

COURSE SYLLABUS & SCHEDULE

COURSE: PAS605 Clinical Experience in Family Medicine

ACADEMIC CREDIT: 2 semester hours

COURSE DESCRIPTION: Four week required rotation in a family medical office clinical setting. Students engage in all aspects of patient care, including history taking, physical examination, and treatment plan design and evaluation. Students' application of patient and family education to treatment and preventive measures is emphasized.

PREREQUISITES: Successful completion of the PA program didactic year.

COURSE COORDINATOR:

Faculty Name and Title: Kelli Huesman, MPAS, PA-C, Director of Clinical Education

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Office Hours: Variable, please contact directly for an appointment

Contact policies: Available during office hours, or through email

CLINICAL PRECEPTOR: As assigned by clinical faculty

TIME/LOCATION: Offsite at clinical facility, location TBD, see schedule for definitive information

RECOMMENDED TEXTS:

Anatomy and Physiology:

Moini, Jahangir (2016). *Anatomy & Physiology for Health Professionals*. Burlington, MA: Jones & Bartlett Learning. ISBN 978-1-284-03694-7

Genetics:

Gunder, L.M. & Martin, S.A. (2011). *Essentials of Medical Genetics for Health Professionals*. Sudbury, MA: Jones & Bartlett Learning. ISBN 978-0763759605

History and Physical Exam:

Bickley, L & Szilagy, P (2013). *Bates' Guide to Physical Examination and History Taking* (11th ed). Wolters Kluwer Health/Lippincott Williams & Wilkins. ISBN: 978-1-60913-762-5

Clinical Medicine:

Papadakis, M.A. & McPhee, S.J. (2016) *Current Medical Diagnosis and Treatment 2016* (55th ed). New York, NY: Lange Medical Books/McGraw Hill. ISBN: 978-0-071845090

Armstrong, A.D. & Hubbard, M.C. (2015). *Essentials of Musculoskeletal Care* (5th ed). Rosemont, IL: American Academy of Orthopaedic Surgeons. ISBN: 978-1625524157

Habif, T.P. (2011) *Skin Disease: Diagnosis and Treatment* (3rd ed). Philadelphia: Saunders Elsevier. ISBN: 978-0323-07700-2

Cline, D.M., Ma, O.J., et al. (2012) *Tintinalli's Emergency Medicine: Just the Facts* (3rd ed). New York, NY: McGraw Hill. ISBN: 9780071744416

Black, D. and Andreasen, N. (2014). *Introductory Textbook of Psychiatry* (6th ed.). Arlington, VA: American Psychiatric Publishing, Inc. ISBN: 978-58562-469-0.

Marcdante, K. & Kliegman, R.M. (2011). *Nelson Essentials of Pediatrics* (7th ed). Philadelphia, PA: Saunders/Elsevier. ISBN: 978-1-4557-5980-4

Beckmann, C.R.B, et al. (2014). *Obstetrics and Gynecology*, (7th Ed). Philadelphia, PA: Lippincott Williams & Wilkins. ISBN: 978-1-4511-4431-4

Sedrak, M, & Massey, S. (2011). *Classroom to Clinic Study System: Personal Professor for Clinical Rotations and PANCE/PANRE Review*. Philadelphia, PA: F.A. Davis Company. ISBN 978-0803623538.

Labs:

Desai, S., Katta, R. (2009). *Clinician's Guide to Laboratory Medicine* (3rd ed. Pocket). Houston, TX: MD2B. ISBN: 978-0972556187

Radiology:

Herring W. (2015). *Learning Radiology: Recognizing the Basics* (3rd Ed). Philadelphia, PA: Saunders. ISBN: 978-0-323-32807-4

Pharmacology:

Bardal, S., Waechter, J., & Martin, D. (2011). *Applied Pharmacology*. Philadelphia, PA: Elsevier. ISBN 978-1437703108

Procedures:

Multak, N. (2017). *Clinical Procedures for Health Professionals*. Burlington, MA: Jones & Bartlett Learning. ISBN 978-1284032413

ARC-PA STANDARDS FOR CLINICAL EXPERIENCES

- **B1.01** The curriculum *must* be consistent with the mission and *goals* of the program
- **B1.02** The curriculum must include core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care.
- **B1.09** For each didactic and clinical course, the program *must* define and publish *instructional objectives* that guide student acquisition of required *competencies*.
- **B3.01** PA students *must* be clearly identified in the clinical setting to distinguish them from physicians, medical students and other health profession students and graduates.
- **B3.02** *Supervised clinical practice experiences* must enable students to meet program expectations and acquired the *competencies* needed for entry into clinical PA practice.
- **B3.03** *Supervised clinical practice experiences must* provide *sufficient* patient exposure to allow each student to meet program expectations and acquire the competencies needed for entry into clinical PA practice with patients seeking:
 - a) Medical care across the life span to include, infants, children, adolescents, adults, and the elderly
 - b) Women's health (to include prenatal and gynecologic care)
 - c) Care for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care and
 - d) Care for behavioral and mental health conditions.
- **B3.04** *Supervised clinical practice experiences must* occur in the following settings:
 - a) Outpatient
 - b) Emergency Department
 - c) Inpatient

- d) Operating Room
- **B3.05** *Instructional faculty* for the supervised clinical practice portion of the educational program *must* consist primarily of practicing physicians and PAs
- **B3.06** *Supervised clinical practice experiences should* occur with:
 - a) Physicians who are specialty board certified in their area of instruction
 - b) PAs teamed with physicians who are specialty board certified in their area of instruction
 - c) Other licensed health care providers experienced in their area of instruction
- **B3.07** *Supervised clinical practice experiences should* occur with preceptors practicing in the following disciplines:
 - a) Family medicine,
 - b) Internal medicine,
 - c) General surgery
 - d) Pediatrics
 - e) OB/GYN
 - f) Behavioral/Mental Health Care

PROGRAM COMPETENCIES REQUIRED FOR CLINICAL PRACTICE

- **Knowledge**
 - Medical knowledge
 - Students/graduates are expected to possess the basic information necessary to effectively treat patients.
- **Skills**
 - Interpersonal and Communication Skills
 - Students/graduates are expected to effectively communicate with patients, their families, and all members of the health care team.
 - Technical skills
 - Students/graduates are expected to effectively perform technical skills needed for treating patients in the clinical setting.
 - Clinical skills
 - Students/graduates are expected to demonstrate the clinical skills necessary to effectively evaluate patients.
- **Clinical reasoning and problem solving**
 - Students/graduates are expected to possess proficient clinical reasoning and problem solving abilities in order to effectively treat patients.
- **Professionalism**
 - Students/graduates are expected to display positive values throughout all areas of health care, knowing their personal and professional limitations while practicing in an ethical and moral manner.

LEARNING OUTCOMES

- **Knowledge:**
 - **Medical Knowledge:** The student must demonstrate knowledge of basic sciences, patient presentation, development of differential diagnoses, patient management, surgical principles, health promotion and disease prevention.
- **Skills:**
 - **Interpersonal and Communication Skills:** The student must be able to demonstrate interpersonal and communication skills that result in effective information exchange with patients, patient families and all members of the health care team.
 - **Technical Skills:** The student must be able to demonstrate technical skills required in specific clinical settings.
 - **Clinical Skills:** The students must demonstrate the clinical examination skills necessary for effective patient care.

- **Clinical reasoning and problem solving:**
 - The student must analyze history and physical examination findings and diagnostics in order to develop/synthesize a differential diagnosis, and recommend patient management.
- **Professionalism:**
 - The student must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population.

INSTRUCTIONAL OBJECTIVES: Clinical Experience in Family Medicine

For specific conditions mentioned in the following objectives, please refer to the topic list at the end of this document.

Knowledge

Upon successful completion of the rotation, the student should be able to:

1. Explain disease etiologies, risk factors, underlying pathologic process and epidemiology for common conditions seen in family medicine.
2. Describe signs and symptoms for commonly seen diseases and disorders encountered in family medicine related to the most frequent presentation for a given disorder.
3. Collect sufficient, essential, and accurate history to direct an appropriate physical examination and develop correct diagnoses commonly seen in family medicine.
4. Formulate appropriate differential diagnoses during patient presentations.
5. Manage general medical and surgical conditions seen in family medicine to include understanding the indications, contraindications, side effects, interactions and adverse reactions of pharmacological agents and other relevant treatment modalities.
6. Select and interpret appropriate diagnostic or laboratory studies.
7. Identify appropriate interventions for prevention of conditions commonly seen in family medicine.

Skills

Interpersonal and Communication Skills:

Upon successful completion of the rotation, the student should be able to:

1. Adapt their communication style to the context of all patient interactions.
2. Produce reliable, accurate, concise, and organized documentation for patient interactions.
3. Communicate effectively in both written and verbal format with all members of the health care team.
4. Conduct respectful interviews with empathy and sensitivity.
5. Counsel and educate patients and their families regarding present medical conditions.
6. Counsel and educate patients and their families regarding preventive health care in family medicine, i.e.: lifestyle changes, screenings, or immunizations.

Technical Skills and Clinical Skills:

Upon successful completion of the rotation, the student should be able to:

1. Effectively discuss risks, benefits, and alternatives for procedures commonly encountered in family medicine.
2. Demonstrate competent performance in medical and surgical procedures that are considered essential in the area of family medicine.
3. Demonstrate appropriate physical examination skills.
4. Recognize abnormal physical examination findings and correlate these findings to possible diagnoses.

Clinical Reasoning and Problem Solving:

Upon successful completion of the rotation, the student should be able to:

1. Develop an appropriate differential diagnosis.
2. Recommend appropriate medical management based on evaluation of patients who present with an acute problem.

3. Recommend appropriate medical management based on evaluation of patients who present with a chronic problem.
4. Determine level of care and disposition for patients seen in family medicine.
5. Correlate physical findings with patient's history in order to reach a differential diagnosis.

Professionalism

Upon successful completion of the rotation, the student should be able to:

1. Maintain a respectful attitude toward and work appropriately with preceptors, staff and patients at all times.
2. Recognize personal learning needs and limitations and seek to rectify them.
3. Effectively use constructive criticism from preceptors and staff to aid in the development of the medical professional.
4. Maintain timely attendance, dress appropriately, and promptly complete assigned tasks.

Teaching Methods:

Teaching methods may include any or all of the following:

1. Direct teaching from preceptors
2. Hospital Grand Rounds
3. Reading assignments

ASSESSMENT CRITERIA

Student competency in the Office Orthopedics Rotation: Instructional objectives are determined based on the following criteria:

- | | |
|--|-------------|
| • Written evaluation from preceptor | 40% |
| The preceptor will monitor the student's clinical skills and knowledge progression with a formative Mid-Rotation Evaluation, and will conduct a formal review of the student's performance to determine the student's competence with a summative End of Rotation Evaluation (EOR) | |
| • PAEA – EOR | 40% |
| • Participation in clinical call back week at End of Rotation | 10% |
| • Mandatory Electronic Entries and Written Assignments | 10% |
| Includes 2 written assignments, weekly reports, student evaluation of preceptor, and patient encounters. EOR Evaluations and Student Evaluations of Preceptor/Site are due no later than 5 pm on the Wednesday following the completion of the rotation. | |
| TOTAL | 100% |

This final course grade is a Pass/Fail based on passing the EOR exam with a minimum of a 70%, passing the Final EOR evaluation and completing all the required criteria as directed above.

In order to successfully pass this course the student must:

- Score a minimum of 3 or higher for each competency on the preceptor evaluation. Any students receiving 1's or 2's in the categories of medical knowledge, interpersonal/communication skills, technical and clinical skills, medical decision-making, or professionalism may fail the rotation. The final decision will be based on an in-depth conversation with the preceptor, the Director of Clinical Education and the student.
- As of January 2018, the University of Dayton PA Program has transitioned to using the PAEA EOR exams. The students will take an EOR exam correlating with their current rotation. These exams will require a proctor during the exam, and with the exception of the Orthopedic and Elective EOR which are given in Examsoft, the testing will be completed through the PAEA Examdriver website. The cost of the first EOR exam for each rotation will be covered by the UD PA department. The PAEA EOR exams consist of a 120 question exam

built on the blueprint and topic list. The exams are peer reviewed by PA educators and statistically validated. The scoring of the PAEA EOR exams are completed on a scaled scoring system. This is based on a nationwide performance of PA students for that specific examination. Those students who fall one standard deviation below the mean will have failed the exam and be required to remediate, see below of remediation details.

- If the student does not pass the exam, he/she will be required to take a remedial exam within 7 days. The student is required to cover the cost of the remedial exam. The student will be allowed to proceed with the next scheduled rotation without delay. If a student fails both the initial EOR exam and the remedial exam within the same course, this will constitute the failure of the clinical course. Failure of a clinical course will delay the student's progression to graduation. The failed course will be repeated in the following clinical year.
- Participate in the Clinical End of Rotation seminars.
- Submit mandatory electronic entries.

****The final grade/decision in regards to the passing of each Clinical Rotation will be made by the Director of Clinical Education (DCE) based on the mid-rotation and end of rotation evaluations, the results of the EOR exams and the communication held between the DCE and the preceptors working with each student.**

EXPECTED CLINICAL COMPETENCIES:

There are three (3) required areas of clinical competencies that will be documented longitudinally throughout the entire clinical year experience. Students are expected to encounter patients across the life span, as well as patient encounters regarding preventive health care, prenatal visits, emergent, acute, and chronic visits. Additionally, specific medical procedures (foley placement, pap smears, pelvic examination, suture, and IV placement) are required to be performed at a level necessary for clinical practice.

1. Students will perform appropriate history and physical examination of patients in the following age groups across the life span:
 - birth-18; 19-64, and over 65
2. Students will evaluate and recommend appropriate treatment for:
 - preventive health care encounters
 - prenatal encounters
 - emergent encounters
 - acute encounters
 - chronic encounters
 - pre-, intra-, post- operative encounters

- well child encounters
3. Students will efficiently perform the following procedures:
 - foley placement
 - pap smears/pelvic examination
 - suture
 - IV placement/venipunctures

Students will track their progress in meeting these competencies by completing the “Clinical Encounter Booklet”. Competency cannot be ascertained by merely requiring a student to complete a certain amount of these encounters or procedures. Therefore, the Clinical Encounter Booklet contains the competencies and evaluation forms for preceptors to complete rating the student on his/her performance. Due to the large number of expected encounters for evaluating patients throughout the life span and health care setting a portion of each target number will be used to evaluate competency. Students’ progress will be reviewed during call back weeks, and if it is determined the student is at risk to not meet the competencies, he/she will meet with the Director of Clinical Education to address these deficiencies in order to meet the requirements prior to anticipated graduation. Please refer to the table below for details regarding the clinical competencies:

Clinical Competency	Target Number of Encounters	Minimum Number Evaluated for Competency
Life Span		
Birth – 18	25	5
Age 19-64	150	15
Age 65 and above	50	5
Health Care Settings		
Preventive Health	150	15
Prenatal	5	5
Well Child Exams	5	5
Emergent	150	15
Acute	150	15
Chronic	150	15
Pre, intra, post operative	50	15 (5 apiece)
Well child	5	5
Procedures		
Foley placement	5	5
Pap smears	5	5
Pelvic examinations	5	5
Suturing	15	15
IV placement	5	5

DISCLAIMER

This syllabus is intended to give the student guidance regarding what will be covered during the clinical rotation and will be followed as closely as possible. However, the instructor reserves the right to modify, supplement, and make changes in the course as necessary to meet course objectives. Every effort will be made to adhere to the clinical schedule but alternations may be necessary due to unforeseen circumstances. Any changes will be announced via iTunes U or email communication.

ACADEMIC INTEGRITY

From The University of Dayton Academic Honor Code: A Commitment to Academic Integrity:

Regardless of motive, student conduct that is academically dishonest, evidences lack of academic integrity or trustworthiness, or unfairly impinges upon the intellectual rights and privileges of others is prohibited. Cheating on examinations or other graded evaluations consists of willfully copying or attempting to consult a notebook, textbook, or any other source of information not authorized by the instructor; willfully aiding, receiving aid or attempting to aid or receive aid from another student during an examination or other evaluation; obtaining or attempting to obtain copies of any part of an examination or other evaluation (without permission on the instructor) before it is given; having another person take the exam; or any act which violates or attempts to violate the stated conditions of an examination or other evaluation. Cheating on an assignment consists of willfully copying or attempting to copy all or part of another student's assignment or having someone else complete the assignment when class assignments are such that students are expected to complete the assignment on their own. It is the responsibility of the student to consult with the instructor concerning what constitutes permissible collaboration and what materials are allowed to be consulted.

PLAGIARISM STATEMENT

Plagiarism is defined in the University of Dayton Student Handbook.

Plagiarism involves:

- Quoting directly from any source of material including other students' work and materials from research consultants without appropriately citing the source and identifying the quote
- Knowingly citing an incorrect source
- Using ideas (other than information that is common knowledge) from any source of material including other students' work and materials from research consultants without citing the source and identifying the borrowed material/ideas
- Faculty may establish additional guidelines for plagiarism – ignorance is no excuse for plagiarism. Students should be aware of their own responsibilities in appropriately quoting and citing sources used.

Additional information on plagiarism is available through the UD Roesch Library website (<http://library.udayton.edu/faqs/howto/plagiarism.php>).

Students should be aware that the University has access to software designed to detect plagiarized passages and work. This software will be applied randomly or at the instructor's discretion. Detection of plagiarized passages or work can result in disciplinary action.

STUDENTS WITH DISABILITIES

If you anticipate or experience physical or academic barriers based on disability, please let me know immediately so that we can discuss options. You are also welcome to contact the LTC's Office of Learning Resources (OLR) to discuss reasonable accommodations. Please contact OLR at 937-229-2066 (TTY 937-229-2059 for deaf/hard of hearing), by email at disabilityservices@udayton.edu or stop by OLR in the LTC, room 023 Roesch Library. If you have an Accommodation Letter provided by OLR, please contact me to discuss. If you need assistance accessing print material including textbooks and electronic material such as PDF documents, please review the OLR website information about alternative formats under Disability Resources.

ON CAMPUS LEARNING SUPPORT

The University of Dayton's Office of Learning Resources (OLR) is a free service for all students seeking to perform their best academically. OLR offers a variety of personalized and structured resources that help students achieve academic excellence, such as tutoring, academic coaching (test taking strategies, time management counseling, and study techniques), Supplemental Instruction (SI), services for international students, and writing support. OLR is located on the ground floor of Roesch Library. If you wish to request a tutor, you must go to go.udayton.edu/tutoring and follow the given instructions. Please contact OLR at 937-229-2066 or learningresources@udayton.edu if you have any questions.

Exam Topic List

The lists below are taken from the PAEA End of Rotation Exam, suggested topic list to study for both the rotation and for the end of rotation exam. This list mirrors the NCCPA blueprint topics and will therefore help prepare students for a successful completion of the PANCE.

Urgent Care	Dermatology, continued
Respiratory failure/arrest	Exanthems
Deteriorating mental status/unconscious patient	Molluscum contagiosum
Allergic reaction/anaphylaxis	Verrucae
Acute abdomen	Cellulitis
Burns	Erysipelas
Third trimester bleeding	Impetigo
Bites/stings	Acanthosis nigricans
Foreign body aspiration	Hidradenitis suppurativa
Cardiac failure/arrest	Lipomas/epithelial inclusion cysts
Fractures/dislocations	Melasma
Sprains/strains	Pilonidal disease
Myocardial infarction	Pressure ulcers
Hypertensive crisis	Urticaria
Pulmonary embolus	Vitiligo
Pneumothorax	Folliculitis
Ingesting harmful substances (poisonings)	Tinea infections
Orbital cellulitis	Pulmonology
Dermatology	Asthma
Dermatitis (eczema, seborrhea)	Bronchitis
Nummular eczema	Chronic obstructive pulmonary disease
Dyshidrosis	Pneumonia
Lichen simplex chronicus	Tuberculosis
Drug eruptions	Lung cancer
Lichen planus	Sleep disorders
Pityriasis rosea	Tobacco use/dependence
Psoriasis	Gastrointestinal/Nutritional
Erythema multiforme	Colorectal cancer/colonic polyps
Stevens-Johnson syndrome	Anal fissure
Toxic epidermal necrolysis	Peptic ulcer disease
Bullous pemphigoid	Gastritis
Acne vulgaris	Gastroenteritis
Rosacea	Diarrhea/constipation
Actinic keratosis	Pancreatitis
Seborrheic keratosis	Inflammatory bowel disease
Lice	Appendicitis
Scabies	Gastrointestinal bleeding
Spider bites	Hemorrhoids
Basal cell carcinoma	Bowel obstruction
Kaposi sarcoma	Viral hepatitis
Melanoma	Jaundice
Alopecia	Cholecystitis/cholelithiasis
Onychomycosis	Cirrhosis
Paronychia	Giardiasis and other parasitic infections
Condyloma acuminatum	Hiatal hernia
Tinea versicolor	Gastroesophageal reflux disease

Gastrointestinal/Nutritional continued	Cardiovascular
Irritable bowel syndrome	Hypertension
Esophagitis	Coronary vascular disease
ENT/Ophthalmology	Peripheral vascular disease
Pharyngitis/tonsillitis	Arrhythmias
Acute/chronic sinusitis	Endocarditis
Aphthous ulcers	Hyperlipidemia
Blepharitis	Hypertriglyceridemia
Conjunctivitis	Angina
Dacryocystitis	Congestive heart failure
Hordeolum	Chest pain
Labyrinthitis	Valvular disease
Tinnitus	Orthopedics/Rheumatology
Laryngitis	Acute and chronic lower back pain
Otitis externa	Costochondritis
Otitis media	Bursitis/tendonitis
Tympanic membrane perforation	Rheumatoid arthritis
Ectropion	Reactive arthritis
Entropion	Osteoarthritis
Corneal abrasion	Gout
Corneal ulcer	Sprains/strains
Glaucoma	Ganglion cysts
Hyphema	Systemic lupus erythematosus
Macular degeneration	Osteoporosis
Papilledema	Fibromyalgia
Pterygium	Plantar fasciitis
Retinal detachment	Overuse syndrome
Retinal vascular occlusion	Endocrinology
Retinopathy	Diabetes mellitus
Cholesteatoma	Adrenal insufficiency
Meniere disease	Cushing disease
Allergic rhinitis	Hyperthyroidism
Epistaxis	Hypothyroidism
Nasal polyps	Obstetrics/Gynecology
Peritonsillar abscess	Dysmenorrhea
Parotitis	Dysfunctional uterine bleeding
Sialadenitis	Vaginitis
Urology/Renal	Pelvic inflammatory disease
Hernias	Breast mass
Cystitis	Breast cancer
Pyelonephritis	Cystocele
Glomerulonephritis	Rectocele
Nephrolithiasis	Menopause
Benign prostatic hypertrophy	Intrauterine pregnancy
Prostatitis	Contraception
Epididymitis	Cervical cancer
Gonorrhea	Spontaneous abortion
Chlamydia	
Urethritis	
Orchitis	
Balanitis	
Testicular cancer	

Neurology	Infectious Diseases
Dizziness	Mononucleosis
Vertigo	Lyme disease
Syncope	Human immunodeficiency virus
Seizure disorders	Influenza
Transient ischemic attack	Meningitis
Cerebral vascular accident	Salmonellosis
Alzheimer disease	Shigellosis
Parkinson disease	
Essential tremor	
Bell palsy	
Dementia	
Delirium	
Headaches (cluster, migraine, tension)	
Hematology	
Anemia	
Leukemia	
Thrombocytopenia	
Clotting disorders	
Lymphomas	
Polycythemia	
Psychiatry/Behavioral Medicine	
Major depressive disorder	
Anxiety disorders	
Panic disorder	
Specific phobia	
Posttraumatic stress disorder	
Insomnia disorder	
Anorexia nervosa	
Bulimia nervosa	
Substance use disorders	
Spouse or partner neglect/violence	
Suicide	
Biopolar disorders	

DATE OF SYLLABUS REVISION: 12/3/2018, clinical committee