

2027-
2028
Clinical
Year

Physician Assistant Program

Clinical Phase Manual for the Cohort of 2028



**Indiana State
University**

DEPARTMENT OF APPLIED MEDICINE AND REHABILITATION



Dear Preceptor and/or Student:

As the direction of health care reform establishes the use of mid-level practitioners to provide quality care, we are in a unique position to fulfill the need through our profession and university. The development of the Master of Science in Physician Assistant Studies program is a part of Indiana State University's commitment to meet the health care needs of the state and region.

This educational mission cannot be accomplished without community partners who play an integral role in the clinical education of health professional students. This manual explains the program goals and expectations of Physician Assistant students in rotations.

Indiana State University's Physician Assistant Program is one of four PA Programs in Indiana and the only state-supported program. The Program has been awarded accreditation continued status by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) but is currently on probation.

The twenty-seven-month curriculum is divided into two phases: a 15-month didactic phase that incorporates the basic sciences, behavioral sciences, didactic clinical instruction and professional role development, followed by a 12-month clinical phase during which students complete 4-week clinical rotations in the disciplines of: family medicine, internal medicine, surgery, women's health, pediatrics, emergency medicine, behavioral medicine, geriatrics and two elective rotations. During the clinical year, students must accomplish clinical objectives in order to complete the degree program and to be optimally prepared for completing the national certifying examination which is a prerequisite to obtaining licensure.

The level of involvement that is expected of Physician Assistant students on any service is typically comparable to that of a fourth year medical student or new intern. PA students tend to have a broader background in health care since most enter the program with prior health professional experience. While there is some degree of variation from student to student in psychomotor skills and knowledge base, the expectations of the preceptors should be no less than that of a fourth year medical student.

Specifically, a Physician Assistant student would be expected to:

- be assigned patients to do complete written histories and physicals
- provide differential diagnoses with therapeutic plans to be reviewed by the preceptors
- Complete appropriate progress notes and orders at the direction of the supervising physician

It is imperative that the student actively participate in patient care so as to be challenged clinically and be given the opportunity to demonstrate to the preceptor the knowledge and psychomotor skills appropriate to the service.

As the Program develops, we plan to continue to immerse our students in the medical community. We value all of our students and preceptors, and hope to continue to form a long lasting partnership with the main goal of preparing outstanding practitioners in the medical field.

Sincerely,

Chelsea Elwood, DMS, PA-C
PA Program Director

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ADDENDUMS TO THE CLINICAL MANUAL MAY BE ADDED THROUGHOUT THE CLINICAL YEAR.

CERTIFICATION OF STUDENTS FOR CLINICAL YEAR

This is to certify that the clinical year students at Indiana State University's Physician Assistant Program comply with the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) standards to begin their clinical phase of training and to participate (under supervision) in patient management.

Before beginning the clinical phase of their education, all of our students:

- Have met the Centers for Disease Control recommendations for immunization requirements to include MMR, Tetanus, Diphtheria, Pertussis, Hepatitis B series, Varicella.
- Have had a negative TB test within the past one year.
- Have successfully met the objectives of the didactic year.
- Have been declared to be in good academic standing.
- Have current liability insurance in the amounts of \$1,000,000/\$3,000,000 or greater.
- Have individual health insurance, verified by the program.
- Have completed OSHA Blood borne Pathogen Training.
- Have completed HIPAA/FERPA training.
- Have completed BLS and ACLS certification.
- Have completed a negative Background Check.

CLINICAL ROTATIONS

Rotation	Course #
Family Medicine	670
Emergency Medicine	671
Surgery	672
Women's Health	673
Internal Medicine	674
Geriatrics	675
Behavioral Medicine	676
Pediatrics	677
Floating	678
Elective I	679
Elective II	680

Total credits for the clinical year = 33

CLINICAL YEAR (12 months)

PASS 670 - 680 is composed of 11 four-week clinical rotation experiences for students who successfully complete the didactic curriculum and are promoted to the clinical year. There are two rotations in which the discipline may be selected by the student. All eleven rotations must be completed in order to progress to the final semester of the program. Each rotation is equivalent to 3 credit hours for a total of 33 credits.

PASS 655 Clinical Project (1 cr) will span the entire clinical year though you will register for this class for only one semester and is an independent study course designed to facilitate the application of research methods learned in PASS 635. You will select a current clinical issue from among your experiences and/or a pressing community or societal issue. A presentation of this project will occur during PASS 686.

Clinical Year Requirements

- Required core rotations:
 1. Family Practice – 4 weeks
 2. Emergency Medicine – 4 weeks
 3. Surgery - 4 weeks
 4. Women’s Health – 4 weeks
 5. Internal Medicine – 4 weeks
 6. Geriatrics – 4 weeks
 7. Behavioral Medicine – 4 weeks
 8. Pediatrics – 4 weeks
- Float rotation (PASS 678)- A repeat of one of the eight (8) core clinical rotations. This rotation may be completed at a different site and/or with a different preceptor than the original core rotation.
- Elective rotation – two 4-week blocks (PASS 679 & PASS 680)
 1. If the program does not have an established rotation in a given discipline, an elective rotation **may** be considered. As part of the approval process for rotations in disciplines and geographic areas outside of those required by the Program, students **must** provide the Clinical Coordinator with complete information about the site needed for considering the request (see Appendix: Elective Request Form).
 - a. There are NO guarantees that a site will take a student or that arrangements will be made in time for the requested elective.
 - b. The request for an elective will not be approved until the student’s clinical progress for the first half of the year is considered competent to support the elective request.
 2. Students are encouraged to use elective rotations wisely in order to strengthen their generalist preparation.
 3. Other notes regarding the Elective:
 - ✓ Student requests for electives may be denied for disciplinary reasons, poor overall academic performance, or poor performance during a required rotation.
 - ✓ Electives may be assigned by the Director of Clinical Education and Program Director to improve a student’s knowledge base in a perceived area of weakness.
 - ✓ Students may be allowed to pursue areas of interest or to strengthen weaknesses.
 - ✓ Students may elect to use their elective with a potential employer, if it can be arranged and if they are meeting the Professional Competencies
 - ✓ Additional months in the required disciplines may also be chosen as electives by the Director of Clinical Education and Program Director for failure to meet the Professional Competencies.

Examples of Elective Rotations include:

Interventional Radiology	Cardiology	Otolaryngology
Dermatology	Endocrinology	Cardiovascular Surgery
Gastroenterology	Infectious Disease	Neurosurgery
Hematology\Oncology	Urology	Orthopedic Surgery
Pulmonology	Neurology	Plastic Surgery

***THE ELECTIVE IS A PRIVILEGE EARNED AND IS SUBJECT TO APPROVAL BY THE DIRECTOR OF CLINICAL EDUCATION
AND PROGRAM DIRECTOR***

General Guidelines for the Clinical Year:

Clinical Rotations allow students, under the supervision of a preceptor, to apply the knowledge and refine the skills learned during the didactic year, in order to develop clinical problem-solving skills.

At the beginning of each rotation, the student should review the clinical learning outcomes developed for that particular clinical rotation with their preceptor. The student can then develop a self-study program to achieve the cognitive goals specified in the objectives.

The clinical learning outcomes listed are representative of the more important conditions PAs might be expected to evaluate and manage during the rotation. They represent the minimum that the PA Program expects students to accomplish in regards to the medical knowledge, interpersonal, technical, professional behaviors, reasoning, and problem-solving skills.

The lists are not all-inclusive or meant to exclude additional learning experiences from the rotations such as completing admission workups (performing the H&P, writing an admission note & orders), performing clinical procedures, and acquiring other clinical competencies (for example: reviewing x-rays with a radiologist).

These lists can guide preceptors in recognizing trouble areas that may need supplementary training during the students' evolution. Typically, students in their first three months of clinical training are beginning to develop these basic skills. During the fourth through the sixth month, students will be gaining confidence in their abilities and improving their clinical acumen.

From the seventh month to the end of the clinical year (twelfth month), students should be refining their skills.

Throughout the entire year, students are expected to be fully involved in the activities available at each clinical site to improve their skills (e.g., patient workups, attending lectures and rounds, procedures, and other appropriate learning opportunities). Throughout the clinical portion of the PA program's curriculum, students are expected to be fully involved in the work schedule of the preceptor. They are to engage in the equivalent of a 40-hour work week under the preceptor's supervision with additional on-call and medical activities as necessary.

Telemedicine Experiences

Telemedicine visits may be incorporated throughout the clinical year in accordance with ARC-PA Standards. The following guidelines apply:

- **Behavioral Health (BH) SCPEs:** May consist of up to 100% telemedicine, provided students are able to meet all assigned learning outcomes (LOs).
- **All Other SCPEs:** Telemedicine encounters are limited to no more than **50%** of the total patient experiences within any single SCPE.
- **Program-Wide Limit:** No more than **20% of a student's total SCPE experiences** across the clinical year may be completed via telehealth.

All telemedicine experiences must provide sufficient opportunity for students to achieve required competencies, including clinical reasoning, patient communication, and applicable technical skills.

The Medical Interview

While conducting a medical interview, students are expected to:

- Always maintain a professional attitude/relationship with the patient
- Ask appropriate questions to elicit pertinent medical/psychosocial history
- Use verbal and non-verbal communication skills appropriately
- Use common language the patient can easily understand
- Present cases to your preceptors in an articulate and cohesive manner to include a relevant differential diagnosis, demonstrating a clear understanding of the medical problem
- Introduce yourself as a Physician Assistant Student to every patient.

Physical Exam Skills

While conducting physical examinations, students are expected to:

- Perform a comprehensive physical exam with skill
- Perform a focused physical exam with skill

- Recognize pertinent normal and abnormal physical findings
- Demonstrate the ability to use appropriate physical examination techniques

Writing/Dictating/Electronic Medical Record (EMR) Skills

When preparing written patient documents, students are expected to:

- Write/dictate/EMR clear and concise “progress” and SOAP notes
- Write/dictate/ clear and comprehensive Histories and Physicals
- Write/dictate/EMR orders that demonstrate appropriate treatment rationales
- Write/dictate/EMR clear and concise discharge summaries
- Demonstrate proper charting and documentation on all medical records whether written, dictated or documented by EMR
- Demonstrate compliance with quality assurance indicators on all documentation and medical records (e.g., avoiding unapproved, unusual or confusing abbreviations)

Critical Thinking

When asked to analyze patient data students are expected to:

- Formulate an appropriate and comprehensive differential diagnosis based on the patient’s history, physical examination and any preexisting studies
- Develop and implement an appropriate diagnostic and management plan that includes contingencies for referral
- Demonstrate the ability to select appropriate treatment modalities based on the validity, usefulness, reliability, risk/benefit and cost effectiveness of each

Knowledge Base

When asked to demonstrate their knowledge, students are expected to:

- Demonstrate understanding of the pathophysiology of disease
- Demonstrate understanding of the anatomical basis of disease
- Demonstrate understanding of disease etiologies and processes
- Demonstrate appropriate selection and utilization of labs and other diagnostic tests
- Demonstrate knowledge and understanding of pharmacotherapeutic agents and treatment rationales

Patient Education

When asked to provide patient education, students are expected to:

- Demonstrate an appropriate use of informed consent
- Effectively educate patients, in language the patient understands, about health problems, disease prognosis and the risks/benefits of a given diagnostic/therapeutic regimen
- Counsel patients on health promotion and disease prevention
- Properly document patient education in the patient’s chart
- Elicit the patient’s understanding of what he/she is asked to do

Professional Development and Miscellaneous

In the clinical setting, students are expected to:

- Know and practice universal precautions as appropriate
- Demonstrate the ability to work congruently as a member of the health care team
- Demonstrate the ability to be respectful, non-judgmental and empathetic with all patients
- Demonstrate appreciation for the consumer oriented patient provider relationship
- Demonstrate appreciation for the utilization of specialists and community-based resources through appropriate referrals when indicated
- Demonstrate appreciation for the importance of continuity of care (e.g., counseling patients to establish a primary care provider when indicated)
- Demonstrate appreciation for patient autonomy and self-determination by documenting patient concerns and decisions on patient records
- Demonstrate an appreciation for patient confidentiality/HIPPA regulations

Family Medicine Rotation:

LEARNING OUTCOMES

Preventative Care

1. Demonstrate understanding of the health implications of weight abnormalities. (Medical Knowledge) [Objectives 1, 2, 3, 7, 16, 17]
2. Interpret lipid panel results. (Clinical Reasoning) [Objectives 5-7, 12, 13, 27]
3. Demonstrate proficiency in performing head-to-toe examinations for children. (Clinical Skills) [Objectives 8, 9, 18, 19]
4. Demonstrate proficiency in performing head-to-toe examinations for adolescents. (Clinical Skills) [Objectives 8, 9, 18, 19]
5. Demonstrate proficiency in performing head-to-toe examinations for adults. (Clinical Skills) [Objectives 8, 9, 18, 19]
6. Demonstrate proficiency in performing head-to-toe examinations for the elderly. (Clinical Skills) [Objectives 8, 9, 18, 19]
7. Counsel patients about preventative healthcare measures. (Interpersonal Skills) [Objectives 8, 15, 16, 24]
8. Perform skin assessments. (Clinical Skills) [Objectives 4, 9, 20-23]

Acute Care

9. Communicate effectively with patients to obtain detailed histories regarding respiratory symptoms. (Interpersonal skills) [Objectives 8, 29, 30, 32]
10. Demonstrate sensitivity when addressing patients' pelvic concerns, fostering a non-judgmental environment for discussing sensitive health issues. (Professional Behaviors) [Objectives 29-33]
11. Demonstrate the understanding of the common pathologies of the gastrointestinal tract. (Medical Knowledge) [Objectives 1-4]
12. Perform musculoskeletal assessments. (Clinical Skills) [Objectives 9, 10, 28]

Chronic Care

13. Apply clinical reasoning skills to manage patients with cardiovascular conditions. (Clinical Reasoning) [Objectives 20, 21, 25-28]
14. Communicate effectively with patients to provide education on diabetes management. (Interpersonal Skills) [Objectives 6, 7, 11, 14, 16, 17]
15. Apply problem-solving skills to assess patients with chronic kidney disease. (Problem Solving) [Objectives 8, 9, 20, 21, 24, 25, 27]
16. Demonstrate respect when interacting with patients with psychiatric symptoms, promoting a supportive therapeutic environment. (Professional Behaviors) [Objectives 8, 18, 19, 29, 32]

INSTRUCTIONAL OBJECTIVES

Upon completion of learning activities and personal study of topics on the course topic list in preparation for the End-of-Rotation examination, the PA student should be able to:

Medical Knowledge

1. Demonstrate medical knowledge about specific medical conditions, including etiology, epidemiology, pathophysiology, and genetics.

2. Apply this knowledge to the diagnosis and management of specific medical conditions in family medicine.
3. Recognize specific disease conditions and complications when presented with information related to patient presentation, differential diagnosis, patient evaluation, patient management, health promotion, and disease prevention.

Application of Medical Knowledge

4. Apply knowledge of disease states to the evaluation of patient clinical presentations including:
 - Epidemiologic factors most commonly associated with which populations contract the disease or condition, including age, gender, and risk factors.
 - The time course and progression of the disease or condition.
 - Patient signs and symptoms that are pertinent positives or negatives for disease states in the differential diagnosis.
5. Employ knowledge of diagnostic tests and methodologies in patient assessments to establish provisional diagnoses.
6. Apply knowledge of therapeutic management options to treat patients based on their clinical presentation, patient preferences, and best available evidence.
7. Apply medical knowledge to manage patients commonly encountered in family medicine.

Medical History:

8. Establish effective rapport and elicit an appropriate acute, interval, or comprehensive history from patients across the lifespan, and/or their caregivers, of any gender, ethnicity, race, culture, and socioeconomic background that includes:
 - Determining the chief complaint (CC) and obtaining an appropriate history of present illness (HPI).
 - Eliciting an appropriate review of systems (ROS) as indicated for the CC.
 - Eliciting a past medical history (PMH) including previous and current health problems, hospitalizations, surgeries, major injuries, and childhood illnesses.
 - Determining a patient's immunization status as indicated for the patient's age, risk factors, and other clinical considerations.
 - Determining additional preventive health strategies as indicated by the patient's age, gender, risk factors, and other clinical considerations.
 - Obtaining a list of all medications (prescription and over-the-counter).
 - Eliciting a social history that describes nutritional habits (diet), use of recreational substances (alcohol, tobacco, and/or illicit drugs), education, employment status, and past sexually transmitted infections (STIs).

Physical Exam

9. Perform a problem-focused or complete physical examination of patients across the lifespan that appropriately integrates the patient's gender, the reason for visit, the urgency of the problem (acute, chronic, or emergent), and the patient's ability to participate in the examination.
10. Demonstrate safe and appropriate use of any required instruments or equipment specific to common physical exam techniques performed in family medicine.

Communicate and Document Medical Information

Communicate Medical Information

11. Deliver complete and concise oral presentations using professional language.

Document Medical Information

12. Demonstrate the ability to accurately document patient encounters commonly seen in family medicine by either the SOAP note, patient logging, or documentation in the electronic medical record.

Interpersonal Skills

Patient Education and Counseling

13. Educate patients on the significance of various screening and diagnostic tests, including preparation requirements, procedure details, potential complications, testing objectives, risks versus benefits analysis, alternative options, and cost-effectiveness specific to each diagnostic assessment.

14. Provide comprehensive patient education on medication usage, covering the rationale behind medication intake, dosing regimen, expected therapeutic outcomes, and potential adverse effects.

15. Utilizing national recommendations (e.g., U.S. Preventive Services Task Force), educate the patient on preventive screening procedures recommended for their age, gender, and risk.

16. Offer appropriate counseling and patient/family education regarding preventable health issues, encompassing communicable diseases, healthy lifestyle promotion, lifestyle adjustments, immunization timetables, and the comparative importance of common health screening tests/procedures.

17. Identify and address common barriers to patient adherence to health maintenance, evaluation, management, and lifestyle recommendations, utilizing patient-centered educational approaches aimed at enhancing motivation and fostering healthy behaviors.

Patient-Centered Care

18. Demonstrate awareness of personal biases and the sociocultural factors that may affect their interpersonal communication, assessment, treatment, and clinical decision-making in caring for individuals from different cultural, ethnic, racial, socio-economic, or other diverse backgrounds.

19. Facilitate shared decision-making by integrating clinical judgment with patient values, beliefs, preferences, and the most current medical evidence, thereby promoting patient-centered care.

Clinical Reasoning:

20. Integrate normal and abnormal findings from the medical history, physical examination, and diagnostic studies to formulate an initial problem list and develop the list of differential diagnoses specific to the patient's clinical presentation, including epidemiologic factors such as age, gender, and comorbidities.

21. Evaluate the necessity for additional diagnostic assessments and proceed to order or perform them as warranted to comprehensively assess the list of differential diagnoses for acute clinical scenarios.

22. Acknowledge personal limitations in knowledge or abilities when establishing a definitive diagnosis in specific scenarios and utilize medical literature and evidence-based medicine proficiency to address critical diagnostic inquiries or determine the need for referral or consultation.

Problem-Solving Skills:

23. Recognize indications for and appropriately order screening tests and diagnostic or follow-up laboratory procedures, imaging studies, or other diagnostic evaluations typically used in family medicine.
24. Provide pertinent patient education about common screening and diagnostic tests regarding required patient preparation, procedure, possible complications, purpose of testing, risks versus benefits, alternatives, and cost-effectiveness specific to each diagnostic evaluation.
25. Identify laboratory and diagnostic studies considered to be the “gold standard” for the diagnosis of common conditions specific to family medicine.

Technical & Clinical Skills

26. Perform the following technical skills relevant to family medicine:

- Perform PAP

Perform the following clinical skills relevant to family medicine:

- Counsel patients about preventative healthcare
- Perform breast exam
- Conduct preventive screenings (i.e., PSA, colonoscopies, mammograms)
- Assess vital signs
- Counsel patients about acute disease states
- Write prescriptions

Treatment Plans

27. Create a patient-centered, comprehensive, and therapeutic management plan tailored to the conditions encountered in family medicine. This plan should be grounded in thorough assessment and diagnosis, consideration of concurrent treatments for other medical issues, adherence to evidence-based guidelines, and assessment of patient readiness and capacity to comply.
28. Assess the severity of the patient's condition to determine the necessity for office procedures, medical and/or surgical referrals, hospital admission, or placement in another suitable care setting.

Professionalism

29. Demonstrate high ethical principles, sensitivity, compassion, respect, and responsiveness to all patients, their care teams, and members of the healthcare team.
30. Demonstrate excellent teamwork skills, working well with other clinicians and staff.
31. Demonstrate a sound work ethic, showing reliability, dependability, integrity, responsibility, self-confidence, and initiative.
32. Demonstrate exceptional professionalism through appearance, attire, and attendance.
33. Interpret the role of the PA in this discipline setting and limitations of the role.

Patient Population Requirements:

- ✓ at least 60% of the patient population will be adult, including acute, chronic, and preventative encounters

Internal Medicine Rotation:**LEARNING OUTCOMES**Acute Care

1. Evaluate urinalysis results to diagnose UTIs accurately. (Clinical Reasoning) [Objectives 1-7, 13, 14, 26, 27]
2. Identify the diagnostic criteria for acute kidney injury. (Medical Knowledge) [Objectives 1-7, 12, 26, 27]
3. Demonstrate understanding of appropriate antibiotic therapy for cellulitis based on suspected pathogens. (Medical Knowledge) [Objectives 1-7, 21, 27, 28]
4. Communicate with respect when discussing acute complications of obesity with patients. (Interpersonal Skills) [Objectives 16-19, 29]

Chronic Care

5. Formulate an evidence-based treatment plan for patients with hypertension. (Clinical Reasoning) [Objectives 8-10, 15, 20, 26]
6. Interpret renal function test results to monitor disease progression in patients with chronic kidney disease. (Medical Knowledge) [Objectives 7, 27, 28]
7. Educate patients about lifestyle modifications to manage GERD symptoms. (Professional Behaviors) [Objectives 11, 16, 17]
8. Analyze clinical findings in patients with COPD exacerbations to determine the need for hospitalization or continued outpatient care. (Problem Solving) [Objectives 17, 27, 28]

Adult Care (ages 19-64 years)

9. Integrate clinical findings, diagnostic tests, and imaging to formulate a diagnosis of ischemic heart disease. (Clinical Reasoning) [Objectives 20-25]
10. Interpret imaging findings to diagnose pneumonia in the adult patient. (Clinical Skills) [Objectives 20-25]
11. Create a supportive environment for adult patients to discuss mental health concerns. (Professional Behaviors) [Objectives 8, 22, 29-33]
12. Demonstrate understanding of abnormal laboratory values in adult patients. (Medical Knowledge) [Objectives 5, 7, 20, 23-27]

INSTRUCTIONAL OBJECTIVES

Upon completion of learning activities and personal study of topics on the course topic list in preparation for the End-of-Rotation examination, the PA student should be able to:

Medical Knowledge

1. Demonstrate medical knowledge about specific medical conditions, including etiology, epidemiology, pathophysiology, and genetics.
2. Apply this knowledge to the diagnosis and management of specific medical conditions in internal medicine.

3. Recognize specific disease conditions and complications when presented with information related to patient presentation, differential diagnosis, patient evaluation, patient management, health promotion, and disease prevention.

Application of Medical Knowledge

4. Apply knowledge of disease states to the evaluation of patient clinical presentations, including:
 - Epidemiologic factors most commonly associated with which populations contract the disease or condition, including age, gender, and risk factors.
 - The time course and progression of the disease or condition.
 - Patient signs and symptoms that are pertinent positives or negatives for disease states in the differential diagnosis.
5. Employ knowledge of diagnostic tests and methodologies in patient assessments to establish provisional diagnoses.
6. Apply knowledge of therapeutic management options to treat patients based on their clinical presentation, patient preferences, and best available evidence.
7. Apply medical knowledge to manage patients commonly encountered in internal medicine.

Medical History:

8. Establish effective rapport and elicit an appropriate acute, interval, or comprehensive history from adult and elderly patients, and/or their caregivers, of any gender, ethnicity, race, culture and socioeconomic background that includes:
 - Determining the chief complaint (CC) and obtaining an appropriate history of present illness (HPI).
 - Eliciting an appropriate review of systems (ROS) as indicated for the CC.
 - Eliciting a past medical history (PMH) including previous and current health problems, hospitalizations, surgeries, major injuries, and childhood illnesses.
 - Determining a patient's immunization status as indicated for the patient's age, risk factors, and other clinical considerations.
 - Determining additional preventive health strategies as indicated by the patient's age, gender, risk factors, and other clinical considerations.
 - Obtaining a list of all medications (prescription and over-the-counter).
 - Eliciting a social history that describes nutritional habits (diet), use of recreational substances (alcohol, tobacco, and/or illicit drugs), education, employment status, and past sexually transmitted infections (STIs).

Physical Exam

9. Perform a problem-focused or complete physical examination of patients across the lifespan that appropriately integrates the patient's gender, the reason for visit, the urgency of the problem (acute, chronic, or emergent), and the patient's ability to participate in the examination.
10. Demonstrate safe and appropriate use of any required instruments or equipment specific to common physical exam techniques performed in internal medicine.

Communicate and Document Medical Information

Communicate Medical Information

11. Deliver complete and concise oral presentations using professional language.

Document Medical Information

12. Demonstrate the ability to accurately document patient encounters commonly seen in internal medicine by either the SOAP note, patient logging, or documentation in the electronic medical record.

Interpersonal Skills

Patient Education and Counseling

13. Educate patients on the significance of various screening and diagnostic tests, including preparation requirements, procedure details, potential complications, testing objectives, risks versus benefits analysis, alternative options, and cost-effectiveness specific to each diagnostic assessment.
14. Provide comprehensive patient education on medication usage, covering the rationale behind medication intake, dosing regimen, expected therapeutic outcomes, and potential adverse effects.
15. Utilizing national recommendations (e.g., U.S. Preventive Services Task Force), educate the patient on preventive screening procedures recommended for their age, gender, and risk.
16. Offer appropriate counseling and patient/family education regarding preventable health issues, encompassing communicable diseases, healthy lifestyle promotion, lifestyle adjustments, immunization timetables, and the comparative importance of common health screening tests/procedures.
17. Identify and address common barriers to patient adherence to health maintenance, evaluation, management, and lifestyle recommendations, utilizing patient-centered educational approaches aimed at enhancing motivation and fostering healthy behaviors.

Patient-Centered Care

18. Demonstrate awareness of personal biases and the sociocultural factors that may affect their interpersonal communication, assessment, treatment, and clinical decision-making in caring for individuals from different cultural, ethnic, racial, socio-economic, or other diverse backgrounds.
19. Facilitate shared decision-making by integrating clinical judgment with patient values, beliefs, preferences, and the most current medical evidence, thereby promoting patient-centered care.

Clinical Reasoning:

20. Integrate normal and abnormal findings from the medical history, physical examination, and diagnostic studies to formulate an initial problem list and develop the list of differential diagnoses specific to the patient's clinical presentation, including epidemiologic factors such as age, gender, and comorbidities.
21. Evaluate the necessity for additional diagnostic assessments and proceed to order or perform them as warranted to comprehensively assess the list of differential diagnoses for acute clinical scenarios.
22. Acknowledge personal limitations in knowledge or abilities when establishing a definitive diagnosis in specific scenarios and utilize medical literature and evidence-based medicine proficiency to address critical diagnostic inquiries or determine the need for referral or consultation.

Problem-Solving Skills:

23. Recognize indications for and appropriately order screening tests and diagnostic or follow-up laboratory procedures, imaging studies or other diagnostic evaluations typically used in internal medicine.
24. Provide pertinent patient education about common screening and diagnostic tests regarding required patient preparation, procedure, possible complications, purpose of testing, risks versus benefits, alternatives, and cost-effectiveness specific to each diagnostic evaluation.
25. Identify laboratory and diagnostic studies considered to be the “gold standard” for the diagnosis of common conditions specific to internal medicine.

Technical & Clinical Skills

26. Perform the following technical skills relevant to internal medicine:

- Obtain and interpret an EKG

Perform the following clinical skills relevant to internal medicine:

- Monitor fluid status/I&O
- Review and understand basic imaging reports

Treatment Plans

27. Create a patient-centered, comprehensive, and therapeutic management plan tailored to the conditions encountered in internal medicine. This plan should be grounded in thorough assessment and diagnosis, consideration of concurrent treatments for other medical issues, adherence to evidence-based guidelines, and assessment of patient readiness and capacity to comply.
28. Assess the severity of the patient's condition to determine the necessity for office procedures, medical and/or surgical referrals, hospital admission, or placement in another suitable care setting.

Professionalism

29. Demonstrate high ethical principles, sensitivity, compassion, respect, and responsiveness to all patients, their care teams, and members of the healthcare team.
30. Demonstrate excellent teamwork skills, working well with other clinicians and staff.
31. Demonstrate a sound work ethic, showing reliability, dependability, integrity, responsibility, self-confidence, and initiative.
32. Demonstrate exceptional professionalism through appearance, attire, and attendance.
33. Interpret the role of the PA in this discipline setting and limitations of the role.

Patient Population Requirements:

- Have a minimum of 160 patient encounters
- 20% of patient encounters (32) will be geriatric patients (ages 65+)

Emergency Medicine:

LEARNING OUTCOMES

Emergent Care

1. Demonstrate understanding of the management of patients with intracranial hemorrhage. (Medical Knowledge) [Objectives 1-4, 6, 7]
2. Assist in ordering appropriate diagnostic tests for patients with abnormal neurologic symptoms. (Clinical Skills) [Objectives 5, 9, 10, 23, 25, 26]
3. Demonstrate professionalism when evaluating patients with anxiety in the emergency department. (Professional Behaviors) [Objectives 19, 29-33]
4. Apply effective communication strategies when assessing suicidal patients' plans for self-harm. (Interpersonal Skills) [Objectives 8, 11, 18, 22]
5. Apply clinical reasoning skills to determine appropriate resuscitation measures based on shock severity. (Clinical Reasoning) [Objectives 12, 20, 21, 25-28]
6. Determine appropriate thrombolytic therapy for patients presenting with acute chest pain. (Problem Solving) [Objectives 1-7, 27]
7. Demonstrate understanding of appropriate diagnostics when working up a patient for a pulmonary embolism. (Clinical Skills) [Objectives 13, 20-25]
8. Effectively communicate the treatment plan for a patient experiencing an acute COPD exacerbation. (Interpersonal Skills) [Objectives 14, 16, 17, 27]
9. Demonstrate understanding of the differences in treatment for patients with community-acquired pneumonia (CAP), hospital-acquired pneumonia (HAP), vs atypical pneumonia. (Medical Knowledge) [Objectives 1-3, 27]
10. Perform a bedside irrigation and debridement for a patient with a soft tissue injury. (Technical Skills) [Objective 26]
11. Perform an accurate musculoskeletal exam on a trauma patient. (Clinical Skill) [Objectives 9, 10, 26]
12. Discuss the approach to treating a patient with abnormal vaginal bleeding. (Clinical Reasoning) [Objectives 1, 13, 26, 29]
13. Educate patients with acute renal failure on fluid management. (Interpersonal Skills) [Objectives 14-17]
14. Demonstrate proficiency in applying orthopedic splints to stabilize injured extremities. (Technical Skills) [Objective 26]
15. Demonstrate proficiency in suturing techniques to achieve optimal wound closure. (Technical Skills) [Objective 26]
16. Interpret diagnostic studies. (Clinical Skills) [Objectives 23-26]
17. Monitor pain response to treatment interventions, adjusting pain management plans as needed to achieve adequate pain control. (Clinical Reasoning) [Objectives 26-28]

INSTRUCTIONAL OBJECTIVES

Upon completion of learning activities and personal study of topics on the course topic list in preparation for the End-of-Rotation examination, the PA student should be able to:

Medical Knowledge

1. Demonstrate medical knowledge about specific medical conditions including etiology, epidemiology, pathophysiology, and genetics.
2. Apply this knowledge to the diagnosis and management of specific medical conditions in emergency medicine.
3. Recognize specific disease conditions and complications when presented with information related to patient presentation, differential diagnosis, patient evaluation, patient management, health promotion, and disease prevention.

Application of Medical Knowledge

4. Apply knowledge of disease states to the evaluation of patient clinical presentations, including:
 - Epidemiologic factors most commonly associated with which populations contract the disease or condition, including age, gender, and risk factors.
 - The time course and progression of the disease or condition.
 - Patient signs and symptoms that are pertinent positives or negatives for disease states in the differential diagnosis.
5. Employ knowledge of diagnostic tests and methodologies in patient assessments to establish provisional diagnoses.
6. Apply knowledge of therapeutic management options to treat patients based on their clinical presentation, patient preferences, and best available evidence.
7. Apply medical knowledge to manage patients commonly encountered in emergency medicine.

Medical History:

8. Establish effective rapport and elicit an appropriate acute, interval, or comprehensive history from adult and elderly patients, and/or their caregivers, of any gender, ethnicity, race, culture, and socioeconomic background that includes:
 - Determining the chief complaint (CC) and obtaining an appropriate history of present illness (HPI).
 - Eliciting an appropriate review of systems (ROS) as indicated for the CC.
 - Eliciting a past medical history (PMH) including previous and current health problems, hospitalizations, surgeries, major injuries, and childhood illnesses.
 - Determining a patient's immunization status as indicated for the patient's age, risk factors, and other clinical considerations.
 - Determining additional preventive health strategies as indicated by the patient's age, gender, risk factors, and other clinical considerations.
 - Obtaining a list of all medications (prescription and over-the-counter).
 - Eliciting a social history that describes nutritional habits (diet), use of recreational substances (alcohol, tobacco, and/or illicit drugs), education, employment status, and past sexually transmitted infections (STIs).

Physical Exam

9. Perform a problem-focused or complete physical examination of patients across the lifespan that appropriately integrates the patient's gender, the reason for visit, the urgency of the problem (acute, chronic, or emergent), and the patient's ability to participate in the examination.
10. Demonstrate safe and appropriate use of any required instruments or equipment specific to common physical exam techniques performed in emergency medicine.

Communicate and Document Medical Information

Communicate Medical Information

11. Deliver complete and concise oral presentations using professional language.

Document Medical Information

12. Demonstrate the ability to accurately document patient encounters commonly seen in emergency medicine by either the SOAP note, patient logging, or documentation in the electronic medical record.

Interpersonal Skills

Patient Education and Counseling

13. Educate patients on the significance of various screening and diagnostic tests, including preparation requirements, procedure details, potential complications, testing objectives, risks versus benefits analysis, alternative options, and cost-effectiveness specific to each diagnostic assessment.
14. Provide comprehensive patient education on medication usage, covering the rationale behind medication intake, dosing regimen, expected therapeutic outcomes, and potential adverse effects.
15. Utilizing national recommendations (e.g., U.S. Preventive Services Task Force), educate the patient on preventive screening procedures recommended for their age, gender, and risk.
16. Offer appropriate counseling and patient/family education regarding preventable health issues, encompassing communicable diseases, healthy lifestyle promotion, lifestyle adjustments, immunization timetables, and the comparative importance of common health screening tests/procedures.
17. Identify and address common barriers to patient adherence to health maintenance, evaluation, management, and lifestyle recommendations, utilizing patient-centered educational approaches aimed at enhancing motivation and fostering healthy behaviors.

Patient-Centered Care

18. Demonstrate awareness of personal biases and the sociocultural factors that may affect their interpersonal communication, assessment, treatment, and clinical decision-making in caring for individuals from different cultural, ethnic, racial, socio-economic, or other diverse backgrounds.
19. Facilitate shared decision-making by integrating clinical judgment with patient values, beliefs, preferences, and the most current medical evidence, thereby promoting patient-centered care.

Clinical Reasoning:

20. Integrate normal and abnormal findings from the medical history, physical examination, and diagnostic studies to formulate an initial problem list and develop the list of differential diagnoses specific to the patient's clinical presentation, including epidemiologic factors such as age, gender, and comorbidities.
21. Evaluate the necessity for additional diagnostic assessments and proceed to order or perform them as warranted to comprehensively assess the list of differential diagnoses for acute clinical scenarios.

22. Acknowledge personal limitations in knowledge or abilities when establishing a definitive diagnosis in specific scenarios and utilize medical literature and evidence-based medicine proficiency to address critical diagnostic inquiries or determine the need for referral or consultation.

Problem-Solving Skills:

23. Recognize indications for and appropriately order screening tests and diagnostic or follow-up laboratory procedures, imaging studies or other diagnostic evaluations typically used in emergency medicine.

24. Provide pertinent patient education about common screening and diagnostic tests regarding required patient preparation, procedure, possible complications, purpose of testing, risks versus benefits, alternatives, and cost-effectiveness specific to each diagnostic evaluation.

25. Identify laboratory and diagnostic studies considered to be the “gold standard” for the diagnosis of common conditions specific to emergency medicine.

Technical & Clinical Skills

26. Perform the following technical skills relevant to emergency medicine:

- Reduce joint dislocation/subluxation
- Place orthopedic stabilizers such as casts, slings, splints
- Appropriately prepare, anesthetize, debride, and suture minor lacerations
- Obtain and interpret EKG
- Perform incision and drainage
- Perform fluorescein staining of the eye

Perform the following clinical skills relevant to emergency medicine:

- Interpret diagnostic studies
- Perform focused neurological evaluation
- Manage dehydration
- Manage pain
- Manage foreign bodies
- Perform medical clearance for psychiatric admission

Treatment Plans

27. Create a patient-centered, comprehensive, and therapeutic management plan tailored to the conditions encountered in emergency medicine. This plan should be grounded in thorough assessment and diagnosis, consideration of concurrent treatments for other medical issues, adherence to evidence-based guidelines, and assessment of patient readiness and capacity to comply.

28. Assess the severity of the patient's condition to determine the necessity for office procedures, medical and/or surgical referrals, hospital admission, or placement in another suitable care setting.

Professionalism

29. Demonstrate high ethical principles, sensitivity, compassion, respect, and responsiveness to all patients, their care teams, and members of the healthcare team.

30. Demonstrate excellent teamwork skills, working well with other clinicians and staff.

31. Demonstrate a sound work ethic, showing reliability, dependability, integrity, responsibility, self-confidence, and initiative.

32. Demonstrate exceptional professionalism through appearance, attire, and attendance.

33. Interpret the role of the PA in this discipline setting and limitations of the role.

Patient Population Requirements:

- ✓ at least 60% of the patient population will be adult (96 encounters) ages 64 and below
- ✓ At least 10% of patient cases (16) will be emergent visits

Women's Health Rotation:

LEARNING OUTCOMES

Prenatal Care

1. Demonstrate understanding of the developmental milestones occurring during a normal pregnancy. (Medical Knowledge) [Objectives 1-4, 13, 16]
2. Address medical issues impacting high-risk pregnant patients to optimize fetal outcomes. (Problem Solving) [Objectives 4, 16-18, 24]
3. Recognize signs of postpartum complications. (Clinical Reasoning) [Objectives 1-3, 9, 10, 14, 20-22, 26]
4. Assist in the performance of antenatal screening tests. (Clinical Skills) [Objectives 12, 26]
5. Demonstrate respect for patient autonomy during contraceptive counseling. (Professional Behaviors) [Objectives 19, 27]
6. Communicate the results of a fetal heart tone examination to a pregnant patient. (Interpersonal Skills) [Objectives 11, 29]
7. Assess fetal well-being in patients at risk for pre-term labor. (Clinical Reasoning) [Objectives 4, 7, 8, 26, 28]

Gynecological Care

8. Identify the indications for Papanicolaou (PAP) smear screening. (Medical Knowledge) [Objectives 1, 15, 23, 25]
9. Perform a comprehensive pelvic examination utilizing proper technique. (Clinical Skills) [Objectives 9, 10, 26]
10. Demonstrate professionalism during vaginal culture collection. (Professional Behaviors) [Objectives 29-33]
11. Prescribe appropriate medications for treating sexually transmitted infections (STIs). (Clinical Reasoning) [Objectives 1, 6, 7, 12, 27]

12. Demonstrate understanding of the clinical features of polycystic ovarian syndrome (PCOS). (Medical Knowledge) [Objectives 4, 7, 9]
13. Apply problem-solving skills to manage treatment failure in urinary tract infections. (Problem Solving) [Objectives 14, 17, 23, 24, 27]

INSTRUCTIONAL OBJECTIVES

Upon completion of learning activities and personal study of topics on the course topic list in preparation for the End-of-Rotation examination, the PA student should be able to:

Medical Knowledge

1. Demonstrate medical knowledge about specific medical conditions, including etiology, epidemiology, pathophysiology, and genetics.
2. Apply this knowledge to the diagnosis and management of specific medical conditions in women's health.
3. Recognize specific disease conditions and complications when presented with information related to patient presentation, differential diagnosis, patient evaluation, patient management, health promotion, and disease prevention.

Application of Medical Knowledge

4. Apply knowledge of disease states to the evaluation of patient clinical presentations, including:
 - Epidemiologic factors most commonly associated with which populations contract the disease or condition, including age, gender, and risk factors.
 - The time course and progression of the disease or condition.
 - Patient signs and symptoms that are pertinent positives or negatives for disease states in the differential diagnosis.
5. Employ knowledge of diagnostic tests and methodologies in patient assessments to establish provisional diagnoses.
6. Apply knowledge of therapeutic management options to treat patients based on their clinical presentation, patient preferences, and best available evidence.
7. Apply medical knowledge to manage patients commonly encountered in women's health.

Medical History:

8. Establish effective rapport and elicit an appropriate acute, interval, or comprehensive history from adult and elderly patients, and/or their caregivers, of any gender, ethnicity, race, culture, and socioeconomic background that includes:
 - Determining the chief complaint (CC) and obtaining an appropriate history of present illness (HPI).
 - Eliciting an appropriate review of systems (ROS) as indicated for the CC.
 - Eliciting a past medical history (PMH) including previous and current health problems, hospitalizations, surgeries, major injuries, and childhood illnesses.
 - Determining a patient's immunization status as indicated for the patient's age, risk factors, and other clinical considerations.
 - Determining additional preventive health strategies as indicated for the patient's age, gender, risk factors, and other clinical considerations.
 - Obtaining a list of all medications (prescription and over-the-counter).
 - Eliciting a social history that describes nutritional habits (diet), use of recreational substances (alcohol, tobacco, and/or illicit drugs), education, employment status, and past sexually transmitted infections (STIs).

Physical Exam

9. Perform a problem-focused or complete physical examination of patients across the lifespan that appropriately integrates the patient's gender, the reason for visit, the urgency of the problem (acute, chronic or emergent) and the patient's ability to participate in the examination.
10. Demonstrate safe and appropriate use of any required instruments or equipment specific to common physical exam techniques performed in women's health.

Communicate and Document Medical Information

Communicate Medical Information

11. Deliver complete and concise oral presentations using professional language.

Document Medical Information

12. Demonstrate the ability to accurately document patient encounters commonly seen in women's health by either the SOAP note, patient logging, or documentation in the electronic medical record.

Interpersonal Skills

Patient Education and Counseling

13. Educate patients on the significance of various screening and diagnostic tests, including preparation requirements, procedure details, potential complications, testing objectives, risks versus benefits analysis, alternative options, and cost-effectiveness specific to each diagnostic assessment.
14. Provide comprehensive patient education on medication usage, covering the rationale behind medication intake, dosing regimen, expected therapeutic outcomes, and potential adverse effects.
15. Utilizing national recommendations (e.g., U.S. Preventive Services Task Force), educate the patient on preventive screening procedures recommended for their age, gender, and risk.
16. Offer appropriate counseling and patient/family education regarding preventable health issues, encompassing communicable diseases, healthy lifestyle promotion, lifestyle adjustments, immunization timetables, and the comparative importance of common health screening tests/procedures.
17. Identify and address common barriers to patient adherence to health maintenance, evaluation, management, and lifestyle recommendations, utilizing patient-centered educational approaches aimed at enhancing motivation and fostering healthy behaviors.

Patient-Centered Care

18. Demonstrate awareness of personal biases and the sociocultural factors that may affect their interpersonal communication, assessment, treatment, and clinical decision-making in caring for individuals from different cultural, ethnic, racial, socio-economic, or other diverse backgrounds.
19. Facilitate shared decision-making by integrating clinical judgment with patient values, beliefs, preferences, and the most current medical evidence, thereby promoting patient-centered care.

Clinical Reasoning:

20. Integrate normal and abnormal findings from the medical history, physical examination, and diagnostic studies to formulate an initial problem list and develop the list of differential diagnoses specific to the patient's clinical presentation, including epidemiologic factors such as age, gender, and comorbidities.
21. Evaluate the necessity for additional diagnostic assessments and proceed to order or perform them as warranted to comprehensively assess the list of differential diagnoses for acute clinical scenarios.
22. Acknowledge personal limitations in knowledge or abilities when establishing a definitive diagnosis in specific scenarios and utilize medical literature and evidence-based medicine proficiency to address critical diagnostic inquiries or determine the need for referral or consultation.

Problem-Solving Skills:

23. Recognize indications for and appropriately order screening tests and diagnostic or follow-up laboratory procedures, imaging studies, or other diagnostic evaluations typically used in women's health.
24. Provide pertinent patient education about common screening and diagnostic tests regarding required patient preparation, procedure, possible complications, purpose of testing, risks versus benefits, alternatives, and cost-effectiveness specific to each diagnostic evaluation.
25. Identify laboratory and diagnostic studies considered to be the "gold standard" for the diagnosis of common conditions specific to women's health.

Technical & Clinical Skills

26. Perform the following technical skills relevant to women's health:

- o Use a hand-held Doppler to find fetal heart tones
- o Assist in fetal non-stress test administration
- o Collect a sample for PAP smear
- o Collect a sample for a vaginal culture

Perform the following clinical skills relevant to women's health:

- o Interpret results of fetal non-stress test
- o Complete breast exam
- o Interpretation of glucose tolerance test
- o Perform a pelvic exam
- o Interpret an abnormal PAP smear

Treatment Plans

27. Create a patient-centered, comprehensive, and therapeutic management plan tailored to the conditions encountered in women's health. This plan should be grounded in thorough assessment and diagnosis, consideration of concurrent treatments for other medical issues, adherence to evidence-based guidelines, and assessment of patient readiness and capacity to comply.

28. Assess the severity of the patient's condition to determine the necessity for office procedures, medical and/or surgical referrals, hospital admission, or placement in another suitable care setting.

Professionalism

29. Demonstrate high ethical principles, sensitivity, compassion, respect, and responsiveness to all patients, their care teams, and members of the healthcare team.

30. Demonstrate excellent teamwork skills, working well with other clinicians and staff.

31. Demonstrate a sound work ethic, showing reliability, dependability, integrity, responsibility, self-confidence, and initiative.

32. Demonstrate exceptional professionalism through appearance, attire, and attendance.

33. Interpret the role of the PA in this discipline setting and limitations of the role.

Patient Population Requirements:

- ✓ 80 Gynecological patient encounters
- ✓ 80 Prenatal patient encounters

Surgery Rotation:

LEARNING OUTCOMES

Pre-Operative Care

1. Provide pre-operative education to patients. (Professional Behaviors) [Objectives 1-4, 7, 8, 11-14, 17-19, 24, 27, 31, 32]
2. Obtain pre-operative medical clearance/optimization to ensure patients are appropriately prepared for surgery. (Medical Knowledge) [Objectives 1, 2, 7, 8, 11, 13-14, 18-19, 24, 28]
3. Explain the informed consent process (i.e., the risks, benefits, and alternatives to patients). (Interpersonal Skills) [Objectives 13, 18, 19, 22, 24]
4. Interpret pre-operative radiological studies. (Clinical Reasoning) [Objectives 5-7, 20, 21, 25, 26]
5. Reconcile pre-operative medication lists to minimize perioperative risks and optimize patient safety. (Problem Solving) [Objectives 7-9, 14, 23, 27]

Intra-Operative Care

6. Demonstrate proficiency in maintaining sterile technique during surgical procedures. (Technical Skills) [Objectives 10, 26]
7. Demonstrate proper scrubbing technique before entering the operating room. (Technical Skills) [Objectives 10, 26]
8. Function effectively as a first or second assistant in the operating room. (Technical Skills) [Objectives 1-3, 10, 26]
9. Perform surgical wound closure under the supervision of a preceptor. (Technical Skills) [Objectives 10, 26]

Post-Operative Care

10. Demonstrate proficiency in removing sutures/staples post-operatively. (Technical Skills) [Objectives 7, 10, 26]

11. Provide appropriate discharge medication prescriptions to discharged patients. (Clinical Reasoning) [Objectives 11, 12, 15, 16, 29-33]
12. Provide clear post-operative instructions to patients. (Interpersonal Skills) [Objectives 7, 11, 12, 26-33]
13. Implement strategies to prevent negative outcomes related to post-operative pain management. (Problem Solving) [Objectives 3, 7, 14, 27]

INSTRUCTIONAL OBJECTIVES

Upon completion of learning activities and personal study of topics on the course topic list in preparation for the End-of-Rotation examination, the PA student should be able to:

Medical Knowledge

1. Demonstrate medical knowledge about specific medical conditions, including etiology, epidemiology, pathophysiology, and genetics.
2. Apply this knowledge to the diagnosis and management of specific medical conditions in surgery.
3. Recognize specific disease conditions and complications when presented with information related to patient presentation, differential diagnosis, patient evaluation, patient management, health promotion, and disease prevention.

Application of Medical Knowledge

4. Apply knowledge of disease states to the evaluation of patient clinical presentations, including:
 - Epidemiologic factors most commonly associated with which populations contract the disease or condition, including age, gender, and risk factors.
 - The time course and progression of the disease or condition.
 - Patient signs and symptoms that are pertinent positives or negatives for disease states in the differential diagnosis.
5. Employ knowledge of diagnostic tests and methodologies in patient assessments to establish provisional diagnoses.
6. Apply knowledge of therapeutic management options to treat patients based on their clinical presentation, patient preferences, and best available evidence.
7. Apply medical knowledge to manage patients commonly encountered in surgery.

Medical History:

8. Establish effective rapport and elicit an appropriate acute, interval, or comprehensive history from adult and elderly patients, and/or their caregivers, of any gender, ethnicity, race, culture, and socioeconomic background that includes:
 - Determining the chief complaint (CC) and obtaining an appropriate history of present illness (HPI).
 - Eliciting an appropriate review of systems (ROS) as indicated for the CC.
 - Eliciting a past medical history (PMH) including previous and current health problems, hospitalizations, surgeries, major injuries, and childhood illnesses.
 - Determining a patient's immunization status as indicated for the patient's age, risk factors, and other clinical considerations.
 - Determining additional preventive health strategies as indicated for the patient's age, gender, risk factors, and other clinical considerations.
 - Obtaining a list of all medications (prescription and over-the-counter).

- Eliciting a social history that describes nutritional habits (diet), use of recreational substances (alcohol, tobacco, and/or illicit drugs), education, employment status, and past sexually transmitted infections (STIs).

Physical Exam

9. Perform a problem-focused or complete physical examination of patients across the lifespan that appropriately integrates the patient's gender, the reason for visit, the urgency of the problem (acute, chronic, or emergent), and the patient's ability to participate in the examination.
10. Demonstrate safe and appropriate use of any required instruments or equipment specific to common physical exam techniques performed in surgery.

Communicate and Document Medical Information

Communicate Medical Information

11. Deliver complete and concise oral presentations using professional language.

Document Medical Information

12. Demonstrate the ability to accurately document patient encounters commonly seen in surgery by either the SOAP note, patient logging, or documentation in the electronic medical record.

Interpersonal Skills

Patient Education and Counseling

13. Educate patients on the significance of various screening and diagnostic tests, including preparation requirements, procedure details, potential complications, testing objectives, risks versus benefits analysis, alternative options, and cost-effectiveness specific to each diagnostic assessment.
14. Provide comprehensive patient education on medication usage, covering the rationale behind medication intake, dosing regimen, expected therapeutic outcomes, and potential adverse effects.
15. Utilizing national recommendations (e.g., U.S. Preventive Services Task Force), educate the patient on preventive screening procedures recommended for their age, gender, and risk.
16. Offer appropriate counseling and patient/family education regarding preventable health issues, encompassing communicable diseases, healthy lifestyle promotion, lifestyle adjustments, immunization timetables, and the comparative importance of common health screening tests/procedures.
17. Identify and address common barriers to patient adherence to health maintenance, evaluation, management, and lifestyle recommendations, utilizing patient-centered educational approaches aimed at enhancing motivation and fostering healthy behaviors.

Patient-Centered Care

18. Demonstrate awareness of personal biases and the sociocultural factors that may affect their interpersonal communication, assessment, treatment, and clinical decision-making in caring for individuals from different cultural, ethnic, racial, socio-economic, or other diverse backgrounds.

19. Facilitate shared decision-making by integrating clinical judgment with patient values, beliefs, preferences, and the most current medical evidence, thereby promoting patient-centered care.

Clinical Reasoning:

20. Integrate normal and abnormal findings from the medical history, physical examination, and diagnostic studies to formulate an initial problem list and develop the list of differential diagnoses specific to the patient's clinical presentation, including epidemiologic factors such as age, gender, and comorbidities.

21. Evaluate the necessity for additional diagnostic assessments and proceed to order or perform them as warranted to comprehensively assess the list of differential diagnoses for acute clinical scenarios.

22. Acknowledge personal limitations in knowledge or abilities when establishing a definitive diagnosis in specific scenarios and utilize medical literature and evidence-based medicine proficiency to address critical diagnostic inquiries or determine the need for referral or consultation.

Problem-Solving Skills:

23. Recognize indications for and appropriately order screening tests and diagnostic or follow-up laboratory procedures, imaging studies, or other diagnostic evaluations typically used in surgery.

24. Provide pertinent patient education about common screening and diagnostic tests regarding required patient preparation, procedure, possible complications, purpose of testing, risks versus benefits, alternatives, and cost-effectiveness specific to each diagnostic evaluation.

25. Identify laboratory and diagnostic studies considered to be the "gold standard" for the diagnosis of common conditions specific to surgery.

Technical & Clinical Skills

26. Perform the following technical skills relevant to surgery:

- Demonstrate appropriate sterile technique
- Don a surgical gown and gloves with and without assistance
- Prepare a surgical site
- Function as a first or second assistant, including patient positioning and draping
- Perform surgical wound closure with assistance
- Suture and Staple removal

Perform the following clinical skills relevant to surgery:

- Provide post-operative/discharge orders, including patient education and medication reconciliation
- Interpret imaging studies using a systematic approach
- Demonstrate understanding of informed consent

Treatment Plans

27. Create a patient-centered, comprehensive, and therapeutic management plan tailored to the conditions encountered in surgery. This plan should be grounded in thorough assessment and diagnosis, consideration of concurrent treatments for other medical issues, adherence to evidence-based guidelines, and assessment of patient readiness and capacity to comply.
28. Assess the severity of the patient's condition to determine the necessity for office procedures, medical and/or surgical referrals, hospital admission, or placement in another suitable care setting.

Professionalism

29. Demonstrate high ethical principles, sensitivity, compassion, respect, and responsiveness to all patients, their care teams, and members of the healthcare team.
30. Demonstrate excellent teamwork skills, working well with other clinicians and staff.
31. Demonstrate a sound work ethic, showing reliability, dependability, integrity, responsibility, self-confidence, and initiative.
32. Demonstrate exceptional professionalism through appearance, attire, and attendance.
33. Interpret the role of the PA in this discipline setting and limitations of the role.

Patient Population Requirements:

- ✓ 100 patient encounters with 1/3 pre-op, 1/3 intra-op, 1/3 post-op (33+ patients each, for a total of at least 100 patients)

Pediatrics Rotation:

LEARNING OUTCOMES

Infant Care (<2 years of age)

1. Recognize the complications of RSV infection in infants. (Clinical Reasoning) [Objectives 1-4, 6, 7, 9]
2. For infants diagnosed with hand-foot-and-mouth, communicate effectively with parents/caregivers regarding symptom management. (Interpersonal Skills) [Objectives 11, 16, 26, 29, 31]
3. Describe the clinical manifestations of congenital heart disease. (Medical Knowledge) [Objective 1]
4. Perform neurological examinations to monitor growth milestones. (Clinical Skills) [Objectives 9, 10, 17, 26]
5. Use newborn screening tests to identify potential signs of illness or developmental concerns. (Clinical Reasoning) [Objectives 9, 17, 20, 21]
6. Apply current immunization guidelines when recommending infant vaccines. (Clinical Reasoning) [Objectives 8, 16, 17, 26]

Child Care (2-11 years of age)

7. Evaluate children presenting with dermatologic symptoms to determine potential underlying causes. (Clinical Reasoning) [Objectives 23-25, 28]
8. Communicate effectively with parents/caregivers about prevention strategies for common childhood infectious diseases. (Interpersonal Skills) [Objectives 11, 13-15, 18, 19]

9. Develop personalized asthma action plans to prevent exacerbations. (Problem Solving) [Objectives 1-3, 6, 16, 17]
10. Use clinical assessment criteria to differentiate between viral and bacterial upper respiratory infections. (Clinical Reasoning) [Objectives 20, 27]
11. Interpret pulmonary function test results to assess respiratory function. (Clinical Skills) [Objective 1-9, 12, 26]
12. Appropriately identify the signs/symptoms of appendicitis. (Medical Knowledge) [Objectives 4, 8]
13. Describe the diagnostic criteria of Attention-Deficit/Hyperactivity Disorder (ADHD) in children. (Medical Knowledge) [Objectives 5, 13, 23, 26]
14. Discuss avoidance of allergens for children diagnosed with allergic rhinitis. (Problem Solving) [Objectives 16, 17]
15. Establish rapport with the pediatric patient and their family to build trust during clinical encounters. (Professional Behaviors) [Objectives 18, 19, 22, 31-33]
16. Demonstrate proficiency in obtaining accurate measurements of vital signs in children. (Clinical Skills) [Objective 26]
17. Demonstrate understanding of the pharmacodynamics of commonly prescribed medications to treat otitis media in pediatric patients. (Medical Knowledge) [Objectives 1, 6, 7]
18. Identify potential safety hazards in the home environment that may pose threats to the health/well-being of children. (Clinical Reasoning) [Objectives 16, 29]

Adolescent Care (12-18 years of age)

19. Conduct structured assessments to identify psychiatric disorders in adolescents. (Clinical Skills) [Objectives 8, 9, 28, 29]
20. Counsel adolescents about acne while supporting healthy self-esteem and body image. (Interpersonal Skills) [Objectives 1, 14, 27]

INSTRUCTIONAL OBJECTIVES

Upon completion of learning activities and personal study of topics on the course topic list in preparation for the End-of-Rotation examination, the PA student should be able to:

Medical Knowledge

1. Demonstrate medical knowledge about specific medical conditions including etiology, epidemiology, pathophysiology, and genetics.
2. Apply this knowledge to the diagnosis and management of specific medical conditions in the pediatric population.
3. Recognize specific disease conditions and complications when presented with information related to patient presentation, differential diagnosis, patient evaluation, patient management, health promotion, and disease prevention.

Application of Medical Knowledge

4. Apply knowledge of disease states to the evaluation of patient clinical presentations including:
 - Epidemiologic factors most commonly associated with which populations contract the disease or condition, including age, gender, and risk factors.
 - The time course and progression of the disease or condition.
 - Patient signs and symptoms that are pertinent positives or negatives for disease states in the differential diagnosis.
5. Employ knowledge of diagnostic tests and methodologies in patient assessments to establish provisional diagnoses.

6. Apply knowledge of therapeutic management options to treat patients based on their clinical presentation, patient preferences, and best available evidence.
7. Apply medical knowledge to manage commonly seen pediatric conditions.

Medical History:

8. Establish effective rapport and elicit an appropriate acute, interval, or comprehensive history from pediatric patients, and/or their caregivers, of any gender, ethnicity, race, culture, and socioeconomic background that includes:
 - Determining the chief complaint (CC) and obtaining an appropriate history of present illness (HPI).
 - Eliciting an appropriate review of systems (ROS) as indicated for the CC.
 - Eliciting a past medical history (PMH) including previous and current health problems, hospitalizations, surgeries, major injuries, and childhood illnesses.
 - Determining a patient's immunization status as indicated for the patient's age, risk factors, and other clinical considerations.
 - Determining additional preventive health strategies as indicated for the patient's age, gender, risk factors, and other clinical considerations.
 - Obtaining a list of all medications (prescription and over-the-counter).
 - Eliciting a social history that describes nutritional habits (diet), use of recreational substances (alcohol, tobacco, and/or illicit drugs), education, employment status, and past sexually transmitted infections (STIs).

Physical Exam

9. Perform a problem-focused or complete physical examination of patients across the lifespan that appropriately integrates the patient's gender, the reason for visit, the urgency of the problem (acute, chronic, or emergent), and the patient's ability to participate in the examination.
10. Demonstrate safe and appropriate use of any required instruments or equipment specific to common physical exam techniques performed in the pediatric population.

Communicate and Document Medical Information

Communicate Medical Information

11. Deliver complete and concise oral presentations using professional language.

Document Medical Information

12. Demonstrate the ability to accurately document patient encounters commonly seen in pediatrics, by either the SOAP note, patient logging, or documentation in the electronic medical record.

Interpersonal Skills

Patient Education and Counseling

13. Educate patients on the significance of various screening and diagnostic tests, including preparation requirements, procedure details, potential complications, testing objectives, risks versus benefits analysis, alternative options, and cost-effectiveness specific to each diagnostic assessment.
14. Provide comprehensive patient education on medication usage, covering the rationale behind medication intake, dosing regimen, expected therapeutic outcomes, and potential adverse effects.
15. Utilizing national recommendations (e.g., U.S. Preventive Services Task Force), educate the patient on preventive screening procedures recommended for their age, gender, and risk.

16. Offer appropriate counseling and patient/family education regarding preventable health issues, encompassing communicable diseases, healthy lifestyle promotion, lifestyle adjustments, immunization timetables, and the comparative importance of common health screening tests/procedures.
17. Identify and address common barriers to patient adherence to health maintenance, evaluation, management, and lifestyle recommendations, utilizing patient-centered educational approaches aimed at enhancing motivation and fostering healthy behaviors.

Patient-Centered Care

18. Demonstrate awareness of personal biases and the sociocultural factors that may affect their interpersonal communication, assessment, treatment, and clinical decision-making in caring for individuals from different cultural, ethnic, racial, socio-economic, or other diverse backgrounds.
19. Facilitate shared decision-making by integrating clinical judgment with patient values, beliefs, preferences, and the most current medical evidence, thereby promoting patient-centered care.

Clinical Reasoning:

20. Integrate normal and abnormal findings from the medical history, physical examination, and diagnostic studies to formulate an initial problem list and develop the list of differential diagnoses specific to the patient's clinical presentation, including epidemiologic factors such as age, gender, and comorbidities.
21. Evaluate the necessity for additional diagnostic assessments and proceed to order or perform them as warranted to comprehensively assess the list of differential diagnoses for acute clinical scenarios.
22. Acknowledge personal limitations in knowledge or abilities when establishing a definitive diagnosis in specific scenarios and utilize medical literature and evidence-based medicine proficiency to address critical diagnostic inquiries or determine the need for referral or consultation.

Problem-Solving Skills:

23. Recognize indications for and appropriately order screening tests and diagnostic or follow-up laboratory procedures, imaging studies, or other diagnostic evaluations typically used in the pediatric population.
24. Provide pertinent patient education about common screening and diagnostic tests regarding required patient preparation, procedure, possible complications, purpose of testing, risks versus benefits, alternatives, and cost-effectiveness specific to each diagnostic evaluation.
25. Identify laboratory and diagnostic studies considered to be the "gold standard" for the diagnosis of common conditions specific to the pediatric population.

Technical & Clinical Skills

26. Perform the following technical skills relevant to pediatrics:

- Collect throat and nasal swabs (i.e., strep, flu, RSV)
- Administer immunizations

Perform the following clinical skills relevant to pediatrics:

- Perform a well-child exam
- Assess vital signs in a pediatric patient

- Calculate medication dosages for a pediatric patient
- Counsel caregivers about safe homes
- Provide a pediatric patient and family education on illness
- Provide a pediatric patient and family education on wellness
- Evaluate growth and development
- Provide anticipatory guidance (i.e. peer pressure, screen time, sleep hygiene, nutrition/exercise, safe sex practices)

Treatment Plans

27. Create a patient-centered, comprehensive, and therapeutic management plan tailored to the conditions encountered in the pediatric population. This plan should be grounded in thorough assessment and diagnosis, consideration of concurrent treatments for other medical issues, adherence to evidence-based guidelines, and assessment of patient readiness and capacity to comply.
28. Assess the severity of the patient's condition to determine the necessity for office procedures, medical and/or surgical referrals, hospital admission, or placement in another suitable care setting.

Professionalism

29. Demonstrate high ethical principles, sensitivity, compassion, respect, and responsiveness to all patients, their care teams, and members of the healthcare team.
30. Demonstrate excellent teamwork skills, working well with other clinicians and staff.
31. Demonstrate a sound work ethic, showing reliability, dependability, integrity, responsibility, self-confidence, and initiative.
32. Demonstrate exceptional professionalism through appearance, attire, and attendance.
33. Interpret the role of the PA in this discipline setting and limitations of the role.

Patient Population Requirements:

- ✓ Infants (age < 2 yoa), at least 40 encounters
 - ✓ Children (age 2-11 yoa), at least 100 encounters
 - ✓ Adolescents (age 12-18 yoa), at least 20 encounters
- *If minimum pediatric patient encounter requirements are not met during the Pediatrics SCPE, student progress will be evaluated longitudinally across the clinical year. Students are expected to meet all required pediatric encounter thresholds by the end of the clinical year through experiences in other applicable rotations.

Geriatrics Rotation:

LEARNING OUTCOMES

Elderly Care (ages 65+)

1. Demonstrate understanding of the evidence-based management strategies for hypertension in geriatric patients. (Medical Knowledge) [Objectives 1-7, 20, 21, 26, 27]
2. Educate elderly patients on abnormal blood glucose values. (Clinical Skills) [Objectives 3, 11, 26]
3. Propose evidence-based treatment strategies for patients with dyslipidemia. (Problem Solving) [Objectives 8, 13-17, 20-25, 27]

4. Establish rapport with patients/caregivers to address concerns related to cognitive decline. (Interpersonal Skills) [Objectives 8, 13-19, 29, 32]
5. Create treatment strategies that reduce urinary symptom burden in geriatric patients. (Clinical Reasoning) [Objectives 6-9, 12-25, 27, 28, 33]
6. Interpret dual-energy X-ray absorptiometry (DEXA) scans to assess fracture risk. (Clinical Skills) [Objectives 1-7, 15]
7. Demonstrate understanding of non-pharmacologic interventions for geriatric patients with arthritis. (Medical Knowledge) [Objectives 1-7, 14, 16, 19, 21, 22, 27, 28]
8. Apply counseling techniques to motivate lifestyle changes supporting attainable nutrition or weight-management goals. (Professional Behavior) [Objectives 8, 11, 16-19]
9. Develop care plans to prevent skin breakdown in geriatric patients. (Clinical Reasoning) [Objectives 1-4, 6-8, 27, 28]
10. Provide education about stroke prevention strategies. (Professional Behaviors) [Objectives 1, 3, 5-7, 10, 15-17, 27, 29-33]
11. Demonstrate understanding of the diagnostic criteria for dysphagia. (Medical Knowledge) [Objectives 1-3, 5, 7, 20, 21]
12. Identify abnormal vital signs in elderly patients. (Clinical Reasoning) [Objectives 3, 9, 10, 20, 21, 26, 28]

INSTRUCTIONAL OBJECTIVES

Upon completion of learning activities and personal study of topics on the course topic list in preparation for the End-of-Rotation examination, the PA student should be able to:

Medical Knowledge

1. Demonstrate medical knowledge about specific medical conditions, including etiology, epidemiology, pathophysiology, and genetics.
2. Apply this knowledge to the diagnosis and management of specific medical conditions in the geriatric population.
3. Recognize specific disease conditions and complications when presented with information related to patient presentation, differential diagnosis, patient evaluation, patient management, health promotion, and disease prevention.

Application of Medical Knowledge

4. Apply knowledge of disease states to the evaluation of patient clinical presentations, including:
 - Epidemiologic factors most commonly associated with which populations contract the disease or condition, including age, gender, and risk factors.
 - The time course and progression of the disease or condition.
 - Patient signs and symptoms that are pertinent positives or negatives for disease states in the differential diagnosis.
5. Employ knowledge of diagnostic tests and methodologies in patient assessments to establish provisional diagnoses.
6. Apply knowledge of therapeutic management options to treat patients based on their clinical presentation, patient preferences, and best available evidence.
7. Apply medical knowledge to manage commonly seen geriatric conditions.

Medical History:

8. Establish effective rapport and elicit an appropriate acute, interval, or comprehensive history from adult and elderly patients, and/or their caregivers, of any gender, ethnicity, race, culture, and socioeconomic background that includes:
 - Determining the chief complaint (CC) and obtaining an appropriate history of present illness (HPI).
 - Eliciting an appropriate review of systems (ROS) as indicated for the CC.

- Eliciting a past medical history (PMH) including previous and current health problems, hospitalizations, surgeries, major injuries, and childhood illnesses.
- Determining a patient's immunization status as indicated for the patient's age, risk factors, and other clinical considerations.
- Determining additional preventive health strategies as indicated by the patient's age, gender, risk factors, and other clinical considerations.
- Obtaining a list of all medications (prescription and over-the-counter).
- Eliciting a social history that describes nutritional habits (diet), use of recreational substances (alcohol, tobacco, and/or illicit drugs), education, employment status, and past sexually transmitted infections (STIs).

Physical Exam

9. Perform a problem-focused or complete physical examination of patients across the lifespan that appropriately integrates the patient's gender, the reason for visit, the urgency of the problem (acute, chronic or emergent) and the patient's ability to participate in the examination.
10. Demonstrate safe and appropriate use of any required instruments or equipment specific to common physical exam techniques performed in the geriatric population.

Communicate and Document Medical Information

Communicate Medical Information

11. Deliver complete and concise oral presentations using professional language.

Document Medical Information

12. Demonstrate the ability to accurately document patient encounters commonly seen in geriatrics, by either the SOAP note, patient logging, or documentation in the electronic medical record.

Interpersonal Skills

Patient Education and Counseling

13. Educate patients on the significance of various screening and diagnostic tests, including preparation requirements, procedure details, potential complications, testing objectives, risks versus benefits analysis, alternative options, and cost-effectiveness specific to each diagnostic assessment.
14. Provide comprehensive patient education on medication usage, covering the rationale behind medication intake, dosing regimen, expected therapeutic outcomes, and potential adverse effects.
15. Utilizing national recommendations (e.g., U.S. Preventive Services Task Force), educate the patient on preventive screening procedures recommended for their age, gender, and risk.
16. Offer appropriate counseling and patient/family education regarding preventable health issues, encompassing communicable diseases, healthy lifestyle promotion, lifestyle adjustments, immunization timetables, and the comparative importance of common health screening tests/procedures.
17. Identify and address common barriers to patient adherence to health maintenance, evaluation, management, and lifestyle recommendations, utilizing patient-centered educational approaches aimed at enhancing motivation and fostering healthy behaviors.

Patient-Centered Care

18. Demonstrate awareness of personal biases and the sociocultural factors that may affect their interpersonal communication, assessment, treatment, and clinical decision-making in caring for individuals from different cultural, ethnic, racial, socio-economic, or other diverse backgrounds.

19. Facilitate shared decision-making by integrating clinical judgment with patient values, beliefs, preferences, and the most current medical evidence, thereby promoting patient-centered care.

Clinical Reasoning:

20. Integrate normal and abnormal findings from the medical history, physical examination, and diagnostic studies to formulate an initial problem list and develop the list of differential diagnoses specific to the patient's clinical presentation, including epidemiologic factors such as age, gender, and comorbidities.

21. Evaluate the necessity for additional diagnostic assessments and proceed to order or perform them as warranted to comprehensively assess the list of differential diagnoses for acute clinical scenarios.

22. Acknowledge personal limitations in knowledge or abilities when establishing a definitive diagnosis in specific scenarios and utilize medical literature and evidence-based medicine proficiency to address critical diagnostic inquiries or determine the need for referral or consultation.

Problem-Solving Skills:

23. Recognize indications for and appropriately order screening tests and diagnostic or follow-up laboratory procedures, imaging studies, or other diagnostic evaluations typically used in the geriatric population.

24. Provide pertinent patient education about common screening and diagnostic tests regarding required patient preparation, procedure, possible complications, purpose of testing, risks versus benefits, alternatives, and cost-effectiveness specific to each diagnostic evaluation.

25. Identify laboratory and diagnostic studies considered to be the "gold standard" for the diagnosis of common conditions specific to the geriatric population.

Technical & Clinical Skills

26. Perform the following technical skills relevant to geriatrics:

- o Perform POCT (point of care testing) [ex. Glucose, dipstick UA, strep, flu, COVID]

Perform the following clinical skills relevant to geriatrics:

- o Assess vitals on a geriatric patient
- o Renally dose a medication for a geriatric patient
- o Evaluate a geriatric patient for polypharmacy

Treatment Plans

27. Create a patient-centered, comprehensive, and therapeutic management plan tailored to the conditions encountered in the geriatric population. This plan should be grounded in thorough assessment and diagnosis, consideration of concurrent treatments for other medical issues, adherence to evidence-based guidelines, and assessment of patient readiness and capacity to comply.

28. Assess the severity of the patient's condition to determine the necessity for office procedures, medical and/or surgical referrals, hospital admission, or placement in another suitable care setting.

Professionalism

29. Demonstrate high ethical principles, sensitivity, compassion, respect, and responsiveness to all patients, their care teams, and members of the healthcare team.
30. Demonstrate excellent teamwork skills, working well with other clinicians and staff.
31. Demonstrate a sound work ethic, showing reliability, dependability, integrity, responsibility, self-confidence, and initiative.
32. Demonstrate exceptional professionalism through appearance, attire, and attendance.
33. Interpret the role of the PA in this discipline setting and limitations of the role.

Patient Population Requirements:

- ✓ 50% of the population (80 encounters will be geriatric) ages 65 and above

Behavioral Health Rotation:

LEARNING OUTCOMES

Mental Health Care

1. Implement evidence-based interventions to improve functional outcomes for patients with Major Depressive Disorder (MDD). (Problem Solving) [Objectives 1, 3, 6, 7]
2. Administer standardized assessments to evaluate ADHD/ADD symptoms. (Clinical Skills) [Objectives 1-2, 7, 10, 14, 26]
3. Differentiate between the subtypes of psychotic disorders. (Medical Knowledge) [Objectives 1-3, 7]
4. Differentiate between types of dementia. (Medical Knowledge) [Objectives 1-3, 7, 13, 21-26]
5. Collaborate with patients with obsessive-compulsive disorder (OCD) to identify triggers affecting their daily functioning. (Interpersonal Skills) [Objectives 1, 2, 6, 19, 27]
6. Demonstrate cultural sensitivity when discussing patients' cultural beliefs related to anxiety. (Professional Behaviors) [Objectives 8, 11, 18-19, 29-33]
7. Differentiate Panic Disorder from other anxiety disorders based on assessment findings. (Clinical Reasoning) [Objectives 1, 2, 4, 9]
8. Discuss relapse prevention strategies with individuals with bipolar disorder. (Problem Solving) [Objectives 1-3, 6, 12, 14, 16, 27]
9. Maintain a therapeutic communication style with individuals with borderline personality disorder (BPD). (Interpersonal Skills) [Objectives 1-4, 17, 19]
10. Assess substance use history to determine the impact on patient well-being. (Clinical Reasoning) [Objectives 1-3, 15-16, 28]
11. Conduct comprehensive psychiatric evaluations. (Clinical Skills) [Objectives 5, 6, 17]
12. Administer the Mini-Mental State Examination (MMSE) to assess cognitive function in patients with cognitive impairments. (Clinical Skills) [Objectives 5, 10, 20, 26]

13. Administer the CAGE questionnaire to screen for alcohol use disorders. (Clinical Skills) [Objectives 3, 10, 20, 26]
14. Administer validated anxiety scales to assess the severity of anxiety symptoms in patients. (Clinical Skills) [Objectives 3, 20, 26]

INSTRUCTIONAL OBJECTIVES

Upon completion of learning activities and personal study of topics on the course topic list in preparation for the End-of-Rotation examination, the PA student should be able to:

Medical Knowledge

1. Demonstrate medical knowledge about specific medical conditions, including etiology, epidemiology, pathophysiology, and genetics.
2. Apply this knowledge to the diagnosis and management of specific medical conditions in behavioral health.
3. Recognize specific disease conditions and complications when presented with information related to patient presentation, differential diagnosis, patient evaluation, patient management, health promotion, and disease prevention.

Application of Medical Knowledge

4. Apply knowledge of disease states to the evaluation of patient clinical presentations, including:
 - Epidemiologic factors most commonly associated with which populations contract the disease or condition, including age, gender, and risk factors.
 - The time course and progression of the disease or condition.
 - Patient signs and symptoms that are pertinent positives or negatives for disease states in the differential diagnosis.
5. Employ knowledge of diagnostic tests and methodologies in patient assessments to establish provisional diagnoses.
6. Apply knowledge of therapeutic management options to treat patients based on their clinical presentation, patient preferences, and best available evidence.
7. Apply medical knowledge to manage patients with mental health disorders.

Medical History:

8. Establish effective rapport and elicit an appropriate acute, interval, or comprehensive history from adult and elderly patients, and/or their caregivers, of any gender, ethnicity, race, culture, and socioeconomic background that includes:
 - Determining the chief complaint (CC) and obtaining an appropriate history of present illness (HPI).
 - Eliciting an appropriate review of systems (ROS) as indicated for the CC.
 - Eliciting a past medical history (PMH) including previous and current health problems, hospitalizations, surgeries, major injuries, and childhood illnesses.
 - Determining a patient's immunization status as indicated for the patient's age, risk factors, and other clinical considerations.
 - Determining additional preventive health strategies as indicated by the patient's age, gender, risk factors, and other clinical considerations.
 - Obtaining a list of all medications (prescription and over-the-counter).
 - Eliciting a social history that describes nutritional habits (diet), use of recreational substances (alcohol, tobacco, and/or illicit drugs), education, employment status, and past sexually transmitted infections (STIs).

Physical Exam

9. Perform a problem-focused or complete physical examination of patients across the lifespan that appropriately integrates the patient's gender, the reason for visit, the urgency of the problem (acute, chronic, or emergent), and the patient's ability to participate in the examination.

10. Demonstrate safe and appropriate use of any required instruments or equipment specific to common physical exam techniques performed in behavioral health.

Communicate and Document Medical Information

Communicate Medical Information

11. Deliver complete and concise oral presentations using professional language.

Document Medical Information

12. Demonstrate the ability to accurately document patient encounters commonly seen in behavioral health, by either the SOAP note, patient logging, or documentation in the electronic medical record.

Interpersonal Skills

Patient Education and Counseling

13. Educate patients on the significance of various screening and diagnostic tests, including preparation requirements, procedure details, potential complications, testing objectives, risks versus benefits analysis, alternative options, and cost-effectiveness specific to each diagnostic assessment.

14. Provide comprehensive patient education on medication usage, covering the rationale behind medication intake, dosing regimen, expected therapeutic outcomes, and potential adverse effects.

15. Utilizing national recommendations (e.g., U.S. Preventive Services Task Force), educate the patient on preventive screening procedures recommended for their age, gender, and risk.

16. Offer appropriate counseling and patient/family education regarding preventable health issues, encompassing communicable diseases, healthy lifestyle promotion, lifestyle adjustments, immunization timetables, and the comparative importance of common health screening tests/procedures.

17. Identify and address common barriers to patient adherence to health maintenance, evaluation, management, and lifestyle recommendations, utilizing patient-centered educational approaches aimed at enhancing motivation and fostering healthy behaviors.

Patient-Centered Care

18. Demonstrate awareness of personal biases and the sociocultural factors that may affect their interpersonal communication, assessment, treatment, and clinical decision-making in caring for individuals from different cultural, ethnic, racial, socio-economic, or other diverse backgrounds.

19. Facilitate shared decision-making by integrating clinical judgment with patient values, beliefs, preferences, and the most current medical evidence, thereby promoting patient-centered care.

Clinical Reasoning:

20. Integrate normal and abnormal findings from the medical history, physical examination, and diagnostic studies to formulate an initial problem list and develop the list of differential diagnoses specific to the patient's clinical presentation, including epidemiologic factors such as age, gender, and comorbidities.

21. Evaluate the necessity for additional diagnostic assessments and proceed to order or perform them as warranted to comprehensively assess the list of differential diagnoses for acute clinical scenarios.

22. Acknowledge personal limitations in knowledge or abilities when establishing a definitive diagnosis in specific scenarios and utilize medical literature and evidence-based medicine proficiency to address critical diagnostic inquiries or determine the need for referral or consultation.

Problem-Solving Skills:

23. Recognize indications for and appropriately order screening tests and diagnostic or follow-up laboratory procedures, imaging studies, or other diagnostic evaluations typically used in behavioral health.

24. Provide pertinent patient education about common screening and diagnostic tests regarding required patient preparation, procedure, possible complications, purpose of testing, risks versus benefits, alternatives, and cost-effectiveness specific to each diagnostic evaluation.

25. Identify laboratory and diagnostic studies considered to be the “gold standard” for the diagnosis of common conditions specific to behavioral health.

Clinical Skills

26. Perform the following skills relevant to behavioral health:

- Psychiatric Assessment/Interview
- Mental Status Evaluation (MMSE)
- Utilization of the Depression Scale
- Utilization of Anxiety Scale
- Assessment of ADHD
- Utilization of the CAGE tool

Treatment Plans

27. Create a patient-centered, comprehensive, and therapeutic management plan tailored to the conditions encountered in behavioral health. This plan should be grounded in thorough assessment and diagnosis, consideration of concurrent treatments for other medical issues, adherence to evidence-based guidelines, and assessment of patient readiness and capacity to comply.

28. Assess the severity of the patient's condition to determine the necessity for office procedures, medical and/or surgical referrals, hospital admission, or placement in another suitable care setting.

Professionalism

29. Demonstrate high ethical principles, sensitivity, compassion, respect, and responsiveness to all patients, their care teams, and members of the healthcare team.

30. Demonstrate excellent teamwork skills, working well with other clinicians and staff.

31. Demonstrate a sound work ethic, showing reliability, dependability, integrity, responsibility, self-confidence, and initiative.

32. Demonstrate exceptional professionalism through appearance, attire, and attendance.

33. Interpret the role of the PA in this discipline setting and limitations of the role.

Patient Population Requirements:

- ✓ 50% of the population (80 encounters will be adult) ages 64 and below

Please note that the learning outcomes for each rotation are not meant to be all encompassing for examination purposes. Students are still responsible for learning the material that is on the PAEA Blueprints and Topic Lists.

Float Rotation:

LEARNING OUTCOMES

1. Demonstrate proficiency in obtaining medical histories and performing physical examinations for patients across the lifespan presenting for emergent, preventive, acute, or chronic care in the float setting. (Clinical Skills) [Instructional Objective 1]
2. Utilize effective communication with patients and families across the lifespan to provide age-appropriate education and counseling using patient-centered care skills. (Interpersonal Skills) [Instructional Objectives 4-5]
3. Formulate differential diagnoses using clinical reasoning consistent with the patient's age, acuity of care, and exam findings. (Clinical Reasoning) [Instructional Objective 6]
4. Demonstrate the problem-solving skills to interpret common diagnostic studies based upon clinical presentation and differential diagnoses. (Problem-Solving) [Instructional Objective 2]
5. Perform procedures common to the clinical setting. (Technical Skills) [Instructional Objective 7]
6. Develop preventive, acute, or chronic treatment plans that include pharmacologic and non-pharmacologic interventions appropriate to the differential diagnosis and consider evidence-based medical practices. (Medical Knowledge) [Instructional Objectives 2-4, 8]
7. Demonstrate professional behavior consistent with the ISU PA student handbook. (Professional Behaviors) [Instructional Objectives 3-4]

INSTRUCTIONAL OBJECTIVES

1. Perform focused history and physical examinations.
2. Interpret appropriate lab and diagnostic studies and/or findings.
3. Participate as part of an interprofessional team.
4. Communicate findings of a given patient encounter in written and oral forms to all members of the healthcare team.
5. Communicate effectively with patients and families.
6. Develop differential diagnoses and formulate and/or implement an appropriate management plan.
7. Perform and demonstrate clinical skills and procedures.
8. Critically evaluate the medical literature to use current practice guidelines and apply the principles of evidence-based medicine to patient care.

Electives I & II Rotations:

LEARNING OUTCOMES

1. Demonstrate proficiency in obtaining medical histories and performing physical examinations for patients across the lifespan presenting for emergent, preventive, acute, or chronic care in the elective setting. (Clinical Skills) [Instructional Objective 1]
2. Utilize effective communication with patients and families across the lifespan to provide age-appropriate education and counseling using patient-centered care skills. (Interpersonal Skills) [Instructional Objectives 4-5]
3. Formulate differential diagnoses using clinical reasoning consistent with the patient's age, acuity of care, and exam findings. (Clinical Reasoning) [Instructional Objective 6]
4. Demonstrate the problem-solving skills to interpret common diagnostic studies based upon clinical presentation and differential diagnoses. (Problem-Solving) [Instructional Objective 2]
5. Perform procedures common to the clinical setting. (Technical Skills) [Instructional Objective 7]
6. Develop preventive, acute, or chronic treatment plans that include pharmacologic and non-pharmacologic interventions appropriate to the differential diagnosis and consider evidence-based medical practices. (Medical Knowledge) [Instructional Objectives 2-4, 8]
7. Demonstrate professional behavior consistent with the ISU PA student handbook. (Professional Behaviors) [Instructional Objectives 3-4]

INSTRUCTIONAL OBJECTIVES

1. Perform focused history and physical examinations.
2. Interpret appropriate lab and diagnostic studies and/or findings.
3. Participate as part of an interprofessional team.
4. Communicate findings of a given patient encounter in written and oral forms to all members of the healthcare team.
5. Communicate effectively with patients and families.
6. Develop differential diagnoses and formulate and/or implement an appropriate management plan.
7. Perform and demonstrate clinical skills and procedures.
8. Critically evaluate the medical literature to use current practice guidelines and apply the principles of evidence-based medicine to patient care.

Research Month- Clinical Project:

An independent study course designed to foster a sense of clinical inquiry and carry the process of gathering and presenting evidence-based knowledge through each of its phases, culminating in an in-depth analysis of a current clinical issue placed in the context of the local communities served during the clinical year.

LEARNING OUTCOMES

Upon completion of this course, the student will be able to:

1. Locate, appraise, and integrate evidence from scientific studies related to one's patients' health problems in a manner consistent with the practice of evidence-based medicine. (Instructional Objectives 1-3)
2. Obtain and apply information about one's population of patients and the larger population from which one's patients are drawn. (Instructional Objectives 3-4)
3. Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness. (Instructional Objectives (4-5)
4. Integrate appropriate and effective styles of communication in exercising leadership on behalf of improving patient outcomes. (Instructional Objective 6)

INSTRUCTIONAL OBJECTIVES

1. Research a disease, case study, therapeutics, or other topic chosen as your Capstone Project during PASS 635 Applied Research.
2. Critically evaluate different research study designs, such as randomized controlled trials, observational studies, and cohort studies, used in your Capstone Project.
3. Evaluate and critique published research literature, recognizing the strengths and weaknesses of study methodologies.
4. Apply basic statistical concepts and methods to analyze clinical research data, interpret statistical results, and draw valid conclusions.
5. Comply with the ethical principles and guidelines outlined in the Belmont Report for the protection of human subjects of research.
6. Effectively communicate research findings through a written Capstone Project progress report and Literature Review.

Evaluation Methods:

- Research Project Progress Report 50%
- Literature review and general summary of research project 50%
- The assignments will be submitted as one document (see Canvas example) by 11:59pm EST Friday of the fourth week of your research month.
- Research Project Progress Report template is available on Canvas.

Clinical Year Grading and Evaluation:

Factors Included in Each Core Clinical Rotation Grade Are (exception Surgery course):

- Preceptor's evaluation of Student (EXXAT) - 10%
- End of Rotation Examination - 60%
- Logging patient encounters & procedures - 10%
- Preceptor Verification of Logs- 2%
- Hours Timesheet- 2%
- Mid-rotation Evaluation of Clinical Experience with faculty advisor - 4%
- Student evaluation of clinical site and preceptor- 4%
- Clinical SOAP Note - 4%
- Weekly Rosh Review questions- 4%

DESCRIPTION OF EVALUATION TOOLS:

Assignments are all or nothing. There will be no partial credit given for assignments. If the above is submitted late (preceptor evaluation of the student is the only exception), your grade will result in an automatic zero. If all patient encounters are not logged, there will be loss of points and a discussion by the PAC team to discuss professionalism warning.

Clinical Preceptor's Evaluation

- The preceptor evaluation will count for 10% of the rotation grade
- Clinical preceptors will evaluate student performance based on their day-to-day observations of the student's clinical work during the rotation. A student Clinical Performance Evaluation Form is available for this purpose (see Canvas). Specific evaluation criteria for preceptors to consider include the Professional Competencies (See Appendix) listed below:
 - a. Medical Knowledge
 - b. Interpersonal & Communication Skills
 - c. Patient Care
 - d. Professionalism
 - e. Practice-Based Learning and Improvement
 - f. Systems-Based Practice
- Clinical preceptor evaluations may be completed by licensed physicians, certified physician assistants, nurse practitioners, certified nurse midwives, or psychologists. Nurses, interns, allied health professionals, or other PA students are NOT acceptable evaluators.
- At the completion of each rotation, the student will have their preceptor complete the on-line evaluation form in Exxat ©. If the preceptors prefer completing a paper copy the student will submit the original copy of the Preceptor's Clinical Performance Evaluation Form, unless the preceptor prefers to mail or fax the form to the PA Program Office.
- The PA Program will not change a clinical preceptor's performance evaluation grade.
- Clinical year students are expected to assume responsibility for their education while on rotations. Part of this responsibility includes seeking performance feedback from clinical preceptors. THE END OF THE ROTATION IS NOT AN APPROPRIATE TIME FOR A STUDENT TO DISCOVER THAT HE/SHE HAS NOT PERFORMED SATISFACTORILY! At a minimum, students should meet with their preceptor midway through each rotation to: Discuss their progress/performance and plan strategies for correcting any deficiencies. .
- Preceptor letter grades will be weighted as the following:

A = 100/100 points	B = 90/100 points	C = 80/100 points	F = 0/100 points and fails the course overall
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- Students are expected to achieve a '3' 'Meets Expectation' on each item of the preceptor evaluation.
- Students receiving a score of "1" (does not meet expectations), "2" (partially meets expectations), or "Not observed" on any learning outcome have a documented remediation plan initiated within two weeks of the preceptor evaluation submission date. Each remediation plan includes clear identification of the deficient learning outcome, how remediation will occur, designation of the responsible faculty or preceptor overseeing the remediation, a defined due date for completion. This structured approach ensures that deficiencies are addressed in a timely, supportive, and systematic manner, rather than being deferred to the post-clinical phase.
- Remediation may include, but is not limited to, written assignments or case studies, which are graded and archived in the student's remediation file. In other cases, a clinical skills rubric may be completed by a future preceptor to validate competency in the deficient area, with the completed rubric also stored in the remediation file.

End-of-Rotation Examinations:

- The End-of-Rotation Examination will count for 60% of the clinical rotation grade.

- At the end of each core rotation, students will take an online multiple-choice exam through the PAEA website that contains a built-in lockdown browser.
- These exams will be completed remotely and non-proctored.
- Exams are “closed book”. Students may utilize a piece of scratch paper.
- All EOREs will be taken at 11am EST on the last Friday of the rotation, regardless of geographical location.
- All students are to follow Indiana State University Code of Student Conduct at any time during the exam.
- Violations of testing integrity will result in a failing grade.
- If any technical issues occur during the exam, it is the student’s responsibility to communicate the incident to PAEA Customer Service and the Director of Clinical Education as needed.
- Missed exams will result in a F and will not be made up.
- A specialty-focused examination will be provided for each required clinical rotation except for elective rotations and the float rotation.
- Students interested in discussing/reviewing their examination results are encouraged to make an appointment with the Director of Clinical Education or faculty assigned to that clinical course. This appointment can be facilitated via in-person, Skype®, email, or phone.
- Passing scores will be determined based upon the national average. The students score must fall within one standard deviation of the national average in order to be considered a passing score.
- Anyone failing to achieve a passing score will be required to retake the exam the following Thursday at 3pm EST.
- Students having to retake the exam will only remediate to the passing score. They will not be able to improve their grade beyond that. The goal of remediation is to ensure that students understand the material enough to meet competency requirements.
- If the student fails to meet the minimum passing score on the retake exam, they fail the SCPE and will have to repeat it prior to graduation.
- Elective and floating rotations do not have EOR exams. In this case 80% of the student’s grade will come from the Preceptors evaluation of the student.
- Students that fail 2 separate EOREs will be placed on academic warning and will meet with their advisor.
- **Students who fail 3 separate EOREs** will be separated from the program or be granted the option to repeat their clinical year, including PASS 643, at the discretion of the PAC.

The most recent PAEA national averages for each EORE have been provided as of 9/19/24. The ISU PA program uses 1 SD below the national average as our benchmark. The current minimum scores are as follows:

EORE Benchmark
EM 390 = 72%
FM 384 = 76%
IM 389 = 75%
Surg 392 = 57%
Peds 391 = 76%
BH 390 = 81%
WH 386 = 76%

Assignments:

- Evaluations: The student should evaluate the clinical site, and their preceptor at the end of the rotation. The evaluations are on Exxat © and are linked in Canvas. (4%)
- Mid-rotation Evaluation (4%)- completed around the mid-point of the rotation. This is a faculty check-in with you and your preceptor. Failure to complete with faculty will result in a 0.

- Preceptor Verification of patient Encounters (2%)- form is linked on Canvas and is turned in through Canvas. This form verifies that the preceptor has checked your patient notes (charting).
- Hours Timesheet (2%)- weekly timesheet in completed on Exxat. You will send the timesheet through Exxat to your preceptor to approve.
- Clinical SOAP Note: Students are required to write one SOAP note to fulfill specific course learning outcomes. Each student should select a unique and relevant case for this assignment. Failure to complete the assignment will result in a grade of 0. The SOAP note is worth 4% of the total course grade. This is to be submitted to Canvas by the rotation due date.
- Logging Patient Encounter and Procedures: (10%) This process will be completed through Exxat®. Training will be accomplished prior to the use of this data management system. Student should log at least 40 patients per week. You can log more than 40 patients per week if you have the patient load. If the patient load is low for your clinical site (<40 patients per week), you need to let the Director of Clinical Education know so they are aware of the situation when they grade your rotation. If more than one preceptor is involved then the logging completed during contact with those preceptors must be signed as well. Logging records must be turned in by noon of the second Sunday of the next rotation. Failure to meet this timeline may result in a loss of points and further discussion by the PAC for professionalism warning.
- Weekly Rosh Review Questions:
 - Students will receive access to the Rosh Review question database.
 - Students are to complete 50 questions per week (200 total for the rotation) in the area they are currently rotating in. Quizzes are not assigned by the program.
 - Students are required to achieve 70% or higher on the quizzes (140/200 correctly answered questions). This assignment is meant to help the student prepare for the end-of-rotation examination by answering board-style questions.
 - Assignment is worth 4%. Failure to achieve 70% on quizzes, will result in a loss of the total 4%. No partial credit will be given.
 - These are due the Friday the rotation ends.

All clinical rotation assignments must be submitted by 11:59 pm (midnight) EST the Sunday the rotation ends, regardless of breaks and holidays- besides Rosh Review questions, which are due the Friday the rotation ends!

- Grading Scale:

A+ = 98%	A = 93%	A- = 90%	B+ = 87%	B = 83%	B- = 80%	C+ = 77%	C = 70%	F = <70%
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- Clinical Grade Rotation Standards: Only grades of 'C' or above represent acceptable professional work for the PA Program. Per Graduate College policy, a student must maintain a 3.0 GPA. Failure to do so will result in referral to the PAC for Academic Standing evaluation. A grade less than 'C' in a clinical rotation may result in separation from the PA Program depending on circumstances (whether remediable or not) and depending on the PAC evaluation. If the faculty determines remediation is appropriate, the student will repeat the failed rotation at a site assigned by the Director of Clinical Education. The student must receive a 'C' or higher in the repeated rotation to continue in the program. If a student is removed from a clinical rotation prior to its completion, at the request of the preceptor, the student's grade will be recorded as I (incomplete), or F depending on the circumstances and as determined by the faculty and preceptor. See paragraphs II.B and II. E for the consequences of receiving a grade of I (incomplete) or F. A minimum letter grade of "C" is required for all end-of-rotation Preceptor Evaluations. Students receiving an "Incomplete" for a rotation will have an opportunity to retake the rotation, usually in March of the subsequent year. Such rotations will be arranged by the Director of Clinical Education. A student with one "Incomplete" will likely be able to graduate in May, assuming satisfactory completion of the make-up rotation. A student with two or more "Incompletes" will not be able to graduate in May with their classmates and instead will have to wait until the next university graduation term (usually in August). Per university policy, "Incomplete" grades

not changed to a letter grade within one year of receipt will be changed automatically by the Registrar to an "F". If a student consistently demonstrates academic, professional or attitudinal difficulties while on clinical rotations, the student's performance will be reviewed by the Physician Assistant Committee (PAC). PAC is chaired by the Program Director. PAC evaluations are held to evaluate student noncompliance with Program requirements, policies and professionalism. The student may be asked to be present for the hearing. Faculty will review the issue/area of concern and the circumstances surrounding it and make a decision regarding the student's ability to continue or progress in the Program.

Clinical Year Policies and Procedures:

Policy on Professional Behavior:

- Professionalism may be defined as, "the quality, character, method, or conduct" of a profession or a member of a profession (Oxford English Dictionary); "Professionalism is the expression of positive values and ideals as care is delivered." according to the PA Competencies. Professionalism and professional conduct will be assessed during your education here at ISU in a number of areas.

Among them are:

- a. Attendance
- b. Timeliness, defined as on time for sessions, timely submission of assignments, evaluations, patient encounter forms and other required paperwork
- c. Appropriate participation for the session
- d. Attire, appropriate dress
- e. Appropriate behavior, which includes attentiveness, non-disruption, being prepared for assignments, respectful and courteous, stays on task, collaborates, being appropriately assertive
- f. Commitment to learning, defined as able to assess own learning needs, continually seeking new knowledge and understanding, accepts responsibility to seek learning and/or remediation
- g. Constructive feedback, defined as identifying sources of feedback, seeking out feedback, accepting feedback in a mature manner, uses feedback to change behaviors, provides appropriate and constructive feedback
- h. Personal responsibility, which includes accepting responsibility for inappropriate behaviors and makes appropriate changes, does what is promised, acknowledges limitations, respects confidentiality of patients and fellow students
- i. Self-reflection, including the demonstration of the understanding of the importance of self-reflection and a willingness to examine one's own strengths, weaknesses and biases
- j.

Students are required to check their emails daily and respond to faculty and staff within 48 hours. If a student fails to do so, appropriate faculty will be notified, and action will be taken according to processes set up by the PAC. This is so critical information to ensure student success is not missed.

Please note that these are examples and guidelines for professionalism and are not all-inclusive.

- The first violation of any professional standard will result in a professionalism warning. Warning status will be evaluated at the end of each semester. Each and every subsequent violation of any professional standard will result in a single letter grade reduction from the final grade for the course in which violations occur.
- **If a student consistently shows unprofessional behavior during any phase of the program, they are subject to removal from the program.**

- Each student will have a discussion with their faculty advisor at the end of each term to allow the advisor to complete Professionalism Evaluation Form that will become part of the student's record.
- Illegal conduct is a violation of the Physician Assistant Ethical Guidelines and may cause a denial, revocation or suspension of licensure in the state of Indiana. Criminal arrest may result in immediate separation from the program.
- Any student problem arising during the course of the clinical experience shall be discussed jointly by the preceptor and the Director of Clinical Education. The Clinical Education Site reserves the right to dismiss, at any time, any student whose condition or conduct jeopardizes the well-being of patients/clients and employees of the Clinical Education Site. This dismissal may, in most cases, result in a failing grade for that rotation. Authorized withdrawals are not available in these situations. The student's academic and clinical record will then be brought before the PAC for consideration.

The PAC renders decisions based on academic record, attendance and/or professional conduct. If the student fails progression in the program on two separate occasions, they are subject to removal from the program (see PA Handbook page 6).

Professional Standards:

- Academic achievement alone will not assure successful completion of the PA Program. PA students must also demonstrate maturity, integrity, and those attitudes and behaviors expected of all health professionals.
- The following behaviors are considered inconsistent with professionalism:
 - a. Cheating, lying, plagiarism, fabrication of clinical data, repeated unexcused absences, engaging in criminal activity, falsifying preceptor/faculty grade evaluations, collaborating on individual take home assignments, copying/reproducing examination questions, informing other students of examination questions, misrepresentation of role/identity in a clinical setting, breach of patient confidentiality, using drugs or alcohol while assigned to patient care areas, sexual harassment of patients/peer/colleagues, engaging in discrimination on the basis of sex, age, race, creed, socioeconomic or political status, performing any clinical activities without adequate training and supervision, breaking state or federal laws governing Physician Assistant practice and exploiting the professional role for personal gain. This list is not meant to be wholly inclusive. In addition, the new age of technology lends itself to creative unprofessional behavior such as Face Book documenting unprofessional behaviors and dialogue about patients that have been identified by Face Book friends. Other technology that lends itself to cheating is cell phone that allows videoing and picture taking of exam questions. Other behaviors deemed unprofessional by Program faculty will be evaluated on a case-by-case basis
- It is also unacceptable for students to "grade shop" by seeking evaluations only from those preceptors from whom a favorable grade is anticipated. Failing to turn in all preceptor evaluations to the Director of Clinical Education may also jeopardize a student's standing in the Program.

Academic Integrity:

- As professional students, PA students are expected to maintain high standards of integrity and ethical behavior. In addition to the policies detailed in this manual, the University Student Judicial Programs publishes The Code of Student Conduct which can be viewed on the Internet at: <https://indianastate.edu/student-life/services/student-conduct-and-integrity>
- If lapses in professional integrity are manifest by activities such as cheating, plagiarism, or other

inappropriate activities as previously detailed, the student will be confronted by the professor involved, will receive an F for the given assignment, and plan of remediation will be developed. If the student does not accept the decision of the individual professor or the decision of the PAC as a result of a disciplinary hearing, the student has the right to appeal the decision.

Grievance Procedures:

- Please refer to student grievances procedures as delineated in the PA Handbook.
https://cm.maxient.com/reportingform.php?IndianaStateUniv=&layout_id=3

Employment While Enrolled as a PA Student:

- Due to the rigorous nature of the curriculum, we discourage students from working while in the Program. Should a student decide to work despite this recommendation, their work must not interfere with class attendance, clinical rotation schedules, or other required Program events. Doing so may result in unexcused absence(s), which can be grounds for separation. Additionally, should a student choose to be employed while in the Program and have academic difficulties, this will not be viewed favorably when making determinations about retention in the Program.

Clinical Year Student Responsibilities:

Supervised Clinical Practice Education (SCPE):

- Physician Assistant students on clinical rotations work under the direct supervision of a licensed/certified medical provider (MD, DO, PA, NP, PhD or PsyD) and therefore will not make a diagnosis or carry out any procedure or treatment plan without the explicit approval of the supervising preceptor or a clearly identified licensed/certified alternate preceptor. At no time, should the student work without having a supervising provider clearly identified and on site (i.e., available to provide direct supervision).
When given an order by a provider, a student has four possible courses of action:
 - a. Carry out the order as directed.
 - b. If there is disagreement with the order, discuss it with the provider and mutually agree on a course of action.
 - c. Inform the provider that he/she does not feel qualified to safely carry out the order.
 - d. Call the Program Director of Clinical Education for advice before undertaking a course of action that the student feels may jeopardize themselves or the patient.
- At no time should a student change a provider's order or carry out a course of action different from that directed by the provider.
- Students are not permitted to rotate at clinical sites other than those assigned. e.g., rotate in an ED on the weekends when scheduled for pediatrics that rotation. Students place themselves and the Program at risk for liability if working at sites other than where they are assigned. The only exception to this is if the student provides care in another setting under the direct supervision of the assigned preceptor for that rotation.
- Students must have all charts and written orders countersigned in accordance with the policies of the clinical rotation site. It is the responsibility of the student to ensure that patients evaluated by

the student are never discharged home without being seen by the physician and the legal record countersigned.

- In all clinical activities, PA students should be guided by the principle of knowing one's limitations.

Standing in the Program:

- Students must immediately inform the PA Program of any personal or professional circumstances that may affect/alter their standing in the University, the status of the clinical rotation, or the Program itself.

Attendance:

- Students must attend all scheduled days of every rotation. Any foreseen absence (e.g., doctor's appointment), must be approved by the Director of Clinical Education and preceptor prior to the planned absence. Any unforeseen absence (e.g., acute illness, emergency) must be reported as early as possible to both the preceptor and Director of Clinical Education. Students are expected to clarify all foreseen schedule issues with the preceptor on the first day of the rotation. Failure to notify the PA Program and preceptor in a timely manner may result in a faculty disciplinary hearing and eventual separation from the PA Program.
- Students should be aware that preceptors are asked to call the program about any student absences and some clinical sites may require a medical evaluation prior to granting an excused absence.
- Students normally report to their rotations on the first Monday of each rotation and work through the last Thursday of the rotation, unless directed otherwise by the Program or preceptor. Night and weekend call, days off, and daily routine are controlled by the assigned preceptor.
- Unexcused and Excused Absences - Please refer to the PA Handbook for clarification of excused and unexcused absences. The policy as stated applies to the entire course of studies.

Student Contact Information:

- It is the student's responsibility to provide the Program with current contact information at all times, to include phone number(s), mailing address, and email address. Not doing so may result in the student not receiving important information in a timely manner (e.g., last minute schedule or assignment changes).
- During the clinical year email is the primary means of communication between students and the Program Staff, therefore:
- It is imperative that students frequently check their ISU email for correspondence from the Director of Clinical Education or other Program Faculty/Staff.
- Students should correspond with faculty/staff/preceptors/site personnel from ONLY their ISU email account
- Students must promptly notify the Director of Clinical Education if they do not have email capability so that an alternative means of contact can be agreed upon.

Dress Code:

- All clinical students are required to wear white lab coats with their Indiana State University PA program nametags in plain view, while assigned to patient care areas (Standard A3.06).
- Nametags will be furnished by the Program and must be returned upon graduation or separation.

Failure to do so may result in an encumbrance placed on academic transcripts.

- The essentials for dress/attire while on clinical rotations include:
 - a. Clothes and grooming must be consistent with the professional image most commonly displayed by the majority of Health Care Providers in the area of the rotation.
 - b. Clothes should not be dirty or excessively worn (e.g., ragged, torn, etc.).
 - c. Overalls, shorts, casual T-shirts, baseball caps, open toe shoes, and casual sandals (e.g., "shower shoes") are forbidden in patient care areas.
 - d. As a general rule blue jeans are not considered appropriate student attire.
 - e. All students must abide by their clinical site's rules for grooming and attire (e.g., fingernail length, fingernail polish, jewelry, shoes types, etc.)
 - f. Definitive interpretation of these guidelines rests solely with the Director of Clinical Education.
 - g. The Program reserves the right to change or add to these guidelines as necessary.
 - h. The term "patient care area" is understood to mean any medical facility (office or institution) or clinical site to which PA students are assigned.

Class Registration in Clinical Year:

- Registration for clinical courses must be accomplished according to university timelines and is the responsibility of the student.
- Students are responsible for ensuring that all fees are paid to the University by the appropriate deadlines. Failure to pay registration fees on time may result in the cancellation of registration by the University and assessment of a late fee.
- Students must be registered for the correct courses to be out on clinical rotations. If a student is not correctly registered, they are not allowed to be at the clinical site.

Scheduling of Clinical Year Rotations:

The Director of Clinical Education schedules student rotations based on a number of factors including but not limited to:

- What is determined to be best for all students in the class?
- What is determined to be best for the Program and future students?
- What is determined to be best for the individual student?
- The academic and overall standing of each student.
- The availability of preceptors and rotations in each required discipline.
- The Director of Clinical Education's knowledge of and prior experience with each preceptor.
- Physician Assistant Accreditation Review Commission requirements.
- Commuting: All students should anticipate having several clinical rotations that will require commuting.
- Off-Campus Rotations: All students should anticipate having several clinical rotations outside of Terre Haute. Unless the student can provide their own housing (e.g., with family or friends) for these "off-campus" rotations, the Director of Clinical Education will assist the student in arranging for housing as much as possible. AHEC may be a resource in this regard in the near future. However, all housing expenses are the responsibility of the student regardless of whether the student or Program makes the arrangements.
- Schedule Changes: Once a rotation has been scheduled by the Director of Clinical Education, student requests for changes will not be considered except in the case of extenuating circumstances (e.g., emergency) and granted at the sole discretion of the Director of Clinical Education. However, at times it may be necessary for the program to change previously assigned

clinical rotations for educational, availability, or other reasons.

Placement Policy Statement:

The assignment of students to clinical rotation sites is the responsibility of the Director of Clinical Education. There are many factors that influence student placement into clinical sites, including the number of clinical rotation sites, student performance, and site/preceptor availability. The Director of Clinical Education will individually match students with a schedule that best meets their learning needs utilizing input from each student about their elective and preceptorship preferences in addition to feedback from faculty and staff within the program. Students are not guaranteed their first choice in any clinical rotation. The philosophy behind this preceptorship is to develop and reinforce clinical competency while providing a unique experience that fosters advanced clinical decision making and patient care skills in a focused area of clinical practice. Students are required to rank, in order of preference, their top three available clinical rotations. Every effort will be made by the Director of Clinical Education to place students in their top three practice areas, however, the clinical team may complete placements at their discretion, based on availability. Per ARC-PA standard A3.03, students are **not** required to provide or solicit clinical sites or preceptors. Following finalization of the clinical rotation schedule, student requests for changes will be limited to emergency situations only, and evaluated on a case-by-case basis. Students may not arrange their own rotations or trade rotations with other students. Students should anticipate travel outside of the local area for a minimum of two clinical rotations, during which time housing and accommodations are the responsibility of the student. Although unlikely, unforeseeable events can occur at any time which may require a student to be moved from one site to another with little notice before or during a preceptorship. Students are responsible for costs associated with travel and/or relocation regardless of the cause. Research month and electives are to be taken after rotation 6, to ensure a solid clinical foundation prior to rotating in specialty areas. Preferences for electives can be discussed with the clinical team and every effort will be made to accommodate wishes. Research month cannot be requested. This course will be assigned by the clinical team based on each individualized rotation schedule.

Leave of Absence:

- The clinical year curriculum is comprised of 12 months of uninterrupted education. Any deviation from this schedule creates a number of administrative problems for students, preceptors, faculty, and Program staff. Due to this, the PA Program does not typically consider leaves of absence except for extenuating circumstances. A written request for a leave of absence must be submitted to the Director of Clinical Education and the Program Director.
- If an unexpected emergency necessitates leaving a clinical rotation prior to completion, the student will be formally withdrawn from the rotation and receive an Incomplete for that rotation.
- An Incomplete indicates the course was dropped without penalty.
- Withdrawal from a rotation may result in the loss of registration fees.
- The student will repeat the rotation as assigned by the Director of Clinical Education.
- If this extends the student's time in the program the student is required to maintain their liability insurance.
- Upon return to the program the student will be required to satisfactorily complete all course/program requirements prior to graduating.
- A leave of absence greater than two months may require reapplication to the PA Program at the discretion of the faculty. Readmission to the PA Program after prolonged leaves of absences during the clinical year may require students to repeat the entire clinical year.
- All Program requests MUST be submitted on the appropriate request form found in the Appendix

of the Clinical Manual (samples) and Canvas (printable).

Rotation Evaluation Forms:

- The timely completion and submission of the following form is the responsibility of the student and should be discussed with the preceptor at the start of each rotation.
- Student Clinical Performance Evaluation (See Canvas for link to provide to preceptor)

Student Liability Insurance:

- All students that are enrolled in the Physician Assistant program will be covered under the University risk management policy for all clinical activities affiliated with the program courses.
- If students wish to participate with activities outside of the course parameters, personal liability insurance will need to be obtained and a copy of the policy will need to be on file within the program and presented to the preceptor.

Immunizations:

- Students are required to maintain current immunization status as recommended by the CDC for health-care workers and or affiliated institutions students rotate.
- Students who do not obtain/maintain the CDC's recommended immunizations for health-care workers will not be permitted to participate in any clinical activities or rotations.

Clinical Procedure and Patient Encounter Logging:

- During the Clinical Year students will maintain a record of patient encounters and clinical procedures performed utilizing web-based software provided by the Program. This data can be made available to future and potential employers upon request.
- Failure to keep patient encounter and procedure logs current for each rotation and obtain preceptor signature will result in an incomplete grade for the respective rotation and may require the student to repeat the rotation as well as loss of points and professionalism warning.

Misc

- Absolutely no alcoholic beverages are to be consumed during working or call hours.
- Students are reminded that use of illicit drugs is incompatible with the professional role of the Physician Assistant. Students who use illicit drugs while enrolled in this program risk separation from the PA Program as well as legal consequences.
- Clinical year students are representatives of the Indiana State University PA Program as well as the Physician Assistant profession. This should be remembered during all interactions with patients, physicians, and other health care personnel.
- Students are expected to conduct all personal business and social activities before or after normal working hours.
- Male students will obtain a female chaperone for female breast, pelvic, and rectal examinations. Female students will obtain chaperones of either gender for genitourinary or rectal examinations of male patients.
- Employment during the clinical year is highly discouraged. If a student chooses to "moonlight", it MUST NOT interfere with clinical rotation assignments.
- In addition to being a violation of state and federal laws, behavior involving unwanted sexual

advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature is incompatible with University and Program Policies.

- Dating individuals at your monthly rotation site (i.e., physicians, residents, support staff, etc.) is highly discouraged and distracting to your clinical education. This can be viewed/construed as a form of sexual harassment. Under no circumstances should a student date a program preceptor during the Clinical Year.
- Additional information regarding sexual harassment policies are outlined in the Sexual Harassment Policy published by the University's Affirmative Action Office.

Risk Management/Universal Precautions:

- All immunizations (Hepatitis B series and titer status, MMR, TB test) must be up to date and in the student's file at the program office. Students will be asked to sign a release of information to allow the program to obtain verification from the Student Health Center of student's current immunization status. If current immunization status cannot be verified, the student will not be allowed to begin the clinical year.
- The PA Program does not assume any liability for students in the event of an accident while on clinical assignments or while traveling to assigned rotations.
- All students are required to have adequate health and hospitalization insurance during the clinical year (further detailed in the didactic year manual). In addition, individual disability insurance is strongly recommended.
- Students MUST observe universal precautions while interacting with patients. If the student is exposed to blood borne pathogens via needle stick or mucosal membranes while on rotations the program does not assume responsibility for the accident. (The student should check with his/her insurance company as to the coverage provided for accidental exposure).
- If accidental exposure occurs, students should immediately report it to the appropriate department at their rotation site (Employee Health, Universal Precautions, Risk Management, etc.). The incident should also be reported in a timely manner to the Student Health Center for appropriate testing, documentation, treatment and counseling. The phone number for the Student Health Center is: 812.237.3883. Also, notify the Director of Clinical Education as soon as reasonably possible and Jolyn Osborne in ISU Risk Management for further guidance in how to handle the incident. Jolyn Osbourne can be reached at 812-237-7946 by phone or at jolyn.osborne@indstate.edu by e-mail.

Clinical Site Responsibilities (for student information purposes):

In order to maximize the educational opportunities for PA students and to avoid misunderstandings between students and clinical and auxiliary staff, preceptors and practice administrators/managers:

- Meet with the student on the first day of the rotation to review:
 - a. Educational objectives for the rotation
 - b. Work schedules and on call assignments which are under the control of the preceptor
 - c. Practice or institutional rules and regulations
- Introduce the student to essential clinical and auxiliary personnel in the practice.
- Provide clinical instruction in accordance with the rotation objectives and the availability of patients and other clinical resources.
- Clinical assignments should be consistent with the role of a Physician Assistant.
- Hands-on clinical experience is required.

- Self-study and library research assignments of clinical topics are encouraged.
- Lessons / Pearls learned by preceptors in their own clinical experience are often valuable to share with students.
- Provide the student with frequent feedback on clinical and professional performance.
- Meet with the student mid-rotations and during the last week of rotation and complete a Student Clinical Performance Evaluation Form.
- Evaluations should be a frank & accurate appraisal of the student's clinical competence.
- Students should be evaluated as if they were being considered for employment in the preceptor's practice (taking into account their level of training and experience).
- Written comments are especially important. Constructive criticism can be helpful in identifying areas needing improvement.
- Preceptors must submit evaluation forms online. A copy should be retained in the preceptors file and one given to the student. In the event you are unable to submit the form online, contact the Director of Clinical Education.
- Preceptors are asked to notify the PA program immediately of any student absences or concerns.

Program Goals:

- Practice compassionate primary care medicine sensitized to the particular health care needs of rural and underserved communities (Primary Care Provider).
- Apply the principles of evidence-based medicine and critical thinking in clinical decision making (Critical Thinking).
- Communicate effectively with patients, families and members of the interdisciplinary healthcare team (Communication).
- Partner with supervising physicians and other professional colleagues to provide competent patient- centered care across the lifespan (Patient Care).
- Utilize practice and systems-based analysis to insure patient safety and improve outcome through continuous quality improvement (Safety/Quality).
- Respond to the complexities of the dynamic healthcare system by practicing in a cost-effective and socially responsible manner (Leadership).
- Commit to high ethical standards responsive to the needs of the profession, the individual and to society (Ethics/Community Leadership).

Competencies for the Physician Assistant Profession:

ISU PA Program Competencies

The PA profession is provided a framework of competencies developed by NCCPA, ARC-PA, PAEA, and AAPA that defines the specific knowledge, skills, and attitudes that are required by the profession for entry level practice. The competencies below reflect the expected competencies as they pertain to graduates of the Indiana State University Master of Physician Assistant Program as they enter the profession.

Upon completion of the Indiana State University Physician Assistant program, graduates will demonstrate competence in each of the following domains:

I. Knowledge for Practice

Physician assistants must demonstrate knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care. PAs should be able to:

1. Demonstrate investigative and critical thinking skills in clinical situations.
2. Apply principles of epidemiology to identify health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion strategies for individuals and populations.
3. Discern among acute, chronic, and emergent disease states.
4. Apply principles of clinical sciences to diagnose disease and utilize therapeutic decision-making, clinical problem-solving, and other evidence-based practice skills.
5. Adhere to standards of care, and to relevant laws, policies, and regulations that govern the delivery of care in the United States.
6. Work effectively and efficiently in various healthcare delivery settings and systems.
7. Identify and address social determinants that affect access to care and deliver high quality care in a value-based system.

II. Interpersonal and Communication Skills

Physician assistants must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and healthcare professionals. PAs should be able to:

1. Establish meaningful and therapeutic relationships with patients and their families.
2. Communicate information to patients and their families in a way that is culturally sensitive and contextually appropriate.
3. Recognize communication barriers and provide solutions.
4. Demonstrate emotional intelligence in the development of the therapeutic relationship.
5. Demonstrate the ability to effectively communicate with patients, their families, and members of the healthcare team via oral communication
6. Accurately and adequately document and record information regarding the care process for medical, legal, quality and financial purposes

III. Person-Centered Care

Physician assistants provide person-centered care that includes patient and setting-specific assessment, evaluation, and management and healthcare that is evidence-based, supports patient safety, and advances health equality. PAs should be able to:

1. Gather accurate and essential information about patients through history taking, physical examination, and diagnostic testing.
2. Apply the context of the individual's life to their care, such as environmental and cultural influences.
3. Interpret data based on patient information and preferences, current scientific evidence, and clinical judgement to make informed decisions about diagnostic and therapeutic interventions.
4. Develop, implement, and monitor effectiveness of patient management plans.
5. Attain proficiency to safely perform medical, diagnostic, and surgical procedures for entry level practice.

6. Counsel, educate, and empower patients and their families to participate in their care and enable shared decision-making.
7. Provide healthcare services to patients, families, and communities to prevent health problems and to maintain health.

IV. Interprofessional Collaboration

Physician assistants demonstrate the ability to engage with a variety of other healthcare professionals in a manner that optimizes safe, effective, patient- and population-centered care. PAs should be able to:

1. Work effectively with other health professionals to provide collaborative, patient-centered care.
2. Communicate effectively with colleagues and other professionals to establish and enhance interprofessional teams.
3. Understand the roles and responsibilities of other healthcare professionals and the importance of a team approach to develop optimal strategies to enhance patient care.
4. Recognize when to refer patients to other disciplines to ensure that patients receive optimal care at the right time and appropriate level.

V. Professionalism and Ethics

Physician assistants demonstrate a commitment to practicing medicine in ethically and legally appropriate ways and emphasizing professional maturity and accountability for delivering safe and quality care to patients and populations. PAs should be able to:

1. Adhere to standards of care in the role of the PA in the healthcare team.
2. Demonstrate compassion, integrity and respect for others.
3. Demonstrate cultural humility and responsiveness to a diverse patient population including diversity in sex, gender identity, sexual orientation, age, culture, race, ethnicity, socioeconomic status, religion, and abilities.
4. Exercise good judgment and fiscal responsibility when utilizing resources.
5. Demonstrate flexibility and professional civility during stressful events.
6. Implement leadership practices and principles.

VI. Practice-based Learning and Quality Improvement

Physician assistants demonstrate the ability to learn and implement quality improvement practices by engaging in critical analysis of one's own practice experience, the medical literature, and other information resources for the purposes of self-evaluation, lifelong learning, and practice improvement. PAs should be able to:

1. Exhibit self-awareness to identify strengths, address deficiencies, and recognize limits in knowledge and expertise.
2. Identify, analyze, and adopt new knowledge, guidelines, and standards, technologies, products, or services that are evidence-based.
3. Identify improvement goals and perform learning activities that address gaps in knowledge, skills, and attitudes.
4. Use practice performance data and metrics to identify areas for improvement.
5. Understand how practice decisions impact the finances of organizations, while keeping the patient's needs foremost.

VII. Society and Population Health

Physician assistants recognize and understand the influences of the ecosystem of person, family, population, environment, and policy on the health of patients and integrates knowledge of these determinants of health into patient care decisions. PAs should be able to:

1. Apply principles of social-behavioral sciences by assessing the impact of psychosocial and cultural influences on health, disease, care seeking, and compliance.
2. Recognize the influence of genetic, socioeconomic, environmental, and other determinants of the health of the individual and community.
3. Demonstrate accountability, responsibility, and leadership for removing barriers to health.

Optional Textbooks and Subscriptions:

- Up-to-date, MD Consult, Ferri's Clinical Advisor, or Epocrates Essentials

Family Practice:

- Harrison's Principles of Internal Medicine
- Current Medical Diagnosis and Treatment
- Nelson's Essentials of Pediatrics
- Current Pediatric Diagnosis and Treatment
- Harriet Lane Handbook

Internal Medicine:

- Harrison's Principles of Internal Medicine
- Current Medical Diagnosis and Treatment

Pediatrics:

- Nelson Textbook of Pediatrics (available on MD Consult)
- Current Pediatric Diagnosis and Treatment
- Harriet Lane Handbook

Obstetrics and Gynecology:

- Hacker and Moore Essentials of Obstetrics and Gynecology
- Current Obstetric and Gynecologic Diagnosis and Treatment

Mental Health/Psychiatry:

- Current Medical Diagnosis and Treatment
- Harrison's Principles of Internal Medicine
- Moore & Jefferson: Handbook of Medical Psychiatry, 2nd ed. (available on MD Consult)
- Jacobson: Psychiatric Secrets, 2nd ed. (available on MD Consult)

Surgery:

- Current Surgical Diagnosis and Treatment
- Essentials of General Surgery

Emergency Medicine:

- Current Medical Diagnosis and Treatment

- Current Pediatric Diagnosis and Treatment
- Current Obstetric and Gynecologic Diagnosis and Treatment
- Harrison's Principles of Internal Medicine
- Rosen's Emergency Medicine: Concepts and Clinical Practice (available on MD Consult)