week are not excessive. Students require time for reading weekly, so we would appreciate a limit of 60 hours per week of clinical and teaching exposures, as appropriate to your practice.

Students are required to report to the program all days that they are not at their clinical site. Students should not be scheduled days off for the purpose of studying. We believe

supervised clinical practice is an unreplaceable learning experience. In the event the student is scheduled off for a day, the program will provide the students assignments to supplement their learning.

Breaks and Holidays

Students in the clinical phase of their education do not receive additional vacation time other than the breaks and holidays scheduled by the College. Students are not given time off to attend the AAPA Annual Conference unless specific permission has been granted by the faculty for presentation of scholarly material.¹ If a student would happen to be at a rotation site near the conference he/she may attend during their off days. Students on clinical preceptorships will be off at the following times:

- Labor Day
- Thanksgiving Day & Friday after; this does not include the weekend
- Winter Break between preceptorships #3 and #4
- Memorial Day
- July 4th

Students may take off for other religious holidays but must seek permission from the preceptor, notify a PA program clinical coordinator, and make up the missed time. If the preceptor does not give permission, the student is expected to be at the site that day. Approval will not be given for additional time off.

Student Academic Responsibilities

Each student's learning pace is individual; however, the PA Program requires that each student assume a very active role in his/her education. The student is expected to show initiative in asking questions, reading assignments after following patients, and giving feedback concerning how well the clinical preceptorship is meeting his/her academic needs. Assign appropriate readings to the students relative to their learning experience. The preceptor should provide the student with ongoing constructive criticism on his/her performance. At the completion of each preceptorship the student will be given an examination.

Fulfilling Preceptorship Objectives

Student learning is guided by a syllabus for each of the required preceptorships, which are included in this manual. This material is provided to preceptors as a guide in facilitating student exposures and teaching.

¹ At the discretion of the faculty, a student may request an absence for permission to present scholarly material at the AAPA conference. Initial approval must be granted by the faculty. The student may request up to two days absence for such presentations with the specific understanding that missed time will be made up.

We do not expect you to attempt to provide exposures unrelated to your practice.

Objectives for Patient Assignments

The preceptor should direct the student(s) to specific patient assignments, data collection responsibilities, and diagnostic and therapeutic procedures to perform. Given a patient, the PA student will organize, in a problem-oriented format, all the elements of treating a patient's health problem - from eliciting the history, performing the physical exam, identifying diagnostic labs and procedures, to initiating therapy and counseling. These objectives will be met by having the PA student adhere to the following guidelines when performing patient assignments:

1. Collect historical data relevant to the diagnosis of the presenting problem or to the comprehensive evaluation of the patient.
2. Perform a thorough directed history, which includes a chief complaint, history of present illness, appropriately directed review of systems, and relevant aspects of the patient's past medical, social and family history.
3. Perform a thorough and logically ordered physical examination directed at evaluating the patient's complaint.
4. Identify the laboratory tests and procedures, which would be useful in diagnosing the patient's problem, and interpret results.
5. Identify the dangers and limitations of such tests and procedures.
6. Present the data: The student will present the results of the history, physical and pertinent lab or diagnostic studies. The presentation may be oral or written, and will be logically ordered in a problem-oriented format.
7. Assess the Data: The student will formulate a problem list. She/he will provide a specific diagnosis for relatively uncomplicated problems and list major elements of the differential diagnosis for more complicated problems.
8. Principles of treatment: Implement management, with approval of the preceptor, by initiating appropriate technical procedures, diagnostic studies, pharmacologic therapy, patient education, referral/consultation, and related medical care.
9. The proper use of medications in treating the medical problem including dosages, routes of administration, and side effects.
10. Write prescriptions to be countersigned by a physician.
11. Discuss the use and describe the application of non-medical modes of therapeutic interventions, including diet, physical therapy, exercise, and counseling, and describe when these modalities are appropriate.
12. The rationale for routine follow-up.
13. Perform clinical procedures and list their indications and risks.
14. Counsel the Patient: The student will explain to the patient, in a clear and understandable manner, the diagnosis of his/her problem, the nature and necessity

of diagnostic procedures, the proper use of medications, and preventive health measures, and will reassure apprehensive patients.

Preceptor Administrative Guidelines

Liability Insurance Coverage

All students serving clinical preceptorships are covered by the professional liability insurance of Philadelphia College of Osteopathic Medicine. Please understand that the College is hereby declaring that we will share responsibility for actions of the PA student, as long as such acts were carried out under your guidance and supervision. We also urge you to notify your insurance carrier of the presence of students in your practice.

Student Immunizations, OSHA Requirements, Background Check and Drug Screen

A copy of immunization records and a drug screen record is provided to each student from the office of Student/Resident Medical Records prior to starting clinical preceptorships. A copy of the background check is given to the student before their preceptorships and copies may be provided to the clinical sites as needed. Tuberculosis screening is repeated annually, at a minimum. Clinical sites may establish requirements more frequent screening. It is the student's responsibility to comply with clinical site requirements. Influenza vaccination is required. It is the student's responsibility to provide documentation to the office of Student/Resident Medical Records after they receive this vaccination, as well as maintain a copy of this vaccination to provide to any clinical site requesting verification. The program does not maintain copies of health records. Prior to beginning their clinical education, students are required to complete a review of specific guidelines on universal precautions and the prevention of blood-borne pathogens. Additional paperwork may be required by a clinical site.

Student Health Insurance

All students are required to have personal health insurance coverage throughout their clinical year.

Incident Reporting

If a student is involved in a situation that meets the criteria for an incident report at the clinical site during a student-related activity (i.e. needlestick/splash, TB exposure), they should report such an incident immediately to the preceptor and receive appropriate medical care onsite. Baseline labs should be done at the hospital, clinic, or office they are attending. If this incident happens while on rotation at a hospital, the student should follow the policy of that institution by going to the Employee Health Department, Occupational Health Services Department, or emergency department for immediate care. This care might include wound care, lab work and post-exposure prophylaxis. Every incident involving an exposure must be reported to the office of Student/Resident Medical Records. They should be notified within 72 hours of the incident at (215) 871-6420. The office of Student/Resident Medical Records will assist in coordination of follow-up testing. The student is responsible for billing, to be submitted through their personal health insurance.

Evaluation and Grading

Students must receive a minimum overall grade of 70% or above to successfully pass each preceptorship. The PA Program must review the overall performance of the student as well as any problems with the clinical preceptorship. Evaluation and grading during the clinical phase will be based on the following criteria:

*Logs in E*Value*

These logs allow the PA Program to evaluate student experiences at the clinical site in terms of patient load, types of patient problems encountered, continuing education experiences, labs, clinical setting, or procedures performed. The student must complete logs that record: problems or disorders encountered, patient age, clinical setting, continuing education activities, and lab and diagnostic procedures for the patients seen each day. Logs are reviewed by program faculty in E*Value weekly. Grade penalties apply for logs that are late or incomplete.

Preceptor Evaluation of Student

Evaluation of the student should be an ongoing process that allows the student to grow from constructive feedback received during their preceptorship. Regular discussions with the student about their progress, and your evaluation of their clinical knowledge and skills, are essential for student development. It is expected that evaluations be honest and accurately reflect the student's performance while under the preceptor's supervision. If you believe a student is deficient or not meeting your expectations during the course of their preceptorship, this should be discussed with the student with clear goals for improvement identified. These discussions best occur as soon as deficiencies are identified, rather than at the end of the student's preceptorship when opportunities for improvement at that clinical site no longer exist. Please notify the program when such deficiencies are identified and progress made toward improvement. This form is completed by the preceptor in E*Value and is an evaluation of the student's knowledge, competence, and motivation during the preceptorship. It is important that the preceptor and student formally discuss the evaluation.

A time to review the evaluation should be arranged between the preceptor or his/her designee and the student before the last day of the preceptorship. If the preceptor delegates the evaluation process to another staff member involved in the student's preceptorship, please review the evaluation before its final submission. Evaluations should not be delegated to individuals who are still considered trainees, such as other students, interns, or residents. The score of this evaluation will account for 30% of the student's preceptorship grade.

Post-Preceptorship Examination

Students will return to the college on Senior Fridays scheduled on the Friday of the last week of their preceptorship. Students are expected to remain in supervised clinical practice until the end of the business day on the last scheduled day of the rotation.

Students should not be permitted additional days off (see Student Availability). At that time the student will take a written examination based on the objectives for that preceptorship. A student must pass the specific rotation examination with a minimal grade of 70% in order to pass the preceptorship. The score of this examination will account for 70% of the student's preceptorship grade.

Faculty Site Visit Evaluation

Students will be visited by a PA faculty member at least once during the clinical year, while on a preceptorship. The main objective of a site visit is to evaluate the student's development in patient interactions and clinical reasoning. This is accomplished when a faculty visitor observes the student interacting with patients during their collection of the medical history and performance of a physical exam, as well as their ability to develop a diagnosis and treatment plan, while communicating with their preceptor. The student will discuss with you the date and time of the visit, if the faculty request a visit while they are scheduled at your clinical site. The score of this evaluation will account for 10% of the student's Comprehensive Review course grade.

Patient Write-ups

Students shall submit to the faculty advisor one write-up on a patient encounter for each preceptorship. Write-ups must be signed by the student and then evaluated by the preceptor for their comments and co-signed before sending them to the Program. After the write-up is received at the Program, the preceptor's comments will be reviewed and a final evaluation determined by the student's faculty advisor. Grade penalties apply for patient notes that are deficient, late, or incomplete.

Student Evaluation of Preceptorship

The student is required to complete this evaluation. Please feel free to contact the program for a summary evaluation should you desire.

Program Communication with Students

Communication between program faculty and PA students is accomplished through a variety of modes, which include personal visits, telephone calls, voice-mail and email. Students are required check their PCOM-assigned email accounts at least once each workday.

Troubleshooting Problems During a Preceptorship

It is vitally important that the PA Program faculty be aware of any student problems at the clinical site. If you, as a preceptor, have concerns about a student's professional behavior, academic ability, or clinical skills, the PA Program faculty wishes to be made aware of these concerns as soon as they develop. PA Program faculty is prepared to take an active role to ameliorate difficult situations.

Program Contact Information

Preceptors should feel free to call the program at any time with questions or comments.

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**Philadelphia College of Osteopathic Medicine DEPARTMENT
OF PHYSICIAN ASSISTANT STUDIES COURSE**

SYLLABUS

Course Title	Family Medicine Preceptorship – PHYA 550
Description	<p>This is a preceptorship for physician assistant students that will provide patient care experience to a population ranging in age from pediatric to geriatric. This may occur in an inpatient and/or outpatient setting.</p> <p>This preceptorship is intended to augment and strengthen the student's deductive reasoning and clinical decision making skills by developing a comprehensive, systematic approach to common family medicine problems. Emphasis is placed on generating the information and skills, enabling the student to recognize normal findings and assess clinically significant deviations from normal findings. The student will perform the appropriate clinical evaluation including a comprehensive history and physical examination, oral presentation, and documentation. During this preceptorship, the student is expected to recognize signs and symptoms of a variety of medical problems and become familiar with the appropriate treatment plans related to primary care.</p> <p>Furthermore, this preceptorship teaches the student the indications, limitations, and methodology of family medicine procedures and therapeutic strategies. Finally, this preceptorship is intended to teach the student respect and appreciate the contributions of other healthcare professionals in the overall delivery of healthcare and the importance of a team approach.</p> <p>Clinical experience begins on the first day at the assigned clinical site. The following competencies and objectives reflect the minimum knowledge and skills a physician assistant student is expected to acquire by the end of this preceptorship. Experiential learning must be supplemented with reading to achieve these goals.</p>
Course Goals	The goals of this course are to build and reinforce the ability of a PA student to reason clinically, gather experience from providing patient care, differentiate between normal and abnormal findings, and develop a management plan for a patient in a family medicine practice.
Course Competencies and Program	This course is designed to develop the following competencies selected from the program's competencies and program-defined expectations:

**Defined
Expectations**

- PDE 1: Provide care across the lifespan, regardless of medical condition, gender, race, ethnicity, or other diverse quality.
- PDE 2: Apply knowledge of basic sciences with a focus on clinical application.
- PDE 3: Elicit a detailed and accurate history, and perform a comprehensive physical exam.
- PDE 4: Obtain a directed history based on patient presentation, and perform a focused physical exam.
- PDE 5: Communicate effectively as a health care professional.
- PDE 6: Work collaboratively with other members of the healthcare team in providing appropriate patient care.
- PDE 7: Analyze, integrate, and synthesize data from the patient medical record.
- PDE 8: Draw upon a fund of medical knowledge in order to formulate a differential diagnosis.
- PDE 9: Identify, order, perform, and interpret the appropriate diagnostic studies or procedures.
- PDE 10: Formulate and document an individual management plan.
- PDE 11: Provide health education to the patient, his / her family members, or significant others.
- PDE 12: Perform the following clinical skills as dictated by the situation:
venipuncture; nasogastric tube placement; intubation; casting; splinting; suturing; urinary catheterization; speculum exam; ECGs; arterial blood gasses; IV insertion; injections; arthrocentesis; and incision and drainage.
- PDE 13: Manage life-threatening emergencies by employing ACLS and/or BLS.
- PDE 14: Apply the principles and practice of medical ethics.
- PDE 15: Utilize knowledge of study designs and statistical methods in the appraisal of medical literature.
- PDE 16: Employ information technology to locate best available evidence to provide patient care.
- PDE 17: Promote and maintain professional competencies and life-long learning.
- PDE 18: Promote ongoing acceptance and understanding of the PA's role by practicing collegially with other health care professionals.

**Learning
Outcomes**

At the conclusion of this course, the Physician Assistant student will be able to accomplish, at a minimum, 70% of the following objectives:

1. Identify specific patient presentations for common adult and pediatric health conditions.
2. Implement elements of preventative care and health maintenance issues.
3. Formulate treatment options for common adult and pediatric complaints.

4. Provide patient-centered care for patients throughout the lifespan.
5. Recognize the differences when managing patients in family medicine compared to other settings or disciplines.

Instructional Objectives

For the list of presenting problems or medical conditions on the “Family Medicine EOR Exam Topic List” that follows, the physician assistant student will identify etiology, epidemiology, pathophysiology, patient historical and physical exam findings, lab and diagnostic study findings, appropriate treatment plans, and complications.

Further, the physician assistant student will be knowledgeable in laboratory and diagnostic studies, including indications for testing, expected normal findings, conditions that may result in abnormal findings, and the abnormal findings associated with those conditions, and procedure for completing the test. In addition to those diagnostic tests associated with the preceding conditions, the students will also be familiar with:

- Hematology: complete blood count, white blood cell differential, peripheral smear
- Chemistry: electrolytes, glucose, liver function tests, thyroid function tests, cardiac markers, lipid profile, hemoglobin A1C, urinalysis
- Microbiology: gram stain, culture and sensitivity
- Radiology: radiograph, ultrasound, CT, MRI, nuclear medicine

Finally, the physician assistant student will be knowledgeable in common family medicine procedures. She/he will identify indications, contraindications, procedural technique, findings in a normal patient and causes of abnormal findings, and complications. Procedures which the student should be familiar with and perform with preceptor permission include: venipuncture, finger stick, electrocardiogram, pulmonary function testing, stool occult blood testing, urinalysis, rapid antibody/antigen testing, pulse oximetry, nebulized medication, injections (intradermal, subcutaneous, intramuscular, intravenous, intraarticular, trigger point), specimen collection (nasal, pharyngeal, stool, urine, urethral, wound, cervical, sputum)

Texts

Hay W, Levin M, Deterding R, Abzug M, eds. *CURRENT Diagnosis and Treatment Pediatrics*. 22nd ed. New York: McGraw-Hill Professional; 2014.

Longo D, Fauci A, Kasper D, Hauser S, Jameson J, Loscalzo J, eds. *Harrison's Principles of Internal Medicine*. 19th ed. New York: McGraw-Hill Professional; 2015.

Papadakis M, McPhee SJ, Rabow MW, eds. *CURRENT Medical Diagnosis and Treatment 2017*. 56th ed. New York: McGraw-Hill Medical; 2016.

South-Paul J, Matheny S, Lewis E, eds. *CURRENT Diagnosis & Treatment in Family Medicine*. 4th ed. New York: McGraw-Hill Medical; 2014.

Assignments and Grading

EOR Exam – 70%

Preceptor Evaluation of Student – 30%

Preceptor Evaluation of Student

This form is completed by the preceptor in E*Value and is an evaluation of the student's knowledge, competence, and motivation during the preceptorship. It is important that the preceptor and student formally discuss the evaluation. If the Preceptor will not be using E*Value please give him/her a copy of the evaluation form. The following guidelines should be followed in completing this evaluation:

Remind Preceptors who will be completing the form on E*Value to do this as soon as possible. Evaluations become available to preceptors at the same time you receive email notice to complete your evaluation of the preceptorship, usually 1 ½ weeks before the conclusion of the preceptorship. If the preceptor does not receive an evaluation for you in E*Value, confirm their email is correct from your E*Value schedule. If it is incorrect, please contact a department secretary to update this. A preceptor of record may designate an alternate preceptor to complete your evaluation by forwarding the email message to them. A resident physician is in training and may not complete your evaluation.

If the Preceptor is not completing the electronic form in E*Value the student should provide a printed evaluation form to them at least one week before the end of the preceptorship. The evaluation should be brought by the student on Senior Friday after the preceptorship.

Grading – 30% of the preceptorship grade

End of Rotation Examination

On Senior Fridays you will take a written examination based on the objectives for that preceptorship. You must pass the specific rotation examination with a minimum grade of 70% in order to pass the preceptorship. If a grade of less than 70% is attained on the examination you must participate in a remediation program.

Following the remediation program, the student will be reassessed. If the reassessment score is 70% or higher, a test score of 70% will be calculated into your final grade regardless of the actual grade attained on the reassessment. Failure to attain a grade of 70% or higher on the reassessment examination will result in a failure of

the preceptorship. The preceptorship must be repeated before the Elective Preceptorship. This will result in a delayed graduation for the student. The rotation will be repeated at another clinical site when/if available. The clinical faculty will assign the site of that rotation. Preceptorships are courses within the curriculum, of which failure makes a student liable for dismissal. Please refer to the Physician Assistant Student Handbook for the policy on single and multiple course failures, as well as remediation. End of rotation examinations are not reviewed. Grading – 70% of the preceptorship grade

Patient Write-ups

Students shall submit to their faculty advisor by the Friday of the third week of a rotation one write-up on a patient encounter during each preceptorship. Write-ups must be hand-written, following the instructions provided on each discipline's cover sheet. The cover sheet must be attached to the front of each write-up.

The preceptor's comments are reviewed by the student's faculty advisor and a final evaluation determined. Students should make copies of their write-ups for their own files before sending them to the PA program. Refer to cover sheets for the specific requirements for each write-up.

This assignment permits monitoring of teaching and performance at the clinical site in several ways. By observing the comments of the preceptor, the faculty can ascertain the quantity and quality of preceptor feedback to the student. The ability to focus the write-up appropriately, the level of competency in using the problem-oriented medical system, and written presentation skills are also reviewed. If deficiencies are noted in any of these areas, the faculty advisor will contact you and suggest strategies for improvement. Each write-up must be completed and sent to the program by the Friday of the third week of the preceptorship with the cover sheet for that rotation. Write-ups must be signed by the student, evaluated by the preceptor and co-signed by the preceptor before mailing them to the PA program. All write-ups submitted must have a cover sheet. If your faculty advisor notifies you that your write-up is deficient you will have one opportunity to resubmit the write-up on another patient encounter with the noted correction(s) made. Failure of the resubmitted write-up will result in 1 point being deducted from the final grade for that preceptorship. Failure to hand in a required write-up will result in a deduction of 2 points from the final preceptorship grade.

Grading – Penalty for incomplete, as described above.

Logs in E*Value

The logs allow the PA Program to evaluate student experiences at the clinical site in terms of patient load, types of patient problems encountered, continuing education experiences, labs, clinical

setting, or procedures performed. Increasingly, PAs are being asked to provide documentation of their clinical experiences. These logs may be requested from you by future employers. The student must complete logs that record problems or disorders encountered, patient age and sex, clinical setting, continuing education experiences, lab and diagnostic procedures done and other details important to monitoring student experiences for the patients seen each day. Logs must be completed by 7:00 AM the Monday morning of the following week for faculty review. A penalty of 1 point per week will be deducted from the student's final grade for each week's logs that are late. For example, if logs for week 1 are incomplete when checked at the beginning of week 2, 1 point will be deducted. If week 1 logs are not corrected and completed by the beginning of week 3, an additional 1 point will be deducted for week 1 logs, in addition to 1 point if week 2 is also incomplete. Grading – Penalty for incomplete, as described above.

Student Evaluation of Preceptor, Preceptorship and Site The student is required to complete these forms by the Senior Friday following the preceptorship. If forms are not completed by 8 am on Senior Friday, a 2 point penalty will be applied to the final preceptorship grade per form. Although a penalty will be applied, these forms must still be completed. Preceptorship grades will not be complete until these have been received. Grading – Penalty for late, as described above.

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Family Medicine End of Rotation™ Exam Topic List

URGENT CARE	DERMATOLOGY, continued
Respiratory failure/arrest	Spider bites
Deteriorating mental status/unconscious patient	Basal cell carcinoma
Allergic reaction/anaphylaxis	Kaposi sarcoma
Acute abdomen	Melanoma
Burns	Alopecia
Third trimester bleeding	Onychomycosis
Bites/stings	Paronychia
Foreign body aspiration	Condyloma acuminatum
Cardiac failure/arrest	Exanthems
Fractures/dislocations	Molluscum contagiosum
Sprains/strains	Verrucae
Myocardial infarction	Cellulitis
Hypertensive crisis	Erysipelas
Pulmonary embolus	Impetigo
Pneumothorax	Acanthosis nigricans
Ingesting harmful substances (poisonings)	Hidradenitis suppurativa
Orbital cellulitis	Lipomas/epithelial inclusion cysts
	Melasma
	Pilonidal disease
DERMATOLOGY	Pressure ulcers
Dermatitis (eczema, seborrhea)	Urticaria
Nummular eczema	Vitiligo
Dyshidrosis	Folliculitis
Lichen simplex chronicus	Tinea infections
Drug eruptions	Tinea versicolor
Lichen planus	
Pityriasis rosea	
Psoriasis	PULMONOLOGY
Erythema multiforme	Asthma
Stevens-Johnson syndrome	Bronchitis
Toxic epidermal necrolysis	Chronic obstructive pulmonary disease
Bullous pemphigoid	Pneumonia
Acne vulgaris	Tuberculosis
Rosacea	Lung cancer
Actinic keratosis	Sleep disorders
Seborrheic keratosis	Tobacco use/dependence
Lice	
Scabies	



Family Medicine End of Rotation™ Exam Topic List

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



Family Medicine End of Rotation™ Exam Topic List

UROLOGY/RENAL	ORTHOPEDICS/RHEUMATOLOGY
Hernias	Acute and chronic lower back pain
Cystitis	Costochondritis
Pyelonephritis	Bursitis/tendonitis
Glomerulonephritis	Rheumatoid arthritis
Nephrolithiasis	Reactive arthritis
Benign prostatic hypertrophy	Osteoarthritis
Prostatitis	Gout
Epididymitis	Sprains/strains
Gonorrhea	Ganglion cysts
Chlamydia	Systemic lupus erythematosus
Urethritis	Osteoporosis
Orchitis	Fibromyalgia
Balanitis	Plantar fasciitis
Testicular cancer	Overuse syndrome
NEUROLOGY	OBSTETRICS/GYNECOLOGY
Dizziness	Dysmenorrhea
Vertigo	Dysfunctional uterine bleeding
Syncope	Vaginitis
Seizure disorders	Pelvic inflammatory disease
Transient ischemic attack	Breast mass
Cerebral vascular accident	Breast cancer
Alzheimer disease	Cystocele
Parkinson disease	Rectocele
Essential tremor	Menopause
Bell palsy	Intrauterine pregnancy
Dementia	Contraception
Delirium	Cervical cancer
Headaches (cluster, migraine, tension)	Spontaneous abortion
HEMATOLOGY	ENDOCRINOLOGY
Anemia	Diabetes mellitus
Leukemia	Adrenal insufficiency
Thrombocytopenia	Cushing disease
Clotting disorders	Hyperthyroidism
Lymphomas	Hypothyroidism
Polycythemia	



Family Medicine End of Rotation™ Exam Topic List

PSYCHIATRY/BEHAVIORAL MEDICINE	INFECTIOUS DISEASES
Major depressive disorder	Mononucleosis
Anxiety disorders	Lyme disease
Panic disorder	Human immunodeficiency virus
Specific phobia	Influenza
Posttraumatic stress disorder	Meningitis
Insomnia disorder	Salmonellosis
Anorexia nervosa	Shigellosis
Bulimia nervosa	
Bipolar disorders	
Substance use disorders	
Spouse or partner neglect/violence	
Suicide	

**Philadelphia College of Osteopathic Medicine DEPARTMENT
OF PHYSICIAN ASSISTANT STUDIES COURSE**

SYLLABUS

Course Title	Internal Medicine Preceptorship – PHYA 551
Description	<p>This is a preceptorship for clinical phase PA students in which they will gain clinical experience by participating in the care of adult patients at inpatient, outpatient, and long term care facilities.</p> <p>This preceptorship is intended to augment and strengthen the student's deductive reasoning and clinical decision making skills by developing a comprehensive database and a systematic approach to common internal medicine problems. Emphasis is placed on generating the information and skills, enabling the student to recognize normal and assess clinically significant deviations from normal. The student will perform the appropriate clinical evaluation including: comprehensive history, physical examination, oral presentation and documentation. During this preceptorship the student is expected to recognize signs and symptoms of a variety of medical illnesses and become familiar with the appropriate medications specific to internal medicine.</p> <p>Furthermore, this preceptorship teaches the student the indications, limitations, and methodology of internal medicine procedures and therapeutic strategies. Finally, this preceptorship is intended to teach the student to respect and appreciate the contributions of other health care professionals in the overall delivery of health care and the importance of a team approach.</p> <p>Clinical experience begins on the first day at the individual site as assigned. The following objectives reflect the minimum knowledge and skills a PA student is expected to acquire by the end of this preceptorship. Experiential learning must be supplemented with reading as necessary to achieve this goal.</p>
Course Goals	The goals of this course are to build and reinforce the ability of a PA student to reason clinically, gather experience from providing patient care, differentiate between normal and abnormal findings, and develop a management plan for a patient in an internal medicine practice.
Course Competencies and Program	This course is designed to develop the following competencies selected from the program's competencies and program-defined expectations:

**Defined
Expectations**

- PDE 1: Provide care across the lifespan, regardless of medical condition, gender, race, ethnicity, or other diverse quality.
- PDE 2: Apply knowledge of basic sciences with a focus on clinical application.
- PDE 3: Elicit a detailed and accurate history, and perform a comprehensive physical exam.
- PDE 4: Obtain a directed history based on patient presentation, and perform a focused physical exam.
- PDE 5: Communicate effectively as a health care professional.
- PDE 6: Work collaboratively with other members of the healthcare team in providing appropriate patient care.
- PDE 7: Analyze, integrate, and synthesize data from the patient medical record.
- PDE 8: Draw upon a fund of medical knowledge in order to formulate a differential diagnosis.
- PDE 9: Identify, order, perform, and interpret the appropriate diagnostic studies or procedures.
- PDE 10: Formulate and document an individual management plan.
- PDE 11: Provide health education to the patient, his / her family members, or significant others.
- PDE 12: Perform the following clinical skills as dictated by the situation:
venipuncture; nasogastric tube placement; intubation; casting; splinting; suturing; urinary catheterization; speculum exam; ECGs; arterial blood gasses; IV insertion; injections; arthrocentesis; and incision and drainage.
- PDE 13: Manage life-threatening emergencies by employing ACLS and/or BLS.
- PDE 14: Apply the principles and practice of medical ethics.
- PDE 15: Utilize knowledge of study designs and statistical methods in the appraisal of medical literature.
- PDE 16: Employ information technology to locate best available evidence to provide patient care.
- PDE 17: Promote and maintain professional competencies and life-long learning.
- PDE 18: Promote ongoing acceptance and understanding of the PA's role by practicing collegially with other health care professionals.

**Learning
Outcomes**

At the conclusion of this course, the Physician Assistant student will be able to accomplish, at a minimum, 70% of the following objectives:

1. Identify specific patient presentations for common adult health conditions.
2. Implement elements of preventive care and health maintenance issues into adult care.

3. Develop a treatment plan for common adult complaints.
4. Provide patient-centered care for patients throughout the adult lifespan.
5. Recognize the differences when managing patients in internal medicine compared to other settings or disciplines.

Instructional Objectives

For the list of presenting problems or medical conditions on the “Internal Medicine EOR Exam Topic List” that follows, the physician assistant student will identify etiology, epidemiology, pathophysiology, patient historical and physical exam findings, lab and diagnostic study findings, appropriate treatment plans, and complications.

Further, the physician assistant student will be knowledgeable in laboratory and diagnostic studies, including indications for testing, expected normal findings, conditions that may result in abnormal findings, and the abnormal findings associated with those conditions, and procedure for completing the test. In addition to those diagnostic tests associated with the preceding conditions, the students will also be familiar with:

- Hematology: complete blood count, white blood cell differential, peripheral smear
- Chemistry: electrolytes, glucose, liver function tests, thyroid function tests, cardiac markers, lipid profile, hemoglobin A1C, urinalysis
- Microbiology: gram stain, culture and sensitivity
- Radiology: radiograph, ultrasound, CT, MRI, nuclear medicine

Finally, the physician assistant student will be knowledgeable in common internal medicine and inpatient hospital procedures, and identify indications, contraindications, procedural technique, findings in a normal patient and causes of an abnormal finding, and complications. Procedures which the student should be familiar with and perform with preceptor permission include: venipuncture, finger stick, urinalysis, electrocardiogram, pulmonary function testing, stool occult blood testing, rapid antibody/antigen testing, pulse oximetry, nebulized medication, injections (intradermal, subcutaneous, intramuscular, intravenous, intra-articular, trigger point), specimen collection (nasal, pharyngeal, stool, urine, urethral, wound, cervical, sputum), rapid strep test, arterial blood gas, Foley catheterization, and nasogastric tube placement. As indicated, under direct supervision and with assistance as needed, the student should be knowledgeable about and perform: thoracentesis, joint aspiration, arterial puncture (other than radial

artery), and paracentesis.

Texts

Godara H, Hirbe A, Nassif M, Otepka H, Rosenstock A. *The Washington Manual of Medical Therapeutics*. 35th ed. Lippincott Williams & Wilkins; 2016.

Longo D, Fauci A, Kasper D, Hauser S, Jameson J, Loscalzo J, eds. *Harrison's Principles of Internal Medicine*. 19th ed. New York: McGraw-Hill Professional; 2015.

Papadakis M, McPhee SJ, Rabow MW, eds. *CURRENT Medical Diagnosis and Treatment 2016*. 54th ed. New York: McGraw-Hill Medical; 2015.

Assignments and Grading

EOR Exam – 70%

Preceptor Evaluation of Student – 30%

Preceptor Evaluation of Student

This form is completed by the preceptor in E*Value and is an evaluation of the student's knowledge, competence, and motivation during the preceptorship. It is important that the preceptor and student formally discuss the evaluation. If the Preceptor will not be using E*Value please give him/her a copy of the evaluation form. The following guidelines should be followed in completing this evaluation:

Remind Preceptors who will be completing the form on E*Value to do this as soon as possible. Evaluations become available to preceptors at the same time you receive email notice to complete your evaluation of the preceptorship, usually 1 ½ weeks before the conclusion of the preceptorship. If the preceptor does not receive an evaluation for you in E*Value, confirm their email is correct from your E*Value schedule. If it is incorrect, please contact a department secretary to update this. A preceptor of record may designate an alternate preceptor to complete your evaluation by forwarding the email message to them. A resident physician is in training and may not complete your evaluation.

If the Preceptor is not completing the electronic form in E*Value the student should provide a printed evaluation form to them at least one week before the end of the preceptorship. The evaluation should be brought by the student on Senior Friday after the preceptorship.

Grading – 30% of the preceptorship grade

End of Rotation Examination

On Senior Fridays you will take a written examination based on the objectives for that preceptorship. You must pass the specific

rotation examination with a minimum grade of 70% in order to pass the preceptorship. If a grade of less than 70% is attained on the examination you must participate in a remediation program. Following the remediation program, the student will be reassessed. If the reassessment score is 70% or higher, a test score of 70% will be calculated into your final grade regardless of the actual grade attained on the reassessment. Failure to attain a grade of 70% or higher on the reassessment examination will result in a failure of the preceptorship. The preceptorship must be repeated before the Elective Preceptorship. This will result in a delayed graduation for the student. The rotation will be repeated at another clinical site when/if available. The clinical faculty will assign the site of that rotation. Preceptorships are courses within the curriculum, of which failure makes a student liable for dismissal. Please refer to the Physician Assistant Student Handbook for the policy on single and multiple course failures, as well as remediation. End of rotation examinations are not reviewed. Grading – 70% of the preceptorship grade

Patient Write-ups

Students shall submit to their faculty advisor by the Friday of the third week of a rotation one write-up on a patient encounter during each preceptorship. Write-ups must be hand-written, following the instructions provided on each discipline's cover sheet. The cover sheet must be attached to the front of each write-up.

The preceptor's comments are reviewed by the student's faculty advisor and a final evaluation determined. Students should make copies of their write-ups for their own files before sending them to the PA program. Refer to cover sheets for the specific requirements for each write-up.

This assignment permits monitoring of teaching and performance at the clinical site in several ways. By observing the comments of the preceptor, the faculty can ascertain the quantity and quality of preceptor feedback to the student. The ability to focus the write-up appropriately, the level of competency in using the problem-oriented medical system, and written presentation skills are also reviewed. If deficiencies are noted in any of these areas, the faculty advisor will contact you and suggest strategies for improvement. Each write-up must be completed and sent to the program by the Friday of the third week of the preceptorship with the cover sheet for that rotation. Write-ups must be signed by the student, evaluated by the preceptor and co-signed by the preceptor before mailing them to the PA program. All write-ups submitted must have a cover sheet. If your faculty advisor notifies you that your write-up is deficient you will have one opportunity to resubmit the write-up on another patient encounter with the noted correction(s)

made. Failure of the resubmitted write-up will result in 1 point being deducted from the final grade for that preceptorship. Failure to hand in a required write-up will result in a deduction of 2 points from the final preceptorship grade.

Grading – Penalty for incomplete, as described above.

Logs in E*Value

The logs allow the PA Program to evaluate student experiences at the clinical site in terms of patient load, types of patient problems encountered, continuing education experiences, labs, clinical setting, or procedures performed. Increasingly, PAs are being asked to provide documentation of their clinical experiences. These logs may be requested from you by future employers. The student must complete logs that record problems or disorders encountered, patient age and sex, clinical setting, continuing education experiences, lab and diagnostic procedures done and other details important to monitoring student experiences for the patients seen each day. Logs must be completed by 7:00 AM the Monday morning of the following week for faculty review. A penalty of 1 point per week will be deducted from the student's final grade for each week's logs that are late. For example, if logs for week 1 are incomplete when checked at the beginning of week 2, 1 point will be deducted. If week 1 logs are not corrected and completed by the beginning of week 3, an additional 1 point will be deducted for week 1 logs, in addition to 1 point if week 2 is also incomplete.

Grading – Penalty for incomplete, as described above.

Student Evaluation of Preceptor, Preceptorship and Site

The student is required to complete these forms by the Senior Friday following the preceptorship. If forms are not completed by 8 am on Senior Friday, a 2 point penalty will be applied to the final preceptorship grade per form. Although a penalty will be applied, these forms must still be completed. Preceptorship grades will not be complete until these have been received.

Grading – Penalty for late, as described above.

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Internal Medicine End of Rotation™ Exam Topic List

CRITICAL CARE	CARDIOVASCULAR
Acute adrenal insufficiency	Congestive heart failure
Thyroid storm	Hypertension
Diabetic Ketoacidosis/acute hypoglycemia	Heart murmurs
Acute glaucoma	Valvular heart disease
Pulmonary embolism	Myocardial infarction
Acute respiratory distress/failure	Cardiac arrhythmias/conduction disorders
Pneumothorax	Myocarditis
Angina pectoris	Endocarditis
Myocardial infarction	Pericarditis
Cardiac arrest	Cardiomyopathy
Cardiac arrhythmias and blocks	Hyperlipidemia
Cardiac failure	Peripheral vascular disease
Hypertensive crisis	Coronary vascular disease
Acute gastrointestinal bleed	Rheumatic fever
Acute abdomen	Rheumatic heart disease
Seizures	Vascular disease
Shock	Angina pectoris
Coma	
Cardiac tamponade	ORTHOPEDICS/RHEUMATOLOGY
Pericardial effusion	Fibromyalgia
Status epilepticus	Gout/pseudogout
	Rheumatoid arthritis
PULMONOLOGY	Polyarteritis nodosa
Acute/chronic bronchitis	Polymyositis
Asthma	Polymyalgia rheumatica
Chronic obstructive pulmonary disease	Reactive arthritis
Pneumonia (viral, bacterial, fungal, human)	Systemic lupus erythematosus
Pulmonary neoplasm	Systemic sclerosis (scleroderma)
Carcinoid tumor	Sjögren syndrome
Bronchiectasis	
Solitary pulmonary nodule	
Sarcoidosis	
Hypoventilation syndrome	
Pulmonary hypertension	
Idiopathic pulmonary fibrosis	
Pneumoconiosis	
Cor pulmonale	



GASTROINTESTINAL/NUTRITIONAL	UROLOGY/RENAL
Ulcerative colitis	Benign prostatic hypertrophy
Crohn disease	Prostate cancer
Diverticular disease	Prostatitis
Acute/chronic pancreatitis	Acid base disturbances
Hiatal hernia	Acute and chronic renal failure
Gastroesophageal reflux disease	Nephritis
Peptic ulcer disease	Nephritic syndrome
Gastritis	Urinary tract infection
Gastroenteritis	Pyelonephritis
Esophagitis	Renal calculi
Mallory---Weiss tear	Glomerulonephritis
Esophageal strictures	Acute interstitial nephritis
Esophageal varices	Polycystic kidney disease
Cancer of rectum, colon, esophagus, stomach	Hydronephrosis
Acute and chronic hepatitis	Erectile dysfunction
Cirrhosis	Hydrocele
Hepatic cancer	Varicocele
Cholelithiasis	Testicular torsion
Cholecystitis	Epididymitis
Cholangitis	Bladder cancer
Celiac disease	Renal cell carcinoma
Irritable bowel syndrome	Renal vascular disease
Anal fissure/fistula	Hypovolemia
Hemorrhoid	Hypervolemia
HEMATOLOGY	
Iron deficiency anemia	
Sickle cell anemia	
Anemia of chronic disease	
Thalassemia	
Vitamin B12 and folic acid deficiency anemia	
G6PD deficiency anemia	
Acute/chronic leukemia	
Lymphoma	
Multiple myeloma	
Clotting factor disorders	
Hypercoagulable state	
Idiopathic thrombocytopenic purpura	
Thrombotic thrombocytopenic purpura	



Internal Medicine End of Rotation™ Exam Topic List

NEUROLOGY	INFECTIOUS DISEASE (cont.)
Seizure disorder	Tetanus
Syncope	Pertussis
Migraine headaches	Tuberculosis
Tension headaches	Parasitic infections
Cluster headaches	Toxoplasmosis
Transient ischemic attacks	Lyme disease
Cerebral vascular accident	Rocky mountain spotted fever
Intracranial tumors	Syphilis
Essential tremor	Cytomegalovirus
Parkinson disease	Epstein---Barr infection
Multiple sclerosis	Herpes simplex infection
Meningitis	Influenza
Encephalitis	Rabies
Coma	Varicella zoster
Myasthenia gravis	Shigellosis
Giant cell arteritis	
Bell palsy	ENDOCRINOLOGY
Guillain---Barré syndrome	Hyperthyroidism/thyroiditis
Huntington disease	Hypothyroidism
Cerebral aneurysm	Diabetes mellitus (type I & type II)
Concussion	Diabetes insipidus
Delirium	Addison disease
Dementia	Cushing disease
Peripheral neuropathies	Pheochromocytoma
Complex regional pain syndrome	Hypoparathyroidism
	Hyperparathyroidism
INFECTIOUS DISEASE	Acromegaly
Human immunodeficiency virus infection	Hypocalcemia
Candidiasis	Hypercalcemia
Cryptococcus	Hyponatremia
Histoplasmosis	Hypernatremia
Pneumocystis	Paget disease of the bone
Botulism	Thyroid cancer
Chlamydia	Pituitary adenoma
Cholera	
Diphtheria	
Gonococcal infections	
Salmonellosis	

**Philadelphia College of Osteopathic Medicine DEPARTMENT
OF PHYSICIAN ASSISTANT STUDIES COURSE**

SYLLABUS

Course Title	Emergency Medicine Preceptorship – PHYA 553
Description	<p>This is a preceptorship for clinical phase PA students that provides experiential learning opportunities to a wide variety of emergent health care problems in an emergency medicine setting.</p> <p>This preceptorship is intended to augment and strengthen the student's deductive reasoning and clinical decision making skills by developing a comprehensive database and a systematic approach to common emergency medicine problems. Emphasis is placed on generating the information and skills to enable the student to recognize normal and assess clinically significant deviations from normal. The student will perform the appropriate clinical evaluation including: comprehensive history, physical examination, oral presentation and documentation. During this preceptorship the student is expected to recognize signs and symptoms of a variety of medical illnesses and become familiar with the appropriate medications specific to emergency medicine.</p> <p>Furthermore, this preceptorship teaches the student the indications, limitations, and methodology of emergency medicine procedures and therapeutic strategies. Finally, this preceptorship is intended to teach the student to respect and appreciate the contributions of other health care professionals in the overall delivery of health care and the importance of a team approach.</p> <p>Clinical experience begins on the first preceptorship day at the individual sites as assigned. The following objectives reflect the minimum knowledge and skills a PA student is expected to acquire by the end of this preceptorship. Experiential learning must be supplemented with reading as necessary to achieve this goal.</p>
Course Goals	The goals of this course are to build and reinforce the ability of a PA student to reason clinically, gather experience from providing patient care, differentiate between normal and abnormal findings, and develop a management plan for a patient in an emergency medicine setting.
Course Competencies and Program	This course is designed to develop the following competencies selected from the program's competencies and program-defined expectations:

**Defined
Expectations**

- PDE 1: Provide care across the lifespan, regardless of medical condition, gender, race, ethnicity, or other diverse quality.
- PDE 2: Apply knowledge of basic sciences with a focus on clinical application.
- PDE 3: Elicit a detailed and accurate history, and perform a comprehensive physical exam.
- PDE 4: Obtain a directed history based on patient presentation, and perform a focused physical exam.
- PDE 5: Communicate effectively as a health care professional.
- PDE 6: Work collaboratively with other members of the healthcare team in providing appropriate patient care.
- PDE 7: Analyze, integrate, and synthesize data from the patient medical record.
- PDE 8: Draw upon a fund of medical knowledge in order to formulate a differential diagnosis.
- PDE 9: Identify, order, perform, and interpret the appropriate diagnostic studies or procedures.
- PDE 10: Formulate and document an individual management plan.
- PDE 11: Provide health education to the patient, his / her family members, or significant others.
- PDE 12: Perform the following clinical skills as dictated by the situation:
venipuncture; nasogastric tube placement; intubation; casting; splinting; suturing; urinary catheterization; speculum exam; ECGs; arterial blood gasses; IV insertion; injections; arthrocentesis; and incision and drainage.
- PDE 13: Manage life-threatening emergencies by employing ACLS and/or BLS.
- PDE 14: Apply the principles and practice of medical ethics.
- PDE 15: Utilize knowledge of study designs and statistical methods in the appraisal of medical literature.
- PDE 16: Employ information technology to locate best available evidence to provide patient care.
- PDE 17: Promote and maintain professional competencies and life-long learning.
- PDE 18: Promote ongoing acceptance and understanding of the PA's role by practicing collegially with other health care professionals.

**Learning
Outcomes**

- At the conclusion of this course, the Physician Assistant student will be able to accomplish, at a minimum, 70% of the following objectives:
1. Identify specific emergency medicine patient presentations.
 2. Evaluate and manage common emergency medicine complaints.
 3. Recognize the differences when managing patients in

emergency medicine compared to other settings or disciplines.

Instructional Objectives

For the list of presenting problems or medical conditions on the “Emergency Medicine EOR Exam Topic List” that follows, the physician assistant student will identify etiology, epidemiology, pathophysiology, patient historical and physical exam findings, lab and diagnostic study findings, appropriate treatment plans, and complications.

Further, the physician assistant student will be knowledgeable in common emergency medicine procedures, and identify indications, contraindications, procedural technique, findings in a normal patient and causes of abnormal finding, and complications. Procedures which the student should be familiar with include: CPR, suture & staple removal, closure of superficial lacerations, fracture/dislocation immobilization, splinting/casting, anterior nasal packing, wound management, arterial blood gases, bandaging techniques, oxygen therapy, incision and drainage, urinary catheterization, IV catheter placement, perform and interpret electrocardiograms, venipuncture, and injections (intramuscular, intradermal, intravenous, and subcutaneous). As indicated, under direct supervision and with assistance as needed, the student should be knowledgeable about and perform: closed joint reduction, arterial & central line placement, endotracheal intubation, chest tube placement, lumbar puncture, femoral venous access, closure of deep lacerations, posterior nasal packing, arthrocentesis, and gastric lavage.

Texts

Stone CK, Humphries R. *CURRENT Diagnosis and Treatment Emergency Medicine*. 7th ed. New York: McGraw-Hill Professional; 2011.

Tintinalli J, Stapczynski J, Ma OJ, Cline D, Cydulka R, Meckler G, eds. *Tintinalli's Emergency Medicine: A Comprehensive Study Guide*. 8th ed. New York: McGraw-Hill Professional; 2015.

Assignments and Grading

EOR Exam – 70%
Preceptor Evaluation of Student – 30%

Preceptor Evaluation of Student

This form is completed by the preceptor in E*Value and is an evaluation of the student's knowledge, competence, and motivation during the preceptorship. It is important that the preceptor and student formally discuss the evaluation. If the Preceptor will not be using E*Value please give him/her a copy of the evaluation form.

The following guidelines should be followed in completing this evaluation:

Remind Preceptors who will be completing the form on E*Value to do this as soon as possible. Evaluations become available to preceptors at the same time you receive email notice to complete your evaluation of the preceptorship, usually 1 ½ weeks before the conclusion of the preceptorship. If the preceptor does not receive an evaluation for you in E*Value, confirm their email is correct from your E*Value schedule. If it is incorrect, please contact a department secretary to update this. A preceptor of record may designate an alternate preceptor to complete your evaluation by forwarding the email message to them. A resident physician is in training and may not complete your evaluation.

If the Preceptor is not completing the electronic form in E*Value the student should provide a printed evaluation form to them at least one week before the end of the preceptorship. The evaluation should be brought by the student on Senior Friday after the preceptorship.

Grading – 30% of the preceptorship grade

End of Rotation Examination

On Senior Fridays you will take a written examination based on the objectives for that preceptorship. You must pass the specific rotation examination with a minimum grade of 70% in order to pass the preceptorship. If a grade of less than 70% is attained on the examination you must participate in a remediation program.

Following the remediation program, the student will be reassessed. If the reassessment score is 70% or higher, a test score of 70% will be calculated into your final grade regardless of the actual grade attained on the reassessment. Failure to attain a grade of 70% or higher on the reassessment examination will result in a failure of the preceptorship. The preceptorship must be repeated before the Elective Preceptorship. This will result in a delayed graduation for the student. The rotation will be repeated at another clinical site when/if available. The clinical faculty will assign the site of that rotation. Preceptorships are courses within the curriculum, of which failure makes a student liable for dismissal. Please refer to the Physician Assistant Student Handbook for the policy on single and multiple course failures, as well as remediation.

End of rotation examinations are not reviewed.

Grading – 70% of the preceptorship grade

Patient Write-ups

Students shall submit to their faculty advisor by the Friday of the third week of a rotation one write-up on a patient encounter during each preceptorship. Write-ups must be hand-written, following the

instructions provided on each discipline's cover sheet. The cover sheet must be attached to the front of each write-up.

The preceptor's comments are reviewed by the student's faculty advisor and a final evaluation determined. Students should make copies of their write-ups for their own files before sending them to the PA program. Refer to cover sheets for the specific requirements for each write-up.

This assignment permits monitoring of teaching and performance at the clinical site in several ways. By observing the comments of the preceptor, the faculty can ascertain the quantity and quality of preceptor feedback to the student. The ability to focus the write-up appropriately, the level of competency in using the problem-oriented medical system, and written presentation skills are also reviewed. If deficiencies are noted in any of these areas, the faculty advisor will contact you and suggest strategies for improvement. Each write-up must be completed and sent to the program by the Friday of the third week of the preceptorship with the cover sheet for that rotation. Write-ups must be signed by the student, evaluated by the preceptor and co-signed by the preceptor before mailing them to the PA program. All write-ups submitted must have a cover sheet. If your faculty advisor notifies you that your write-up is deficient you will have one opportunity to resubmit the write-up on another patient encounter with the noted correction(s) made. Failure of the resubmitted write-up will result in 1 point being deducted from the final grade for that preceptorship. Failure to hand in a required write-up will result in a deduction of 2 points from the final preceptorship grade.

Grading – Penalty for incomplete, as described above.

Logs in E*Value

The logs allow the PA Program to evaluate student experiences at the clinical site in terms of patient load, types of patient problems encountered, continuing education experiences, labs, clinical setting, or procedures performed. Increasingly, PAs are being asked to provide documentation of their clinical experiences. These logs may be requested from you by future employers. The student must complete logs that record problems or disorders encountered, patient age and sex, clinical setting, continuing education experiences, lab and diagnostic procedures done and other details important to monitoring student experiences for the patients seen each day. Logs must be completed by 7:00 AM the Monday morning of the following week for faculty review. A penalty of 1 point per week will be deducted from the student's final grade for each week's logs that are late. For example, if logs for week 1 are incomplete when checked at the beginning of week 2, 1 point will be deducted. If week 1 logs are not corrected and completed by the

beginning of week 3, an additional 1 point will be deducted for week 1 logs, in addition to 1 point if week 2 is also incomplete.
Grading – Penalty for incomplete, as described above.

Student Evaluation of Preceptor, Preceptorship and Site The student is required to complete these forms by the Senior Friday following the preceptorship. If forms are not completed by 8 am on Senior Friday, a 2 point penalty will be applied to the final preceptorship grade per form. Although a penalty will be applied, these forms must still be completed. Preceptorship grades will not be complete until these have been received.

Grading – Penalty for late, as described above.

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Emergency Medicine End of Rotation™ Exam Topic List

CARDIOVASCULAR	PULMONOLOGY
Chest Pains	Shortness of Breath
Palpitations	Wheezing
Dyspnea on exertion	Hemoptysis
Orthopnea	Pleuritic chest pain
Edema	Acute bronchitis
Syncope	Acute bronchiolitis
Conduction disorders (atrial fibrillation/flutter, supraventricular tachycardia, bundle branch block, ventricular tachycardia/fibrillation, premature beats)	Acute epiglottitis
Hypertension (cardiogenic shock, orthostatic hypotension)	Influenza
Heart failure	Pertussis
Coronary heart disease (non-ST acute myocardial infarction, ST segment elevation acute myocardial infarction, angina pectoris, unstable angina, Prinzmetal/variant angina)	Pneumonia (bacterial, viral, fungal, human immunodeficiency virus-related)
Vascular disease (aortic aneurysm/dissection, arterial occlusion/thrombosis, phlebitis)	Pneumonia (bacterial, viral, fungal, human immunodeficiency virus-related)
Vascular disease (aortic aneurysm/dissection, arterial occlusion/thrombosis, phlebitis)	Respiratory syncytial virus
Valvular disease (aortic stenosis, aortic regurgitation, mitral stenosis, mitral regurgitation)	Asthma
Acute/subacute bacterial endocarditis	Pleural effusion
Cardiac tamponade	Pneumothorax
Pericardial effusion	Pulmonary embolism
Peripheral vascular disease	Acute respiratory distress syndrome
Arrhythmias	Foreign body aspiration
Angina	Tuberculosis
	Lung cancer
ORTHOPEDICS/RHEUMATOLOGY	
Pain	
Swelling/deformity	
Ecchymosis/erythema	
Fractures/dislocations (shoulder, forearm/wrist/hand, hip, knee, ankle/foot)	
Soft tissue injuries	
Back strain/sprain	
Low back pain	
Cauda equine	
Herniated disk	
Osteomyelitis	
Septic arthritis	

Costochondritis	
Bursitis/tendonitis	
Gout	



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



	Epistaxis
	Acute pharyngitis (viral, bacterial)
HEMATOLOGY	DERMATOLOGY
Easy bruising	Itching
Fatigue	Rash
Aplastic anemia	Discharge
Hemolytic anemia	Dermatitis (eczema, contact)
Sickle cell anemia/crisis	Drug eruptions
Clotting factor disorders	Stevens---Johnson syndrome
Hypercoagulable states	Toxic epidermal necrolysis
Thrombocytopenia	Bullous pemphigoid
Acute leukemia	Lice
Anemia	Scabies
Lymphomas	Spider bites
Polycythemia	Viral exanthems
NEUROLOGY	Herpes zoster
Vertigo	Cellulitis
Seizure (symptom)	Erysipelas
Numbness/paresthesias	Impetigo
Weakness/paralysis	Burns
Loss of consciousness/change in mental	Urticaria
Loss of memory	Pilonidal disease
Loss of coordination/ataxia	Pressure sores
Headache (migraine, cluster, tension)	
Meningitis	
Encephalitis	ENDOCRINOLOGY
Transient ischemic attack	Palpitations
Stroke	Heat/cold intolerance
Subarachnoid hemorrhage/cerebral	Tremors
Intracerebral hemorrhage	Hyperparathyroidism
Altered level of consciousness/coma	Hyperthyroidism
Head trauma/concussion/contusion	Thyroiditis
Epidural/subdural hematoma	Adrenal insufficiency
Seizure disorders	Diabetes insipidus
Status epilepticus	Diabetic ketoacidosis
Syncope	Non---ketotic hyperglycemia
Guillain---Barre syndrome	Diabetes mellitus
Spinal cord injury	Cushing disease
Bell palsy	Hypothyroidism



UROLOGY/RENAL	PSYCHIATRY/BEHAVIORAL
Dysuria	Neurocognitive disorders
Hematuria	Bipolar and related disorders
Suprapubic/flank pain	Schizophrenia spectrum and other psychotic disorders
Incontinence	Depressive disorders
Nephrolithiasis	Anxiety disorders
Testicular torsion	Panic disorder
Cystitis	Posttraumatic stress disorder
Epididymitis	Substance use disorders
Orchitis	Spouse or partner neglect/violence
Prostatitis	Suicide
Pyelonephritis	
Urethritis	
Acute renal failure	
Glomerulonephritis	
Fluid and electrolyte disorders	
Acid/base disorders	
Hernias	
OBSTETRICS/GYNECOLOGY	
Vaginal discharge	
Pelvic pain/dysmenorrhea	
Amenorrhea	
Dysfunctional uterine bleeding	
Endometriosis	
Ovarian cysts	
Vaginitis	
Pelvic inflammatory disease	
Mastitis/breast abscess	
Spontaneous abortion	
Abruption placenta	
Ectopic pregnancy	
Placenta previa	
Premature rupture of membranes	
Fetal distress	
Intrauterine pregnancy	
Spontaneous abortion	

**Philadelphia College of Osteopathic Medicine DEPARTMENT
OF PHYSICIAN ASSISTANT STUDIES COURSE**

SYLLABUS

Course Title	Prenatal Care and Gynecology Preceptorship – PHYA 554
Description	<p>This is a preceptorship for clinical phase PA students, which provides, depending on the clinical site, exposure to prenatal and gynecologic patients.</p> <p>This preceptorship is intended to augment and strengthen the student's deductive reasoning and clinical decision making skills by developing a comprehensive database and a systematic approach to common problems seen in obstetrics and gynecology. Emphasis is placed on generating the information and skills to enable the student to recognize normal and assess clinically significant deviations from normal. The student will perform the appropriate clinical evaluation including: comprehensive history, physical examination, oral presentation and documentation. During this preceptorship the student is expected to recognize signs and symptoms of a variety of medical illnesses and become familiar with the appropriate medications specific to gynecology and prenatal care.</p> <p>Furthermore, this preceptorship teaches the student the indications, limitations, and methodology of obstetric and gynecologic procedures and therapeutic strategies. Finally, this preceptorship is intended to teach the student to respect and appreciate the contributions of other health care professionals in the overall delivery of health care and the importance of a team approach.</p> <p>Clinical experience begins on the first day at the individual site as assigned. The following objectives reflect the minimum knowledge and skills a PA student is expected to acquire by the end of this preceptorship. Experiential learning must be supplemented with reading as necessary to achieve this goal.</p>
Course Goals	The goals of this course are to build and reinforce the ability of a PA student to reason clinically, gather experience from providing patient care, differentiate between normal and abnormal findings, and develop a management plan for a patient in a prenatal care and gynecology practice.
Course Competencies	This course is designed to develop the following competencies selected from the program's competencies and program-defined

**and Program
Defined
Expectations**

expectations:

- PDE 1: Provide care across the lifespan, regardless of medical condition, gender, race, ethnicity, or other diverse quality.
- PDE 2: Apply knowledge of basic sciences with a focus on clinical application.
- PDE 3: Elicit a detailed and accurate history, and perform a comprehensive physical exam.
- PDE 4: Obtain a directed history based on patient presentation, and perform a focused physical exam.
- PDE 5: Communicate effectively as a health care professional.
- PDE 6: Work collaboratively with other members of the healthcare team in providing appropriate patient care.
- PDE 7: Analyze, integrate, and synthesize data from the patient medical record.
- PDE 8: Draw upon a fund of medical knowledge in order to formulate a differential diagnosis.
- PDE 9: Identify, order, perform, and interpret the appropriate diagnostic studies or procedures.
- PDE 10: Formulate and document an individual management plan.
- PDE 11: Provide health education to the patient, his / her family members, or significant others.
- PDE 12: Perform the following clinical skills as dictated by the situation:
 - venipuncture; nasogastric tube placement; intubation; casting; splinting; suturing; urinary catheterization; speculum exam; ECGs; arterial blood gasses; IV insertion; injections; arthrocentesis; and incision and drainage.
- PDE 13: Manage life-threatening emergencies by employing ACLS and/or BLS.
- PDE 14: Apply the principles and practice of medical ethics.
- PDE 15: Utilize knowledge of study designs and statistical methods in the appraisal of medical literature.
- PDE 16: Employ information technology to locate best available evidence to provide patient care.
- PDE 17: Promote and maintain professional competencies and life-long learning.
- PDE 18: Promote ongoing acceptance and understanding of the PA's role by practicing collegially with other health care professionals.

**Learning
Outcomes**

At the conclusion of this course, the Physician Assistant student will be able to accomplish, at a minimum, 70% of the following objectives:

1. Identify specific patient presentations for various women's health conditions.
2. Implement elements of preventive care and health

- maintenance issues into women's health care.
- 3. Develop a management plan for common women's health conditions.
- 4. Recognize the differences when managing patients women's health compared to other settings or disciplines.

Instructional Objectives

For the list of presenting problems or medical conditions on the "Women's Health EOR Exam Topic List" that follows, the physician assistant student will identify etiology, epidemiology, pathophysiology, patient historical and physical exam findings, lab and diagnostic study findings, appropriate treatment plans, and complications.

Further, the physician assistant student will be knowledgeable in common prenatal and gynecologic office and inpatient procedures and identify indications, contraindications, procedural technique, findings in a normal patient and causes of an abnormal finding, and complications. Procedures which the student should be familiar with and perform with preceptor permission include: pelvic exam, Pap Smear, cervical gram stain, wet mount of vaginal secretions, breast exam, prenatal exam, microscopic evaluation of cervical mucus for ferning, fetal scalp blood collection, rupture of amniotic membranes, pregnancy testing, and specimen collection.

Texts

Beckmann C, Herbert W, Laube D, Ling F, Smith R. *Obstetrics and Gynecology*. 7th ed. Philadelphia: Lippincott Williams & Wilkins; 2013.

Cunningham F, Leveno K, Bloom S, Spong CY, Dashe J. *Williams Obstetrics*. 24th ed. McGraw-Hill Professional; 2014.

Hoffman B, Schorge J, Schaffer J, Halvorson L, Bradshaw K, Cunningham F. *Williams Gynecology*. 3rd ed. New York: McGraw-Hill Professional; 2016.

Assignments and Grading

EOR Exam – 70%
Preceptor Evaluation of Student – 30%

Preceptor Evaluation of Student

This form is completed by the preceptor in E*Value and is an evaluation of the student's knowledge, competence, and motivation during the preceptorship. It is important that the preceptor and student formally discuss the evaluation. If the Preceptor will not be using E*Value please give him/her a copy of the evaluation form. The following guidelines should be followed

in completing this evaluation:

Remind Preceptors who will be completing the form on E*Value to do this as soon as possible. Evaluations become available to preceptors at the same time you receive email notice to complete your evaluation of the preceptorship, usually 1 ½ weeks before the conclusion of the preceptorship. If the preceptor does not receive an evaluation for you in E*Value, confirm their email is correct from your E*Value schedule. If it is incorrect, please contact a department secretary to update this. A preceptor of record may designate an alternate preceptor to complete your evaluation by forwarding the email message to them. A resident physician is in training and may not complete your evaluation.

If the Preceptor is not completing the electronic form in E*Value the student should provide a printed evaluation form to them at least one week before the end of the preceptorship. The evaluation should be brought by the student on Senior Friday after the preceptorship.

Grading – 30% of the preceptorship grade

End of Rotation Examination

On Senior Fridays you will take a written examination based on the objectives for that preceptorship. You must pass the specific rotation examination with a minimum grade of 70% in order to pass the preceptorship. If a grade of less than 70% is attained on the examination you must participate in a remediation program. Following the remediation program, the student will be reassessed. If the reassessment score is 70% or higher, a test score of 70% will be calculated into your final grade regardless of the actual grade attained on the reassessment. Failure to attain a grade of 70% or higher on the reassessment examination will result in a failure of the preceptorship. The preceptorship must be repeated before the Elective Preceptorship. This will result in a delayed graduation for the student. The rotation will be repeated at another clinical site when/if available. The clinical faculty will assign the site of that rotation. Preceptorships are courses within the curriculum, of which failure makes a student liable for dismissal. Please refer to the Physician Assistant Student Handbook for the policy on single and multiple course failures, as well as remediation.

End of rotation examinations are not reviewed.

Grading – 70% of the preceptorship grade

Patient Write-ups

Students shall submit to their faculty advisor by the Friday of the third week of a rotation one write-up on a patient encounter during each preceptorship. Write-ups must be hand-written, following the instructions provided on each discipline's cover sheet. The

cover sheet must be attached to the front of each write-up. The preceptor's comments are reviewed by the student's faculty advisor and a final evaluation determined. Students should make copies of their write-ups for their own files before sending them to the PA program. Refer to cover sheets for the specific requirements for each write-up.

This assignment permits monitoring of teaching and performance at the clinical site in several ways. By observing the comments of the preceptor, the faculty can ascertain the quantity and quality of preceptor feedback to the student. The ability to focus the write-up appropriately, the level of competency in using the problem-oriented medical system, and written presentation skills are also reviewed. If deficiencies are noted in any of these areas, the faculty advisor will contact you and suggest strategies for improvement.

Each write-up must be completed and sent to the program by the Friday of the third week of the preceptorship with the cover sheet for that rotation. Write-ups must be signed by the student, evaluated by the preceptor and co-signed by the preceptor before mailing them to the PA program. All write-ups submitted must have a cover sheet. If your faculty advisor notifies you that your write-up is deficient you will have one opportunity to resubmit the write-up on another patient encounter with the noted correction(s) made. Failure of the resubmitted write-up will result in 1 point being deducted from the final grade for that preceptorship. Failure to hand in a required write-up will result in a deduction of 2 points from the final preceptorship grade.

Grading – Penalty for incomplete, as described above.

Logs in E*Value

The logs allow the PA Program to evaluate student experiences at the clinical site in terms of patient load, types of patient problems encountered, continuing education experiences, labs, clinical setting, or procedures performed. Increasingly, PAs are being asked to provide documentation of their clinical experiences. These logs may be requested from you by future employers. The student must complete logs that record problems or disorders encountered, patient age and sex, clinical setting, continuing education experiences, lab and diagnostic procedures done and other details important to monitoring student experiences for the patients seen each day. Logs must be completed by 7:00 AM the Monday morning of the following week for faculty review. A penalty of 1 point per week will be deducted from the student's final grade for each week's logs that are late. For example, if logs for week 1 are incomplete when checked at the beginning of week 2, 1 point will be deducted. If week 1 logs are not corrected and

completed by the beginning of week 3, an additional 1 point will be deducted for week 1 logs, in addition to 1 point if week 2 is also incomplete. Grading – Penalty for incomplete, as described above.

Student Evaluation of Preceptor, Preceptorship and Site The student is required to complete these forms by the Senior Friday following the preceptorship. If forms are not completed by 8 am on Senior Friday, a 2 point penalty will be applied to the final preceptorship grade per form. Although a penalty will be applied, these forms must still be completed. Preceptorship grades will not be complete until these have been received. Grading – Penalty for late, as described above.

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GYNECOLOGY	
NEOPLASMS	STRUCTURAL ABNORMALITIES
Ovarian neoplasms	Cystocele
Cervical carcinoma	Uterine prolapse
Cervical dysplasia	Rectocele
Breast cancer	Ovarian torsion
Endometrial cancer	
Vaginal/vulvar neoplasms	
MENSTRUATION	OTHER
Normal physiology	Contraceptive methods
Dysfunctional uterine bleeding	Endometriosis
Amenorrhea	Ovarian cyst
Dysmenorrhea	Leiomyoma
Menopause	Spouse or partner neglect/violence
Premenstrual syndrome	Sexual assault
Premenstrual dysphoric disorder	Urinary incontinence
	Infertility
DISORDERS OF THE BREAST	
Breast abscess	
Breast fibroadenoma	
Fibrocystic disease	
Mastitis	
INFECTIONS	
Vaginitis (trichomoniasis, bacterial vaginosis, atrophic vaginitis, candidiasis)	
Cervicitis (gonorrhea, chlamydia, herpes simplex, human papilloma virus)	
Pelvic Inflammatory disease	
Syphilis	
Chancroid	
Lymphogranuloma venereum	



Women's Health End of Rotation™ Exam Topic List

OBSTETRICS	
PRENATAL CARE/NORMAL PREGNANCY	LABOR AND DELIVERY COMPLICATIONS
Prenatal diagnosis/care	Dystocia
Normal labor & delivery (stages, duration, mechanism of delivery, monitoring)	Fetal distress
Physiology of pregnancy	Premature rupture of membranes
Fetal position	Prolapsed umbilical cord
Multiple gestation	Preterm labor
APGAR scoring	Breech presentation
PREGNANCY COMPLICATIONS	POSTPARTUM CARE
Abortion	Postpartum hemorrhage
Abruptio placentae	Endometritis
Ectopic pregnancy	Perineal laceration/episiotomy care
Incompetent cervix	Normal physiology changes of puerperium
Placenta previa	
Gestational diabetes	
Pregnancy induced hypertension	
Preeclampsia/eclampsia	
Gestational trophoblastic disease (molar pregnancy, choriocarcinoma)	
Rh---incompatibility	

**Philadelphia College of Osteopathic Medicine DEPARTMENT
OF PHYSICIAN ASSISTANT STUDIES COURSE**

SYLLABUS

Course Title General Surgery Preceptorship – PHYA 555

Description This is a preceptorship for clinical phase PA students which provides, depending on the clinical site, an inpatient and/or outpatient surgical experience, familiarization with techniques assisting in the operating room as well as exposure to acceptable aseptic techniques, pre-operative, intra-operative and post-operative patient care.

This preceptorship is intended to augment and strengthen the student's deductive reasoning and clinical decision making skills by developing a comprehensive, systematic approach to a wide variety of problems in surgery. Emphasis is placed on generating the information and skills, enabling the student to recognize normal findings and assess clinically significant deviations from normal findings. The student will perform the appropriate clinical evaluation including a comprehensive history and physical examination, oral presentation and documentation. During this preceptorship, the student is expected to recognize signs and symptoms of a variety of medical problems and become familiar with the appropriate treatment related to surgery.

Furthermore, this preceptorship teaches the student the indications, limitations, and methodology of surgical procedures and therapeutic strategies. Finally, this preceptorship is intended to teach the student to respect and appreciate the contributions of the health professions in the overall delivery of health care and the importance of a team approach.

Clinical experience begins on the first day at the assigned clinical site. The following objectives reflect the minimum knowledge and skills a physician assistant student is expected to acquire by the end of this preceptorship. Experiential learning must be supplemented with reading to achieve these goals.

Course Goals The goals of this course are to build and reinforce the ability of a PA student to reason clinically, gather experience from providing care in preoperative, intraoperative, and postoperative patients, differentiate between normal and abnormal findings, and develop a management plan for a patient in a surgical practice.

**Course
Competencies
and Program
Defined
Expectations**

This course is designed to develop the following competencies selected from the program's competencies and program-defined expectations:

- PDE 1: Provide care across the lifespan, regardless of medical condition, gender, race, ethnicity, or other diverse quality.
- PDE 2: Apply knowledge of basic sciences with a focus on clinical application.
- PDE 3: Elicit a detailed and accurate history, and perform a comprehensive physical exam.
- PDE 4: Obtain a directed history based on patient presentation, and perform a focused physical exam.
- PDE 5: Communicate effectively as a health care professional.
- PDE 6: Work collaboratively with other members of the healthcare team in providing appropriate patient care.
- PDE 7: Analyze, integrate, and synthesize data from the patient medical record.
- PDE 8: Draw upon a fund of medical knowledge in order to formulate a differential diagnosis.
- PDE 9: Identify, order, perform, and interpret the appropriate diagnostic studies or procedures.
- PDE 10: Formulate and document an individual management plan.
- PDE 11: Provide health education to the patient, his / her family members, or significant others.
- PDE 12: Perform the following clinical skills as dictated by the situation:
 - venipuncture; nasogastric tube placement; intubation; casting; splinting; suturing; urinary catheterization; speculum exam; ECGs; arterial blood gasses; IV insertion; injections; arthrocentesis; and incision and drainage.
- PDE 13: Manage life-threatening emergencies by employing ACLS and/or BLS.
- PDE 14: Apply the principles and practice of medical ethics.
- PDE 15: Utilize knowledge of study designs and statistical methods in the appraisal of medical literature.
- PDE 16: Employ information technology to locate best available evidence to provide patient care.
- PDE 17: Promote and maintain professional competencies and life-long learning.
- PDE 18: Promote ongoing acceptance and understanding of the PA's role by practicing collegially with other health care professionals.

**Learning
Outcomes**

At the conclusion of this course, the Physician Assistant student will be able to accomplish, at a minimum, 70% of the following objectives:

1. Identify specific patient presentations for surgical

conditions.

2. Discuss the indications for common surgical procedures, and the risks and benefits of those procedures.
3. Appraise anatomy as it relates to common surgical procedures.
4. Demonstrate the principles of pre-operative, operative, and post-operative care.
5. Recognize the differences when managing patients in general surgery compared to other settings or disciplines.

Instructional Objectives

For the list of presenting problems or medical conditions on the “General Surgery EOR Exam Topic List” that follows, the physician assistant student will identify etiology, epidemiology, pathophysiology, patient historical and physical exam findings, lab and diagnostic study findings, appropriate treatment plans, and complications.

Given a surgical patient, the PA student will observe, and perform where permitted, delegated procedures, using proper technique and precautions, identify the indications, contraindications and hazards for such procedures, and appropriately educate the patient or legal guardian about such procedures and the meaning of the results. The student will interpret the results of laboratory and diagnostic tests.

In addition the student should be familiar with and perform with preceptor permission: incision and drainage of abscess, preparation of sterile field, surgical preparation of patient, assisting in surgery, placement and removal of staples and sutures, immobilization of extremities in orthopedic trauma, cast/splint application and removal, application of slings, cervical collars, ace wraps and tapes, instruct patient in proper use of crutches and canes, nasogastric tube placement, culture and sensitivity of surgical specimens, and urinary catheter placement. As indicated, under direct supervision and with assistance as necessary, the student will be knowledgeable about and perform: central venous cannulation, central venous cannulation, tube thoracotomy, endotracheal intubation, thoracentesis, and paracentesis.

Texts

Klingensmith ME, Aziz A, Bharat A, Fox AC, Porembka MR. *The Washington Manual of Surgery*. 7th ed. Philadelphia: Lippincott Williams & Wilkins; 2015.

Silen W. *Cope’s Early Diagnosis of the Acute Abdomen*. 22nd ed. New York: Oxford University Press; 2010.

Assignments and

EOR Exam – 70%

Grading

Preceptor Evaluation of Student – 30%

Preceptor Evaluation of Student

This form is completed by the preceptor in E*Value and is an evaluation of the student's knowledge, competence, and motivation during the preceptorship. It is important that the preceptor and student formally discuss the evaluation. If the Preceptor will not be using E*Value please give him/her a copy of the evaluation form. The following guidelines should be followed in completing this evaluation:

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If the Preceptor is not completing the electronic form in E*Value the student should provide a printed evaluation form to them at least one week before the end of the preceptorship. The evaluation should be brought by the student on Senior Friday after the preceptorship.

Grading – 30% of the preceptorship grade

End of Rotation Examination

On Senior Fridays you will take a written examination based on the objectives for that preceptorship. You must pass the specific rotation examination with a minimum grade of 70% in order to pass the preceptorship. If a grade of less than 70% is attained on the examination you must participate in a remediation program.

Following the remediation program, the student will be reassessed. If the reassessment score is 70% or higher, a test score of 70% will be calculated into your final grade regardless of the actual grade attained on the reassessment. Failure to attain a grade of 70% or higher on the reassessment examination will result in a failure of the preceptorship. The preceptorship must be repeated before the Elective Preceptorship. This will result in a delayed graduation for the student. The rotation will be repeated at another clinical site when/if available. The clinical faculty will assign the site of that rotation. Preceptorships are courses within the curriculum, of which failure makes a student liable for dismissal. Please refer to the Physician Assistant Student Handbook for the policy on single

and multiple course failures, as well as remediation.
End of rotation examinations are not reviewed.
Grading – 70% of the preceptorship grade

Patient Write-ups

Students shall submit to their faculty advisor by the Friday of the third week of a rotation one write-up on a patient encounter during each preceptorship. Write-ups must be hand-written, following the instructions provided on each discipline's cover sheet. The cover sheet must be attached to the front of each write-up.

The preceptor's comments are reviewed by the student's faculty advisor and a final evaluation determined. Students should make copies of their write-ups for their own files before sending them to the PA program. Refer to cover sheets for the specific requirements for each write-up.

This assignment permits monitoring of teaching and performance at the clinical site in several ways. By observing the comments of the preceptor, the faculty can ascertain the quantity and quality of preceptor feedback to the student. The ability to focus the write-up appropriately, the level of competency in using the problem-oriented medical system, and written presentation skills are also reviewed. If deficiencies are noted in any of these areas, the faculty advisor will contact you and suggest strategies for improvement. Each write-up must be completed and sent to the program by the Friday of the third week of the preceptorship with the cover sheet for that rotation. Write-ups must be signed by the student, evaluated by the preceptor and co-signed by the preceptor before mailing them to the PA program. All write-ups submitted must have a cover sheet. If your faculty advisor notifies you that your write-up is deficient you will have one opportunity to resubmit the write-up on another patient encounter with the noted correction(s) made. Failure of the resubmitted write-up will result in 1 point being deducted from the final grade for that preceptorship. Failure to hand in a required write-up will result in a deduction of 2 points from the final preceptorship grade.

Grading – Penalty for incomplete, as described above.

Logs in E*Value

The logs allow the PA Program to evaluate student experiences at the clinical site in terms of patient load, types of patient problems encountered, continuing education experiences, labs, clinical setting, or procedures performed. Increasingly, PAs are being asked to provide documentation of their clinical experiences. These logs may be requested from you by future employers. The student must complete logs that record problems or disorders encountered, patient age and sex, clinical setting, continuing education

experiences, lab and diagnostic procedures done and other details important to monitoring student experiences for the patients seen each day. Logs must be completed by 7:00 AM the Monday morning of the following week for faculty review. A penalty of 1 point per week will be deducted from the student's final grade for each week's logs that are late. For example, if logs for week 1 are incomplete when checked at the beginning of week 2, 1 point will be deducted. If week 1 logs are not corrected and completed by the beginning of week 3, an additional 1 point will be deducted for week 1 logs, in addition to 1 point if week 2 is also incomplete. Grading – Penalty for incomplete, as described above.

Student Evaluation of Preceptor, Preceptorship and Site The student is required to complete these forms by the Senior Friday following the preceptorship. If forms are not completed by 8 am on Senior Friday, a 2 point penalty will be applied to the final preceptorship grade per form. Although a penalty will be applied, these forms must still be completed. Preceptorship grades will not be complete until these have been received. Grading – Penalty for late, as described above.

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

PULMONOLOGY	ENDOCRINOLOGY
Shortness of breath	Tremors
Hemoptysis	Fatigue
Weight loss, fatigue	Palpitations
Lung carcinoma	Heat/cold intolerance
Pleural effusion	Hyperparathyroidism
Pneumothorax	Hyperthyroidism
Pneumonia (post---operative)	Thyroid nodules
	Thyroid carcinoma
	Adrenal carcinoma
NEUROLOGY/NEUROSURGERY	Pheochromocytoma
Change in vision	
Change in speech	
Motor and/or sensory loss	OBSTETRICS/GYNECOLOGY
Vascular disorders (carotid disease)	Pain
Subarachnoid hemorrhage	Skin changes
Subdural hematoma	Nipple discharge
Epidural hematoma	Adenopathy
	Benign breast disease (fibroadenomas, fibrocystic breast disease)
	Breast carcinoma
UROLOGY/RENAL	
Edema	
Orthostatic hypotension	
Urinary retention	DERMATOLOGY
Dysuria	Rash
Fluid and electrolyte disorders	Redness/erythema
Acid/base disorders	Discharge
Testicular carcinoma	Drug eruptions (post---operative)
Wilms tumor	Urticaria (post---operative)
Bladder carcinoma	Cellulitis
Renal cell carcinoma	Burns
Chronic renal failure (shunts/access)	Pressure ulcers
Renal vascular disease	Basal cell carcinoma
Nephrolithiasis	Squamous cell carcinoma
	Melanoma

**Philadelphia College of Osteopathic Medicine DEPARTMENT
OF PHYSICIAN ASSISTANT STUDIES COURSE**

SYLLABUS

Course Title Behavioral Medicine Preceptorship – PHYA 556

Description This is a preceptorship for clinical phase PA students in which the student will gain clinical experience in the care of a broad spectrum of psychiatric and/or addicted behavior patients. Throughout the preceptorship this will be accomplished by working with the medical staff in as many facets of patient care as allowed and available at the specific clinical sites. This preceptorship should allow the student to enhance both clinical and communication skills, while providing the opportunity to gain insight and experience in the psychosocial perspectives of patient care. In addition, each student is encouraged to interact and work with the non-medical departments such as Nursing, Social Services, and Recreation Activities in their day to day patient oriented activities. This preceptorship is intended to augment and strengthen the student's deductive reasoning and clinical decision making skills by developing a comprehensive database and a systematic approach to common behavioral medicine problems.

Emphasis is placed on generating the information and skills to enable the student to recognize normal and assess clinically significant deviations from normal. The student will perform the appropriate clinical evaluation including: comprehensive history, physical examination, oral presentation and documentation. During this preceptorship the student is expected to recognize signs and symptoms of a variety of medical illnesses and become familiar with the appropriate medications specific to behavioral medicine. Furthermore, this preceptorship teaches the student the indications, limitations, and methodology of behavioral medicine procedures and therapeutic strategies.

Finally, this preceptorship is intended to teach the student to respect and appreciate the contributions of other health care professionals in the overall delivery of health care and the importance of a team approach.

Clinical experience begins on the first day at the individual site as assigned. The following objectives reflect the minimum knowledge and skills a PA student is expected to acquire by the end of this preceptorship. Experiential learning must be supplemented with reading as necessary to achieve this goal.

Course Goals	The goals of this course are to build and reinforce the ability of a PA student to reason clinically, gather experience from providing patient care, differentiate between normal and abnormal findings, and develop a management plan for a patient in a behavioral health setting.
Course Competencies and Program Defined Expectations	<p>This course is designed to develop the following competencies selected from the program's competencies and program-defined expectations:</p> <p>PDE 1: Provide care across the lifespan, regardless of medical condition, gender, race, ethnicity, or other diverse quality.</p> <p>PDE 2: Apply knowledge of basic sciences with a focus on clinical application.</p> <p>PDE 3: Elicit a detailed and accurate history, and perform a comprehensive physical exam.</p> <p>PDE 4: Obtain a directed history based on patient presentation, and perform a focused physical exam.</p> <p>PDE 5: Communicate effectively as a health care professional.</p> <p>PDE 6: Work collaboratively with other members of the healthcare team in providing appropriate patient care.</p> <p>PDE 7: Analyze, integrate, and synthesize data from the patient medical record.</p> <p>PDE 8: Draw upon a fund of medical knowledge in order to formulate a differential diagnosis.</p> <p>PDE 9: Identify, order, perform, and interpret the appropriate diagnostic studies or procedures.</p> <p>PDE 10: Formulate and document an individual management plan.</p> <p>PDE 11: Provide health education to the patient, his / her family members, or significant others.</p> <p>PDE 13: Manage life-threatening emergencies by employing ACLS and/or BLS.</p> <p>PDE 14: Apply the principles and practice of medical ethics.</p> <p>PDE 15: Utilize knowledge of study designs and statistical methods in the appraisal of medical literature.</p> <p>PDE 16: Employ information technology to locate best available evidence to provide patient care.</p> <p>PDE 17: Promote and maintain professional competencies and life-long learning.</p> <p>PDE 18: Promote ongoing acceptance and understanding of the PA's role by practicing collegially with other health care professionals.</p>
Learning Outcomes	<p>At the conclusion of this course, the Physician Assistant student will be able to accomplish, at a minimum, 70% of the following objectives:</p> <ol style="list-style-type: none"> 1. Identify specific patient presentations for various behavioral

health conditions.

2. Formulate the various treatment options for patients with common behavioral health conditions.
3. Recommend appropriate referral to interprofessional patient-centered teams.
4. Recognize the differences when managing patients in behavioral medicine compared to other settings or disciplines.

Instructional Objectives

For the list of presenting problems or medical conditions on the “Psychiatry EOR Exam Topic List” that follows, the physician assistant student will identify etiology, epidemiology, pathophysiology, patient historical and physical exam findings, lab and diagnostic study findings, appropriate treatment plans, and complications.

The physician assistant student should be knowledgeable in common behavioral medicine screening and assessment procedures, and identify indications, contraindications, findings in a normal patient and causes of an abnormal finding. Procedures which the student should be familiar with and perform with preceptor permission include: screening and complete mental status examination, admission psychiatric evaluations, use of screening instruments to assess affect and cognitive function, obtain a complete substance use history, formulate a differential diagnosis using the DSM 5, observe legal proceedings, attend group therapy sessions and staff in-service programs, attend activity programs for patients, and emergency care under the direction of the supervising health care provider.

In addition to the topics and procedure objectives, the following are considered skills necessary for competency in Behavioral Medicine:

1. Perform basic assessment of suicidal/homicidal risk and initiate appropriate management
2. Provide basic counseling and initiate appropriate referrals for substance abuse and common psychiatric disorders.
3. Identify and assess the psychosocial impact of HIV infection/risk/exposure and AIDS, and provide counseling and referrals.
4. Describe the stages of the human grieving process to loss, illness, and death.
5. Identify basic community-based psychosocial resources, supports and means of access for patients in need of intervention.
6. Describe the tenets of crisis theory and intervention

techniques.

7. Describe the basic premises of milieu, group therapy, behavioral therapy, family therapy, supportive therapy, psychotherapy, psychoanalysis, and substance abuse therapy.
8. Know the medical therapy utilized in maintenance or treatment, and become familiar with their indications, potential drug-drug interactions, and side effect profiles: antipsychotics, anxiolytics, antidepressants, anti-seizures, tranquilizers/sedatives, benzodiazepine antagonist, Alzheimer's therapy, anti-Parkinson therapy, electroconvulsive therapy, and insomnia therapy.

Texts

Ebert M, Loosen P, Nurcombe B, Leckman J. *CURRENT Diagnosis & Treatment Psychiatry*. 3rd ed. New York: McGraw-Hill Medical; 2006.

Sadock BJ, Sadock VA, Ruiz P. *Kaplan and Sadock's Synopsis of Psychiatry*. 11th ed. Philadelphia: Lippincott Williams & Wilkins; 2014.

Assignments and Grading

EOR Exam – 70%

Preceptor Evaluation of Student – 30%

Preceptor Evaluation of Student

This form is completed by the preceptor in E*Value and is an evaluation of the student's knowledge, competence, and motivation during the preceptorship. It is important that the preceptor and student formally discuss the evaluation. If the Preceptor will not be using E*Value please give him/her a copy of the evaluation form. The following guidelines should be followed in completing this evaluation:

Remind Preceptors who will be completing the form on E*Value to do this as soon as possible. Evaluations become available to preceptors at the same time you receive email notice to complete your evaluation of the preceptorship, usually 1 ½ weeks before the conclusion of the preceptorship. If the preceptor does not receive an evaluation for you in E*Value, confirm their email is correct from your E*Value schedule. If it is incorrect, please contact a department secretary to update this. A preceptor of record may designate an alternate preceptor to complete your evaluation by forwarding the email message to them. A resident physician is in training and may not complete your evaluation.

If the Preceptor is not completing the electronic form in E*Value

the student should provide a printed evaluation form to them at least one week before the end of the preceptorship. The evaluation should be brought by the student on Senior Friday after the preceptorship.

Grading – 30% of the preceptorship grade

End of Rotation Examination

On Senior Fridays you will take a written examination based on the objectives for that preceptorship. You must pass the specific rotation examination with a minimum grade of 70% in order to pass the preceptorship. If a grade of less than 70% is attained on the examination you must participate in a remediation program.

Following the remediation program, the student will be reassessed. If the reassessment score is 70% or higher, a test score of 70% will be calculated into your final grade regardless of the actual grade attained on the reassessment. Failure to attain a grade of 70% or higher on the reassessment examination will result in a failure of the preceptorship. The preceptorship must be repeated before the Elective Preceptorship. This will result in a delayed graduation for the student. The rotation will be repeated at another clinical site when/if available. The clinical faculty will assign the site of that rotation. Preceptorships are courses within the curriculum, of which failure makes a student liable for dismissal. Please refer to the Physician Assistant Student Handbook for the policy on single and multiple course failures, as well as remediation.

End of rotation examinations are not reviewed.

Grading – 70% of the preceptorship grade

Patient Write-ups

Students shall submit to their faculty advisor by the Friday of the third week of a rotation one write-up on a patient encounter during each preceptorship. Write-ups must be hand-written, following the instructions provided on each discipline's cover sheet. The cover sheet must be attached to the front of each write-up.

The preceptor's comments are reviewed by the student's faculty advisor and a final evaluation determined. Students should make copies of their write-ups for their own files before sending them to the PA program. Refer to cover sheets for the specific requirements for each write-up.

This assignment permits monitoring of teaching and performance at the clinical site in several ways. By observing the comments of the preceptor, the faculty can ascertain the quantity and quality of preceptor feedback to the student. The ability to focus the write-up appropriately, the level of competency in using the problem-oriented medical system, and written presentation skills are also reviewed. If deficiencies are noted in any of these areas, the faculty

advisor will contact you and suggest strategies for improvement. Each write-up must be completed and sent to the program by the Friday of the third week of the preceptorship with the cover sheet for that rotation. Write-ups must be signed by the student, evaluated by the preceptor and co-signed by the preceptor before mailing them to the PA program. All write-ups submitted must have a cover sheet. If your faculty advisor notifies you that your write-up is deficient you will have one opportunity to resubmit the write-up on another patient encounter with the noted correction(s) made. Failure of the resubmitted write-up will result in 1 point being deducted from the final grade for that preceptorship. Failure to hand in a required write-up will result in a deduction of 2 points from the final preceptorship grade.

Grading – Penalty for incomplete, as described above.

Logs in E*Value

The logs allow the PA Program to evaluate student experiences at the clinical site in terms of patient load, types of patient problems encountered, continuing education experiences, labs, clinical setting, or procedures performed. Increasingly, PAs are being asked to provide documentation of their clinical experiences. These logs may be requested from you by future employers. The student must complete logs that record problems or disorders encountered, patient age and sex, clinical setting, continuing education experiences, lab and diagnostic procedures done and other details important to monitoring student experiences for the patients seen each day. Logs must be completed by 7:00 AM the Monday morning of the following week for faculty review. A penalty of 1 point per week will be deducted from the student's final grade for each week's logs that are late. For example, if logs for week 1 are incomplete when checked at the beginning of week 2, 1 point will be deducted. If week 1 logs are not corrected and completed by the beginning of week 3, an additional 1 point will be deducted for week 1 logs, in addition to 1 point if week 2 is also incomplete.

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Student Evaluation of Preceptor, Preceptorship and Site The student is required to complete these forms by the Senior Friday following the preceptorship. If forms are not completed by 8 am on Senior Friday, a 2 point penalty will be applied to the final preceptorship grade per form. Although a penalty will be applied, these forms must still be completed. Preceptorship grades will not be complete until these have been received.

Grading – Penalty for late, as described above.

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DEPRESSIVE DISORDERS; BIPOLAR AND RELATED DISORDERS	ANXIETY DISORDERS; TRAUMA--- AND STRESS---RELATED DISORDERS
Major depressive disorder	Generalized anxiety disorder
Bipolar I disorder	Panic disorder
Bipolar II disorder	Posttraumatic stress disorder
Cyclothymic disorder	Phobic disorders
Persistent depressive disorder (dysthymia)	Specific phobias
PARAPHILIC DISORDERS; SEXUAL DYSFUNCTIONS	SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDERS
Exhibitionistic disorder	Schizophrenia
Fetishistic disorder	Delusional disorder
Pedophilic disorder	Schizoaffective disorder
Sexual masochism disorder	Schizophreniform disorder
Female sexual interest/arousal disorder	
Male hypoactive sexual desire disorder	
Voyeuristic disorder	FEEDING OR EATING DISORDERS
	Anorexia nervosa
	Bulimia nervosa
PERSONALITY DISORDERS; OBSESSIVE--- COMPULSIVE AND RELATED DISORDERS	
Antisocial personality disorder	
Avoidant personality disorder	SUBSTANCE---RELATED DISORDERS
Borderline personality disorder	Alcohol---related disorders
Dependent personality disorder	Hallucinogen---related disorders
Histrionic personality disorder	Opioid---related disorders
Narcissistic personality disorder	Stimulant---related disorders
Obsessive---compulsive personality disorder	Sedative---, hypnotic---, or anxiolytic---related disorders
Paranoid personality disorder	Cannabis---related disorders
Schizoid personality disorder	Tobacco---related disorders
Schizotypal personality disorder	Inhalant---related disorders
Body dysmorphic disorder	
Obsessive---compulsive disorder	



SOMATIC SYMPTOM AND RELATED DISORDERS; NONADHERENCE TO MEDICAL TREATMENT	DISRUPTIVE, IMPULSE---CONTROL AND CONDUCT DISORDERS; NEURODEVELOPMENTAL DISORDERS
Somatic symptom disorder	Attention---deficit/hyperactivity disorder
Factitious disorder	Conduct disorder
Illness anxiety disorder	Oppositional defiant disorder
	Autism spectrum disorder

**Philadelphia College of Osteopathic Medicine DEPARTMENT
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SYLLABUS

Course Title	Pediatrics Preceptorship – PHYA 557
Description	<p>This is a preceptorship for clinical phase PA students that provides inpatient and/or outpatient exposure to a patient population ranging in age from neonates to late adolescents.</p> <p>This preceptorship is intended to augment and strengthen the student's deductive reasoning and clinical decision making skills by developing a comprehensive database and a systematic approach to common pediatric problems. Emphasis is placed on generating the information and skills to enable the student to recognize normal and assess clinically significant deviations from normal. The student will perform the appropriate clinical evaluation including: comprehensive history, physical examination, oral presentation and documentation. During this preceptorship the student is expected to recognize signs and symptoms of a variety of medical illnesses and become familiar with the appropriate medications specific to pediatrics.</p> <p>Furthermore, this preceptorship teaches the student the indications, limitations, and methodology of pediatric procedures and therapeutic strategies. Finally, this preceptorship is intended to teach the student to respect and appreciate the contributions of other health care professionals in the overall delivery of health care and the importance of a team approach.</p> <p>Clinical experience begins on the first day at the individual site as assigned. The following objectives reflect the minimum knowledge and skills a PA student is expected to acquire by the end of this preceptorship. Experiential learning must be supplemented with reading as necessary to achieve this goal.</p>
Course Goals	The goals of this course are to build and reinforce the ability of a PA student to reason clinically, gather experience from providing patient care, differentiate between normal and abnormal findings, and develop a management plan for a patient in a pediatrics practice.
Course Competencies and Program	This course is designed to develop the following competencies selected from the program's competencies and program-defined expectations:

**Defined
Expectations**

- PDE 1: Provide care across the lifespan, regardless of medical condition, gender, race, ethnicity, or other diverse quality.
- PDE 2: Apply knowledge of basic sciences with a focus on clinical application.
- PDE 3: Elicit a detailed and accurate history, and perform a comprehensive physical exam.
- PDE 4: Obtain a directed history based on patient presentation, and perform a focused physical exam.
- PDE 5: Communicate effectively as a health care professional.
- PDE 6: Work collaboratively with other members of the healthcare team in providing appropriate patient care.
- PDE 7: Analyze, integrate, and synthesize data from the patient medical record.
- PDE 8: Draw upon a fund of medical knowledge in order to formulate a differential diagnosis.
- PDE 9: Identify, order, perform, and interpret the appropriate diagnostic studies or procedures.
- PDE 10: Formulate and document an individual management plan.
- PDE 11: Provide health education to the patient, his / her family members, or significant others.
- PDE 12: Perform the following clinical skills as dictated by the situation:
venipuncture; nasogastric tube placement; intubation; casting; splinting; suturing; urinary catheterization; speculum exam; ECGs; arterial blood gasses; IV insertion; injections; arthrocentesis; and incision and drainage.
- PDE 13: Manage life-threatening emergencies by employing ACLS and/or BLS.
- PDE 14: Apply the principles and practice of medical ethics.
- PDE 15: Utilize knowledge of study designs and statistical methods in the appraisal of medical literature.
- PDE 16: Employ information technology to locate best available evidence to provide patient care.
- PDE 17: Promote and maintain professional competencies and life-long learning.
- PDE 18: Promote ongoing acceptance and understanding of the PA's role by practicing collegially with other health care professionals.

**Learning
Outcomes**

At the conclusion of this course, the Physician Assistant student will be able to accomplish, at a minimum, 70% of the following objectives:

1. Identify specific patient presentations for common pediatric health conditions.
2. Implement elements of preventive care and health maintenance issues into pediatric care.

3. Formulate a treatment plan for common pediatric complaints.
4. Provide patient-centered care to pediatric patients.
5. Demonstrate the ability to effectively communicate with pediatric patients and their families, and navigate the variety of family dynamics.
6. Recognize the differences when managing pediatric patients compared to other settings.

Instructional Objectives

For the list of presenting problems or medical conditions on the “Pediatrics EOR Exam Topic List” that follows, the physician assistant student will identify etiology, epidemiology, pathophysiology, patient historical and physical exam findings, lab and diagnostic study findings, appropriate treatment plans, and complications.

Given a pediatric patient, the PA student will observe, and will perform where permitted, the following procedures, using proper techniques and precautions, identifying the indications, contraindications and hazards for such procedures, and educate the patient or legal guardian about such procedures and the meaning of the results: APGAR, Denver developmental tests, well infant and child examination, venipuncture, fingerstick/heelstick, administration of IV fluids, vital signs and body measurements including growth chart plotting, administration of routine immunizations, and specimen collection (throat, sputum, blood, urine).

The student will demonstrate knowledge of normal values, and evaluate a patient for common diseases which may account for abnormal values, for the following laboratory tests: complete blood count with white cell differential, urinalysis, electrolytes, bilirubin, thyroid studies, and other biochemical profiles.

In addition, the following are considered skills necessary for competency in pediatrics.

1. Identify and describe normal variations in physical, psychological, social and intellectual growth, and development of pediatrics patients.
2. Identify developmental milestones: rolls over, holds head up, holds head up, sits unassisted, walks, ties shoelaces, dresses without supervision, first talks, says “mama” and “dada” specific to person, speaks in full sentences, hops on one foot.
3. Describe, perform, and interpret APGAR scores, Dubowitz

gestational age evaluations, Denver development screenings, and Tanner sexual maturity ratings.

4. Provide anticipatory guidance and advice to caregivers on infant, child and adolescent feeding/nutrition, accident prevention, and immunization.
5. Recommend infant/child nutrition requirements including: characteristics of breast milk and formula; introducing solid foods into infant's diet; food allergies; fluid therapy; dietary restrictions for diarrhea.
6. Know indications and contraindications for immunizations.
7. Commit to memory the appropriate dosage in mg/kg/day, as well as the frequency, route, and duration of therapy for common antibiotic therapies.
8. Counsel the patient and/or caregiver as appropriate regarding the patient's illness and management plan.
9. Identify and demonstrate an understanding of community services available to pediatric patients and caregivers. Demonstrate the ability to encourage the utilization of community services as needed.
10. Recognize and report signs of possible child abuse.
11. Identify infants with an increased risk for sudden infant death syndrome and inform the parents about the importance of learning basic cardiac life support.
12. Identify the genetic defects for common diseases.

The student will describe the stages of normal development and counsel patients and/or the caregivers for each of the following situations:

1. Adolescent Concerns: sexual development, behavior, pregnancy, contraceptives, tobacco, alcohol, substance abuse, suicide, eating disorders, depression
2. Developmental Concerns: developmental delays, sleeping/eating disorders, failure to thrive, effective parenting skills, discipline, poor school performance, hyperactivity, behavioral problems, temper tantrums, toilet-training, enuresis, encopresis, sibling rivalry

Texts

Hay W, Levin M, Deterding R, Abzug M, eds. *CURRENT Diagnosis and Treatment Pediatrics*. 22nd ed. New York: McGraw-Hill Professional; 2014.

Kliegman RM, Stanton BMD, St. Geme J, Schor NF, Behrman RE. *Nelson Textbook of Pediatrics*. 20th ed. Philadelphia: Saunders; 2015.

**Assignments and
Grading**

EOR Exam – 70%

Preceptor Evaluation of Student – 30%

Preceptor Evaluation of Student

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If the Preceptor is not completing the electronic form in E*Value the student should provide a printed evaluation form to them at least one week before the end of the preceptorship. The evaluation should be brought by the student on Senior Friday after the preceptorship.

Grading – 30% of the preceptorship grade

End of Rotation Examination

On Senior Fridays you will take a written examination based on the objectives for that preceptorship. You must pass the specific rotation examination with a minimum grade of 70% in order to pass the preceptorship. If a grade of less than 70% is attained on the examination you must participate in a remediation program.

Following the remediation program, the student will be reassessed. If the reassessment score is 70% or higher, a test score of 70% will be calculated into your final grade regardless of the actual grade attained on the reassessment. Failure to attain a grade of 70% or higher on the reassessment examination will result in a failure of the preceptorship. The preceptorship must be repeated before the Elective Preceptorship. This will result in a delayed graduation for

the student. The rotation will be repeated at another clinical site when/if available. The clinical faculty will assign the site of that rotation. Preceptorships are courses within the curriculum, of which failure makes a student liable for dismissal. Please refer to the Physician Assistant Student Handbook for the policy on single and multiple course failures, as well as remediation. End of rotation examinations are not reviewed. Grading – 70% of the preceptorship grade

Patient Write-ups

Students shall submit to their faculty advisor by the Friday of the third week of a rotation one write-up on a patient encounter during each preceptorship. Write-ups must be hand-written, following the instructions provided on each discipline's cover sheet. The cover sheet must be attached to the front of each write-up.

The preceptor's comments are reviewed by the student's faculty advisor and a final evaluation determined. Students should make copies of their write-ups for their own files before sending them to the PA program. Refer to cover sheets for the specific requirements for each write-up.

This assignment permits monitoring of teaching and performance at the clinical site in several ways. By observing the comments of the preceptor, the faculty can ascertain the quantity and quality of preceptor feedback to the student. The ability to focus the write-up appropriately, the level of competency in using the problem-oriented medical system, and written presentation skills are also reviewed. If deficiencies are noted in any of these areas, the faculty advisor will contact you and suggest strategies for improvement. Each write-up must be completed and sent to the program by the Friday of the third week of the preceptorship with the cover sheet for that rotation. Write-ups must be signed by the student, evaluated by the preceptor and co-signed by the preceptor before mailing them to the PA program. All write-ups submitted must have a cover sheet. If your faculty advisor notifies you that your write-up is deficient you will have one opportunity to resubmit the write-up on another patient encounter with the noted correction(s) made. Failure of the resubmitted write-up will result in 1 point being deducted from the final grade for that preceptorship. Failure to hand in a required write-up will result in a deduction of 2 points from the final preceptorship grade.

Grading – Penalty for incomplete, as described above.

Logs in E*Value

The logs allow the PA Program to evaluate student experiences at the clinical site in terms of patient load, types of patient problems encountered, continuing education experiences, labs, clinical

setting, or procedures performed. Increasingly, PAs are being asked to provide documentation of their clinical experiences. These logs may be requested from you by future employers. The student must complete logs that record problems or disorders encountered, patient age and sex, clinical setting, continuing education experiences, lab and diagnostic procedures done and other details important to monitoring student experiences for the patients seen each day. Logs must be completed by 7:00 AM the Monday morning of the following week for faculty review. A penalty of 1 point per week will be deducted from the student's final grade for each week's logs that are late. For example, if logs for week 1 are incomplete when checked at the beginning of week 2, 1 point will be deducted. If week 1 logs are not corrected and completed by the beginning of week 3, an additional 1 point will be deducted for week 1 logs, in addition to 1 point if week 2 is also incomplete. Grading – Penalty for incomplete, as described above.

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Pediatrics End of Rotation™ Exam Topic List

DERMATOLOGY	CARDIOVASCULAR
Dermatitis (diaper, perioral)	Atrial septal defect
Drug eruptions	Coarctation of the aorta
Lichen planus	Patent ductus arteriosus
Pityriasis rosea	Tetralogy of Fallot
Stevens---Johnson syndrome	Ventricular septal defect
Toxic epidermal necrolysis	Acute rheumatic fever
Erythema multiforme	Kawasaki disease
Acne vulgaris	Hypertrophic cardiomyopathy
Lice	Syncope
Scabies	
Androgenetic alopecia	PULMONARY
Exanthems	Acute bronchiolitis
Verrucae	Croup
Burns	Pneumonia (bacterial, viral)
Urticaria	Respiratory syncytial virus
Contact dermatitis	Asthma
Atopic dermatitis	Foreign body
Tinea	Hyaline membrane disease
Impetigo	Cystic fibrosis
EARS, NOSE, AND THROAT/OPHTHALMOLOGY	HEMATOLOGY
Conjunctivitis	Anemia
Orbital cellulitis	Bleeding disorders
Strabismus	Leukemia
Acute otitis media	Lymphoma
Allergic rhinitis	Neutropenia
Hearing impairment	Brain tumors
Mastoiditis	Hemophilia
Otitis externa	Lead poisoning
Tympanic membrane perforation	
Epistaxis	ENDOCRINOLOGY
Acute pharyngotonsillitis	Short stature
Epiglottitis	Hypothyroidism
Oral candidiasis	Hyperthyroidism
Peritonsillar abscess	Hypercalcemia
	Obesity
	Diabetes mellitus



Pediatrics End of Rotation™ Exam Topic List

GASTROINTESTINAL/NUTRITIONAL SYSTEM	ORTHOPEDICS/RHEUMATOLOGY
Gastroenteritis	Nursemaid's elbow
Dehydration	Slipped capital femoral epiphysis
Appendicitis	Osgood---Schlatter disease
Colic	Scoliosis
Gastroesophageal reflux disease	Congenital hip dysplasia
Constipation	Avascular necrosis of the proximal femur
Pyloric stenosis	Neoplasia of the musculoskeletal system
Intussusception	Juvenile rheumatoid arthritis
Hirschsprung disease	
Foreign body	INFECTIOUS DISEASE
Encopresis	Atypical mycobacterial disease
Hepatitis	Pinworms
Jaundice	Epstein---Barr disease
Duodenal atresia	Erythema infectiosum
Inguinal hernia	Herpes simplex
Umbilical hernia	Influenza
Niacin deficiencies	Mumps
Vitamin A deficiency	Roseola
Vitamin C deficiency	Rubella
Vitamin D deficiency	Measles
Lactose intolerance	Varicella infection
	Hand---foot---and---mouth disease
	Pertussis
UROLOGY/RENAL	PSYCHIATRY/BEHAVIORAL MEDICINE
Cryptorchidism	Child abuse and neglect
Hydrocele	Attention---deficit/hyperactivity disorder
Paraphimosis	Autism spectrum disorder
Phimosis	Feeding or eating disorders
Testicular torsion	Depressive disorders
Enuresis	Anxiety disorders
Hypospadias	Disruptive, impulse---control, and conduct disorders
Vesicourethral reflux	Suicide
Glomerulonephritis	
Cystitis	



Pediatrics End of Rotation™ Exam Topic List

NEUROLOGY/DEVELOPMENTAL	
Normal growth and development	
Immunization guidelines	
Anticipatory guidance	
Teething	
Febrile seizures	
Epilepsy	
Meningitis	
Turner syndrome	
Down syndrome	

**Philadelphia College of Osteopathic Medicine DEPARTMENT
OF PHYSICIAN ASSISTANT STUDIES COURSE**

SYLLABUS

Course Title	Elective Preceptorship – PHYA 558
Description	<p>The student selects a clinical area for the Elective with the approval of a clinical coordinator.</p> <p>Clinical experience begins on the first day at the clinical site. The following competencies and student-developed objectives reflect the minimum knowledge and skills a physician assistant student is expected to acquire by the end of this preceptorship. Experiential learning must be supplemented with reading to achieve these goals.</p>
Course Goals	<p>The goals of this course are to build and reinforce the ability of a PA student to reason clinically, gather experience from providing patient care, differentiate between normal and abnormal findings, and develop a management plan for a patient in a practice or discipline of their choosing.</p>
Course Competencies and Program Defined Expectations	<p>This course is designed to develop the following competencies selected from the program's competencies and program-defined expectations:</p> <p>PDE 1: Provide care across the lifespan, regardless of medical condition, gender, race, ethnicity, or other diverse quality.</p> <p>PDE 2: Apply knowledge of basic sciences with a focus on clinical application.</p> <p>PDE 3: Elicit a detailed and accurate history, and perform a comprehensive physical exam.</p> <p>PDE 4: Obtain a directed history based on patient presentation, and perform a focused physical exam.</p> <p>PDE 5: Communicate effectively as a health care professional.</p> <p>PDE 6: Work collaboratively with other members of the healthcare team in providing appropriate patient care.</p> <p>PDE 7: Analyze, integrate, and synthesize data from the patient medical record.</p> <p>PDE 8: Draw upon a fund of medical knowledge in order to formulate a differential diagnosis.</p> <p>PDE 9: Identify, order, perform, and interpret the appropriate diagnostic studies or procedures.</p> <p>PDE 10: Formulate and document an individual management plan.</p> <p>PDE 11: Provide health education to the patient, his / her family members, or significant others.</p> <p>PDE 12: Perform the following clinical skills as dictated by the situation:</p>

venipuncture; nasogastric tube placement; intubation; casting; splinting; suturing; urinary catheterization; speculum exam; ECGs; arterial blood gasses; IV insertion; injections; arthrocentesis; and incision and drainage.

PDE 13: Manage life-threatening emergencies by employing ACLS and/or BLS.

PDE 14: Apply the principles and practice of medical ethics.

PDE 15: Utilize knowledge of study designs and statistical methods in the appraisal of medical literature.

PDE 16: Employ information technology to locate best available evidence to provide patient care.

PDE 17: Promote and maintain professional competencies and life-long learning.

PDE 18: Promote ongoing acceptance and understanding of the PA's role by practicing collegially with other health care professionals.

**Learning
Outcomes**

At the conclusion of this course, the Physician Assistant student will be able to accomplish, at a minimum, 70% of the following objectives:

1. Identify specific patient presentations for common conditions in the designated area of practice.
2. Formulate treatment options for those common complaints.
3. Recognize the differences when managing patients in the selected discipline compared to other settings or disciplines.

**Instructional
Objectives**

Each student will develop individualized instructional objectives for their elective preceptorship, detailing what they desire to achieve during this time. The objectives must be approved by both the elective preceptor and a principal faculty member.

Process

Students are not required to secure a preceptor and /or clinical site for their elective, however, because students often enjoy experiencing a discipline of medicine which is not a required preceptorship, or desire to begin developing a professional network in a geographic region of their choice, the opportunity to recommend an elective preceptor and /or clinical site is extended to all students.

Student-suggested preceptors or sites will be reviewed, evaluated, and approved for educational suitability by the program

Students desiring to suggest preceptor or clinical site must submit this information by March 5th, 2018.

Assignments and Grading

Similar to the required preceptorships, the preceptor's evaluation of the student will represent 30% of the course grade.

In lieu of a written exam that was used for each required preceptorship, each student will develop a grand rounds presentation that will represent 70% of their course grade. Complete the following while developing the grand rounds presentation:

1. Select a case: This case from your elective preceptorship should be one from which something new was learned about diagnosing or treating a problem, or about interacting with patients. Some of the best cases to learn from are those in which something was missed, or a different course of action would have been chosen if given another opportunity.
2. Research the case: Review pertinent information about the case in medical texts, and then perform a literature review. Identify two recent journal articles that describe the case that has been selected. Be certain that you will be able to clearly discuss the details of the case, as well as the nuances of the condition, including the pathophysiology.
3. Prepare a presentation: Each student will present the selected case to classmates and faculty following the elective preceptorship. The presentation should include appropriate audiovisual or technology resources. Each presentation should last 10 minutes, after which there will be an opportunity for questions and answers. The following format is suggested:
 - a. identify the patient and describe the chief complaint
 - b. complete a problem-focused HPI
 - c. discuss the clinical findings on physical exam and diagnostic testing
 - d. review a differential diagnosis that should be considered
 - e. identify the working diagnosis and management of the patient that followed
 - f. conclude with a summary of the condition the patient experienced to include the etiology, pathophysiology, and prognosis for individuals with the condition
4. Submit to the faculty a printed copy of your presentation outline (limited to 2 pages) or slides, as well as two journal articles identified during your literature review that helped inform your presentation (including both the full-text and abstract).

Assignments and Grading

Grand Rounds Case Presentation – 70%
Preceptor Evaluation of Student – 30%

Preceptor Evaluation of Student

This form is completed by the preceptor in E*Value and is an evaluation of the student's knowledge, competence, and motivation during the preceptorship. It is important that the preceptor and student formally discuss the evaluation. If the Preceptor will not be using E*Value please give him/her a copy of the evaluation form. The following guidelines should be followed in completing this evaluation:

Remind Preceptors who will be completing the form on E*Value to do this as soon as possible. Evaluations become available to preceptors at the same time you receive email notice to complete your evaluation of the preceptorship, usually 1 ½ weeks before the conclusion of the preceptorship. If the preceptor does not receive an evaluation for you in E*Value, confirm their email is correct from your E*Value schedule. If it is incorrect, please contact a department secretary to update this. A preceptor of record may designate an alternate preceptor to complete your evaluation by forwarding the email message to them. A resident physician is in training and may not complete your evaluation.

If the Preceptor is not completing the electronic form in E*Value the student should provide a printed evaluation form to them at least one week before the end of the preceptorship. The evaluation should be brought by the student on Senior Friday after the preceptorship.

Grading – 30% of the preceptorship grade

Grand Rounds Case Presentation

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Preceptor Evaluation of Student

PRECEPTOR

STUDENT

PRECEPTORSHIP DATES

CLINICAL SITE

From ____ / ____ / ____ To ____ / ____ / ____

PRECEPTORSHIP (CHECK ONE)

☐ INTERNAL MEDICINE

☐ FAMILY MEDICINE

☐ EMERGENCY MEDICINE

☐ GYN/PRENATAL

☐ GENERAL SURGERY

☐ BEHAVIORAL MEDICINE

☐ PEDIATRICS

☐ ELECTIVE _____

This evaluation form is designed to assess the student progress during their clinical education. When appropriate, please refer to the specific objectives for this clinical preceptorship. Please discuss your evaluation with the student. Thank you for your time and effort to teach our students and to evaluate their performance.

Please rate the student's performance and professionalism according to the following scale as you answer the questions on the next few pages:

5 = Performance in particular area was consistent and appropriate 100% of the time. Student is competent.

4 = Performance in particular area was consistent and appropriate (with minor deviations) 90% of the time. Student is competent.

3 = Performance in particular area acceptable (but requires additional input) 80% of the time. Student is competent.

2 = Performance in particular area was 70% of expected. Inconsistent and inappropriate at times. Definite program input and intervention required.

1 = Unacceptable – performance or item addressed does not indicate that student is capable of functioning as a physician assistant, skill demonstrated 60% of the time or less.

N/O = Not Observed. Based on your experience with the student, you are unable to offer an assessment of their performance.

In each category below, the description on the left represents a "5". The description on the right, a "1". The intermediate numbers reflect intermediate levels of performance behavior, as described above.

WHAT IS YOUR **OVERALL** RATING OF THIS STUDENT?

☐ Very Satisfied

☐ Satisfied

☐ Dissatisfied

☐ Very Dissatisfied

A. MEDICAL INTERVIEW

5

4

3

2

1

N/O

Data collection always thorough and reliable.

Data is incomplete, inaccurate or data too superficial.

B. PHYSICAL EXAMINATION

5

4

3

2

1

N/O

Exams thorough, reliable and appropriate for each patient encounter. Demonstrates proper exam technique and use of instruments.

Exams incomplete, or information unreliable, or overlooks significant normal and abnormal findings, or poor exam technique, or improper use of instruments.

C. ORAL CASE PRESENTATIONS

5	4	3	2	1	N/O
Presents information in a clear, concise, and organized manner. Clear impression of patient and problem can be ascertained from data.				Information unclear or disorganized or data incomplete or uninformative.	

D. WRITTEN PATIENT RECORD

5	4	3	2	1	N/O
Provides documentation that is accurate, clear, complete, and organized.				Documentation of written patient record is disorganized, incomplete, or lacks clarity, not accurately memorializing the patient encounter.	

E. KNOWLEDGE OF DIAGNOSTIC STUDIES

5	4	3	2	1	N/O
Orders appropriate diagnostic tests, accurately assesses results. Demonstrates knowledge of basic normal values.				Orders tests inappropriate to patient complaint, or unable to correlate results to disease processes, or little knowledge of basic normal values.	

F. ABILITY TO PERFORM CLINICAL PROCEDURES

5	4	3	2	1	N/O
Accurately performs basic lab and clinical procedures, demonstrates care and proper precautionary measures with lab and procedural equipment.				Results inaccurate or technique poor, or care and use of equipment often improper.	

G. PROBLEM-SOLVING AND CRITICAL THINKING

5	4	3	2	1	N/O
Integrates information from the medical history and findings from the physical exam. Applies evidence-based principles to seek solutions to problems, applying knowledge from research, clinical experience, and patient values.				Does not correlate medical history with physical exam findings. Ignores information obtained from clinical research, experience of clinician, or patient preferences while attempting to resolve clinical problem.	

H. FACTUAL KNOWLEDGE AND CONCEPTS

5	4	3	2	1	N/O
Strong fund of medical knowledge, consistently assess clinical problems accurately.				Demonstrates poor fund of medical knowledge, unable to assess or resists assessing clinical problems.	

I. ASSESSMENT AND DEVELOPMENT OF DIFFERENTIAL DIAGNOSIS

5	4	3	2	1	N/O
				Able to apply knowledge to	

patient findings to develop appropriate differential diagnosis or arrive at assessment.

Does not consider patient findings in holistic view, differential diagnosis is limited, or student does not consider diagnoses that should not be missed.

J. ABILITY TO FORM A MANAGEMENT PLAN

5	4	3	2	1	N/O
Based on assessment of differential diagnosis, selects appropriate tests for confirmation or investigation, selects appropriate therapeutic interventions, and identifies important concepts for patient education.				Struggles to identify appropriate clinical diagnostic methods to arrive at or confirm diagnosis, select appropriate therapy for patient, or provide important education to patient about health.	

K. ABILITY TO IMPLEMENT A MANAGEMENT PLAN

5	4	3	2	1	N/O
Explains the nature of illness or problem, treatment, and follow-up in a way that is understandable to the patient. Allows patient to ask questions.				Rarely communicates with patient about disease, or doesn't check to see if patient understands information.	

L. RELATING TO COLLEAGUES AND HEALTH CARE TEAM MEMBERS

5	4	3	2	1	N/O
Tactful, respectful and comfortable in relationships with members of the health care team.				Rude, disrespectful, or uncomfortable in relationships with members of the health care team.	

M. RELATING TO PATIENTS

5	4	3	2	1	N/O
Tactful, respectful and comfortable in relationships with patients and their families.				Rude, disrespectful, or uncomfortable in relationships with patients and their families.	

N. UNDERSTANDING ROLE OF PHYSICIAN ASSISTANT

5	4	3	2	1	N/O
Demonstrates knowledge of clinical and professional limitations, readily seeks advice from preceptor(s) and other health care professionals.				Rarely seeks advice or resists advice from preceptor(s) or other health care professionals, or does not know limitations.	

O. SELF-CONFIDENCE

5	4	3	2	1	N/O
Recognizes ability and is comfortable making recommendations or decisions, as appropriate.				Does not recognize individual strengths and weaknesses, hesitant to actively participate in patient care or discussions.	

P. RELIABILITY AND DEPENDABILITY

5	4	3	2	1	N/O
Available when requested, prompt, completes				assignments on time, demonstrates interest.	

Often late or absent from scheduled activities, or does not demonstrate interest.

Q. PROFESSIONALISM

5

4

3

2

1

N/O

Demonstrates responsibility, integrity, accountability and strives for excellence. Keeps the patient central in all activities.

Lacks qualities expected of professional, suggesting this student may not be a desirable colleague.

R. ATTENDANCE AND PUNCTUALITY

During this preceptorship, how many days was the student expected to be present but was not (whether the absence was excused or unexcused).

ADDITIONAL COMMENTS

If there is anything about this student's performance and/or professional development that you wish to share, please use the space below. The program reviews all evaluations, and considers your impressions when meeting with the student.

[illegible]

Please return this form to the student before they leave your clinical site. The student is responsible for returning this form to the program immediately upon their return to campus. This evaluation form may be completed electronically for future students. If you wish to receive this form electronically in the future, please enter your email address here:

PRECEPTOR SIGNATURE	DATE
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/12/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh USA Inc.o 1717 Arch Streeto Philadelphia, PA 19103-2797lo Attn: Healthcare.AccountsCSS@marsh.com/FAX: 212 948-1307	CONTACT NAME: PHONE (A/C, No. Ext): E-MAIL ADDRESS:	FAX (A/C, No):
175409-PCOM-GLPLU-17-18	INSURER(S) AFFORDING COVERAGE	
INSURED PHILADELPHIA COLLEGE OF OSTEOPATHICo MEDICINEo ATTN: MS. LAURA G. BELLo 4190 CITY LINE AVE.o PHILADELPHIA, PA 19131	INSURER A: Lexington Insurance Company	NAIC # 19437
	INSURER B: N/A	N/A
	INSURER C: N/A	N/A
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

CLE-004719195-26

REVISION NUMBER:4

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						
	CLAIMS-MADE OCCUR						EACH OCCURRENCE \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						DAMAGE TO RENTED \$
							PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
	POLICY PROJECT LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO						BODILY INJURY (Per person) \$
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	HIRED AUTOS						\$
	NON-OWNED AUTOS						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	OCCUR CLAIMS-MADE						
	DED RETENTION \$						\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE OTH-ER
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N N / A							E.L. EACH ACCIDENT \$
(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$
DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$
A	PROFESSIONAL LIABILITY			114-49638	07/01/2017	07/01/2018	PER MEDICAL INCIDENT 1,000,000
							AGGREGATE 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

COVERAGE LISTED ABOVE INCLUDES PHYSICIANS ASSISTANT STUDENTS.

CERTIFICATE HOLDER

PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE
4190 CITY LINE AVE

PHILADELPHIA, PA 19103

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

**AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.**

Manashi Mukherjee

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ACORD 25 (2014/01)

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