

# Philadelphia College of Osteopathic Medicine



PHYSICIAN ASSISTANT STUDIES  
PRECEPTOR MANUAL  
2021-2022

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## **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](http://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 a 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:

### **Continuing Medical Education (CME) Credits**

A letter and/or certificate of preceptors' hours will be provided by the supporting PA program upon request of the preceptor. Requests should be submitted in writing to the Clinical Director or Clinical Coordinators (via USPS or email). CME can be claimed as follows:

#### **Category I CME Credits (Physician Assistant Only):**

Clinical Affiliates who are Physician Assistants may be awarded a maximum of 20 hours of Category I CME per calendar year, at a rate of 2 AAPA Category 1 CME credits per student per 40- hour week of clinical teaching. Information about claiming CME can be found on the NCCPA website.

#### **Category II CME Credits**

Upon request, a letter will be provided attesting to Category II CME credits, which are earned on a credit-per-hour basis. Credits may be divided between multiple Clinical Affiliates if desired.

Information about claiming CME can be found below based on your credential (PA/MD/DO/NP):

For PAs: <https://www.aapa.org/wp-content/uploads/2016/12/Category-1-CME-for-Preceptors-Guide.pdf>

For MDs: <https://csms.org/wp-content/uploads/2014/03/provider-faq2.pdf>

For DOs: Unfortunately, the AOA does not allow CME credit for precepting PA students.

For NPs: <http://www.aanpcert.org/recert/ce>

# **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 irreplaceable 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.<sup>1</sup> 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
- MLK 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.

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<sup>1</sup> 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.



## **Weather Situations**

### **STUDENTS ON CLINICAL ROTATIONS OR INTERNSHIPS:**

If either PCOM campus is closed or delayed, this does NOT mean that the site is closed or delayed. Students are instructed to contact the site directly to see if there are any delays or cancellations.

As student safety is paramount, students are encouraged to use their judgement when extreme and hazardous driving conditions are present. They must report any absence or lateness as outlined in their student manual.

## **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. 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. Explain 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 PCOM Student and Resident Medical Records department 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 requirement of more frequent screenings if desired. 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 PCOM Student and 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), the student 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, they should follow the policy of that institution by going to their 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 PCOM Student and Resident Medical Records. They should be notified within 72 hours of the incident at (215) 871-6423. PCOM Student and Resident Medical Records will coordinate follow-up testing.

## **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 their 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.

### **Medication Assisted Therapy (MAT Training)**

All clinical students are required to complete a 24 hour, online MAT training program during the course of the clinical year. This is a mandatory requirement that must be met prior to completion of the clinical year.

## ***Program Contact Information***

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

### **Philadelphia Campus:**

Department of Physician Assistant Studies  
Philadelphia College of Osteopathic Medicine  
4190 City Avenue  
Philadelphia, PA 19131

Department Phone: 215-871-6772  
Department Fax: 215-871-6702

Paul Krajewski, MS, MEd, PA-C  
Director of Clinical Studies  
PaulKr@pcom.edu  
Phone: 215-871-6754

Melissa Eiseman, MMS, PA-C  
Clinical Coordinator  
melissaei@pcom.edu  
Phone: 215-871-6795

### **Georgia Campus:**

Department of Physician Assistant Studies  
Georgia Campus - PCOM  
625 Old Peachtree Road NW  
Suwanee, GA 30024

Department Phone: 678-225-7581  
Department Fax: 678-225-7548

Jim W. Becker, MS HSA, PA-C  
Coordinator of Clinical Studies  
JamesBec@pcom.edu  
Phone: 770-682-2365

**Philadelphia College of Osteopathic Medicine**

**DEPARTMENT OF PHYSICIAN ASSISTANT STUDIES**

**COURSE SYLLABUS**

<b>Course Title</b>	Family Medicine Preceptorship – PHYA 550
<b>Description</b>	<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>
<b>Course Goals</b>	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.
<b>Course Competencies and Program</b>	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*. 24<sup>th</sup> ed. New York: McGraw- Hill Professional; 2018.

Longo D, Fauci A, Kasper D, Hauser S, Jameson J, Loscalzo J, eds. *Harrison's Principles of Internal Medicine*. 20th ed. New York: McGraw-Hill Professional.

Papadakis M, McPhee SJ, Rabow MW, eds. *CURRENT Medical Diagnosis and Treatment 2019*. McGraw Hill Medical.

South-Paul J, Matheny S, Lewis E, eds. *CURRENT Diagnosis & Treatment in Family Medicine*. 4th ed. New York: McGraw-Hill Medical; 2015.

**EOR Exam – 70%**

**Preceptor Evaluation of Student – 30%**

## **Assignments and Grading**

### **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 the student will take a written examination based on the topic list for that preceptorship. They must pass the specific rotation examination in order to pass the preceptorship. If a failing grade is attained on the examination they must participate in a

remediation program. Following the remediation program, the student will be reassessed. Failure to attain a passing grade 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.

### **Course Directors**

Paul Krajewski, MS, MEd, PA-C  
Director of Clinical Studies  
PaulKr@pcom.edu  
Phone: 215-871-6754

Melissa Eiseman, MMS, PA-C  
Clinical Coordinator  
melissaei@pcom.edu  
Phone: 215-871-6795

James Becker, MS, PA-C  
Coordinator of Clinical Studies  
JamesBec@pcom.edu  
Phone: 678-225-2365



## Family Medicine End of Rotation™ EXAM TOPIC LIST

### CARDIOVASCULAR

Angina	Hyperlipidemia
Arrhythmias	Hypertension
Chest pain	Hypertriglyceridemia
Congestive heart failure	Peripheral vascular disease
Coronary artery disease	Valvular disease
Endocarditis	

### PULMONOLOGY

Asthma	Pneumonia
Bronchitis	Sleep disorders
Chronic obstructive pulmonary disease	Tobacco use/dependence
Lung cancer	Tuberculosis

### GASTROINTESTINAL/NUTRITIONAL

Anal fissure	Gastrointestinal bleeding
Appendicitis	Giardiasis and other parasitic infections
Bowel obstruction	Hemorrhoids
Cholecystitis/cholelithiasis	Hiatal hernia
Cirrhosis	Inflammatory bowel disease
Colorectal cancer/colonic polyps	Irritable bowel syndrome
Diarrhea/constipation	Jaundice
Esophagitis	Pancreatitis
Gastritis	Peptic ulcer disease
Gastroenteritis	Viral hepatitis
Gastroesophageal reflux disease	



## ENOT/OPHTHALMOLOGY

Acute/chronic sinusitis	Macular degeneration
Allergic rhinitis	Ménière disease
Aphthous ulcers	Nasal polyps
Blepharitis	Otitis externa
Cholesteatoma	Otitis media
Conjunctivitis	Papilledema
Corneal abrasion	Parotitis
Corneal ulcer	Peritonsillar abscess
Dacryocystitis	Pharyngitis/tonsillitis
Ectropion	Pterygium
Entropion	Retinal detachment
Epistaxis	Retinal vascular occlusion
Glaucoma	Retinopathy
Hordeolum	Sialadenitis
Hyphema	Tinnitus
Labyrinthitis	Tympanic membrane perforation
Laryngitis	

## OBSTETRICS/GYNECOLOGY

Breast cancer	Intrauterine pregnancy
Breast mass	Menopause
Cervical cancer	Pelvic inflammatory disease
Contraception	Rectocele
Cystocele	Spontaneous abortion
Dysfunctional uterine bleeding	Vaginitis
Dysmenorrhea	

## ORTHOPEDICS/RHEUMATOLOGY

Acute and chronic lower back pain	Osteoporosis
Bursitis/tendonitis	Overuse syndrome
Costochondritis	Plantar fasciitis
Fibromyalgia	Reactive arthritis
Ganglion cysts	Rheumatoid arthritis
Gout	Sprains/strains
Osteoarthritis	Systemic lupus erythematosus



## NEUROLOGY

Alzheimer disease	Headaches (cluster, migraine, tension)
Bell palsy	Parkinson disease
Cerebral vascular accident	Seizure disorders
Delirium	Syncope
Dementia	Transient ischemic attack
Dizziness	Vertigo
Essential tremor	

## DERMATOLOGY

Acanthosis nigricans	Melanoma
Acne vulgaris	Melasma
Actinickeratosis	Molluscum contagiosum
Alopecia	Nummular eczema
Basal cell carcinoma	Onychomycosis
Bullous pemphigoid	Paronychia
Cellulitis	Pilonidal disease
Condyloma acuminatum	Pityriasis rosea
Dermatitis (eczema, seborrhea)	Pressure ulcers
Drug eruptions	Psoriasis
Dyshidrosis	Rosacea
Erysipelas	Scabies
Erythema multiforme	Seborrheic keratosis
Exanthems	Spider bites
Folliculitis	Stevens-Johnson syndrome
Hidradenitis suppurativa	Tinea infections
Impetigo	Tinea versicolor
Kaposi sarcoma	Toxic epidermal necrolysis
Lice	Urticaria
Lichen planus	Verrucae
Lichen simplex chronicus	Vitiligo
Lipomas/epithelial inclusion cysts	



## ENDOCRINOLOGY

Adrenal insufficiency  
Cushing disease  
Diabetes mellitus

Hyperthyroidism  
Hypothyroidism

## PSYCHIATRY/BEHAVIORAL MEDICINE

Anorexia nervosa  
Anxiety disorders  
Bipolar disorders  
Bulimia nervosa  
Insomnia disorder  
Major depressive disorder

Panic disorder  
Posttraumatic stress disorder  
Specific phobia  
Spouse or partner neglect/violence  
Substance use disorders  
Suicide

## UROLOGY/RENAL

Balanitis  
Benign prostatic hyperplasia  
Chlamydia  
Cystitis  
Epididymitis  
Glomerulonephritis  
Gonorrhea

Hernias  
Nephrolithiasis  
Orchitis  
Prostatitis  
Pyelonephritis  
Testicular cancer  
Urethritis

## HEMATOLOGY

Anemia  
Clotting disorders  
Leukemia

Lymphomas  
Polycythemia  
Thrombocytopenia

## INFECTIOUS DISEASES

Human immunodeficiency virus  
Influenza  
Lyme disease  
Meningitis

Mononucleosis  
Salmonellosis  
Shigellosis





## URGENT CARE

Acute abdomen	Hypertensive crisis
Allergic reaction/anaphylaxis	Ingesting harmful substances (poisonings)
Bites/stings	Myocardial infarction
Burns	Orbital cellulitis
Cardiac failure/arrest	Pneumothorax
Deteriorating mental status/unconscious patient	Pulmonary embolus
Foreign body aspiration	Respiratory failure/arrest
Fractures/dislocations	Sprains/strains
	Third trimester bleeding

\*\*Updates include style and spacing changes, organization in content area size order, and renaming the Urology/Renal topic “benign prostatic hypertrophy” to the more current “benign prostatic hyperplasia.”

**Philadelphia College of Osteopathic Medicine**

**DEPARTMENT OF PHYSICIAN ASSISTANT STUDIES**

**COURSE SYLLABUS**

<b>Course Title</b>	Internal Medicine Preceptorship – PHYA 551
<b>Description</b>	<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>
<b>Course Goals</b>	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.
<b>Course Competencies and Program</b>	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*. 20th ed. New York: McGraw-Hill Professional.

Papadakis M, McPhee SJ, Rabow MW, eds. *CURRENT Medical Diagnosis and Treatment 2019*. New York: McGraw-Hill Medical.

**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 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 the student will take a written examination based on the topic list for that preceptorship. They must pass the specific rotation examination in order to pass the preceptorship. If a failing grade is attained on the examination they must participate in a remediation program. Following the remediation program, the student will be reassessed. Failure to attain a passing grade 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.

**Course Directors** Paul Krajewski, MS, MEd, PA-C  
Director of Clinical Studies  
PaulKr@pcom.edu  
Phone: 215-871-6754

Melissa Eiseman, MMS, PA-C  
Clinical Coordinator  
melissaei@pcom.edu  
Phone: 215-871-6795

James Becker, MS, PA-C  
Coordinator of Clinical Studies  
JamesBec@pcom.edu  
Phone: 678-225-2365





## Internal Medicine End of Rotation™ EXAM TOPIC LIST

### CARDIOVASCULAR

Angina pectoris	Myocardial infarction
Cardiac arrhythmias/conduction disorders	Myocarditis
Cardiomyopathy	Pericarditis
Congestive heart failure	Peripheral vascular disease
Coronary vascular disease	Rheumatic fever
Endocarditis	Rheumatic heart disease
Heart murmurs	Valvular heart disease
Hyperlipidemia	Vascular disease
Hypertension	

### PULMONOLOGY

Acute/chronic bronchitis	Pneumoconiosis
Asthma	Pneumonia (viral, bacterial, fungal, human immunodeficiency virus-related)
Bronchiectasis	Pulmonary hypertension
Carcinoid tumor	Pulmonary neoplasm
Chronic obstructive pulmonary disease	Sarcoidosis
Cor pulmonale	Solitary pulmonary nodule
Hypoventilation syndrome	
Idiopathic pulmonary fibrosis	



## GASTROINTESTINAL/NUTRITIONAL

Acute and chronic hepatitis	Esophageal varices
Acute/chronic pancreatitis	Esophagitis
Anal fissure/fistula	Gastritis
Cancer of rectum, colon, esophagus, stomach	Gastroenteritis
Celiac disease	Gastroesophageal reflux disease
Cholangitis	Hemorrhoid
Cholecystitis	Hepatic cancer
Cholelithiasis	Hiatal hernia
Cirrhosis	Irritable bowel syndrome
Crohn disease	Mallory-Weiss tear
Diverticular disease	Peptic ulcer disease
Esophageal strictures	Ulcerative colitis

## ORTHOPEDICS/RHEUMATOLOGY

Fibromyalgia	Reactive arthritis
Gout/pseudogout	Rheumatoid arthritis
Polyarteritis nodosa	Sjögren syndrome
Polymyalgia rheumatica	Systemic lupus erythematosus
Polymyositis	Systemic sclerosis (scleroderma)

## ENDOCRINOLOGY

Acromegaly	Hypocalcemia
Addison's disease	Hyponatremia
Cushing disease	Hypoparathyroidism
Diabetes insipidus	Hypothyroidism
Diabetes mellitus (type I & type II)	Paget disease of the bone
Hypercalcemia	Pheochromocytoma
Hypernatremia	Pituitary adenoma
Hyperparathyroidism	Thyroid cancer
Hyperthyroidism/thyroiditis	



## NEUROLOGY

Bell palsy	Huntington disease
Cerebral aneurysm	Intracranial tumors
Cerebral vascular accident	Meningitis
Cluster headaches	Migraine headaches
Coma	Multiple sclerosis
Complex regional pain syndrome	Myasthenia gravis
Concussion	Parkinson disease
Delirium	Peripheral neuropathies
Dementia	Seizure disorders
Encephalitis	Syncope
Essential tremor	Tension headaches
Giant cell arteritis	Transient ischemic attacks
Guillain-Barré syndrome	

## UROLOGY/RENAL

Acid base disturbances	Nephritic syndrome
Acute and chronic renal failure	Nephritis
Acute interstitial nephritis	Polycystic kidney disease
Benign prostatic hyperplasia	Prostate cancer
Bladder cancer	Prostatitis
Epididymitis	Pyelonephritis
Erectile dysfunction	Renal calculi
Glomerulonephritis	Renal cell carcinoma
Hydrocele	Renal vascular disease
Hydronephrosis	Testicular torsion
Hypervolemia	Urinary tract infection
Hypovolemia	Varicocele



## CRITICAL CARE

Acute abdomen	Diabetic ketoacidosis/acute hypoglycemia
Acute adrenal insufficiency	Hypertensive crisis
Acute gastrointestinal bleed	Myocardial infarction
Acute glaucoma	Pericardial effusion
Acute respiratory distress/failure	Pneumothorax
Angina pectoris	Pulmonary embolism
Cardiac arrest	Seizures
Cardiac arrhythmias and blocks	Shock
Cardiac failure	Status epilepticus
Cardiac tamponade	Thyroid storm
Coma	

## HEMATOLOGY

Acute/chronic leukemia	Lymphoma
Anemia of chronic disease	Multiple myeloma
Clotting factor disorders	Sickle cell anemia
G6PD deficiency anemia	Thalassemia
Hypercoagulable state	Thrombotic thrombocytopenic purpura
Idiopathic thrombocytopenic purpura	Vitamin B12 and folic acid deficiency anemia
Iron deficiency anemia	



INFECTIOUS DISEASE	
Botulism	Lyme disease
Candidiasis	Parasitic infections
Chlamydia	Pertussis
Cholera	Pneumocystis
Cryptococcus	Rabies
Cytomegalovirus	Rocky Mountain spotted fever
Diphtheria	Salmonellosis
Epstein-Barr infection	Shigellosis
Gonococcal infections	Syphilis
Herpes simplex infection	Tetanus
Histoplasmosis	Toxoplasmosis
Human immunodeficiency virus infection	Tuberculosis
Influenza	Varicella zoster

\*\*Updates include style and spacing changes, organization in content area size order, and renaming the Urology/renal topic “benign prostatic hypertrophy” to the more current “benign prostatic hyperplasia.”

**Philadelphia College of Osteopathic Medicine**

**DEPARTMENT OF PHYSICIAN ASSISTANT STUDIES**

**COURSE SYLLABUS**

<b>Course Title</b>	Emergency Medicine Preceptorship – PHYA 553
<b>Description</b>	<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>
<b>Course Goals</b>	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.
<b>Course Competencies and Program</b>	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*. 8th ed. New York: McGraw-Hill Professional; 2017.

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; 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 the student will take a written examination based on the topic list for that preceptorship. They must pass the specific rotation examination in order to pass the preceptorship. If a failing grade is attained on the examination they must participate in a remediation program. Following the remediation program, the student will be reassessed. Failure to attain a passing grade 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.

**Course Directors**

Paul Krajewski, MS, MEd, PA-C  
Director of Clinical Studies  
PaulKr@pcom.edu  
Phone: 215-871-6754

Melissa Eiseman, MMS, PA-C  
Clinical Coordinator  
melissaei@pcom.edu  
Phone: 215-871-6795

James Becker, MS, PA-C  
Coordinator of Clinical Studies  
JamesBec@pcom.edu  
Phone: 678-225-2365



# Emergency Medicine End of Rotation™

## EXAM TOPIC LIST

### CARDIOVASCULAR

Acute/subacute bacterial endocarditis	Heart failure
Angina	Hypertensive emergencies
Arrhythmias	Hypotension (cardiogenic shock, orthostatic hypotension)
Cardiac tamponade	Orthopnea
Chest pain	Palpitations
Conduction disorders (atrial fibrillation/flutter, supraventricular tachycardia, bundle branch block, ventricular tachycardia/fibrillation, premature beats)	Pericardial effusion
Coronary heart disease (non-ST acute myocardial infarction, ST segment elevation acute myocardial infarction, angina pectoris, unstable angina, Prinzmetal/variant angina)	Peripheral vascular disease
Dyspnea on exertion	Syncope
Edema	Valvular disease (aortic stenosis, aortic regurgitation, mitral stenosis, mitral regurgitation)
	Vascular disease (aortic aneurysm/dissection, arterial occlusion/thrombosis, phlebitis)

### ORTHOPEDECS/RHEUMATOLOGY

Back strain/sprain	Herniated disk
Bursitis/tendonitis	Low back pain
Cauda equina	Osteomyelitis
Costochondritis	Pain
Ecchymosis/erythema	Septic arthritis
Fractures/dislocations (shoulder, forearm/wrist/hand, hip, knee, ankle/foot)	Soft tissue injuries
Gout	Sprains/strains
	Swelling/deformity



## GASTROINTESTINAL/NUTRITIONAL

Abdominal pain	Giardiasis and other parasitic infections
Acute appendicitis	Heartburn
Acute cholecystitis	Hematemesis
Acute hepatitis	Hemorrhoids (thrombosed)
Acute pancreatitis	Hernia (incarcerated/strangulated)
Anal fissure/fistula/abscess	Infectious diarrhea
Anorexia	Inflammatory bowel disease/toxic megacolon
Change in bowel habits/diarrhea/constipation	Ischemic bowel disease
Cholangitis	Jaundice
Cirrhosis	Mallory-Weiss tear
Diarrhea/constipation	Melena; bleeding per rectum
Diverticular disease	Nausea/vomiting
Esophagitis	Obstruction (small bowel, large bowel, volvulus)
Gastritis	Peptic ulcer disease
Gastroenteritis	
Gastrointestinal bleeding	

## PULMONOLOGY

Acute bronchiolitis	Pleural effusion
Acute bronchitis	Pleuritic chest pain
Acute epiglottitis	Pneumonia (bacterial, viral, fungal, human immunodeficiency virus-related)
Acute respiratory distress syndrome	Pneumothorax
Asthma	Pulmonary embolism
Croup	Respiratory syncytial virus
Foreign body aspiration	Shortness of breath
Hemoptysis	Tuberculosis
Influenza	Wheezing
Lung cancer	
Pertussis	



## NEUROLOGY

Altered level of consciousness/coma	Numbness/paresthesia
Bell palsy	Seizure (symptom)
Encephalitis	Seizure disorders
Epidural/subdural hematoma	Spinal cord injury
Guillain-Barré syndrome	Status epilepticus
Head trauma/concussion/contusion	Stroke
Headache (migraine, cluster, tension)	Subarachnoid hemorrhage/cerebral aneurysm
Intracerebral hemorrhage	Syncope
Loss of consciousness/change in mental status	Transient ischemic attack
Loss of coordination/ataxia	Vertigo
Loss of memory	Weakness/paralysis
Meningitis	

## ENOT/OPHTHALMOLOGY

Acute laryngitis	Hyphema
Acute otitis media	Labyrinthitis
Acute pharyngitis (viral, bacterial)	Macular degeneration (wet)
Acute sinusitis	Mastoiditis
Allergic rhinitis	Nasal congestion
Barotrauma	Optic neuritis
Blepharitis	Orbital cellulitis
Blow-out fracture	Otitis externa
Conjunctivitis	Papilledema
Corneal abrasion/ulcer	Peritonsillar abscess
Dacryoadenitis	Retinal detachment
Dental abscess	Retinal vein occlusion
Ear pain	Sore throat
Epiglottitis	Trauma/hematoma (external ear)
Epistaxis	Tympanic membrane perforation
Foreign body (eye, ear, nose)	Vertigo
Glaucoma (acute angle closure)	Vision loss



## UROLOGY/RENAL

Acid/base disorders  
Acute renal failure  
Cystitis  
Dysuria  
Epididymitis  
Fluid and electrolyte disorders  
Glomerulonephritis  
Hematuria  
Hernias

Incontinence  
Nephrolithiasis  
Orchitis  
Prostatitis  
Pyelonephritis  
Suprapubic/flank pain  
Testicular torsion  
Urethritis

## DERMATOLOGY

Bullous pemphigoid  
Burns  
Cellulitis  
Dermatitis (eczema, contact)  
Discharge  
Drug eruptions  
Erysipelas  
Herpeszoster  
Impetigo  
Itching

Lice  
Pilonidal disease  
Pressure sores  
Rash  
Scabies  
Spider bites  
Stevens-Johnson syndrome  
Toxic epidermal necrolysis  
Urticaria  
Viral exanthems

## ENDOCRINOLOGY

Adrenal insufficiency  
Cushing disease  
Diabetes insipidus  
Diabetes mellitus  
Diabetic ketoacidosis  
Heat/cold intolerance  
Hyperparathyroidism

Hyperthyroidism  
Hypothyroidism  
Nonketotic hyperglycemia  
Palpitations  
Thyroiditis  
Tremors



## OBSTETRICS/GYNECOLOGY

Amenorrhea	Pelvic inflammatory disease
Dysfunctional uterine bleeding	Pelvic pain/dysmenorrhea
Ectopic pregnancy	Placenta abruption
Endometriosis	Placenta previa
Fetal distress	Premature rupture of membranes
Intrauterine pregnancy	Spontaneous abortion
Mastitis/breast abscess	Vaginal discharge
Ovarian cysts	Vaginitis

## PSYCHIATRY/BEHAVIORAL MEDICINE

Anxiety disorders	Schizophrenia spectrum and other psychotic disorders
Bipolar and related disorders	Spouse or partner neglect/violence
Depressive disorders	Substance use disorders
Neurocognitive disorders	Suicide
Panic disorder	
Posttraumatic stress disorder	

## HEMATOLOGY

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

\*\*Updates include style and spacing changes and organization in content area size order. No content changes were made.



**Philadelphia College of Osteopathic Medicine**

**DEPARTMENT OF PHYSICIAN ASSISTANT STUDIES**

**COURSE SYLLABUS**

<b>Course Title</b>	Prenatal Care and Gynecology Preceptorship – PHYA 554
<b>Description</b>	<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>
<b>Course Goals</b>	<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 prenatal care and gynecology practice.</p>

**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 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.R., Ling, F.W. (2019) Beckmann and Ling's Obstetrics and Gynecolog. 8<sup>th</sup> ed. Philadelphia: Wolters-Kluwer.

Cunningham F, Leveno K, Bloom S, Spong CY, Dashe J. *Williams Obstetrics*. 25th ed. McGraw-Hill Professional; 2018.

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 the student will take a written examination based on the topic list for that preceptorship. They must pass the specific rotation examination in order to pass the preceptorship. If a failing grade is attained on the examination they must participate in a remediation program. Following the remediation program, the student will be reassessed. Failure to attain a passing grade 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.

### **Course Directors**

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Director of Clinical Studies  
PaulKr@pcom.edu  
Phone: 215-871-6754

Melissa Eiseman, MMS, PA-C  
Clinical Coordinator  
melissaei@pcom.edu  
Phone: 215-871-6795

James Becker, MS, PA-C  
Coordinator of Clinical Studies  
JamesBec@pcom.edu  
Phone: 678-225-2365



## Women's Health End of Rotation™ EXAM TOPIC LIST

### GYNECOLOGY

#### MENSTRUATION

Amenorrhea	Normal physiology
Dysfunctional uterine bleeding	Premenstrual dysphoric disorder
Dysmenorrhea	Premenstrual syndrome
Menopause	

#### INFECTIONS

Cervicitis (gonorrhea, chlamydia, herpes simplex, human papilloma virus)	Pelvic Inflammatory disease
Chancroid	Syphilis
Lymphogranuloma venereum	Vaginitis (trichomoniasis, bacterial vaginosis, atrophic vaginitis, candidiasis)

#### NEOPLASMS

Breast cancer	Endometrial cancer
Cervical carcinoma	Ovarian neoplasms
Cervical dysplasia	Vaginal/vulvar neoplasms

#### DISORDERS OF THE BREAST

Breast abscess	Fibrocystic disease
Breast fibroadenoma	Mastitis

#### STRUCTURAL ABNORMALITIES

Cystocele	Rectocele
Ovarian torsion	Uterine prolapse



## OTHER

Contraceptive methods  
Endometriosis  
Infertility  
Leiomyoma

Ovarian cyst  
Sexual assault  
Spouse or partner neglect/violence  
Urinary incontinence

## OBSTETRICS

### PRENATAL CARE/NORMAL PREGNANCY

Apgar score  
Fetal position  
Multiple gestation

Normal labor and delivery (stages, duration, mechanism of delivery, monitoring)  
Physiology of pregnancy  
Prenatal diagnosis/care

### PREGNANCY COMPLICATIONS

Abortion  
Ectopic pregnancy  
Gestational diabetes  
Gestational trophoblastic disease (molar pregnancy, choriocarcinoma)  
Incompetent cervix

Placenta abruption  
Placenta previa  
Preeclampsia/eclampsia  
Pregnancy induced hypertension  
Rh incompatibility

### LABOR AND DELIVERY COMPLICATIONS

Breech presentation  
Dystocia  
Fetal distress

Premature rupture of membranes  
Preterm labor  
Prolapsed umbilical cord

### POSTPARTUM CARE

Endometritis  
Normal physiology changes of puerperium

Perineal laceration/episiotomy care  
Postpartum hemorrhage

\*Updates include style and spacing changes, and organization in content area size order.



**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; 2016.

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

**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 the student will take a written examination based on the topic list for that preceptorship. They must pass the specific rotation examination in order to pass the preceptorship. If a failing grade is attained on the examination they must participate in a remediation program. Following the remediation program, the student will be reassessed. Failure to attain a passing grade 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.

### **Course Directors**

Paul Krajewski, MS, MEd, PA-C  
Director of Clinical Studies  
PaulKr@pcom.edu  
Phone: 215-871-6754

Melissa Eiseman, MMS, PA-C  
Clinical Coordinator  
melissaei@pcom.edu  
Phone: 215-871-6795

James Becker, MS, PA-C  
Coordinator of Clinical Studies  
JamesBec@pcom.edu  
Phone: 678-225-2365



# General Surgery End of Rotation™

## EXAM TOPIC LIST

### GASTROINTESTINAL/NUTRITIONAL

Abdominal pain	Heartburn/dyspepsia
Acute/chronic cholecystitis	Hematemesis
Acute/chronic pancreatitis	Hemorrhoids
Anal disease (fissures, abscess, fistula)	Hepatic carcinoma
Anorexia	Hernias (inguinal, femoral, incisional)
Appendicitis	Hiatal hernia
Bariatric surgery	Inflammatory bowel disease
Bowel obstruction (small, large, volvulus)	Jaundice
Cholangitis	Melena/hematochezia
Cholelithiasis/choledocholithiasis	Nausea/vomiting
Colorectal carcinoma	Pancreatic carcinoma
Diarrhea/constipation/obstipation/change in bowel habits	Pancreatic pseudocyst
Diverticular disease	Peptic ulcer disease
Esophageal cancer	Pyloric stenosis
Esophageal strictures	Small bowel carcinoma
Gastric cancer	Toxic megacolon

### PREOPERATIVE/POSTOPERATIVE CARE

Acid/base disorders	Metabolic disease (history of diabetes, adrenal insufficiency)
Cardiac disease (history of myocardial infarction, unstable angina, valvular disease, hypertension, arrhythmias, heart failure)	Pulmonary disease (history of asthma, chronic obstructive pulmonary disease)
Deep venous thrombosis	Risk assessment
Electrolyte disorders	Substance use disorder
Hematologic disease (history of clotting disorders, anticoagulant use)	Tobacco use/dependence
Fluid/volume disorders (volume overload/depletion)	Postoperative fever
	Wounds/infections



## CARDIOVASCULAR

Aortic aneurysm/dissection  
Arterial embolism/thrombosis  
Arterial/venous ulcer disease  
Chest pain; history of angina  
Claudication

Dyspnea on exertion  
Peripheral arterial disease  
Syncope  
Varicose veins

## ENDOCRINOLOGY

Adrenal carcinoma  
Fatigue  
Heat/cold intolerance  
Hyperparathyroidism  
Hyperthyroidism

Palpitations  
Pheochromocytoma  
Thyroid carcinoma  
Thyroid nodules  
Tremors

## DERMATOLOGY

Basal cell carcinoma  
Burns  
Cellulitis  
Discharge  
Drug eruptions (postoperative)  
Melanoma

Pressure ulcers  
Rash  
Redness/erythema  
Squamous cell carcinoma  
Urticaria (postoperative)

## NEUROLOGY

Change in speech  
Change in vision  
Epidural hematoma  
Motor and/or sensory loss

Subarachnoid hemorrhage  
Subdural hematoma  
Vascular disorders (carotid disease)





## UROLOGY/RENAL

Acid/base disorders  
Bladder carcinoma  
Chronic renal failure (shunts/access)  
Dysuria  
Edema  
Fluid and electrolyte disorders  
Nephrolithiasis

Orthostatic hypotension  
Renal cell carcinoma  
Renal vascular disease  
Testicular carcinoma  
Urinary retention  
Wilms tumor

## HEMATOLOGY

Anemia  
Easy bruising/bleeding

Fatigue

## PULMONOLOGY

Hemoptysis  
Lung carcinoma  
Pleural effusion  
Pneumonia (postoperative)

Pneumothorax  
Shortness of breath  
Weight loss, fatigue

## OBSTETRICS/GYNECOLOGY

Adenopathy  
Benign breast disease (fibroadenomas,  
fibrocystic breast disease)  
Breast carcinoma

Nipple discharge  
Pain  
Skin changes

\*\*Updates include style and spacing changes and organization in content area size order. No content changes were made.

**Philadelphia College of Osteopathic Medicine**

**DEPARTMENT OF PHYSICIAN ASSISTANT STUDIES**

**COURSE SYLLABUS**

<b>Course Title</b>	Behavioral Medicine Preceptorship – PHYA 556
<b>Description</b>	<p>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.</p> <p>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.</p> <p>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>

<b>Course Goals</b>	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.
<b>Course Competencies and Program Defined Expectations</b>	<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**

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 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**

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

*Diagnostic & Statistical Manual of Mental Disorders*, 5<sup>th</sup> Edition  
American Psychiatric Association

**Assignments and Grading**

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

**Preceptor Evaluation of Student**

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training and may not complete your evaluation.

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Grading – 30% of the preceptorship grade

### **End of Rotation Examination**

On Senior Fridays the student will take a written examination based on the topic list for that preceptorship. They must pass the specific rotation examination in order to pass the preceptorship. If a failing grade is attained on the examination they must participate in a remediation program. Following the remediation program, the student will be reassessed. Failure to attain a passing grade 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.

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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.

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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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PaulKr@pcom.edu  
Phone: 215-871-6754

Melissa Eiseman, MMS, PA-C  
Clinical Coordinator  
melissaei@pcom.edu  
Phone: 215-871-6795

James Becker, MS, PA-C  
Coordinator of Clinical Studies  
JamesBec@pcom.edu  
Phone: 678-225-2365





## Psychiatry & Behavioral Health End of Rotation™ EXAM TOPIC LIST

### DEPRESSIVE DISORDERS; BIPOLAR AND RELATED DISORDERS

Bipolar I disorder	Major depressive disorder
Bipolar II disorder	Persistent depressive disorder (dysthymia)
Cyclothymic disorder	

### ANXIETY DISORDERS; TRAUMA- AND STRESS-RELATED DISORDERS

Generalized anxiety disorder	Post-traumatic stress disorder
Panic disorder	Specific phobias
Phobic disorders	

### SUBSTANCE-RELATED DISORDERS

Alcohol-related disorders	Sedative-, hypnotic-, or anxiolytic-related disorders
Cannabis-related disorders	Stimulant-related disorders
Hallucinogen-related disorders	Tobacco-related disorders
Inhalant-related disorders	
Opioid-related disorders	

### SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDERS

Delusional disorder	Schizophrenia
Schizoaffective disorder	Schizophreniform disorder

### DISRUPTIVE, IMPULSE-CONTROL AND CONDUCT DISORDERS; NEURODEVELOPMENTAL DISORDERS

Attention-deficit/hyperactivity disorder	Conduct disorder
Autism spectrum disorder	Oppositional defiant disorder



## PERSONALITY DISORDERS; OBSESSIVE-COMPULSIVE AND RELATED DISORDERS

Antisocial personality disorder  
Avoidant personality disorder  
Body dysmorphic disorder  
Borderline personality disorder  
Dependent personality disorder  
Histrionic personality disorder

Narcissistic personality disorder  
Obsessive-compulsive disorder  
Obsessive-compulsive personality disorder  
Paranoid personality disorder  
Schizoid personality disorder  
Schizotypal personality disorder

## SOMATIC SYMPTOM AND RELATED DISORDERS; NONADHERENCE TO MEDICAL TREATMENT

Factitious disorder  
Illness anxiety disorder

Somatic symptom disorder

## FEEDING OR EATING DISORDERS

Anorexia nervosa

Bulimia nervosa

## PARAPHILIC DISORDERS; SEXUAL DYSFUNCTIONS

Exhibitionistic disorder  
Female sexual interest/arousal disorder  
Fetishistic disorder  
Male hypoactive sexual desire disorder

Pedophilic disorder  
Sexual masochism disorder  
Voyeuristic disorder

\*Updates include style and spacing changes, and organization in content area size order.

**Philadelphia College of Osteopathic Medicine**

**DEPARTMENT OF PHYSICIAN ASSISTANT STUDIES**

**COURSE SYLLABUS**

<b>Course Title</b>	Pediatrics Preceptorship – PHYA 557
<b>Description</b>	<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>
<b>Course Goals</b>	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.
<b>Course Competencies and Program</b>	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*. 24th ed. New York: McGraw- Hill Professional; 2018.

Kliegman RM, St. Geme J, Blum N, Shah, S, Tasker, R, Wilson, K and Behrman, R *Nelson Textbook of Pediatrics*. 21st ed. Philadelphia: Elsevier; 2019.

**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 the student will take a written examination based on the topic list for that preceptorship. They must pass the specific rotation examination in order to pass the preceptorship. If a failing grade is attained on the examination they must participate in a remediation program. Following the remediation program, the student will be reassessed. Failure to attain a passing grade 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.

### **Course Directors**

Paul Krajewski, MS, MEd, PA-C  
Director of Clinical Studies  
PaulKr@pcom.edu  
Phone: 215-871-6754

Melissa Eiseman, MMS, PA-C  
Clinical Coordinator  
melissaei@pcom.edu  
Phone: 215-871-6795

James Becker, MS, PA-C  
Coordinator of Clinical Studies  
JamesBec@pcom.edu  
Phone: 678-225-2365



## Pediatrics End of Rotation™ EXAM TOPIC LIST

### DERMATOLOGY

Acne vulgaris	Lice
Androgenetic alopecia	Lichen planus
Atopic dermatitis	Pityriasis rosea
Burns	Scabies
Contact dermatitis	Stevens-Johnson syndrome
Dermatitis (diaper, perioral)	Tinea
Drug eruptions	Toxic epidermal necrolysis
Erythema multiforme	Urticaria
Exanthems	Verrucae
Impetigo	

### ENOT/OPHTHALMOLOGY

Acute otitis media	Mastoiditis
Acute pharyngotonsillitis	Oral candidiasis
Allergic rhinitis	Orbital cellulitis
Conjunctivitis	Otitis externa
Epiglottitis	Peritonsillar abscess
Epistaxis	Strabismus
Hearing impairment	Tympanic membrane perforation

### INFECTIOUS DISEASE

Atypical mycobacterial disease	Mumps
Epstein-Barr disease	Pertussis
Erythema infectiosum	Pinworms
Hand-foot-and-mouth disease	Roseola
Herpes simplex	Rubella
Influenza	Varicella infection
Measles	



## PULMONOLOGY

Acute bronchiolitis	Foreign body
Asthma	Hyaline membrane disease
Croup	Pneumonia (bacterial, viral)
Cystic fibrosis	Respiratory syncytial virus

## CARDIOVASCULAR

Acute rheumatic fever	Patent ductus arteriosus
Atrial septal defect	Syncope
Coarctation of the aorta	Tetralogy of Fallot
Hypertrophic cardiomyopathy	Ventricular septal defect
Kawasaki disease	

## GASTROINTESTINAL/NUTRITIONAL SYSTEM

Appendicitis	Inguinal hernia
Colic	Intussusception
Constipation	Jaundice
Dehydration	Lactose intolerance
Duodenal atresia	Niacin deficiencies
Encopresis	Pyloric stenosis
Foreign body	Umbilical hernia
Gastroenteritis	Vitamin A deficiency
Gastroesophageal reflux disease	Vitamin C deficiency
Hepatitis	Vitamin D deficiency
Hirschsprung disease	

## NEUROLOGY/DEVELOPMENTAL

Anticipatory guidance	Normal growth and development
Down syndrome	Seizure disorders
Febrile seizure	Teething
Immunization guidelines	Turner syndrome
Meningitis	



## PSYCHIATRY/BEHAVIORAL MEDICINE

Anxiety disorders	Disruptive, impulse-control, and conduct disorders
Attention-deficit/hyperactivity disorder	Feeding or eating disorders
Autism spectrum disorder	Suicide
Child abuse and neglect	
Depressive disorders	

## ORTHOPEDICS/RHEUMATOLOGY

Avascular necrosis of the proximal femur	Nursemaid elbow
Congenital hip dysplasia	Osgood-Schlatter disease
Juvenile rheumatoid arthritis	Scoliosis
Neoplasia of the musculoskeletal system	Slipped capital femoral epiphysis

## ENDOCRINOLOGY

Diabetes mellitus	Hypothyroidism
Hypercalcemia	Obesity
Hyperthyroidism	Short stature

## HEMATOLOGY

Anemia	Lead poisoning
Bleeding disorders	Leukemia
Brain tumors	Lymphoma
Hemophilia	Neutropenia

## UROLOGY/RENAL

Cryptorchidism	Hypospadias
Cystitis	Paraphimosis
Enuresis	Phimosis
Glomerulonephritis	Testicular torsion
Hydrocele	Vesicourethral reflux

\*\*Updates include style and spacing changes and organization in content area size order. No content changes were made.

**Philadelphia College of Osteopathic Medicine**

**DEPARTMENT OF PHYSICIAN ASSISTANT STUDIES**

**COURSE SYLLABUS**

<b>Course Title</b>	Elective Preceptorship – PHYA 558
<b>Description</b>	<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>
<b>Course Goals</b>	<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>
<b>Course Competencies and Program Defined Expectations</b>	<p>This course is designed to develop the following competencies selected from the program’s competencies and program-defined expectations:</p> <ul style="list-style-type: none"><li>PDE 1: Provide care across the lifespan, regardless of medical condition, gender, race, ethnicity, or other diverse quality.</li><li>PDE 2: Apply knowledge of basic sciences with a focus on clinical application.</li><li>PDE 3: Elicit a detailed and accurate history, and perform a comprehensive physical exam.</li><li>PDE 4: Obtain a directed history based on patient presentation, and perform a focused physical exam.</li><li>PDE 5: Communicate effectively as a health care professional.</li><li>PDE 6: Work collaboratively with other members of the healthcare team in providing appropriate patient care.</li><li>PDE 7: Analyze, integrate, and synthesize data from the patient medical record.</li><li>PDE 8: Draw upon a fund of medical knowledge in order to formulate a differential diagnosis.</li><li>PDE 9: Identify, order, perform, and interpret the appropriate diagnostic studies or procedures.</li><li>PDE 10: Formulate and document an individual</li></ul>

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 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 2nd, 2020.

**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**

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, of 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

The student is to submit to the faculty, a printed copy of their presentation outline (limited to 2 pages) or slides, as well as two journal articles identified during their literature review that helped inform their presentation (including both the full-text and abstract).  
Grading – 70% of the preceptorship grade

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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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PaulKr@pcom.edu  
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# Preceptor Evaluation of Student

PRECEPTOR	STUDENT	PRECEPTORSHIP DATES From    /    /    To    /    /
CLINICAL SITE		
PRECEPTORSHIP (CHECK ONE) <input type="checkbox"/> INTERNAL MEDICINE <input type="checkbox"/> FAMILY MEDICINE <input type="checkbox"/> EMERGENCY MEDICINE <input type="checkbox"/> GYN/PRENATAL <input type="checkbox"/> GENERAL SURGERY <input type="checkbox"/> BEHAVIORAL MEDICINE <input type="checkbox"/> PEDIATRICS <input type="checkbox"/> ELECTIVE _____		
<b>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.</b>		

WHAT IS YOUR <b>OVERALL</b> RATING OF THIS STUDENT?			
<input type="checkbox"/> Very Satisfied	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Dissatisfied	<input type="checkbox"/> Very Dissatisfied

## A. MEDICAL INTERVIEW

<b>10</b>	<b>9</b>	<b>8</b>	<b>7</b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>N/O</b>
Exceptional	Above Expectation	Expected Level	Minimum Passing	Failing	Failing	Failing	Failing	Failing	Failing	Not Observed

Data collection always thorough and reliable

Data is incomplete, inaccurate or data too superficial.

## B. PHYSICAL EXAMINATION

<b>10</b>	<b>9</b>	<b>8</b>	<b>7</b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>N/O</b>
Exceptional	Above Expectation	Expected Level	Minimum Passing	Failing	Failing	Failing	Failing	Failing	Failing	Not Observed

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

<b>10</b>	<b>9</b>	<b>8</b>	<b>7</b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>N/O</b>
Exceptional	Above Expectation	Expected Level	Minimum Passing	Failing	Failing	Failing	Failing	Failing	Failing	Not Observed

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

<b>10</b>	<b>9</b>	<b>8</b>	<b>7</b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>N/O</b>
Exceptional	Above Expectation	Expected Level	Minimum Passing	Failing	Failing	Failing	Failing	Failing	Failing	Not Observed

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

<b>10</b>	<b>9</b>	<b>8</b>	<b>7</b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>N/O</b>
Exceptional	Above Expectation	Expected Level	Minimum Passing	Failing	Failing	Failing	Failing	Failing	Failing	Not Observed

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

<b>10</b>	<b>9</b>	<b>8</b>	<b>7</b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>N/O</b>
Exceptional	Above Expectation	Expected Level	Minimum Passing	Failing	Failing	Failing	Failing	Failing	Failing	Not Observed

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

<b>10</b>	<b>9</b>	<b>8</b>	<b>7</b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>N/O</b>
Exceptional	Above Expectation	Expected Level	Minimum Passing	Failing	Failing	Failing	Failing	Failing	Failing	Not Observed

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

<b>10</b>	<b>9</b>	<b>8</b>	<b>7</b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>N/O</b>
Exceptional	Above Expectation	Expected Level	Minimum Passing	Failing	Failing	Failing	Failing	Failing	Failing	Not Observed

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

<b>10</b>	<b>9</b>	<b>8</b>	<b>7</b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>N/O</b>
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Exceptional      Above Expectation      Expected Level      Minimum Passing      Failing      Failing      Failing      Failing      Failing      Failing      Not Observed

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**

<b>10</b>	<b>9</b>	<b>8</b>	<b>7</b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>N/O</b>
Exceptional	Above Expectation	Expected Level	Minimum Passing	Failing	Failing	Failing	Failing	Failing	Failing	Not Observed

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**

<b>10</b>	<b>9</b>	<b>8</b>	<b>7</b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>N/O</b>
Exceptional	Above Expectation	Expected Level	Minimum Passing	Failing	Failing	Failing	Failing	Failing	Failing	Not Observed

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**

<b>10</b>	<b>9</b>	<b>8</b>	<b>7</b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>N/O</b>
Exceptional	Above Expectation	Expected Level	Minimum Passing	Failing	Failing	Failing	Failing	Failing	Failing	Not Observed

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**

<b>10</b>	<b>9</b>	<b>8</b>	<b>7</b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>N/O</b>
Exceptional	Above Expectation	Expected Level	Minimum Passing	Failing	Failing	Failing	Failing	Failing	Failing	Not Observed

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**

<b>10</b>	<b>9</b>	<b>8</b>	<b>7</b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>N/O</b>
Exceptional	Above Expectation	Expected Level	Minimum Passing	Failing	Failing	Failing	Failing	Failing	Failing	Not Observed

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

<b>10</b>	<b>9</b>	<b>8</b>	<b>7</b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>N/O</b>
Exceptional	Above Expectation	Expected Level	Minimum Passing	Failing	Failing	Failing	Failing	Failing	Failing	Not Observed

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**

<b>10</b>	<b>9</b>	<b>8</b>	<b>7</b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>N/O</b>
Exceptional	Above Expectation	Expected Level	Minimum Passing	Failing	Failing	Failing	Failing	Failing	Failing	Not Observed

Available when requested, prompt, completes assignments on time, demonstrates interest.

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

**Q. PROFESSIONALISM**

<b>10</b>	<b>9</b>	<b>8</b>	<b>7</b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>N/O</b>
Exceptional	Above Expectation	Expected Level	Minimum Passing	Failing	Failing	Failing	Failing	Failing	Failing	Not Observed

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).

**A D D I T I O N A L C O M M E N T S**

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.

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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





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/30/2021

**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 have ADDITIONAL INSURED provisions or 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).**

<b>PRODUCER</b> Marsh USA Inc. 1717 Arch Street Philadelphia, PA 19103-2797 Attn: Healthcare.AccountsCSS@marsh.com/FAX: 212 948-1307  CN101988865-PCOM-GLPLU-21-22	<b>CONTACT NAME:</b> _____ <b>PHONE (A/C, No. Ext):</b> _____ <b>FAX (A/C, No):</b> _____ <b>E-MAIL ADDRESS:</b> _____													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Lexington Insurance Company</td> <td>19437</td> </tr> <tr> <td>INSURER B : N/A</td> <td>N/A</td> </tr> <tr> <td>INSURER C : N/A</td> <td>N/A</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Lexington Insurance Company	19437	INSURER B : N/A	N/A	INSURER C : N/A	N/A	INSURER D :		INSURER E :		INSURER F :
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INSURER F :														

**COVERAGES**                      **CERTIFICATE NUMBER:** CLE-005603433-32                      **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	
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ _____ \$	
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ _____ \$	
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED _____    RETENTION \$ _____						EACH OCCURRENCE \$ AGGREGATE \$ _____ \$	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
A	PROFESSIONAL LIABILITY			114-49638	07/01/2021	07/01/2022	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.

<b>CERTIFICATE HOLDER</b>  PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE 4190 CITY LINE AVE PHILADELPHIA, PA 19103	<b>CANCELLATION</b>  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 <i>Manashi Mukherjee</i>
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**PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE**

Philadelphia College of Osteopathic Medicine  
Department of Physician Assistant Studies  
4190 City Avenue  
Philadelphia, PA 19131  
215-871-6772 | 215-871-6702 fax

Georgia Campus – PCOM  
Department of Physician Assistant Studies  
625 Old Peachtree Road NW  
Suwanee, GA 30024  
678-225-7581 | 678-225-7548 fax