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Clinical Year Overview

INTRODUCTION
The purpose of this manual is to provide the student entering clinical rotations with the educational expectations, rules, regulations, protocols and norms of clinical education and practice. Together with the Clinical Learning Objectives, this manual serves as the combined course syllabus for the clinical curriculum. The procedures and policies set forth in this manual are intended to assure the safety of the PA student, patients, and other health care providers involved in the clinical education experience.

The task of making the transition from the classroom to the clinical practice of medicine falls mainly on the student. Students must become part of the health care team and often must develop a more structured lifestyle. In order to become an integral and valued member of the health care team, students must develop the interpersonal skills, professional mannerisms and positive attitudes necessary to function under pressure. Dress and grooming standards are higher. Punctuality and detail become essential. The PA student must be able to adjust to a variety of personalities, teaching styles, clinical stressors, socioeconomic standards, cultural beliefs and medical education environments. During the clinical year, it is imperative the PA student engage in an intensive period of graduate level self-directed study, in the effort to apply the fund of knowledge attained from the study of basic and medical sciences to clinical situations and patient interactions.

CLINICAL YEAR CHALLENGES
This is the year when you put it all together (the endless hours of lectures, reading, practicums, and testing) to become the highly trained and competent Physician Assistant you set out to be! Your concept of a Physician Assistant will become more focused as you grow in your clinical ability, personal maturity and professional competence. The confidence in your judgment and the abilities that you will gain this year will help you throughout your career.

One of the biggest challenges facing you during this clinical year is the development of clinical problem-solving skills. Mentoring, paper case scenarios and limited history and physical exam sessions have helped you prepare for the real-life world of patient care you are about to enter. However, they cannot possibly replicate the situations you will actually encounter. This is the area that is crucial to the physician assistant profession, and you will be working hard to enhance your skills.

As a second-year student, you will be involved in the diagnosis, treatment and counseling of patients. Although you will have neither the same duties as a practicing PA, nor the ultimate responsibility for a patient’s care, you will be able to observe how it all comes together for the benefit of the patient. You will be expected to meet the challenge of increased responsibilities and duties.

Throughout your rotations you should develop the following:

- A good knowledge base which make your clinical reasoning accurate in treating patients’ problems.
- Clinical data gathering skills. This includes PE and history taking skills, reviewing charts for clues and ordering lab tests and other studies.
- Ability to formulate treatment plans & differential diagnoses
- Efficiency.
- Perhaps most importantly, you must understand and develop confidence in your own professional abilities, be acutely aware of your limitations, and prudent in your reliance on your supervising physician.

The clinical year will also be a challenge in personal ways. Rotations change every four weeks with the possible exception of Family Medicine and Internal Medicine which can be either split or consecutive eight-week rotations. Your location may also change with great frequency causing you to be moving to many different sites. It will be financially more difficult with additional expenses of rent, travel, and meals. Perhaps the greatest difficulty will be separation from family, friends, and classmates. You are much more on your own during the clinical year, and sometimes this feels like you are much more “alone”. It may be helpful to know that the rest of the class will be feeling the same way. You will get some vacation time as well as some weekends off to be with your family and friends. You will also return to campus several times for further educational experiences.

Clinical education differs significantly from classroom education. It is essential that you understand the difference in order to keep your expectations in line with reality. The following list is a comparison of characteristics; it is not intended to be exhaustive. It is presented as a beginning for discussion and individual thought.

<table>
<thead>
<tr>
<th>Didactic Education</th>
<th>Clinical Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Instructors’ primary responsibility is teaching.</td>
<td>1. Instructors’ primary responsibilities are to his/her patients and practice.</td>
</tr>
<tr>
<td>2. Instructor bears the burden of organizing the course, leading or pushing students to accomplish objectives.</td>
<td>2. <strong>Student bears the burden of organizing his/her learning within the opportunities made available by the preceptor.</strong></td>
</tr>
<tr>
<td>3. Times, dates, and places of academic presentations are well defined and known long in advance.</td>
<td>3. Times, dates, and places of clinical learning opportunities may be known in advance.</td>
</tr>
<tr>
<td>4. Information is presented and objectives achieved in an orderly, sequential fashion, building on previous knowledge.</td>
<td>4. Information is presented and objectives achieved in a less orderly fashion. Information may not be formally presented at all. The student will have to search for information as prompted by patient diagnoses.</td>
</tr>
<tr>
<td>5. Limited contact with instructor but concentrated instruction.</td>
<td>5. More contact time, but more dilute instruction.</td>
</tr>
<tr>
<td>6. Classmates provide support for learning and as a buffer that protects individuals from exposure of their ignorance.</td>
<td>6. Students are sometimes one-on-one with the preceptor.</td>
</tr>
</tbody>
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Clinical Practice Competencies for Physician Assistants
Competencies for the Physician Assistant Profession

(Originally adopted 2005; revised 2012) Taken from:

PREAMBLE
Between 2003-2004, the National Commission on Certification of Physician Assistants (NCCPA) led an effort with three other national PA organizations (Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), American Academy of Physician Assistants (AAPA), and Physician Assistant Education Association (PAEA) -- formerly Association of Physician Assistant Programs (APAP)) to define PA competencies in response to similar efforts conducted within other health care professions and the growing demand for accountability and assessment in clinical practice. The resultant document, *Competencies for the Physician Assistant Profession*, provided a foundation from which physician assistant organizations and individual physician assistants could chart a course for advancing the competencies of the PA profession.

In 2011, representatives from the same four national PA organizations convened to review and revise the document. The revised manuscript was then reviewed and approved by the leadership of three of the four organizations in 2012; the AAPA House of Delegates will consider the new version in 2013.

INTRODUCTION
This document serves as a map for the individual PA, the physician-PA team, and organizations committed to promoting the development and maintenance of professional competencies among physician assistants. While some competencies will be acquired during formal PA education, others will be developed and mastered as physician assistants progress through their careers. The PA profession defines the specific knowledge, skills, attitudes, and educational experiences requisite for physician assistants to acquire and demonstrate these competencies.

The clinical role of PAs includes primary and specialty care in medical and surgical practice settings. Professional competencies for physician assistants include the effective and appropriate application of medical knowledge, interpersonal and communication skills, patient care, professionalism, practice-based learning and improvement, and systems-based practice.

Patient-centered, physician assistant practice reflects a number of overarching themes. These include an unwavering commitment to patient safety, cultural competence, quality health care, lifelong learning, and professional growth. Furthermore, the profession’s dedication to the physician-physician assistant team benefits patients and the larger community.
PHYSICIAN ASSISTANT COMPETENCIES

MEDICAL KNOWLEDGE
Medical knowledge includes the synthesis of pathophysiology, patient presentation, differential diagnosis, patient management, surgical principles, health promotion, and disease prevention. Physician assistants must demonstrate core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care in their area of practice. In addition, physician assistants are expected to demonstrate an investigative and analytic thinking approach to clinical situations. Physician assistants are expected to understand, evaluate, and apply the following to clinical scenarios:

- evidence-based medicine
- scientific principles related to patient care
- etiologies, risk factors, underlying pathologic process, and epidemiology for medical conditions
- signs and symptoms of medical and surgical conditions
- appropriate diagnostic studies
- management of general medical and surgical conditions to include pharmacologic and other treatment modalities
- interventions for prevention of disease and health promotion/maintenance
- screening methods to detect conditions in an asymptomatic individual
- history and physical findings and diagnostic studies to formulate differential diagnoses

INTERPERSONAL & COMMUNICATIONS SKILLS
Interpersonal and communication skills encompass the verbal, nonverbal, written, and electronic exchange of information. Physician assistants must demonstrate interpersonal and communication skills that result in effective information exchange with patients, patients’ families, physicians, professional associates, and other individuals within the health care system. Physician assistants are expected to:

- create and sustain a therapeutic and ethically sound relationship with patients
- use effective communication skills to elicit and provide information
- adapt communication style and messages to the context of the interaction
- work effectively with physicians and other health care professionals as a member or leader of a health care team or other professional group
- demonstrate emotional resilience and stability, adaptability, flexibility, and tolerance of ambiguity and anxiety
- accurately and adequately document information regarding care for medical, legal, quality, and financial purposes
PATIENT CARE
Patient care includes patient- and setting-specific assessment, evaluation, and management. Physician assistants must demonstrate care that is effective, safe, high quality, and equitable. Physician assistants are expected to:

- work effectively with physicians and other health care professionals to provide patient-centered care
- demonstrate compassionate and respectful behaviors when interacting with patients and their families
- obtain essential and accurate information about their patients
- make decisions about diagnostic and therapeutic interventions based on patient information and preferences, current scientific evidence, and informed clinical judgment
- develop and implement patient management plans
- counsel and educate patients and their families
- perform medical and surgical procedures essential to their area of practice
- provide health care services and education aimed at disease prevention and health maintenance
- use information technology to support patient care decisions and patient education

PROFESSIONALISM
Professionalism is the expression of positive values and ideals as care is delivered. Foremost, it involves prioritizing the interests of those being served above one’s own. Physician assistants must acknowledge their professional and personal limitations. Professionalism also requires that PAs practice without impairment from substance abuse, cognitive deficiency or mental illness. Physician assistants must demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population, and adherence to legal and regulatory requirements. Physician assistants are expected to demonstrate:

- understanding of legal and regulatory requirements, as well as the appropriate role of the physician assistant
- professional relationships with physician supervisors and other health care providers
- respect, compassion, and integrity
- accountability to patients, society, and the profession
- commitment to excellence and on-going professional development
- commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- sensitivity and responsiveness to patients’ culture, age, gender, and abilities
- self-reflection, critical curiosity, and initiative
- healthy behaviors and life balance
- commitment to the education of students and other health care professionals

PRACTICE-BASED LEARNING & IMPROVEMENT
Practice-based learning and improvement includes the processes through which physician assistants engage in critical analysis of their own practice experience, the medical literature, and other information resources for the purposes of self- and practice-improvement.
Physician assistants must be able to assess, evaluate, and improve their patient care practices. Physician assistants are expected to:

- analyze practice experience and perform practice-based improvement activities using a systematic methodology in concert with other members of the health care delivery team
- locate, appraise, and integrate evidence from scientific studies related to their patients’ health
- apply knowledge of study designs and statistical methods to the appraisal of clinical literature and other information on diagnostic and therapeutic effectiveness
- utilize information technology to manage information, access medical information, and support their own education
- recognize and appropriately address personal biases, gaps in medical knowledge, and physical limitations in themselves and others

SYSTEMS-BASED PRACTICE
Systems-based practice encompasses the societal, organizational, and economic environments in which health care is delivered. Physician assistants must demonstrate an awareness of and responsiveness to the larger system of health care to provide patient care that balances quality and cost, while maintaining the primacy of the individual patient. PAs should work to improve the health care system of which their practices are a part. Physician assistants are expected to:

- effectively interact with different types of medical practice and delivery systems
- understand the funding sources and payment systems that provide coverage for patient care and use the systems effectively
- practice cost-effective health care and resource allocation that does not compromise quality of care
- advocate for quality patient care and assist patients in dealing with system complexities
- partner with supervising physicians, health care managers, and other health care providers to assess, coordinate, and improve the delivery and effectiveness of health care and patient outcomes
- accept responsibility for promoting a safe environment for patient care and recognizing and correcting systems-based factors that negatively impact patient care
- apply medical information and clinical data systems to provide effective, efficient patient care
- recognize and appropriately address system biases that contribute to health care disparities
- apply the concepts of population health to patient care

Adopted 2012 by ARC-PA, NCCPA, and PAEA Pending adoption by AAPA

STUDENT EXPECTATIONS
The student experience at any particular rotation depends on a host of variables, many of which are beyond the Program’s control. It is not uncommon for students to vary widely in their perceptions about the same rotation. Indeed, what a previous student found to be an excellent experience may be described as inadequate by another. Conversely, a rotation’
labeled as a failure by one student may produce a stellar experience for another. The myriad of influences on one student’s experience includes:

- a student’s area of interest or previous training
- patient volume
- preceptor-to-student ratio
- personality differences

Flexibility in adapting to the changing situations that are encountered within one clinical training segment—as well as from rotation to rotation—is an indispensable asset to a successful and enjoyable clinical year. It is also an asset essential for the rest of your life.

OVERVIEW OF CLINICAL YEAR ASSIGNMENT PROCESS

FEBRUARY
- In the beginning of February, all current Physician/PA preceptors will be contacted by the Clinical Coordinator Staff.
- If students would like to initiate a rotation with a preceptor who is not currently used by the WMU PA program, s/he should complete a “Preceptor Information” form. (See Miscellaneous forms section of this document). Turn this form in to the clinical coordinator staff.
- Students will complete the “Clinical Year Personal Request Form” in January. Students may be asked to meet individually with the Clinical Coordinator Staff during April if deemed necessary.

MARCH - JULY
- The Clinical Coordinator Staff will be receiving responses from preceptors and matching students/rotations/preceptors.
- Several orientation sessions will be scheduled as a group.
- Paperwork for each rotation site will be completed by students.
- Rotation assignments will be given to students in July or early August.
- Letters will be sent to first rotation preceptors by end of July.

AUGUST
- Final orientation will be scheduled during the last few weeks of your 1st year.
- A rotation & return to campus week schedule will be made available electronically. This schedule is subject to change throughout the year.

REQUIRED ROTATIONS

Required Rotations:
- MDSC 6810 – Professional Field Experience: Women’s Health
- MDSC 6820 – Professional Field Experience: Pediatrics
- MDSC 6830 – Professional Field Experience: General Surgery
- MDSC 6840 – Professional Field Experience: Medical Psychiatry
- MDSC 6850 – Professional Field Experience: Emergency Medicine
- MDSC 6860 – Professional Field Experience: Family Medicine
- MDSC 6870 – Professional Field Experience: Internal Medicine
Rotations are 4 weeks except Family Medicine and Internal Medicine which are 8 weeks in length. All rotations are staggered and are not intended to occur in the sequence listed above. Student-requested changes to assignments are discouraged, and decisions as to whether such requests can be accommodated are within the discretion of the Clinical Coordinator. After the final deadline for change requests has passed, consideration will be given to students only for extenuating circumstances. Unfortunately circumstances do occasionally arise that require reassignment of students on the basis of program or preceptor/site factors with little notice to students. While the program seeks to minimize such occurrences, students must remember that all rotation assignments remain tentative until the first day of each rotation.

Complete course descriptions can be found in the Graduate Catalog and in the “Course Syllabi” section of this Handbook.

**ELECTIVE ROTATIONS**

Elective Rotations: 7100 – Elective I  
7100 – Elective II

We will be reviewing elective rotations during your orientation and during personal meetings. You can use your electives to: 1) Fill an academic weakness or 2) to specialize in a clinical area. Occasionally, students have used the elective rotation as a trial experience with a potential employer. It is considered a privilege to choose your electives but this privilege may be forfeited due to disciplinary problems or failure to perform at an acceptable academic level on a required rotation. Electives may be reassigned to benefit the student for academic reasons at the discretion of the Clinical Coordinator or Program Director. Once a student has identified a specialty and/or site for their elective, the student will not be allowed to switch to a different specialty or site except under extraordinary circumstances. Any request for a change subsequent to assignment to the initially requested rotation must be in writing to the Clinical Coordinator, with detail of the extenuating circumstances.

Below are the most commonly requested & available elective rotations.

- Cardiology
- Cardiovascular surgery
- Critical Care medicine
- Dermatology
- ENT
- Gastroenterology
- Hematology/Oncology
- Infectious Disease
- Neurology
- Orthopedics
- Plastic Surgery
- Rheumatology
- Trauma Surgery
- Urgent Care
- Urology
REQUESTING A NEW PRECEPTOR

There is a defined process for requesting a specific preceptor who is not currently used by WMU’s PA program. You may suggest a provider as a preceptor after asking the potential preceptor if they may be contacted by the Clinical Coordinator. Usually the provider will be a physician or a PA. In some instances an NP or social worker may be an appropriate choice. You then refer the person to the Clinical Coordinator. It is your responsibility to gather the important contact information, and complete the New Preceptor Form that can be obtained from the Clinical Coordinator Staff. Return the form to the Clinical Coordinator Staff as soon as possible.

The Clinical Coordinator will initiate the discussion and paperwork. If a physician practices in a hospital, a legal agreement is necessary for both the preceptor and the hospital. Initiating agreements is a very lengthy process as two or three legal departments are involved. Initiating an agreement does not mean it will be signed. Even though a person is willing to be a preceptor, it is not always possible and may not come to fruition. Background checks and license verification must also be completed. Accreditation standards must be met for required rotations. Legal, ethical, and educational standards must be met for ALL rotations.

New preceptors are often recommended by students. There are several factors that we review before initiating an agreement. First, we need to be sure that our current preceptors are being utilized. Using experienced preceptors gives you (and us) confidence that your clinical year will meet your academic and experiential needs. Using more than two “new” preceptors invites too much variability into your clinical year. Secondly, a great deal of time, preparation and legal counsel is involved with the initiation of new sites. This time needs to be balanced with the prospect of potential long-term relationships that might be built between the preceptor and our department. Initiating paperwork for one student only is strongly discouraged

PLEASE NOTE!!

- Family members and significant others are not permitted to contact sites/preceptors to request special scheduling considerations (e.g., airline reservations, birthdays, ski trips, etc.)
- Student assignments and requests for a specific site or preceptor in any given month will be superceded by the need for the Program to assign students to clinical sites with specific training pattern requirement.
- Students should not schedule weddings, airline reservations, etc. without first consulting the rotation and end-of-rotation schedules AND without first consulting the Clinical Coordinator. If purchasing airline tickets to travel to a rotation, ALWAYS purchase ticket insurance.
- Rotations with a family member who is also a health care provider are prohibited.
- Educational needs of specific students are priority for scheduling purposes.

FACULTY RESPONSIBILITIES

The faculty member with the responsibility of coordinating clinical rotations is responsible for monitoring the overall progress of students on rotations. Preceptors and students are provided the guidelines that define program goals and objectives for each rotation. The Clinical Coordinator is the program’s principal contact with the preceptor and student on rotations, and will act as intermediary between student and preceptor if necessary to resolve conflicts.
The Clinical Coordination Staff schedules all clinical rotations and communicates these schedules to the student, the preceptor, and program personnel.

**SITE VISITS:** Each student will be visited at their rotation site by PA program faculty or the PA Program Director during the clinical year. Further site visits are made on a rotating basis or as a need arises from a preceptor or student. Preceptors assigned a student for the first time will also be visited when time/distance/budgets allow. Intermittently due to time and weather constraints, site visits are completed by telephone, Skype or FaceTime.

Goals of the site visit include: 1) to get a sense of each student’s progress including their strengths and weaknesses; 2) an assessment of student’s satisfaction of an experience; 3) the chance to problem-solve any issues or concerns; and 4) to continually evaluate the strengths and weaknesses of a site/preceptor.

**PRECEPTOR RESPONSIBILITIES**

The preceptor shall provide opportunities within his/her medical practice for the student to gain knowledge, skill and experience in the evaluation and management of a wide range of medical problems. The preceptor, therefore, provides clinical instruction, insight and experience. The preceptor:

- determines the student’s schedule and work assignments
- assigns patient workups and gives feedback on student’s assessments and treatment plans
- supervises the student and determines when the student is prepared for greater responsibility
- assures that hospital privileges are adhered to, both by the hospital and the student
- meets and discusses student progress with program faculty on site visits when available
- evaluates the student’s performance at the end of the rotation

**STUDENT RESPONSIBILITIES**

**TRANSPORTATION**

*You are responsible for your own transportation to and from rotation sites and to different sites within the rotation as directed by the preceptor.*

**HOUSING**

Once the rotation assignments are given, it is your responsibility to complete housing arrangements. Options for housing in the area are occasionally available but it is your responsibility to contact them ahead of time and make arrangements regarding dates, payment and location. **YOU MUST CONTACT HOUSING AT LEAST 2 WEEKS IN ADVANCE.** If you do not like the arrangement options that are given, you are welcome to find your own.

**COMMUNICATION**

You hold the primary responsibility for notifying the department if any problems or difficulties arise which might adversely affect the satisfactory completion of a clinical rotation. If there is a problem, it is YOUR responsibility to seek out ways to address a problem. Discussing this with the preceptor is one of the steps you should take!
You know when things aren’t going well. It is NOT the preceptor’s job to tell you what you need to do to pass a rotation. These objectives are clearly written in this handbook. It is NOT the preceptor’s job to tell you where your deficiencies are during a rotation. (It IS their job to evaluate you at the end of a rotation). If you want a “progress” report during a rotation, it is your responsibility to ask for it. Ask for suggestions on improvement. Ask to review the evaluation midway through a rotation so you have a sense of where you stand. If a deficiency is noted, it is up to you to make improvements. Remember that just because you KNOW there is a problem, and you are actively working on a problem, does not mean that it is no longer an issue.

You are responsible for contacting your preceptor 10 days to 2 weeks before your arrival. We strongly advise you to contact the preceptor by email first, followed by a telephone call. If you can’t get through to the Physician/PA/NP, ask for the clinic manager or the preceptor’s personal nurse.

Notify your preceptor by telephone AND the PA program by email in case of an unscheduled absence. (See Absence Guideline)

It is the student’s responsibility to check your WMU e-mail and voicemail daily and to check the University web site and US Mail for notices and announcements from the Program and University. Further, it is the student’s responsibility to notify the Program and University of changes in address or phone number. The WMU Registrar’s office needs any PERMANENT address changes so that grades, bills, etc., are sent to the correct address. The program office needs a current mailing address for a variety of purposes as often different items for upcoming rotation credentialing are sent to you there.

**LIABILITY COVERAGE**

*Your professional liability coverage protects you while you are involved in REGULAR clerkship activities in a semester for which you are enrolled. If you want to spend some of your “spare” time shadowing a physician, you must get approval beforehand from the Program office to ensure liability coverage.*

- Students are not covered for activities they arrange for personal experience when receiving payment for their services.
- Students are not covered for activities they are invited to participate in from another preceptor, unless the preceptor of record delegates his/her responsibility to a partner within the same practice.
- Students are not covered for activities they might be involved in related to previous work or expertise that is not associated with their clinical rotation.

**MEDICAL INSURANCE**

Students are required to have personal medical insurance during their clinical year. Because you are not an employee of the University or Hospital, you are NOT eligible for workman’s compensation for any accident/injury that may occur during the time on rotation. The Program requires documentation of current medical insurance. It is your responsibility to update the Program if a change occurs in your coverage.

Occasionally students are injured during the clinical training phase. When the site is a clinical affiliate with a defined incident reporting procedure, the student is to complete that institution’s policy. In addition, the student should complete an incident report within 48 hours to the PA Program by fax at 269-387-5319. The form is found under the “FORMS” section of this manual.
IMMUNIZATIONS

Your immunization records are stored on the CastleBranch system. It is common for some hospitals and clinics to request more specific information than is conveyed on your Typhon Passport. **Students should carry a copy of their immunizations, physical exam form and urine drug screen with them at all times** and be able to present this information if necessary. This will prevent any delays based on credentialing questions.

TB tests and Influenza vaccines must be updated in the clinical year. All students MUST have their TB testing according to Student Health Policy PA-015 completed prior to the clinical year start date. All students must have their flu vaccine completed in accordance with Student Health Policy PA-015 as soon as the vaccination is made available, usually in April. Accompanying documentation must be uploaded to your CastleBranch account as soon as completed.

If you have lived outside of the USA, documentation of your Polio vaccine needs to be uploaded to CastleBranch prior to the clinical year start date.

CRIMINAL BACKGROUND CHECKS/FINGER PRINTING/DRUG SCREENS

Before working with patients in many hospitals and clinics, students are required to provide evidence of a favorable criminal background check and fingerprinting. Students are responsible for any fees associated with the screen. All students are required to complete a urine drug screen in addition to the background checks and fingerprinting prior to beginning clinical rotations. Drug screens will be repeated every 90 days throughout the clinical year and it is your responsibility to schedule and complete all drug screens on time. Failure to pass any of these required tests or failure to meet deadlines specified by the Clinical Coordinator Staff will rescind your scheduled placement.

Updated background checks and urine drug screens may be required by some facilities throughout the year. Instructions will be provided in paperwork that is required for each site. If you need a quick background check in the state of Michigan you can use the following website for a minimal fee: apps.michigan.gov/ichat. Keep a copy for yourself and provide a copy of the results to the Clinical Coordinator Staff.

Drug screens are to be completed using the registration and payment methods through CastleBranch. The screens must be performed at one of their sites. CastleBranch currently uses Quest Diagnostics laboratories. Results take 2-10 days to finalize. Please plan ahead when a drug screen date is approaching.

IDENTIFICATION

You should always wear your white coat unless your preceptor specifically asks you not to (which might be the case in some psychiatric or pediatric settings). However, you should **ALWAYS** wear your name tag. There should never be a question about your student-status. Your name tag clearly states that you are a student from Western Michigan University. You may be asked to cover your LAST name on your badge for privacy reasons (as is the case in some Emergency Rooms). However, your name tag that identifies your first name, your student-status, and your affiliation with WMU should always be visible.

**Always sign your name to the orders that you write. Always write out the words PA “student”. Do not use PA-S.** All of your orders must be cosigned immediately by a certified Physician Assistant.
SCHEDULE

As a professional, you are expected to be available when there is an opportunity to learn. Great education does not always happen between 0900 and 1700 hours. Your schedule should mirror that of the preceptor in most aspects. Therefore, students are expected to participate in activities such as call, evening hours or weekend hours to the extent those hours and activities are part of the routine of the preceptor. In general, it is reasonable for PA students to devote 40 – 60 hours per week to clinical activities. Students should discuss schedule issues with the preceptor within the first day or two of the rotation so that they have a clear understanding of the expectations.

Your preceptor is in charge of your schedule during the rotation. This includes evenings, midnights and weekends. You are expected to follow this schedule. Your own work schedule does not have priority. Your preceptor should know where you are at all times. It is your responsibility to be available for learning opportunities. Your preceptor and/or hospital staff do not have the time to track you down.

The demand placed on medical caregivers to take care of patients at all times is a fundamental standard that sets medicine apart from other professions. Learning to balance the need to meet personal commitments and obligations with clinical responsibilities and the duties owed to patients can be one of the most significant tasks encountered in the clinical year and in your professional life.

ASSIGNED READINGS

Completion of assigned readings is important as are readings and/or activities assigned by each clinical preceptor. It is your responsibility to expand your knowledge for each clinical rotation. Recommended texts are listed for each clinical rotation under the section “COURSE SYLLABI” of this manual.

Reading should be done after clinical hours or during “down time”.

ACADEMIC INTEGRITY

You are responsible for making yourself aware of and understanding the policies and procedures in the Graduate Catalogs (http://catalog.wmich.edu/content.php?catoid=27&navoid=1124#stud_acad_cond) that pertain to Academic Integrity. These policies include cheating, fabrication, falsification and forgery, multiple submission, plagiarism, complicity and computer misuse. If there is reason to believe you have been involved in academic dishonesty, you will be referred to the Office of Student Judicial Affairs. You will be given the opportunity to review the charge(s). If you believe you are not responsible, you will have the opportunity for a hearing. You should consult with the Clinical Coordinator if you are uncertain about an issue of academic honesty prior to the submission of an assignment or test.

PROFESSIONAL GUIDELINES FOR DRESS AND APPEARANCE

Students are required to look and act like professionals. You are under scrutiny from the first day of your rotation. This means maintaining standards of personal grooming and appearance that are generally well received by the conservative public. Courtesy, patience, attentiveness, and professional appearance facilitate favorable interactions with patients and the health care community.

The following guidelines have been established in order to maintain safety and infection control as well as promote a professional student image. These guidelines are enforced whenever a student has
any interaction with the public, including mentoring experiences, and all inpatient and outpatient rotations.

- Students should always identify themselves as a STUDENT. This should be done by introducing oneself as a student, and by wearing their name badge that includes a picture at any time they interact with a patient or other professional. Name tags must not be defaced.
- Unless mandated by your preceptor, a clean short, white coat with a WMU patch must be worn.
- All clothes and shoes must be clean and in good repair.
- Hair must be neat and clean. Beards, mustaches and sideburns must be kept trimmed.
- Students must manicure fingernails to a reasonable length of no more than ¼ inch beyond the tip of each finger. Artificial nails or nail extenders/enhancements and polish are not allowed, based on the recommendations of the Centers for Disease Control.
- Proper attire is required. The following are not allowed and student will be sent home if any of these are worn:
  1. no denim, including blue jeans, denim jumpers, skirts, etc
  2. no clothing considered for casual or “non-business” activities, i.e. sweatshirts, sweatpants, halter tops, shorts, leggings/stirrup pants, tube tops, military fatigues, “jogging” suits, sleeveless or “spaghetti strap” sundresses (unless worn with a jacket)
  3. no muscle shirts, bare midriffs, low necklines or transparent clothing
  4. no t-shirts with inappropriate wording or pictures
  5. skirt length must not be shorter than 3 inches above the top of the knee
  6. no opened toed shoes, sandals, stiletto heels or platform shoes exceeding one inch
  7. no bare legs/feet; hosiery/socks/tights required at all times
  8. no rings, hoops, and jewelry worn in non-traditional manner (this includes nose rings/studs or other body piercing, such as eyebrow, lip, tongue, etc; ear piercing is acceptable)
  9. no hats or caps
  10. no tattoos (must be concealed by clothing or makeup).
  11. no overwhelming or strong perfumes, after-shave or colognes

**ROTATION ABSENCES**

If for any reason you are unable to go into your assigned clinical site (i.e. hospitalization, family emergency, illness, etc.), contact your immediate supervising preceptor and e-mail the PA Program. The Clinical Coordinator will schedule extra rotation time to make up the absence. **ANY absence greater than one day will be made up.**

If a student is able to anticipate an absence from a rotation, a request should be made in writing to the Clinical Coordinator. The Clinical Coordinator and Program Director will make the decision to grant the leave. If you ask for a medical or personal leave of absence after you fail a rotation or exam it will not be granted.

Rescheduling a rotation because of a leave of absence will be done by the Clinical Coordinator. Remember that you will be competing with the next class of students for available rotations and no guarantee can be made as to the availability of a specific rotation or the timing of the make-up rotation.

If a student has a leave of absence during their clinical rotation year in excess of sixty days for any reason, they will be evaluated for competency to resume clinical training.

**ATTENDING CONFERENCES**

Attending conferences should be treated as a request and not an expectation. Attendance is encouraged; however, your education remains paramount during your clinical year. Any academic
concerns or weaknesses identified during your clinical year will be considered before by the faculty before granting you permission to go to a conference. This request should be made in writing to the Clinical Coordinator.

**Guidelines Regarding Exposure to Blood Borne Pathogens**
If during a rotation, you are exposed to a patient’s body fluids, be prepared by reviewing the following information:

- Because WMU students are in many different facilities during their 12 month clinical rotations, immediate treatment and protocol of the institution are to be followed.
- After an exposure:
  - Take immediate precautions (e.g. hand washing)
  - Contact infection control at the institution
  - Contact your preceptor
  - Contact the program
  - Fill out an incident report and turn it into the PA department within 48 hours
- Required laboratory tests should be completed as required by the institution both for the student and the patient, as protocol dictates.
- Students are responsible for all personal laboratory fees for testing required.
- Any laboratory tests that are not urgently needed may be done at the WMU Student Health Center if this is acceptable to the institution where the incident occurred. This may defray the cost to the student.
- Students are required to provide proof of insurance for all rotations. This information is conveyed to each preceptor and hospital on the “Student Identification Form” sent approximately 4 weeks before each placement. Any change in insurance should be communicated to the PA Program office.

**CLINICAL DUTIES**
While on a rotation **YOU** bear the total responsibility for meeting the objectives that are available at a site. It is your responsibility to determine the expectations of each clinical preceptor as they relate to the fulfillment of the objectives and to discuss the means by which these expectations can be accomplished.

Students should participate in or volunteer for every opportunity available during their rotation in order to accomplish the objectives for each rotation. The following list is neither extensive nor exhaustive, but may give you some ideas:

- attend hospital rounds
- attend seminars and professional conferences
- attain a balance of time allocations between hospital and office duties
- participate in evening and weekend call as negotiated with the preceptor
- perform diagnostic and therapeutic procedures as directed by the supervising preceptor

Each patient you see during your clinical rotation should be presented by you to your preceptor. *Do not let a patient leave the clinic without being seen by their regular provider.*
READY TO GRADUATE?

A form for graduation should be obtained online from the Registrar’s Office website and submitted online. You only graduate when you tell the Registrar’s Office of your expectations. They then do an audit of your courses. There is a fee associated with this that is paid by the student. The PA Program will provide your Permanent Plan of Study to the Registrar’s Office.

CODE OF CONDUCT

As a representative of the Program, University, and PA Profession, it is important that all students act with integrity in the way you do your work and in all of your interactions within the heath care arena. This code will assist you in carrying out daily activities within appropriate ethical and legal standards. The following list of behavior problems is considered only to be a guideline for students and is not intended to constitute a complete list of all possible behaviors. A complete Code of Conduct can be downloaded at:

www.wmich.edu/conduct/expectations-students

1. Academic misconduct
2. Alcohol use or possession
3. Credit card misuse
4. Dishonesty
5. Disruptive behavior
6. Drug possession or use
7. Entry or use
8. Failure to comply
9. Fire or safety equipment misuse
10. Hazing
11. Identification misuse
12. Conduct system abuse
13. Obscene or harassing communication
14. Physical or verbal abuse
15. Sexual misconduct
16. Telecommunication process/procedure misuse
17. Unauthorized use/destruction/defacing of property
18. Unauthorized use or other abuse of University computing resources
19. Unauthorized key possession or use
20. Unauthorized posting
21. Violation of the law
22. Violation of University policy
23. Weapon possession or use

WHEN THINGS GO WRONG

Your preceptors are clinicians first. They are educators second. They are volunteering their time to teach and typically, it is a rewarding endeavor. If things don’t go well, it is up to you to figure out what you can do about it. It is NOT up to the preceptor to remediate you. Most students “know” when things are going well and you know when they aren’t. If you’re someone who is just not that intuitive, then it is up to you to ask your preceptor how you are doing. A simple question one week into the rotation I might suggest is, “How do you think I’m doing? What suggestions do you have for me to make the most of this rotation?” In the middle of your rotation, it would be appropriate to ask again,
“I’m half-way done with this rotation, if you had to grade me now, do you think I would pass? What should I be working on? How do I compare to other students you have had?”

If you cannot resolve an issue, either a real issue or a perceived issue, then you need to email the Clinical Coordinator. A visit can then be scheduled.

Remember, as a graduate professional student, you are in control of your experiences. Being assertive in your education and in your communication will be helpful in every aspect.

**STUDY TIPS FOR END OF ROTATION-EXAMS**

1. See as many patients as possible.
2. Read about the patients that you see.
3. Do assigned readings from preceptors.
4. Complete assigned readings from your syllabi.
5. Go over questions in your handbook for the specific rotation.
6. Go over old notes from your first year.
7. Take notes during rotations as a means of remember what you are learning "on the job".
8. Get a PA Board review book and look over questions regarding your specific rotation.
9. Read, read, read, at least 1-2 hours per day. Start a life-long habit.

**OUTLINE FOR ORAL CASE PRESENTATIONS**

**I. OPENING STATEMENT**

A. Patient profile
   1. Example: “40 year old white male”
B. Chief complaint – reason for visit or admission
   1. Example: “complains of chest pain”
C. Duration of complaint
   1. Example: “for the last 3 hours”

**II. BODY OF PRESENTATION – SUBJECTIVE INFORMATION**

A. History of Present Illness – description of the presenting problem
   1. Characterize symptoms
   2. Chronological report
B. Review of Symptoms
   1. Include relevant positives and negatives
C. Relevant Past Medical History
   1. Previous episodes of same complaint
   2. Chronic illnesses
3. Prior hospitalizations and surgeries
4. Current medications
D. Relevant Family History
E. Relevant Social History

III. OBJECTIVE FINDINGS
A. Physical Exam findings
B. Relevant diagnostic testing already performed

IV. ASSESSMENT
A. Most likely diagnosis
B. Include differential diagnosis

V. PLAN
A. What further work-up should be initiated if any?
B. What treatment should be given?
C. What patient counseling should be done?
D. When should patient follow up?
ROTATION SURVIVAL GUIDE

1. MAKE A GOOD FIRST IMPRESSION
   • You can never have a second chance for a first impression and you make a first impression every time you go into a room.
   • Smile! A warm smile establishes instant rapport.
   • Always wear your name tag and short white coat displaying the WMU patch.
   • Be well groomed. (Dirty finger nails don’t inspire confidence!)
   • A conservative, professional approach is best.

2. BE PREPARED

Prior to your rotation:
   • Again, call ahead to remind your preceptor you are coming. If you can’t get through to the preceptor, ask for the business administrator or the preceptor’s nurse or medical assistant.
   • Know the rules. Read the handbook and be familiar with its contents. When in doubt, contact the Program!
   • If you have the luxury, scout out the clinic, estimate commuting time, find the parking lot, etc. Look at their website on the Internet to see what you can learn about them.
   • Be prepared for the first day for the question “What do you want to get out of this rotation?”

During your rotation:
   • Always check the schedule before you go home in the evening to prepare for patients coming in the next day.
   • Read. Read. Read. Read every night. If you have the luxury of knowing what problems are on tomorrow’s patient list, or know what surgery is scheduled, be prepared by reading ahead!
   • Have your pockets stocked with pen, paper, light, stethoscope, etc.

3. KNOW AND UNDERSTAND THE “CHAIN OF COMMAND”
   • As a student, you are at the bottom of the chain. Be respectful of all professionals. Learn from them. Do work for them. Embrace routine work.
   • Who’s on First? Your preceptor runs the show. Your relationship is vital for a good rotation. Be assertive, not aggressive. Confidence is good but displaying overconfidence is bad. If you don’t know an answer or don’t understand something, say so.
   • Nurses and support staff can be your friends and advocates. Don’t tick them off or you’re in for a long rotation. Treat them as the professionals that they are and recognize that they have a lot to teach you as well.
   • You are in an office or hospital to learn, but patients are there to be treated. Don’t forget their care is the most important issue and the patient’s needs always have priority.
   • Your preceptor is not your employer. You have a short term relationship with him/her. It is not your responsibility to change how they practice.
   • Stay out of office politics and other office issues. You’re there to learn.
   • Office work is not beneath you. (Although it should not get in the way of you seeing patients)
   • Putting patients in rooms is not beneath you. It’s a chance to talk to every patient.
• Always remember that you are a student. Patients should always be aware of your status and know that the advice you give is from a student. They should not leave the clinic without being seen by their regular provider.

4. PRACTICE GOOD MANNERS
• Always introduce yourself to staff and patients.
• Never, ever disagree with your preceptor in front of a patient. Do not correct them or another clinician in front of the patient.
• Do not criticize other clinicians in the office.
• Do not criticize office or hospital staff.
• Do not criticize patients.
• Respect the privacy of all patients, all the time. Do not talk about patients on the elevator or in the cafeteria or lunch room. Be aware of who can hear you.
• Turn your cell phone/pager to vibrate when working with patients.
• Always send a thank you note to your preceptor and staff after a rotation.

5. TAKE ADVANTAGE OF ALL OPPORTUNITIES
• Be available! Each rotation begins on 0800 the day you start and ends at 1700 the day you end. Anything in the middle is simply another opportunity to learn. Very interesting things happen after 1700 and before 0800. Volunteer for everything.
• Push yourself. Do things that are out of your “comfort zone”.
• Act as if the rotation you are completing is your favorite specialty, whatever it is.
• Ask questions.
• Each student has a different experience on rotations. Don’t be influenced by one student’s description of a rotation. The success of a rotation depends on what you make of it. The variables are endless (patient load, personalities, resident variability, etc.).

6. BE ORGANIZED
• Write. Write. Write. Write down pearls, write down medications, write down learning issues and write down the diagnoses and procedures you completed each day.
• Keep up with your portfolio. Record procedures and diagnoses at least every week, preferably every 3 days. Stay current with your Typhon documentation.
• Present each patient in the same way, every time.

7. THINK ABOUT THE FUTURE
• Go into every rotation as if it were a four-week job interview.
• Keep your mind open to specialties, it may mean a job.
• If you want a letter of recommendation, give them a self-addressed envelope or you’ll never get it back.
ACADEMIC REVIEW PROCESS/ADJUNCT to SYLLABI for 6810 – 6870

The Academic Review Policy (PA-006) continues to be in effect for your clinical year of studies. During your clinical year, the calculation of grades will be based on the Pass/Fail system. A description of course grading is below:

<table>
<thead>
<tr>
<th>Course Components</th>
<th>Grades</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preceptor’s Evaluation</td>
<td>Pass</td>
</tr>
<tr>
<td>Examinations</td>
<td>Fail</td>
</tr>
<tr>
<td>One H&amp;P or one SOAP note. One brief operative note for surgical rotations.</td>
<td>Fail</td>
</tr>
</tbody>
</table>

CLINICAL ROTATION GRADE

In order to receive a Pass grade in a rotation, all evaluated objectives must be met with a minimum of a satisfactory evaluation, an End of Rotation Examination must be passed for each required rotation, and all required Typhon evaluations—Preceptor Evaluation & Rotation Site Evaluation—and Typhon uploads—History & Physical Exam, postoperative note or orders—must be completed.

Unsatisfactory evaluations of any single objective may result in a course failure and an academic review. When an evaluation with an unsatisfactory mark(s) is received, it is reviewed by the Clinical Coordinator. The Clinical Coordinator will initiate a discussion with the clinical preceptor to discuss the deficiencies. Based on discussion with preceptor(s), the Clinical Coordinator will decide if there is a rotation failure. Information obtained from the discussion between the preceptor and Clinical Coordinator will be shared with the Chair & Program Director(s). Rotation failures may result in an academic review pursuant to Policy PA-006.

Examination Grade

<table>
<thead>
<tr>
<th>Grading Scale</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>76 - 100%</td>
<td>Pass</td>
</tr>
<tr>
<td>&lt;76% (individual exam score)</td>
<td>Fail</td>
</tr>
<tr>
<td>&lt;82% (average exam score)</td>
<td>Fail</td>
</tr>
<tr>
<td>Not taking exam by required time</td>
<td>Fail</td>
</tr>
</tbody>
</table>

Failure to get a 76% or greater score on any one end-of-rotation exam represents unsatisfactory academic progress. Failure to maintain a cumulative 82% or higher average of end-of-rotation exams as per policy PA-006 represents unsatisfactory academic progress. (This cumulative average will begin to be calculated after at least two end-of-rotation exams and the end of each semester.) Notification of a deficiency in the overall grade will be reviewed by faculty and communicated with students at the end of each semester/session. In the event that you fail an end of rotation examination but retake and pass the exam, your exam score of record will be 76%.

H&P’s, SOAP notes & Brief Operative Notes

In order to receive a Pass grade, one H&P (that represents typical work from your rotation) or one SOAP note, plus one brief operative note or preoperative orders for surgical rotations must be uploaded to Typhon at the end of the rotation. You must keep up to date with your skills and case tracking in the Typhon system because you are required to print a copy of the Case Log Totals, review
this copy with the preceptor on the last day of the rotation, have the preceptor sign the copy and return the original to the Clinical Coordinator Staff during a back to campus week.

**REMEDICATION DURING THE CLINICAL YEAR**

Each student must achieve a level of success as outlined above. Remediation of a failing grade (less than 76%) of an end of rotation exam is left to the discretion of the Clinical Coordinator. **If a student is allowed to re-take an exam, a grade of no higher than 76% will replace the failing grade.**

There is no opportunity to retake an exam for the sole purpose of improving your grade average. Therefore, it is important to prepare for each exam. Once you receive a score for an exam there is no opportunity to remove, replace or improve upon that score.

If your average remains below 82%, and it is mathematically impossible to raise your grade to the necessary standard, there is no opportunity for remediation. Therefore it is very important to honestly evaluate the probability of success after each exam.

**END OF ROTATION EXAMS**

End of Rotation Examinations are computer based and are written by the Physician Assistant Education Association. Examinations are scheduled by the Clinical Coordinator who will inform students when the examinations will be held.

The following examination core tasks and objectives has been taken from [www.endofrotation.org/exams/core-tasks-objectives](http://www.endofrotation.org/exams/core-tasks-objectives) (downloaded 01/06/2017) and is quoted verbatim:

“**All end of rotation examinations assess the following tasks and objectives as they apply to each specific examination topic list. Students should have an understanding of each of the following areas as they relate to the specific medical conditions noted on the seven individual end of rotation examination topic lists:**

- History taking & physical examination
- Diagnostic studies
- Diagnosis
- Health maintenance
- Clinical intervention
- Clinical therapeutics
- Scientific concepts

**History Taking and Physical Examination**

- Identify elements of, and need for, comprehensive and focused interviews appropriate for the age and gender of the patient, reason for visit, urgency of the problem and patient’s ability to provide history.
- Recognize and interpret* pertinent historical information.
- Identify history commonly associated with specific medical conditions.
- Identify elements of, and need for, comprehensive and focused physical examinations appropriate for the age and gender of the patient, reason for visit, urgency of the problem and patient’s ability to participate in the examination.
- Identify required techniques in the physical examination.
• Recognize and interpret pertinent physical examination findings when presented in written or illustrated form.
• Determine the need for other resources (e.g. past records, consultation, other members of the health care team, etc.) to expand knowledge of the patient’s history.
• Interpret history and physical examination findings in order to differentiate one disorder from another.

*interpret means to determine if normal or abnormal, or determine the meaning of the finding relative to pathophysiologic processes and disease.

Diagnostic Studies
• Demonstrate knowledge of appropriate patient and family education related to laboratory and diagnostic studies.
• Identify techniques and potential complications for common diagnostic procedures.
• Select the appropriate initial and subsequent laboratory and diagnostic studies based upon initial impressions determined from the history and physical examination or germane to the health screening situation.
• Identify the indications for specific laboratory and diagnostic studies.
• Identify risks associated with laboratory and diagnostic studies.
• Recognize normal and abnormal values for routine laboratory and diagnostic studies.
• Interpret the results of routine laboratory and diagnostic studies.
• Select appropriate laboratory and diagnostic testing by considering and evaluating the cost, probable yield, invasiveness, and contraindications of laboratory and diagnostic studies.
• Determine if and when additional diagnostic studies are required.
• Identify laboratory and clinical studies considered to be the best for the diagnosis of certain conditions.

Diagnosis
• Determine a differential diagnosis based upon historical information, physical examination findings, and laboratory and diagnostic study findings.
• Select the most likely diagnosis based upon historical information, physical examination findings, and laboratory and diagnostic study findings.

Health Maintenance
• Determine appropriate counseling, as well as patient and family education, related to preventable diseases, communicable diseases, immunization schedules and healthy lifestyles.
• Determine the appropriate history and physical examination in screening an asymptomatic patient during well care visits based on age.
• Recognize risk factors for conditions amenable to prevention or detection in an asymptomatic individual.
• Recognize the impact of stress on health and the psychological manifestations of illness and injury.
• Recognize the effects of aging and family roles on health.
• Recognize the impact of environmental and occupational exposures on health.
• Recognize the signs and symptoms of abuse and neglect and the indications for intervention and referral.
• Identify common barriers to care.
• Identify the risks and benefits of immunizations.
• Select the appropriate laboratory and diagnostic screening studies and identify normal ranges.
• Identify growth and human development milestones.
• Match anticipatory guidance to the appropriate age level and to the sequelae it intends to prevent.

Clinical Intervention
• Select the application or technique required for common clinical interventions. Identify appropriate monitoring for patients after interventions, including checking for compliance, adverse events, and effectiveness.
• Recognize appropriate counseling and patient and family education related to clinical interventions.
• Identify proper referral strategies for patients to other services for clinical intervention as appropriate.
• Determine appropriate follow up from referrals.
• Select a clinical intervention plan which is consistent with the working diagnosis. Prioritize clinical interventions in emergent, acute and chronic care situations.
• Evaluate the severity of patient condition in terms of need for medical and/or surgical referral, admission to the hospital or other appropriate setting.
• Determine appropriate surgical treatment and post-surgical/post-procedural management.
• Identify potential complications of specific clinical interventions and procedures.
• Recognize appropriate plans for patient discharge as well as appropriate medical, surgical, and rehabilitation follow up.
• Select non-pharmacologic modalities (e.g. physical therapy, surgery, counseling) to integrate into patient management plans.

Clinical Therapeutics
• Identify appropriate counseling and patient and family education related to a clinical therapeutic agent including drug-drug interactions.
• Identify key safety factors related to the administration of medications (oral, topical, sublingual, subcutaneous, intramuscular, rectal, otologic, vaginal and ophthalmic).
• Recognize appropriate plans to monitor pharmacotherapy, checking for compliance, side effects, adverse reactions, and effectiveness.
• Select a clinical therapeutic plan that considers the cost, efficacy, possible adverse reactions, contraindications, and drug interactions for medications selected.
• Recognize the pharmacokinetic properties, indications and contraindications for the use of pharmacologic agents. Apply this knowledge to the safe and effective selection and administration of medications.
• Identify side effects, adverse reactions, contraindications, precautions, therapeutic effects and dosing of the major classes of clinically important drugs and commonly used medications.
• Identify the risks for, and signs and symptoms of, drug interactions resulting from polypharmacy in the therapeutic regimen.
• Recognize the appropriate actions to take in response to acute specific drug toxicity.
• Modify therapeutic regimens within the context of continuing care.

Scientific Concepts
• Apply basic sciences (anatomy, physiology, microbiology, genetics, etc.) to the diagnosis and management of specific medical conditions.
• Recognize associations of disease conditions and complications through application of scientific concepts.
• Demonstrate understanding of concepts of public health in the management of the population’s and an individual patient’s health and well-being, as well as disease. Identify underlying processes or pathways responsible for a specific condition or disease.”

RECOMMENDED TEXTS

INTERNAL MEDICINE
Current Medical Diagnosis and Treatment
Cecil Textbook of Medicine
Tarascon Pocket Pharmacopoeia current edition

WOMEN’S HEALTH ROTATION
Obstetrics & Gynecology - Beckman

PEDIATRIC MEDICINE ROTATION
Nelson Essentials of Pediatrics – Behrman & Kliegman (current edition)

FAMILY MEDICINE ROTATION
Essentials of Family Practice – Sloane (current edition)

PSYCHIATRIC MEDICINE ROTATION

SURGERY ROTATION
Blueprints Clinical Cases in Surgery: recommended
Essentials of General Surgery by Peter F. Lawrence MD strongly recommended

EMERGENCY MEDICINE ROTATION
Emergency Medicine: A Comprehensive Study Guide - By Tintinalli

Course Syllabi

MDSC 6810 – Professional Field Experience: Women’s Health

Course Information
Semester: All
Meeting Days: Determined by the rotation preceptor
Location: Determined by the rotation preceptor

Instructor Information
Course Instructor: Kathy Tuinhoff, MS, PA-C
Office: CHHS 3438
Phone Number: 269-387-6415
Office Hours: Tuesday through Friday by appointment

**Textbooks**
WOMEN’S HEALTH ROTATION
Obstetrics & Gynecology - Beckman

**Course Description**
This course will place the student in a structured obstetrics/gynecology medicine clinical rotation under the direct supervision of a qualified preceptor. Students are expected to become proficient with a variety of clinical presentations and procedures, and develop competence in diagnosing, evaluating, monitoring, counseling, treating, educating, and/or referring patients, subject to site limitations. Selected readings will be assigned. These readings may change to reflect current medical literature.

It is the mission of Western Michigan University’s Physician Assistant Department to prepare generalist Physician Assistants. To fulfill this mission, it is necessary that the student develop the skills necessary to organize, evaluate the significance of, and prioritize clinical information. Utilizing the principles of health promotion, disease prevention, and medical knowledge, they will be able to formulate a useful plan of evaluation, management and patient education.

Many problems encountered in primary care involve the principles and concepts of obstetrics and gynecology. For this reason, a rotation in obstetrics and gynecology is required. The following list of instructional objectives is provided for the use of the student and preceptor, and is intended to serve as a guideline.

**Course Objectives**
Objectives in Section A and B are common to all rotations. Section C contains additional guidelines specifically related to obstetrics and gynecology.

The objectives from Section A and B must be successfully completed during the rotation. It is understood that the unique characteristics of a rotation site may preclude the achievement of certain specific guidelines from Section C due to circumstances beyond the control of the department, the student, or the preceptor. The list of procedures is also intended to serve only as a guide in determining what types of procedures the student may learn to perform. The list should not be viewed as all-inclusive, nor is the completion of each procedure a requirement to pass the rotation.

The self-study reading list for the rotation may be utilized by the student and preceptor as a topic list upon which to focus the student’s attention.

**MK= medical knowledge; IC= interpersonal and communication skills; PC= patient care; P= professionalism; PBL= practice based learning; SBP= systems based practice**

Section A
Basic Objectives and Problem Solving:
The student is required to upload to Typhon one complete History and Physical Exam representing his/her work on this rotation. These will be reviewed in Typhon. The department requires the preceptor to submit a student evaluation and a signed Typhon student log at the end of the rotation.

In order for the student to learn the evaluation and management of a wide range of patient problems, it is essential that the student meet the following objectives:

6810-1-01 **MK, IC, PC** The student will demonstrate/recall an adequate medical knowledge base. The student will apply and relate this knowledge to patients and their clinical presentations.

6810-1-02 **IC** The student will collect and record complete histories.

6810-1-03 **MK, PC, P** The student will accurately perform and record physical examinations. These examinations will include genital, rectal, pelvic, or breast exam when appropriate.

6810-1-04 **MK, PC** The student will formulate and record an accurate problem list, organize & assimilate data, and develop an appropriate differential diagnosis.

6810-1-05 **PC** The student will learn the fundamentals of new procedures and perform procedures with preceptor supervision.

6810-1-06 **MK, PC** The student will interpret the results of diagnostic tests and correlate them with the patient’s problems.

6810-1-07 **MK, IC** The student will be able to summarize and articulate pertinent patient data in a concise and accurate manner.

6810-1-08 **MK, PC** With the preceptor’s approval, the student will develop an appropriate treatment plan and write orders to initiate the treatment.

6810-1-09 **MK, IC, PC** The student will develop and record progress notes.

6810-1-10 **MK, IC, PC, P** The student will demonstrate competence in the ability to counsel patients and their families as to the identification of health risk factors and educate them in the activities which enhance health promotion and disease prevention.

6810-1-11 **MK, P** The student will demonstrate adequate precautions to avoid the spread of infectious diseases.

6810-1-12 **PC** The student will become familiar with community resources appropriate for the obstetric/gynecologic patient.

Section B
Objectives for Professional Demeanor:

6810-1-13 **P** The student will demonstrate a positive attitude toward learning, being available for learning activities and attentive to instruction.
The student will respect the cultural diversity of staff, patients, and their families.

The student will establish good rapport with medical staff personnel, and work within the team model of medical practice.

The student will demonstrate strong communication skills and develop rapport with patients.

The student will act within the Physician Assistant professional code as described in the “Code of Ethics of the PA Profession” found in the Student Handbook.

The student will recognize and respect patient rights to autonomy and confidentiality.

The student will perform all assigned duties reliably and competently. The student will demonstrate an awareness of his/her professional role and limitations.

Section C
Guidelines for specific OB/GYN Clinical Experiences:

The student will perform a History and Physical Exam, and record findings for a female patient accurately performing a PAP smear and pelvic, breast, and rectal examinations.

The student will instruct a patient in Self Breast Examination.

The student will be able to advise the patient of current cancer screening guidelines that relate to the female patient.

The student will formulate differential diagnoses based on an understanding of the unique physiology and chemistry of the female body.

The student will assess, and know the treatment for, pathologic conditions common to female geriatric patients.

The student will evaluate a patient’s need for birth control and recommend an appropriate form to the preceptor.

The student will be able to properly educate patients regarding healthy lifestyles, weight, substance abuse, smoking, cancer screening, STD prevention, HRT, and osteoporosis.

The student will evaluate prenatal patients and provide appropriate guidelines for prenatal care, postnatal care, risk factor education, health promotion, disease prevention as well as identifying high risk pregnancies.

The student will access the physical findings on prenatal exam and provide appropriate prenatal care to ensure the wellbeing of both the mother and child.
6810-1-29 **MK, PC** The student will accurately determine normal and abnormal labor patterns.

6810-1-30 **MK, PC** The student will measure fetal condition during labor and delivery through the use of both clinical and instrumental monitoring methods.

6810-1-31 **PC** The student will assist the physician with deliveries if the opportunity arises.

6810-1-32 **PC** Following adequate instruction and experience, with the preceptor in attendance, the student will perform an uncomplicated spontaneous, vaginal delivery if the occasion arises.

6810-1-33 **MK, PC** The student will evaluate the newborn using the APGAR scoring system. The student will evaluate the post-partum mother and advise treatment for post-partum problems.

6810-1-34 **MK, PC** The student will create a plan to address the psychological needs of a patient.

6810-1-38 **MK, PC** The student will learn to perform the following basic procedures with the preceptor’s guidance and approval:

- Venipuncture
- Initiate IV therapy
- PAP smears
- Wet mount and KOH preparation and analysis
- Specimen collection
- Administration of parenteral medications
- Suturing
- Fitting of diaphragms
- IUD placement and removal
- Urethral catheterization
- Colposcopy
- Cryosurgery or LEEP procedure
- Ultrasonography
- Locating fetal heart tones
- Fetal monitor application
- Fetal monitor tracing interpretation
- Infant resuscitation
- Episiotomy incision
- Episiotomy repair

The student will complete reading assignments as directed by the preceptor and/or instructor.

**Class Polices**

**Attendance:** Attendance has been shown historically to be a strong predictor of success in clinical course work and is therefore mandatory. If required by the preceptor, students shall take after hours call and be available to work during second and third shift work times. Any absence from a clinical rotation due to illness or sudden unforeseen event will be excused at the discretion of the Clinical Coordinator if the student has immediately informed the Clinical Coordinator via email of the absence. Planned absences must be requested of the Clinical Coordinator via email and shall be reviewed on an individual basis.
**Make-up and late work:** A make-up End of Rotation Examination is not a student right. Written documentation of an excused absence will be required for a make-up exam. (Policy PA-011)

**Academic Honesty:** You are responsible for making yourself aware of and understanding the policies and procedures in the Graduate Catalog (http://www.osc.wmich.edu/academicintegrity/catalog.html) that pertain to Academic Integrity. These policies include cheating, fabrication, falsification and forgery, multiple submission, plagiarism, complicity and computer misuse. If there is reason to believe you have been involved in academic dishonesty, you will be referred to the Office of Student Judicial Affairs. You will be given the opportunity to review the charge(s). If you believe you are not responsible, you will have the opportunity for a hearing. You should consult with me if you are uncertain about an issue of academic honesty prior to the submission of an assignment or test. Any violation of this policy will result in failing grade for that test/assignment and possible dismissal from the program. Any online quizzes must be completed individually. Sharing the quiz process in any fashion with another student is an academic integrity violation.

**Accommodation for Disabilities:** Any student with a documented disability (e.g. physical, learning, psychiatric, vision, hearing, etc), who needs to arrange reasonable accommodations must contact the Office of Disabled Student Resources and Services 387-2116 (http://dsrs.wmich.edu) at the beginning of the semester. A disability determination must be made by this office before any accommodations are provided by the instructor.

**Religious Observances Policy:** It is the Universities intent that students who must be absent from scheduled classes to fulfill religious obligations or observe practices associated with their faith not be disadvantaged. However, it is the student’s responsibility to make arrangements with his/her instructors in advance. It is in the student’s best interest to approach each instructor expeditiously and with sufficient notice that the rights and responsibilities of the instructor are not disrupted. (MOA-07/02)

**Grading:**
Any unsatisfactory rating on the preceptor evaluation of the student results in a rotation failure. Failure of a required rotation will cause the student to sacrifice an elective rotation in order to repeat the failed required rotation. If the student has no elective rotations to sacrifice, the student will be decelerated and required to repeat and successfully pass the rotation. Two rotation failures during the clinical year will result in an academic review. An End of Rotation Examination in Women’s Health is administered after completion of the rotation. A score of 76% or greater on this examination is required to pass the clinical rotation. Two attempts to pass the End of Rotation Examination will be allowed, however, the maximum score recorded will be 76%. If the student fails both attempts, an academic review will take place.

Rotations are graded Pass/Fail. In order to receive a grade, the student must successfully pass the End of Rotation Examination, upload a History & Physical Examination to Typhon, complete a site evaluation and a preceptor evaluation in Typhon, and return to the department a rotation Typhon log signed by the preceptor and a preceptor evaluation of student containing no unsatisfactory scores.

**Tests:**
Students will complete an End of Rotation Examination for each required rotation. These examinations will be completed during back to campus weeks. Extra examination times may be added by the Clinical Coordinator.
Students are responsible for making themselves aware of and understanding the University policies and procedures that pertain to Academic Honesty. These policies include cheating, fabrication, falsification and forgery, multiple submission, plagiarism, complicity and computer misuse. The academic policies addressing Student Rights and Responsibilities can be found in the Graduate Catalog at [http://catalog.wmich.edu/content.php?catoid=25&navoid=1030](http://catalog.wmich.edu/content.php?catoid=25&navoid=1030). If there is reason to believe you have been involved in academic dishonesty, you will be referred to the Office of Student Conduct. You will be given the opportunity to review the charge(s) and if you believe you are not responsible, you will have the opportunity for a hearing. You should consult with your instructor if you are uncertain about an issue of academic honesty prior to the submission of an assignment or test.

Students and instructors are responsible for making themselves aware of and abiding by the “Western Michigan University Sexual and Gender-Based Harassment and Violence, Intimate Partner Violence, and Stalking Policy and Procedures” related to prohibited sexual misconduct under Title IX, the Clery Act and the Violence Against Women Act (VAWA) and Campus Safe. Under this policy, responsible employees (including instructors) are required to report claims of sexual misconduct to the Title IX Coordinator or designee (located in the Office of Institutional Equity). Responsible employees are not confidential resources. For a complete list of resources and more information about the policy see [www.wmich.edu/sexualmisconduct](http://www.wmich.edu/sexualmisconduct).

In addition, students are encouraged to access the Code of Conduct, as well as resources and general academic policies on such issues as diversity, religious observance, and student disabilities:

- **Office of Student Conduct** [www.wmich.edu/conduct](http://www.wmich.edu/conduct)
- **Division of Student Affairs** [www.wmich.edu/students/diversity](http://www.wmich.edu/students/diversity)
- **University Relations Office** [http://www.wmich.edu/registrar/calendars/interfaith](http://www.wmich.edu/registrar/calendars/interfaith)
- **Disability Services for Students** [www.wmich.edu/disabilityservices](http://www.wmich.edu/disabilityservices)

**MDSC 6810 Reading Guide**

The following list is a topical guide to your reading while on your OB/GYN clerkship. This list is not intended to limit your reading, but to insure, at a minimum, that these topics are covered. Topics such as these will be covered in the end-of-clerkship examination. It is not necessary to use a special text; however, exam questions will be referenced to Beckman’s current edition, *Obstetrics and Gynecology*. During your clerkship, the focus of your reading should be a review of the pathology/physiology and an in-depth study of patient education, disease prevention, the clinical presentation, and treatment. Topics include, but are not limited to those listed below:

**SELECTED OB/GYN DISORDERS**

1. Understand the causes and/or underlying processes of the following selected disorders as they relate to clinical care.
2. Relate anatomy to issues of clinical significance.
3. Identify the pertinent history and physical findings of the following selected disorders.
4. Recognize patterns of findings associated with these disorders.
5. Select appropriate laboratory and other diagnostic studies pertinent to the following selected disorders and know how to interpret the results.
6. Develop a working differential diagnosis for typical gynecological clinical presentations.
a. Abnormal uterine bleeding
b. Amenorrhea
c. Infertility
d. Hirsutism
e. Pelvic Pain
f. Vaginal Discharge
g. Breast mass
h. Nipple discharge

7. Know the treatment for the selected disorders and develop management plans for each, including follow-up plans.

8. Understand the causes and/or underlying processes of the following selected disorders as they relate to clinical care.

9. Relate anatomy to issues of clinical significance.

10. Identify the pertinent history and physical findings of the following selected disorders.

11. Recognize patterns of findings associated with these disorders.

12. Select appropriate laboratory and other diagnostic studies pertinent to the following selected disorders and know how to interpret the results.

13. Develop a working differential diagnosis for typical gynecological clinical presentations.
   a. Abnormal uterine bleeding
   b. Amenorrhea
c. Infertility
d. Hirsutism
e. Pelvic Pain
f. Vaginal Discharge
g. Breast mass
h. Nipple discharge

14. Know the treatment for the selected disorders and develop management plans for each, including follow-up plan.

SELECTED DISORDERS IN GYNECOLOGY:

I. REPRODUCTIVE ENDOCRINOLOGY
   A. Menstrual Disorders
      1. Dysmenorrhea
      2. Premenstrual Syndrome
      3. Dysfunctional Uterine Bleeding
      4. Amenorrhea
   B. Infertility
   C. Life Cycle Disorders
      1. Abnormalities of Puberty
      2. Abnormalities of Menopause
   D. Hirsutism and Virilization

II. ENDOMETRIOSIS

III. INFECTIOUS DISEASES
   A. Vaginitis
B. Cervicitis
C. Metritis
D. Pelvic Inflammatory Disease (PID)
E. Sexually Transmitted Diseases
F. Bartholin’s Abscess

**IV. NEOPLASIAS**
A. Gestational Trophoblastic Neoplasia
B. Vulvar and Vaginal Neoplasia
C. Cervical Dysplasia and Carcinoma
D. Uterine Leiomyoma
E. Uterine Neoplasia
F. Endometrial Hyperplasia and Cancer
G. Ovarian Cysts
H. Ovarian Cancer

**V. FUNCTIONAL GYNECOLOGICAL DISEASE**
A. Pelvic Relaxation
B. Uterine Prolapse
C. Cystocele
D. Rectocele

**VI. BREAST DISORDERS**
A. Abscess
B. Mastitis
C. Fibrocystic Disease
D. Fibroadenoma
E. Breast Cancer
F. Galactorrhea

**SELECTED DISORDERS IN OBSTETRICS:**

1. **ABNORMAL PREGNANCY**
A. Ectopic Pregnancy
B. Spontaneous Abortion
C. Gestational Diabetes Mellitus
D. Hypertension in Pregnancy
   (1) Pre-eclampsia
   (2) Eclampsia
E. Multifetal Gestation
F. Fetal Growth Abnormalities
G. Third Trimester Bleeding
   (1) Abruptio placentae
   (2) Placenta previa
H. Post Term Pregnancy
I. Isoimmunization
II. ABNORMAL LABOR AND DELIVERY
   A. Dystocia
   B. Preterm Labor
   C. Premature Rupture of Membranes
   D. Fetal Distress
   E. Post-Partum Hemorrhage
   F. Post-Partum Infection

ROUTINE OB/GYN CARE

I. APPROACH TO FEMALE PATIENT – HEALTH MAINTENANCE
   A. Understand indications, health maintenance schedules and risk surveillance for female health in
      the following age groups:
      1. Adolescence
      2. Child Bearing Years
      3. Postmenopausal
         a. Know normal findings in the menopausal woman
         b. Approach to Hormone Replacement Therapy

II. NORMAL PREGNANCY
   A. Know how to manage standard care during a routine pregnancy, including risk factor
      identification, schedules for screening and intervention.
   B. Know how to make the diagnosis of pregnancy

III. NORMAL LABOR AND DELIVERY
   A. Know the normal management of the following
      1. Evaluation for Labor
      2. Stages and Management of Labor
      3. Intrapartum Fetal Surveillance
      4. Postpartum Care

IV. CONTRACEPTION
   A. Know the indications, contraindications, management of side effects and risks of the following:
      1. Hormonal Methods
      2. IUD
      3. Barrier Methods
      4. Natural Family Planning

V. VIOLENCE AGAINST WOMEN
   A. Know the screening protocols, risk factors and management of intimate partner violence.
   B. Know what is involved in the sexual assault exam and counseling.

VI. HUMAN SEXUALITY
   A. Know an approach to discussing and managing the following issues:
      1. Sexual Preference
      2. Sexual Dysfunction
List of Selected Disorders in OB/GYN

REPRODUCTIVE ENDOCRINOLOGY
Menstrual Disorders
   Dysmenorrhea
   Premenstrual Syndrome
   Dysfunctional Uterine Bleeding
   Amenorrhea
Infertility
Life Cycle Disorders
   Abnormalities of Puberty
   Abnormalities of Menopause
   Hirsuitism and Virilization

ENDOMETRIOSIS

INFECTIOUS DISEASES
   Vaginitis
   Cervicitis
   Metritis
   Pelvic Inflammatory Disease (PID)
   Sexually Transmitted Diseases
   Bartholin’s Abscess

NEOPLASIAS
   Gestational Trophoblastic Neoplasia
   Vulvar and Vaginal Neoplasia
   Cervical Dysplasia and Carcinoma
   Uterine Leiomyoma
   Uterine Neoplasia
   Endometrial Hyperplasia and Cancer
   Ovarian Cysts
   Ovarian Cancer

FUNCTIONAL GYNECOLOGICAL DISEASE
   Pelvic Relaxation
   Uterine Prolapse
   Cystocele
   Rectocele

BREAST DISORDERS
   Abscess
   Mastitis
   Fibrocystic Disease
   Fibroadenoma
   Breast Cancer
   Galactorrhea
SELECTED DISORDERS IN OBSTETRICS:

ABNORMAL PREGNANCY
- Ectopic Pregnancy
- Spontaneous Abortion
- Gestational Diabetes Mellitus
- Hypertension in Pregnancy
  - Pre-eclampsia
  - Eclampsia
- Multifetal Gestation
- Fetal Growth Abnormalities
- Third Trimester Bleeding
  - Abruptio placentae
  - Placenta previa
- Post Term Pregnancy
- Isoimmunization

ABNORMAL LABOR AND DELIVERY
- Dystocia
- Preterm Labor
- Premature Rupture of Membranes
- Fetal Distress
- Post-Partum Hemorrhage
- Post-Partum Infection

This space intentionally left blank.
## GYNECOLOGY

### NEOPLASMS
- Ovarian neoplasms
- Cervical carcinoma
- Cervical dysplasia
- Breast cancer
- Endometrial cancer
- Vaginal/vulvar neoplasms

### STRUCTURAL ABNORMALITIES
- Cystocele
- Uterine prolapse
- Rectocele
- Ovarian torsion

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

### OTHER
- Contraceptive methods
- Endometriosis
- Ovarian cyst
- Leiomyoma
- Spouse or partner neglect/violence
- Sexual assault
- Urinary incontinence
- Infertility

### DISORDERS OF THE BREAST
- Breast abscess
- Breast fibroadenoma
- Fibrocystic disease
- Mastitis

### INFECTIONS
- Vaginitis (trichomoniasis, bacterial vaginosis, atrophic vaginitis, candidiasis)
- Cervicitis (gonorrhea, chlamydia, herpes simplex, human papilloma virus)
- Pelvic Inflammatory disease
- Syphilis
- Chancroid
- Lymphogranuloma venereum
# Women’s Health End of Rotation™ Exam Topic List

## OBSTETRICS

<table>
<thead>
<tr>
<th>PREGNATAL CARE/NORMAL PREGNANCY</th>
<th>LABOR AND DELIVERY COMPLICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prenatal diagnosis/care</td>
<td>Dystocia</td>
</tr>
<tr>
<td>Normal labor &amp; delivery (stages, duration, mechanism of delivery, monitoring)</td>
<td>Fetal distress</td>
</tr>
<tr>
<td>Physiology of pregnancy</td>
<td>Premature rupture of membranes</td>
</tr>
<tr>
<td>Fetal position</td>
<td>Prolapsed umbilical cord</td>
</tr>
<tr>
<td>Multiple gestation</td>
<td>Preterm labor</td>
</tr>
<tr>
<td>APGAR scoring</td>
<td>Breech presentation</td>
</tr>
</tbody>
</table>

## PREGNANCY COMPLICATIONS

<table>
<thead>
<tr>
<th>POSTPARTUM CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abortion</td>
</tr>
<tr>
<td>Abruptio placentae</td>
</tr>
<tr>
<td>Ectopic pregnancy</td>
</tr>
<tr>
<td>Incompetent cervix</td>
</tr>
<tr>
<td>Placenta previa</td>
</tr>
<tr>
<td>Gestational diabetes</td>
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<tr>
<td>Pregnancy induced hypertension</td>
</tr>
<tr>
<td>Preeclampsia/eclampsia</td>
</tr>
<tr>
<td>Gestational trophoblastic disease (molar pregnancy, choriocarcinoma)</td>
</tr>
<tr>
<td>Rh-incompatibility</td>
</tr>
</tbody>
</table>

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Taken from http://www.endofrotation.org/exams/sample-exam  7/7/2016
# Women's Health End of Rotation™ Exam Blueprint

<table>
<thead>
<tr>
<th></th>
<th>History &amp; Physical</th>
<th>Diagnostic Studies</th>
<th>Diagnosis</th>
<th>Health Maintenance</th>
<th>Clinical Intervention</th>
<th>Clinical Therapeutics</th>
<th>Scientific Concepts</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GYNECOLOGY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Neoplasms</td>
<td>(10%)</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Menstruation</td>
<td>(15%)</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Disorders of the breast</td>
<td>(9%)</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Infections</td>
<td>(12%)</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Structural abnormalities</td>
<td>(5%)</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>(5%)</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>OBSTETRICS</strong></td>
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<td></td>
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<tr>
<td>Prenatal care/normal pregnancy</td>
<td>(16%)</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Pregnancy complications</td>
<td>(15%)</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Labor &amp; delivery complications</td>
<td>(8%)</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Postpartum care</td>
<td>(6%)</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>(100%)</td>
<td>15</td>
<td>10</td>
<td>25</td>
<td>10</td>
<td>10</td>
<td>20</td>
<td>10</td>
</tr>
</tbody>
</table>

Taken from http://www.endofrotation.org/exams/sample-exam 7/7/2016
MDSC 6820 – Professional Field Experience: Pediatrics

Course Information
Semester: All
Meeting Days: Determined by the rotation preceptor
Location: Determined by the rotation preceptor

Instructor Information
Course Instructor: Kathy Tuinhoff, MS, PA-C
Office: CHHS 3438
Phone Number: 369-387-6415
Office Hours: Tuesday through Friday by appointment

Textbooks
PEDIATRIC MEDICINE ROTATION
Nelson Essentials of Pediatrics – Behrman & Kliegman (current edition)

Course Description
This course will place the student in a structured pediatric clinical rotation under the direct supervision of a qualified preceptor. Students are expected to become proficient with a variety of clinical presentations and procedures, and develop competence in diagnosing, evaluating, monitoring, counseling, treating, educating, and/or referring patients, subject to site limitations. Selected readings will be assigned. These readings may change to reflect current medical literature.

It is the mission of Western Michigan University’s Physician Assistant Department to prepare generalist Physician Assistants. To fulfill this mission, it is necessary that students develop the skills necessary to organize, evaluate the significance of, and prioritize clinical information. Utilizing the principles of health promotion, disease prevention, and medical knowledge, they will be able to formulate a useful plan of evaluation, management and patient education.

Pediatrics is an integral part of primary care. For this reason, a rotation in pediatrics is required. The following list of instructional objectives is provided for the use of the student and preceptor, and is intended to serve as a guideline.

Course Objectives
Objectives in Section A and B are common to all rotations. Section C contains additional guidelines specifically related to pediatrics.

The objectives from Section A and B must be successfully completed during the rotation. It is understood that the unique characteristics of a rotation site may preclude the achievement of certain specific guidelines from Section C due to circumstances beyond the control of the department, the student, or the preceptor. The list of procedures is intended to serve only as a guide in determining what types of procedures the student may learn to perform. The list should not be viewed as all-inclusive, nor is the completion of each procedure a requirement to pass the rotation.

The self-study reading list for the rotation may be utilized by the student and the preceptor as a topic list upon which to focus the student’s attention.
Section A

Basic Objectives and Problem Solving:
The student is required to upload to Typhon one complete History and Physical Exam representing his/her work on this rotation. These will be reviewed in Typhon. The department requires the preceptor to submit the student evaluation with a signed Typhon student log at the end of the rotation.

In order for the student to learn the evaluation and management of a wide range of patient problems, it is essential that the student meet the following objectives:

6820-1-01 **MK, IC, PC** The student will demonstrate/recall an adequate medical knowledge base. The student will apply and relate this knowledge to patients and their clinical presentations.

6820-1-02 **IC** The student will collect and record complete histories.

6820-1-03 **MK, PC ,P** The student will accurately perform and record physical examinations. These examinations will include genital, rectal, pelvic, or breast exam when appropriate.

6820-1-04 **MK, PC** The student will formulate and record an accurate problem list, organize & assimilate data, and develop an appropriate differential diagnosis.

6820-1-05 **PC** The student will learn the fundamentals of new procedures and perform procedures with preceptor supervision.

6820-1-06 **MK, PC** The student will interpret the results of diagnostic tests and correlate them with the patient’s problems.

6820-1-07 **MK, IC** The student will be able to summarize and articulate pertinent patient data in a concise and accurate manner.

6820-1-08 **MK, PC** With the preceptor’s approval, the student will develop an appropriate treatment plan and write orders to initiate the treatment.

6820-1-09 **MK, IC, PC** The student will develop and record progress notes.

6820-1-10 **MK, IC, PC, P** The student will demonstrate competence in the ability to counsel patients and their families as to the identification of health risk factors and educate them in the activities which enhance health promotion and disease prevention.

6820-1-11 **MK, P** The student will demonstrate adequate precautions to avoid the spread of infectious diseases.

6820-1-12 **PC** The student will become familiar with community resources appropriate for the pediatric patient.
Section B

Objectives for Professional Demeanor:

6820-1-13 **P** The student will demonstrate a positive attitude toward learning, being available for learning activities and attentive to instruction.

6820-1-14 **P** The student will respect the cultural diversity of staff, patients, and their families.

6820-1-15 **P, IC, PC** The student will establish good rapport with medical staff personnel, and work within the team model of medical practice.

6820-1-16 **P, IC, PC** The student will demonstrate strong communication skills and develop rapport with patients.

6820-1-17 **P** The student will act within the Physician Assistant professional code as described in the “Code of Ethics of the PA Profession” found in the Student Handbook.

6820-1-18 **P, PC, IC** The student will recognize and respect patient rights to autonomy and confidentiality.

6820-1-19 **P** The student will perform all assigned duties reliably and competently. The student will demonstrate an awareness of his/her professional role and limitations.

Section C

Guidelines for Specific Pediatric Clinical Experiences:

6820-1-20 **MK, PC, IC** The student will perform a History and Physical Exam, and record findings for a newborn infant and, if available on rotation site, a History and Physical for each pediatric age group.

6920-1-21 **MK, PC** The student will develop knowledge of basic growth and development for each pediatric age group.

6920-1-22 **MK, PC** The student will perform age-specific exams, demonstrate knowledge of normal history and physical findings and the immunization schedule for each age group.

6920-1-23 **MK, PC** The student will develop an understanding of the unique nutritional requirements for each pediatric age group.

6920-1-24 **MK, PC** The student will learn to recognize and assess the common medical problems in specific organ systems unique to the pediatric age group.

6920-1-25 **MK, PC** The student will learn the diagnostic procedures, pharmacotherapeutics and treatments for the pediatric problems encountered during the rotation.
6920-1-26 MK, PC The student will learn hospital nursery protocol, emphasizing proper aseptic techniques.

6920-1-27 MK, PC, IC, P The student will develop knowledge of and participate in counseling of pediatric patients and their families.

6920-1-28 MK, PC The student will develop knowledge of and participate in emergency pediatric care if available.

6920-1-29 MK, PC The student will be able to perform an adequate pediatric evaluation and a developmental assessment on the various age groups in the pediatric population.

6920-1-30 MK The student will understand the common genetic disorders as the disorder pertains to the pediatric population.

6920-1-31 MK, PC The student will gain knowledge in and recognize the appropriate screening and diagnostic tests specific to the clinical medicine in the pediatric population.

6920-1-32 MK, PC The student will learn to perform or assist, with the preceptor’s guidance and approval, the following procedures if they are available at the rotation site:

- audiometry
- visual screening
- pneumatic tympanic membrane testing
- lumbar puncture
- blood sample collection
- intravenous therapy
- cleansing of external ear canal
- obtaining throat cultures
- administration of immunizations
- administration of allergy injection

Class Policies

**Attendance:** Attendance has been shown historically to be a strong predictor of success in clinical course work and is therefore mandatory. If required by the preceptor, students shall take after hours call and be available to work during second and third shift work times. Any absence from a clinical rotation due to illness or sudden unforeseen event will be excused at the discretion of the Clinical Coordinator if the student has immediately informed the Clinical Coordinator via email of the absence. Planned absences must be requested of the Clinical Coordinator via email and shall be reviewed on an individual basis.

**Make-up and late work:** A make-up End of Rotation Examination is not a student right. Written documentation of an excused absence will be required for a make-up exam. (Policy PA-011)

**Academic Honesty:** You are responsible for making yourself aware of and understanding the policies and procedures in the Graduate Catalog (http://www.osc.wmich.edu/academicintegrity/catalog.html) that pertain to Academic Integrity. These policies include cheating, fabrication, falsification and forgery, multiple submission, plagiarism, complicity and computer misuse. If there is reason to believe
you have been involved in academic dishonesty, you will be referred to the Office of Student Judicial Affairs. You will be given the opportunity to review the charge(s). If you believe you are not responsible, you will have the opportunity for a hearing. You should consult with me if you are uncertain about an issue of academic honesty prior to the submission of an assignment or test. Any violation of this policy will result in failing grade for that test/assignment and possible dismissal from the program. Any online quizzes must be completed individually. Sharing the quiz process in any fashion with another student is an academic integrity violation.

Accommodation for Disabilities: Any student with a documented disability (e.g. physical, learning, psychiatric, vision, hearing, etc), who needs to arrange reasonable accommodations must contact the Office of Disabled Student Resources and Services 387-2116 (http://dsrs.wmich.edu) at the beginning of the semester. A disability determination must be made by this office before any accommodations are provided by the instructor.

Religious Observances Policy: It is the Universities intent that students who must be absent from scheduled classes to fulfill religious obligations or observe practices associated with their faith not be disadvantaged. However, it is the student’s responsibility to make arrangements with his/her instructors in advance. It is in the student’s best interest to approach each instructor expeditiously and with sufficient notice that the rights and responsibilities of the instructor are not disrupted. (MOA-07/02)

Grading:
Any unsatisfactory rating on the preceptor evaluation of the student results in a rotation failure. Failure of a required rotation will cause the student to sacrifice an elective rotation in order to repeat the failed required rotation. If the student has no elective rotations to sacrifice, the student will be decelerated and required to repeat and successfully pass the rotation. Two rotation failures during the clinical year will result in an academic review. An End of Rotation Examination in Pediatrics is administered after completion of the rotation. A score of 76% or greater on this examination is required to pass the clinical rotation. Two attempts to pass the End of Rotation Examination will be allowed, however, the maximum score recorded will be 76%. If the student fails both attempts, an academic review will take place.

In order to receive a grade, the student must successfully pass the End of Rotation Examination, upload a History & Physical Examination to Typhon, complete a site evaluation and a preceptor evaluation in Typhon, and return to the department a rotation Typhon log signed by the preceptor and a preceptor evaluation of student containing no unsatisfactory scores.

Rotations are graded Pass/Fail.

Tests:
Students will complete an End of Rotation Examination for each required rotation. These examinations will be completed during back to campus weeks. Extra examination times may be added by the Clinical Coordinator.

Students are responsible for making themselves aware of and understanding the University policies and procedures that pertain to Academic Honesty. These policies include cheating, fabrication, falsification and forgery, multiple submission, plagiarism, complicity and computer misuse. The academic policies addressing Student Rights and Responsibilities can be found in the Graduate Catalog at http://catalog.wmich.edu/content.php?catoid=25&navoid=1030. If there is reason to believe you
have been involved in academic dishonesty, you will be referred to the Office of Student Conduct. You will be given the opportunity to review the charge(s) and if you believe you are not responsible, you will have the opportunity for a hearing. You should consult with your instructor if you are uncertain about an issue of academic honesty prior to the submission of an assignment or test.

Students and instructors are responsible for making themselves aware of and abiding by the “Western Michigan University Sexual and Gender-Based Harassment and Violence, Intimate Partner Violence, and Stalking Policy and Procedures” related to prohibited sexual misconduct under Title IX, the Clery Act and the Violence Against Women Act (VAWA) and Campus Safe. Under this policy, responsible employees (including instructors) are required to report claims of sexual misconduct to the Title IX Coordinator or designee (located in the Office of Institutional Equity). Responsible employees are not confidential resources. For a complete list of resources and more information about the policy see www.wmich.edu/sexualmisconduct.

In addition, students are encouraged to access the Code of Conduct, as well as resources and general academic policies on such issues as diversity, religious observance, and student disabilities:

- Office of Student Conduct www.wmich.edu/conduct
- Division of Student Affairs www.wmich.edu/students/diversity
- University Relations Office http://www.wmich.edu/registrar/calendars/interfaith
- Disability Services for Students www.wmich.edu/disabilityservices
<table>
<thead>
<tr>
<th>DERMATOLOGY</th>
<th>CARDIOVASCULAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dermatitis (diaper, perioral)</td>
<td>Atrial septal defect</td>
</tr>
<tr>
<td>Drug eruptions</td>
<td>Coarctation of the aorta</td>
</tr>
<tr>
<td>Lichen planus</td>
<td>Patent ductus arteriosus</td>
</tr>
<tr>
<td>Pityriasis rosea</td>
<td>Tetralogy of Fallot</td>
</tr>
<tr>
<td>Stevens-Johnson syndrome</td>
<td>Ventricular septal defect</td>
</tr>
<tr>
<td>Toxic epidermal necrolysis</td>
<td>Acute rheumatic fever</td>
</tr>
<tr>
<td>Erythema multiforme</td>
<td>Kawasaki disease</td>
</tr>
<tr>
<td>Acne vulgaris</td>
<td>Hypertrophic cardiomyopathy</td>
</tr>
<tr>
<td>Lice</td>
<td>Syncope</td>
</tr>
<tr>
<td>Scabies</td>
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</tr>
<tr>
<td>Androgenetic alopecia</td>
<td>PULMONARY</td>
</tr>
<tr>
<td>Exanthems</td>
<td>Acute bronchiolitis</td>
</tr>
<tr>
<td>Verrucae</td>
<td>Croup</td>
</tr>
<tr>
<td>Burns</td>
<td>Pneumonia (bacterial, viral)</td>
</tr>
<tr>
<td>Urticaria</td>
<td>Respiratory syncytial virus</td>
</tr>
<tr>
<td>Contact dermatitis</td>
<td>Asthma</td>
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<tr>
<td>Atopic dermatitis</td>
<td>Foreign body</td>
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<tr>
<td>Tinea</td>
<td>Hyaline membrane disease</td>
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<tr>
<td>Impetigo</td>
<td>Cystic fibrosis</td>
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<table>
<thead>
<tr>
<th>EARS, NOSE, AND THROAT/OPHTHALMOLOGY</th>
<th>HEMATOLOGY</th>
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<tbody>
<tr>
<td>Conjunctivitis</td>
<td>Anemia</td>
</tr>
<tr>
<td>Orbital cellulitis</td>
<td>Bleeding disorders</td>
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<tr>
<td>Strabismus</td>
<td>Leukemia</td>
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<tr>
<td>Acute otitis media</td>
<td>Lymphoma</td>
</tr>
<tr>
<td>Allergic rhinitis</td>
<td>Neutropenia</td>
</tr>
<tr>
<td>Hearing impairment</td>
<td>Brain tumors</td>
</tr>
<tr>
<td>Mastoiditis</td>
<td>Hemophilia</td>
</tr>
<tr>
<td>Otitis externa</td>
<td>Lead poisoning</td>
</tr>
<tr>
<td>Tympanic membrane perforation</td>
<td></td>
</tr>
<tr>
<td>Epistaxis</td>
<td>ENDOCRINOLOGY</td>
</tr>
<tr>
<td>Acute pharyngotonsillitis</td>
<td>Short stature</td>
</tr>
<tr>
<td>Epiglottitis</td>
<td>Hypothyroidism</td>
</tr>
<tr>
<td>Oral candidiasis</td>
<td>Hyperthyroidism</td>
</tr>
<tr>
<td>Peritonsillar abscess</td>
<td>Hypercalcemia</td>
</tr>
<tr>
<td></td>
<td>Obesity</td>
</tr>
<tr>
<td></td>
<td>Diabetes mellitus</td>
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<table>
<thead>
<tr>
<th>GASTROINTESTINAL/NUTRITIONAL SYSTEM</th>
<th>ORTHOPEDICS/RHEUMATOLOGY</th>
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</thead>
<tbody>
<tr>
<td>Gastroenteritis</td>
<td>Nursemaid’s elbow</td>
</tr>
<tr>
<td>Dehydration</td>
<td>Slipped capital femoral epiphysis</td>
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<tr>
<td>Appendicitis</td>
<td>Osgood-Schlatter disease</td>
</tr>
<tr>
<td>Colic</td>
<td>Scoliosis</td>
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<tr>
<td>Gastroesophageal reflux disease</td>
<td>Congenital hip dysplasia</td>
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<tr>
<td>Constipation</td>
<td>Avascular necrosis of the proximal femur</td>
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<tr>
<td>Pyloric stenosis</td>
<td>Neoplasia of the musculoskeletal system</td>
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<tr>
<td>Intussusception</td>
<td>Juvenile rheumatoid arthritis</td>
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<tr>
<td>Hirschsprung disease</td>
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<tr>
<td>Foreign body</td>
<td></td>
</tr>
<tr>
<td>Encopresis</td>
<td></td>
</tr>
<tr>
<td>Hepatitis</td>
<td></td>
</tr>
<tr>
<td>Jaundice</td>
<td></td>
</tr>
<tr>
<td>Duodenal atresia</td>
<td></td>
</tr>
<tr>
<td>Inguinal hernia</td>
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<tr>
<td>Umbilical hernia</td>
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</tr>
<tr>
<td>Niacin deficiencies</td>
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<tr>
<td>Vitamin A deficiency</td>
<td></td>
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<tr>
<td>Vitamin C deficiency</td>
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<tr>
<td>Vitamin D deficiency</td>
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<tr>
<td>Lactose intolerance</td>
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<tr>
<td>UROLOGY/RENAL</td>
<td>PSYCHIATRY/BEHAVIORAL MEDICINE</td>
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<tr>
<td>Cryptorchidism</td>
<td>Child abuse and neglect</td>
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<tr>
<td>Hydrocele</td>
<td>Attention-deficit/hyperactivity disorder</td>
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<tr>
<td>Paraphimosis</td>
<td>Autism spectrum disorder</td>
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<tr>
<td>Phimosis</td>
<td>Feeding or eating disorders</td>
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<td>Testicular torsion</td>
<td>Depressive disorders</td>
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<td>Enuresis</td>
<td>Anxiety disorders</td>
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<tr>
<td>Hypospadias</td>
<td>Disruptive, impulse-control, and conduct disorders</td>
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<tr>
<td>Vesicourethral reflux</td>
<td>Suicide</td>
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<tr>
<td>Glomerulonephritis</td>
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<td>Cystitis</td>
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### Pediatrics End of Rotation™ Exam Topic List

<table>
<thead>
<tr>
<th>Neurology/Developmental</th>
</tr>
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<tbody>
<tr>
<td>Normal growth and development</td>
</tr>
<tr>
<td>Immunization guidelines</td>
</tr>
<tr>
<td>Anticipatory guidance</td>
</tr>
<tr>
<td>Teething</td>
</tr>
<tr>
<td>Febrile seizures</td>
</tr>
<tr>
<td>Epilepsy</td>
</tr>
<tr>
<td>Meningitis</td>
</tr>
<tr>
<td>Turner syndrome</td>
</tr>
<tr>
<td>Down syndrome</td>
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</table>

### Pediatrics End of Rotation™ Exam Blueprint

<table>
<thead>
<tr>
<th>Pediatrics 100-question exam</th>
<th>History &amp; Physical</th>
<th>Diagnostic Studies</th>
<th>Diagnosis</th>
<th>Health Maintenance</th>
<th>Clinical Intervention</th>
<th>Clinical Therapeutics</th>
<th>Scientific Concepts</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dermatology</td>
<td>(15%)</td>
<td>(10%)</td>
<td>(25%)</td>
<td>(10%)</td>
<td>(10%)</td>
<td>(20%)</td>
<td>(10%)</td>
<td>15</td>
</tr>
<tr>
<td>ENOT/ophthalmology</td>
<td>(15%)</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Cardiovascular</td>
<td>(10%)</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Pulmonology</td>
<td>(12%)</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>12</td>
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<tr>
<td>Gastrointestinal/nutritional</td>
<td>(10%)</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Endocrinology</td>
<td>(3%)</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>3</td>
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<tr>
<td>Infectious diseases</td>
<td>(12%)</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td>Psychiatry/behavioral medicine</td>
<td>(6%)</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Neurology/developmental</td>
<td>(6%)</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Orthopedics/rheumatology</td>
<td>(5%)</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Urology/renal</td>
<td>(3%)</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Hematology</td>
<td>(3%)</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
</tbody>
</table>

Totals: (100%) 15 10 25 10 10 20 10 100

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**MDSC 6820 Reading List**

The following list is a topical guide to your reading while on your Pediatric clerkship. This list is not intended to limit your reading, but to insure, at a minimum, that these topics are covered. Topics such as these will be covered in the end-of-clerkship examination. It is not necessary to use a special text; however, exam questions will be referenced to Nelson’s current edition, *Essentials of Pediatrics*. During your clerkship, the focus of your reading should be a review of the pathology/physiology and an in-depth study of patient education, disease prevention, the clinical presentation, and treatment. Topics to cover include, but are not limited to:

**Infant Development**
- Perinatal obstetrics & APGAR scoring
- Newborn physical exam & gestational age assessment
- Diet and nutrition
- Disorders of metabolism & screening
- Fetal alcohol syndrome

**Childhood development**
- Normal growth patterns
- Developmental milestones/Tanner staging
- Pediatric history and physical exam
- Denver developmental screening
- Puberty/ menarche

**Pediatric Nutrition and Abnormal Growth**
- Nutrition for the preterm infant
- Diet for the normal infant, child, and adolescent
- Failure to thrive
- Malnutrition
- Obesity
- Eating disorders

**Genetic Disorders**
- Gene structure and function
- Inherited conditions
- Mendelian inheritance and cytogenetics
- Chromosomal abnormalities
- Genetic counseling

**Infectious Diseases**
- Common childhood illnesses
- Evaluation of fever
- Fever of unknown origin
- Bacteremia and septicemia
- Osteomyelitis and septic arthritis
- Meningitis
- Respiratory tract infections
- Viral diseases
- Parasitic infections
- Mycotic infections

**Immunology and Allergy**
- Immunodeficiency disorders
- Atopic disease/eczema
- Asthma
- Allergic rhinitis
- Drug allergy and adverse drug reactions
- Anaphylaxis

**The Respiratory System**
- Development of the respiratory system
- Diagnostic and therapeutic measures
- Genetic disorders
- Respiratory distress
- Aspiration syndromes
- Respiratory failure

**The Cardiovascular System**
- Congenital Heart Disease
- Subacute Bacterial Endocarditis (SBE) & prophylaxis
- Rheumatic Heart Disease
- Hypertension
- Dysrhythmias
- Sudden Death
The Gastrointestinal Tract
- Evaluation of abdominal pain
- Diarrhea
- Colic
- Pyloric stenosis
- Intussusception
- Jaundice
- Encopresis

Hematology Oncology
- Anemia
- Leukemia
- Lymphomas
- Wilms tumor, neuroblastoma
- Soft tissue sarcomas and malignant bone tumors

Genitourinary
- Urinary tract infections
- Enuresis
- Acute and chronic renal failure
- Sexually Transmitted Diseases
- Undescended testicles/torsion

Endocrine
- Diabetes mellitus
- Hypoglycemia
- Thyroid disorders
- Puberty and its disorders
- Disorders of sexual differentiation

Neurology
- Development of the CNS
- Macrocephaly and microcephaly
- Neurologic examination
- Headaches and Migraine
- Seizures
- Suicide/depression/anxiety
- Learning and development disabilities
- Behavioral problems
- Substance Abuse

Common Orthopedic Problems
- Scoliosis
- Lower extremity problems
- Common fractures

The Acutely Ill Child
- Poisonings
- Child abuse and neglect
- Traumatic injuries
- Craniocerebral trauma
- Musculoskeletal trauma
- Sudden Infant Death Syndrome
- Burns
- Cardiopulmonary resuscitation

Dermatologic Disorders
Rheumatic Diseases of Childhood
- Juvenile Rheumatoid Arthritis
- Systemic Lupus Erythematosus
- Henoch-Schönlein Purpura
- Laboratory tests for rheumatoid evaluation
MDSC 6830 – Professional Field Experience: General Surgery

Course Information
Semester: All
Meeting Days: Determined by the rotation preceptor
Location: Determined by the rotation preceptor

Instructor Information
Course Instructor: Kathy Tuinhoff, MS, PA-C
Office: CHHS 3438
Phone Number: 269-387-6415
Office Hours: Tuesday through Friday by appointment

Textbooks
SURGERY ROTATION
Blueprints Clinical Cases in Surgery: recommended
Essentials of General Surgery by Peter F. Lawrence MD strongly recommended

Course Description
This course will place the student in a structured general surgery clinical rotation under the direct supervision of a qualified preceptor. Students will be expected to become proficient with a variety of clinical presentations and procedures, and develop competence in diagnosing, evaluating, monitoring, counseling, treating, educating, and/or referring patients, subject to site limitations. Selected readings will be assigned. These readings may change to reflect current medical literature. It is the mission of Western Michigan University’s Physician Assistant Department to prepare generalist physician assistants. To fulfill this mission, it is necessary that students develop the skills necessary to organize, evaluate the significance of, and prioritize clinical information. Utilizing the principles of health promotion, disease prevention, and medical knowledge, they will be able to formulate a useful plan of evaluation, management and patient education.

Many patient problems encountered in primary care settings involve principals and concepts of general surgery. For this reason, a rotation in general surgery is required. The following list of instructional objectives is provided for the use of the student and preceptor, and is intended to serve as a guideline.

Course Objectives
Objectives in Section A and B are common to all rotations. Section C contains additional guidelines specifically related to general surgery.

The objectives from Section A and B must be successfully completed during the rotation. It is understood that the unique characteristics of a rotation site may preclude the achievement of certain specific guidelines from Section C due to circumstances beyond the control of the Department, the student, or the preceptor. The list of procedures is intended to serve only as a guide in determining what types of procedures the student may learn to perform. The list should not be viewed as all-inclusive, nor is the completion of each procedure a requirement to pass the rotation.
The self-study reading list for the rotation may be utilized by the student and preceptor as a topic list upon which to focus the student’s attention.

MK = medical knowledge; IC = interpersonal and communication skills; PC = patient care; P = professionalism; PBL = practice based learning; SBP = systems based practice

Section A
Basic Objectives and Problem Solving:

The student is required to upload to Typhon one complete History and Physical Exam and one set of preoperative or postoperative orders representing his/her work on this rotation. These will be reviewed in Typhon. The department requires the preceptor to submit the student evaluation and a signed Typhon student log at the end of the rotation.

In order for the student to learn the evaluation and management of a wide range of patient problems, it is essential that the student meet the following objectives:

6830-1-01 MK, IC, PC The student will demonstrate/recall an adequate medical knowledge base. The student will apply and relate this knowledge to patients and their clinical presentations.

6830-1-02 IC The student will collect and record complete histories.

6830-1-03 MK, PC, P The student will accurately perform and record physical examinations. These examinations will include genital, rectal, pelvic, or breast exam when appropriate.

6830-1-04 MK, PC The student will formulate and record an accurate problem list, organize & assimilate data, and develop an appropriate differential diagnosis.

6830-1-05 PC The student will learn the fundamentals of new procedures and perform procedures with preceptor supervision.

6830-1-06 MK, PC The student will interpret the results of diagnostic tests and correlate them with the patient’s problems.

6830-1-07 MK, IC The student will be able to summarize and articulate pertinent patient data in a concise and accurate manner.

6830-1-08 MK, PC With the preceptor’s approval, the student will develop an appropriate treatment plan and write orders to initiate the treatment.

6830-1-09 MK, IC, PC The student will develop and record progress notes.

6830-1-10 MK, IC, PC, P The student will demonstrate competence in the ability to counsel patients and their families as to the identification of health risk factors and educate them in the activities which enhance health promotion and disease prevention.

6830-1-11 MK, P The student will demonstrate adequate precautions to avoid the spread of infectious diseases.
6830-1-12  **PC** The student will become familiar with community resources appropriate for the general surgery patient.

Section B
Objectives for Professional Demeanor:

6830-1-13  **P** The student will demonstrate a positive attitude toward learning, being available for learning activities and attentive to instruction.

6830-1-14  **P** The student will respect the cultural diversity of staff, patients, and their families.

6830-1-15  **P, IC, PC** The student will establish good rapport with medical staff personnel, and work within the team model of medical practice.

6830-1-16  **P, IC, PC** The student will demonstrate strong communication skills and develop rapport with patients.

6830-1-17  **P** The student will act within the Physician Assistant professional code as described in the “Code of Ethics of the PA Profession” found in the Student Handbook.

6830-1-18  **P, PC, IC** The student will recognize and respect patient rights to autonomy and confidentiality.

6830-1-19  **P** The student will perform all assigned duties reliably and competently. The student will demonstrate an awareness of his/her professional role and limitations.

Section C
Guidelines for specific Surgery Clinical Experiences:

6830-1-20  **MK, PC** The student will recognize and assess common problems of surgery including acute surgical problems encountered during the rotation.

6830-1-21  **MK, PC** The student will develop knowledge and skills in the care and treatment of pathologic conditions common to surgical patients.

6830-1-22  **MK, IC** The student will demonstrate knowledge of operating room protocol and skill in aseptic techniques.

6830-1-23  **MK, PC, IC** The student will learn to assist with surgical procedures when appropriate.

6830-1-24  **MK** The student will recognize the radiologic findings associated with surgical problems.

6830-1-25  **MK, PC** The student will demonstrate knowledge and skill in the care of open wounds.
6830-1-26 **MK, PC** The student will develop knowledge and skill in the techniques of suturing (i.e., suture selection, wound approximation, knot tying, wound dressing, and suture removal).

6830-1-27 **MK, PC, IC** The student will write appropriate pre- and postoperative orders approved by the preceptor or faculty.

6830-1-28 **MK, PC** The student will understand the management and prevention of fluid and electrolyte imbalances and treatment of common surgical complications.

6830-1-29 **MK** The student will demonstrate basic knowledge of surgical anatomy.

6830-1-30 **MK, PC** The student will learn to perform the following basic procedures with the preceptor’s approval:

- venipuncture
- initiation of IV therapy
- nasogastric intubation
- specimen collection for lab analysis
- arterial puncture
- local infiltration of anesthesia
- application of surgical dressings
- Defibrillation
- CPR
- Endotracheal intubation
- Central venous and arterial monitoring
- Skin biopsy
- Thoracentesis
- Paracentesis
- Urethral catheterization
- Administration of parenteral medications
- Wound closure
- First and/or second assisting as available

The student will complete reading assignments as directed by the preceptor and/or instructor.

**Class Polices**

*Attendance:* Attendance has been shown historically to be a strong predictor of success in clinical course work and is therefore mandatory. If required by the preceptor, students shall take after hours call and be available to work during second and third shift work times. Any absence from a clinical rotation due to illness or sudden unforeseen event will be excused at the discretion of the Clinical Coordinator if the student has immediately informed the Clinical Coordinator via email of the absence. Planned absences must be requested of the Clinical Coordinator via email and shall be reviewed on an individual basis.

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☐ University Relations Office http://www.wmich.edu/registrar/calendars/interfaith
☐ Disability Services for Students www.wmich.edu/disabilityservices

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# General Surgery End of Rotation Exam Topic List

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

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# General Surgery End of Rotation™ Exam Topic List

<table>
<thead>
<tr>
<th>PULMONOLOGY</th>
<th>ENDOCRINOLOGY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shortness of breath</td>
<td>Tremors</td>
</tr>
<tr>
<td>Hemoptysis</td>
<td>Fatigue</td>
</tr>
<tr>
<td>Weight loss, fatigue</td>
<td>Palpitations</td>
</tr>
<tr>
<td>Lung carcinoma</td>
<td>Heat/cold intolerance</td>
</tr>
<tr>
<td>Pleural effusion</td>
<td>Hyperparathyroidism</td>
</tr>
<tr>
<td>Pneumothorax</td>
<td>Hyperthyroidism</td>
</tr>
<tr>
<td>Pneumonia (post-operative)</td>
<td>Thyroid nodules</td>
</tr>
<tr>
<td></td>
<td>Thyroid carcinoma</td>
</tr>
<tr>
<td></td>
<td>Adrenal carcinoma</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NEUROLOGY/NEUROSURGERY</th>
<th>OBSTETRICS/GYNECOLOGY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in vision</td>
<td>Pain</td>
</tr>
<tr>
<td>Change in speech</td>
<td>Skin changes</td>
</tr>
<tr>
<td>Motor and/or sensory loss</td>
<td>Nipple discharge</td>
</tr>
<tr>
<td>Vascular disorders (carotid disease)</td>
<td>Adenopathy</td>
</tr>
<tr>
<td>Subarachnoid hemorrhage</td>
<td>Benign breast disease (fibroadenomas, fibrocystic breast disease)</td>
</tr>
<tr>
<td>Subdural hematoma</td>
<td>Breast carcinoma</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>UROLOGY/RENAL</th>
<th>DERMATOLOGY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edema</td>
<td>Rash</td>
</tr>
<tr>
<td>Orthostatic hypotension</td>
<td>Redness/erythema</td>
</tr>
<tr>
<td>Urinary retention</td>
<td>Discharge</td>
</tr>
<tr>
<td>Dysuria</td>
<td>Drug eruptions (post-operative)</td>
</tr>
<tr>
<td>Fluid and electrolyte disorders</td>
<td>Urticaria (post-operative)</td>
</tr>
<tr>
<td>Acid/base disorders</td>
<td>Cellulitis</td>
</tr>
<tr>
<td>Testicular carcinoma</td>
<td>Burns</td>
</tr>
<tr>
<td>Wilms tumor</td>
<td>Pressure ulcers</td>
</tr>
<tr>
<td>Bladder carcinoma</td>
<td>Basal cell carcinoma</td>
</tr>
<tr>
<td>Renal cell carcinoma</td>
<td>Squamous cell carcinoma</td>
</tr>
<tr>
<td>Chronic renal failure (shunts/access)</td>
<td>Melanoma</td>
</tr>
</tbody>
</table>

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MDSC 6830 Reading List

The following list is a topical guide to your reading while on your Surgery clerkship. This list is not intended to limit your reading, but to insure, at a minimum, that these topics are covered. Topics such as these will be covered in the end-of-clerkship examination. It is not necessary to use a special text; however, exam questions will be referenced to *Current Surgical Diagnosis and Treatment, current edition*. More extensive reading from current articles, available Internet information, and reference texts is encouraged. The ability to quickly access current literature will be your ally in the daily care of your patients. The focus of your reading should be a review of the pathology/physiology and an in-depth study of patient education, disease prevention, the clinical presentation, and treatment. Topics to cover include, but are not limited to:

**Evaluation of the surgical patient**
- Preoperative Care
- Postoperative Care
- Postoperative Complications
- Fluid & Electrolyte Management
- Anesthesia
- Nutrition
Surgical bleeding  
Principles of hemostasis  
Shock  
Acute Cardiac and Pulmonary failure in surgical patients  
Wound healing  
Pain management  
Common ambulatory skin and soft tissue problems  
Surgical infections  
Evaluation of the Injured Patient  
Burns and other Thermal Injuries  
Evaluation of the acute abdomen  
Surgical evaluation (physiology, anatomy, diagnosis, indications for surgical treatment) for disorders of the:  
  Head and neck tumors  
  Thyroid and Parathyroid  
  Abdominal wall/hernia  
  Esophageal disorders  
  Stomach and duodenum  
  Small intestine and appendix  
  Colon, rectum, anus  
  Liver and portal venous system  
  Gallbladder and biliary tract  
  Pancreas  
  Breast  
  Adrenal glands  
  Spleen  
  Cardiovascular system  
  Arterial system  
  Aneurysms  
  Venous system  
  Genitourinary tract  
  Gynecologic disorders  
  Orthopedic Fractures/Injuries  
  Hand injuries  

Transplantation and organ preservation  
Malignant diseases of the skin, soft tissue, and lymphatic system  

MDSC 6840 – Professional Field Experience: Medical Psychiatry  

Course Information  
  Semester: All  
  Meeting Days: Determined by the rotation preceptor  
  Location: Determined by the rotation preceptor  

Instructor Information  
  Course Instructor: Kathy Tuinhoff, MS, PA-C  
  Office: CHHS 3438  
  Phone Number: 269-387-6415  
  Office Hours: Tuesday through Friday by appointment  

Textbooks  
PSYCHIATRIC MEDICINE ROTATION  

Course Description
This course will place the student in a structured medical psychiatry clinical rotation with the direct supervision of a qualified preceptor. Students will be expected to perform proficiently with a variety of clinical presentations and procedures, and develop competence in diagnosing, evaluating, monitoring, counseling, treating, educating, and/or referring patients, subject to site limitations. Selected readings will also be assigned. These readings may change to reflect current medical literature.

It is the mission of Western Michigan University’s Physician Assistant Department to prepare generalist Physician Assistants. To fulfill this mission, it is necessary that the student develop the skills necessary to organize, evaluate the significance of, and prioritize clinical information. Utilizing the principles of health promotion, disease prevention, and medical knowledge, they will be able to formulate a useful plan of evaluation, management and patient education.

Many problems encountered in primary care involve the principles and concepts of medical psychiatry. For this reason, a rotation in medical psychiatry is required. The following list of instructional objectives is provided for the use of the student and preceptor, and is intended to serve as a guideline.

**Course Objectives**

Objectives in Section A and B are common to all rotations. Section C contains additional guidelines specifically related to medical psychiatry.

The objectives from Section A and B must be successfully completed during the rotation. It is understood that the unique characteristics of a rotation site may preclude the achievement of certain specific guidelines from Section C due to circumstances beyond the control of the Department, the student, or the preceptor. The list of procedures is intended to serve only as a guide in determining what types of procedures the student may learn to perform. The list should not be viewed as all-inclusive, nor is the completion of each procedure a requirement to pass the rotation.

The self-study reading list for the rotation may be utilized by the student and preceptor as a topic list upon which to focus the student’s attention.

MK= medical knowledge; IC= interpersonal and communication skills; PC= patient care; P= professionalism; PBL= practice based learning; SBP= systems based practice

**Section A**

Basic Objectives and Problem Solving:

The student is required to upload to Typhon one complete History and Physical Exam and one set of preoperative or postoperative orders representing his/her work on this rotation. These will be reviewed in Typhon. The department requires the preceptor to submit the student evaluation and a signed Typhon student log at the end of the rotation.

In order for the student to learn the evaluation and management of a wide range of patient problems, it is essential that the student meet the following objectives:

6840-1-01 **MK, IC, PC** The student will demonstrate/recall an adequate medical knowledge base. The student will apply and relate this knowledge to patients and their clinical presentations.
6840-1-02  **IC**  The student will collect and record complete histories.

6840-1-03  **MK, PC, P**  The student will accurately perform and record physical examinations. These examinations will include genital, rectal, pelvic, or breast exam when appropriate.

6840-1-04  **MK, PC**  The student will formulate and record an accurate problem list, organize & assimilate data, and develop an appropriate differential diagnosis.

6840-1-05  **PC**  The student will learn the fundamentals of new procedures and perform procedures with preceptor supervision.

6840-1-06  **MK, PC**  The student will interpret the results of diagnostic tests and correlate them with the patient’s problems.

6840-1-07  **MK, IC**  The student will be able to summarize and articulate pertinent patient data in a concise and accurate manner.

6840-1-08  **MK, PC**  With the preceptor’s approval, the student will develop an appropriate treatment plan and write orders to initiate the treatment.

6840-1-09  **MK, IC, PC**  The student will develop and record progress notes.

6840-1-10  **MK, IC, PC, P**  The student will demonstrate competence in the ability to counsel patients and their families as to the identification of health risk factors and educate them in the activities which enhance health promotion and disease prevention.

6840-1-11  **MK, P**  The student will demonstrate adequate precautions to avoid the spread of infectious diseases.

6840-1-12  **PC**  The student will become familiar with community resources appropriate for the psychiatric patient.

**Section B**

Objectives for Professional Demeanor:

6840-1-13  **P**  The student will demonstrate a positive attitude toward learning, being available for learning activities and attentive to instruction.

6840-1-14  **P**  The student will respect the cultural diversity of staff, patients, and their families.

6840-1-15  **P, IC, PC**  The student will establish good rapport with medical staff personnel, and work within the team model of medical practice.

6840-1-16  **P, IC, PC**  The student will demonstrate strong communication skills and develop rapport with patients.

6840-1-17  **P**  The student will act within the Physician Assistant professional code as described in the “Code of Ethics of the PA Profession” found in the Student Handbook.
The student will recognize and respect patient rights to autonomy and confidentiality.

The student will perform all assigned duties reliably and competently. The student will demonstrate an awareness of his/her professional role and limitations.

Section C

Guidelines for Specific Psychiatry Clinical Experiences:

The student will perform a psychiatric interview including a mental status examination.

The student will form empathic, therapeutic relationships.

The student will be acquainted with the framework of the mental health system.

The student will exhibit an awareness and understanding of common treatment modalities for psychiatric diagnoses.

The student will use diagnostic categories and terms from DSM-V.

The student will know the legal rights of mental health patients including confidentiality.

The student will perform a psychosexual history.

The student will identify substance use problems, and their diagnosis, treatment, and referral.

The student will perform a mental health interview and/or counseling session.

The student will discriminate between urgent psychological crises and less severe problems.

The student will display knowledge of developmental milestones & stages from childhood through geriatrics.

The student will practice the mental health referral mechanisms including:
1) how referrals are made
2) the types of information that are to be made available to consultants
3) the means by which feedback is provided to the referring physician or agency.

The student will diagnose and treat the major types of mental health problems encountered by patients: mood, anxiety, personality, psychotic, childhood, and cognitive disorders.
6840-1-33 MK, PC The student will refer to programs and services which aid clients in coping with community living.

6840-1-34 PC The student will be aware of the relationships between a variety of agencies dealing with community and mental health.

6840-1-35 PC The student will know the medical legal aspects of mental health admission and discharge policies.

6840-1-36 MK, PC, IC, P The student will counsel patients in health promotion as it relates to the patient’s health generally, and the patient’s mental disorder, specifically.

6840-1-37 MK, PC The student will learn to perform the following basic procedures with the preceptor’s approval:

Mental status examination
Assessment tools for evaluation of substance abuse
Assessment tools for evaluation of mental illnesses

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- University Relations Office [http://www.wmich.edu/registrar/calendars/interfaith](http://www.wmich.edu/registrar/calendars/interfaith)
- Disability Services for Students [www.wmich.edu/disabilityservices](http://www.wmich.edu/disabilityservices)

**MDSC 6840 Reading List**

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**Psychiatric testing**
- Assessment & case formulation
- Psychometric properties
- Testing instruments

**Cognitive mental disorders**
- Delirium
- Dementias

**Psychotic disorders**
- Schizophrenia
- Drug induced

**Personality disorders**
- Anti-social
- Borderline
- Dependent
- Avoidant
- Obsessive-compulsive
- Schizoid
- Schizotypal
- Paranoid
- Narcissistic
- Histrionic

**Mood disorders**
- Major depression
- Dysthymia
- Adjustment disorders
- Bipolar I and II

**Anxiety spectrum disorders**
- Panic/agoraphobia
- Acute Stress Disorder
- Generalized Anxiety disorder
- Obsessive-compulsive disorder
- Post-traumatic Stress disorder
- Social Phobia
- Simple Phobias

**Substance use disorders**
- Alcohol
- Cocaine
- Marijuana
- Nicotine
- Opioids
- Sedatives
- Stimulants
- Other
Somatoform disorders
- Somatization
- Chronic pain syndrome
- Malingering and factitious disorders

Psychosexual disorders
- Erectile disorders
- Orgasm disorder

Childhood disorders
- Attention deficit disorder
- Retardation

Eating disorders
- Anorexia nervosa
- Bulimia nervosa
- Obesity

Autistic Disorders

Behavior/Emotional disorders
- Acute reaction to stress
- Child/elder abuse
- Conduct disorder
- Domestic violence
- Grief reaction
- Suicide
<table>
<thead>
<tr>
<th>DEPRESSIVE DISORDERS; BIPOLAR AND RELATED DISORDERS</th>
<th>ANXIETY DISORDERS; TRAUMA- AND STRESS-RELATED DISORDERS</th>
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<tbody>
<tr>
<td>Major depressive disorder</td>
<td>Generalized anxiety disorder</td>
</tr>
<tr>
<td>Bipolar I disorder</td>
<td>Panic disorder</td>
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<tr>
<td>Bipolar II disorder</td>
<td>Posttraumatic stress disorder</td>
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<tr>
<td>Cyclothymic disorder</td>
<td>Phobic disorders</td>
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<tr>
<td>Persistent depressive disorder (dysthymia)</td>
<td>Specific phobias</td>
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<tr>
<td><strong>PARAPHILIC DISORDERS; SEXUAL DYSFUNCTIONS</strong></td>
<td><strong>SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDERS</strong></td>
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<tr>
<td>Exhibitionistic disorder</td>
<td>Schizophrenia</td>
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<tr>
<td>Fetishistic disorder</td>
<td>Delusional disorder</td>
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<td>Pedophilic disorder</td>
<td>Schizoaffective disorder</td>
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<td>Sexual masochism disorder</td>
<td>Schizophreniform disorder</td>
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<td>Female sexual interest/arousal disorder</td>
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<td>Male hypoactive sexual desire disorder</td>
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<tr>
<td>Voyeuristic disorder</td>
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<tr>
<td><strong>FEEDING OR EATING DISORDERS</strong></td>
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<td>Anorexia nervosa</td>
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<tr>
<td>Bulimia nervosa</td>
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<tr>
<td><strong>PERSONALITY DISORDERS; OBSESSIVE-COMPULSIVE AND RELATED DISORDERS</strong></td>
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<tr>
<td>Antisocial personality disorder</td>
<td>SUBSTANCE RELATED DISORDERS</td>
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<td>Avoidant personality disorder</td>
<td>Alcohol-related disorders</td>
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<td>Borderline personality disorder</td>
<td>Hallucinogen-related disorders</td>
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<td>Dependent personality disorder</td>
<td>Opioid-related disorders</td>
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<td>Histrionic personality disorder</td>
<td>Stimulant-related disorders</td>
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<td>Narcissistic personality disorder</td>
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<td>Obsessive-compulsive personality disorder</td>
<td>Sedative-, hypnotic-, or anxiolytic-related disorders</td>
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<td>Paranoid personality disorder</td>
<td>Cannabis-related disorders</td>
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<tr>
<td>Schizoid personality disorder</td>
<td>Tobacco-related disorders</td>
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<td>Schizotypal personality disorder</td>
<td>Inhalant-related disorders</td>
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<td>Body dysmorphic disorder</td>
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<td>Obsessive-compulsive disorder</td>
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### SOMATIC SYMPTOM AND RELATED DISORDERS; NONADHERENCE TO MEDICAL TREATMENT

<table>
<thead>
<tr>
<th>Disorder</th>
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<tbody>
<tr>
<td>Somatic symptom disorder</td>
<td></td>
</tr>
<tr>
<td>Factitious disorder</td>
<td></td>
</tr>
<tr>
<td>Illness anxiety disorder</td>
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### DISRUPTIVE, IMPULSE-CONTROL AND CONDUCT DISORDERS; NEURODEVELOPMENTAL DISORDERS

<table>
<thead>
<tr>
<th>Disorder</th>
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</thead>
<tbody>
<tr>
<td>Attention-deficit/hyperactivity disorder</td>
<td></td>
</tr>
<tr>
<td>Conduct disorder</td>
<td></td>
</tr>
<tr>
<td>Oppositional defiant disorder</td>
<td></td>
</tr>
<tr>
<td>Autism spectrum disorder</td>
<td></td>
</tr>
</tbody>
</table>

### Psychiatry & Behavioral Health End of Rotation™ Exam Topic List

<table>
<thead>
<tr>
<th>Psychiatry &amp; Behavioral Health End of Rotation™ Exam Topic List</th>
<th>100-Question Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>History &amp; Physical</td>
<td>(15%)</td>
</tr>
<tr>
<td>Diagnostic Studies</td>
<td>(10%)</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>(25%)</td>
</tr>
<tr>
<td>Health Maintenance</td>
<td>(10%)</td>
</tr>
<tr>
<td>Clinical Intervention</td>
<td>(10%)</td>
</tr>
<tr>
<td>Clinical Therapeutics</td>
<td>(20%)</td>
</tr>
<tr>
<td>Scientific Concepts</td>
<td>(10%)</td>
</tr>
<tr>
<td>Totals</td>
<td>(100%)</td>
</tr>
<tr>
<td>Depressive disorders; Bipolar and related disorders</td>
<td>(18%)</td>
</tr>
<tr>
<td>Anxiety disorders; Trauma- and stress-related disorders</td>
<td>(18%)</td>
</tr>
<tr>
<td>Substance-related disorders</td>
<td>(14%)</td>
</tr>
<tr>
<td>Schizophrenia spectrum and other psychotic disorders</td>
<td>(12%)</td>
</tr>
<tr>
<td>Personality disorders; Obsessive-compulsive and related disorders</td>
<td>(8%)</td>
</tr>
<tr>
<td>Somatic symptom and related disorders; Nonadherence to medical treatment</td>
<td>(8%)</td>
</tr>
<tr>
<td>Feeding or eating disorders</td>
<td>(8%)</td>
</tr>
<tr>
<td>Paraphilic disorders; Sexual dysfunctions</td>
<td>(4%)</td>
</tr>
<tr>
<td>Disruptive, impulse-control and conduct disorders; Neurodevelopmental disorders</td>
<td>(10%)</td>
</tr>
</tbody>
</table>

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Taken from:  http://www.endofrotation.org/exams/sample-exam  7/7/2016
Course Information
Semester: All
Meeting Days: Determined by the rotation preceptor
Location: Determined by the rotation preceptor

Instructor Information
Course Instructor: Kathy Tuinhoff, MS, PA-C
Office: CHHS 3438
Phone Number: 269-387-6415
Office Hours: Tuesday through Friday by appointment

Textbooks
EMERGENCY MEDICINE ROTATION
Emergency Medicine: A Comprehensive Study Guide - By Tintinalli

Course Description
This course will place the student in a structured emergency medicine clinical rotation under the direct supervision of a qualified preceptor. Students are expected to become proficient with a variety of clinical presentations and procedures, and develop competence in diagnosing, evaluating, monitoring, counseling, treating, educating, and/or referring patients, subject to site limitations. Selected readings will be assigned. These readings may change to reflect current medical literature.

It is the mission of Western Michigan University’s Physician Assistant Department to prepare generalist Physician Assistants. To fulfill this mission, it is necessary that the student develop the skills necessary to organize, evaluate the significance of, and prioritize clinical information. Utilizing the principles of health promotion, disease prevention, and medical knowledge, they will be able to formulate a useful plan of evaluation, management, and patient education.

Many problems encountered in primary care involve the principles and treatment of emergency medicine. For this reason, a rotation in emergency medicine is required. The following list of instructional objectives is provided for the use of the student and preceptor, and is intended to serve as a guideline.

Course Objectives
Objectives in Section A and B are common to all rotations. Section C contains additional guidelines specifically related to emergency medicine.

The objectives from Section A and B must be successfully completed during the rotation. It is understood that the unique characteristics of a rotation site may preclude the achievement of certain specific guidelines from Section C due to circumstances beyond the control of the Department, the student, or the preceptor. The list of procedures is intended to serve only as a guide in determining what types of procedures the student may learn to perform. The list should not be viewed as all-inclusive, nor is the completion of each procedure a requirement to pass the rotation.

The self-study reading list for the rotation may be utilized by the student and preceptor as a topic list upon which to focus the student’s attention.
MK= medical knowledge; IC= interpersonal and communication skills; PC= patient care; P= professionalism; PBL= practice based learning; SBP= systems based practice

Section A
Basic Objectives and Problem Solving:

The student is required to upload to Typhon one complete History and Physical Exam and one set of preoperative or postoperative orders representing his/her work on this rotation. These will be reviewed in Typhon. The department requires the preceptor to submit the student evaluation and a signed Typhon student log at the end of the rotation.

In order for the student to learn the evaluation and management of a wide range of patient problems, it is essential that the student meet the following objectives:

6850-1-01 MK, IC, PC The student will demonstrate/recall an adequate medical knowledge base. The student will apply and relate this knowledge to patients and their clinical presentations.

6850-1-02 IC The student will collect and record complete histories.

6850-1-03 MK, PC, P The student will accurately perform and record physical examinations. These examinations will include genital, rectal, pelvic, or breast exam when appropriate.

6850-1-04 MK, PC The student will formulate and record an accurate problem list, organize & assimilate data, and develop an appropriate differential diagnosis.

6850-1-05 PC The student will learn the fundamentals of new procedures and perform procedures with preceptor supervision.

6850-1-06 MK, PC The student will interpret the results of diagnostic tests and correlate them with the patient’s problems.

6850-1-07 MK, IC The student will be able to summarize and articulate pertinent patient data in a concise and accurate manner.

6850-1-08 MK, PC With the preceptor’s approval, the student will develop an appropriate treatment plan and write orders to initiate the treatment.

6850-1-09 MK, IC, PC The student will develop and record progress notes.

6850-1-10 MK, IC, PC, P The student will demonstrate competence in the ability to counsel patients and their families as to the identification of health risk factors and educate them in the activities which enhance health promotion and disease prevention.

6850-1-11 MK, P The student will demonstrate adequate precautions to avoid the spread of infectious diseases.
The student will become familiar with community resources appropriate for the emergency medicine patient.

Section B
Objectives for Professional Demeanor:

6850-1-13  P  The student will demonstrate a positive attitude toward learning, being available for learning activities and attentive to instruction.

6850-1-14  P  The student will respect the cultural diversity of staff, patients, and their families.

6850-1-15  P, IC, PC  The student will establish good rapport with medical staff personnel, and work within the team model of medical practice.

6850-1-16  P, IC, PC  The student will demonstrate strong communication skills and develop rapport with patients.

6850-1-17  P  The student will act within the Physician Assistant professional code as described in the “Code of Ethics of the PA Profession” found in the Student Handbook.

6850-1-18  P, PC, IC  The student will recognize and respect patient rights to autonomy and confidentiality.

6850-1-19  P  The student will perform all assigned duties reliably and competently. The student will demonstrate an awareness of his/her professional role and limitations.

Section C
Guidelines for Specific Emergency Medicine Experiences:

6850-1-20  MK, PC  The student will understand the principles of triage.

6850-1-21  MK, IC, PC, P  The student will be able to quickly obtain from a patient, relative, or other informed party, pertinent medical & social history necessary for the evaluation and treatment of the patient brought to the emergency room.

6850-1-22  MK, PC  The student will be able to perform an appropriate physical examination on the patient presenting to the emergency room.

6850-1-23  MK, PC  The student will recognize an unstable patient and assist the preceptor in initiating supportive care or resuscitation.

6850-1-24  MK, PC  The student will order, obtain, and evaluate diagnostic tests to support or modify the tentative diagnostic impressions.

6850-1-25  MK, PC  The student will recognize indications for specialty service consultation.

6850-1-26  MK, PC  The student will formulate and assist in the implementation of a patient management plan.
6850-1-27 MK, PC The student will be able to demonstrate and perform cardiopulmonary resuscitation on newborn, child, and adult patients.

6850-1-28 MK, PC The student will be able to recite from memory all drugs used during resuscitation and be able to describe their specific action, dose, and time intervals for administration.

6850-1-29 MK, PC The student will understand the medicolegal aspects of emergency room admission and discharge policies.

6850-1-30 MK, PC The student will learn to perform or assist, with the preceptor’s guidance and approval, the following procedures:

- Venipuncture
- Closure of a simple laceration
- Casting/Splinting
- Initiation of IV therapy
- Nasogastric intubation
- Specimen collection for lab analysis
- Arterial puncture
- Lumbar puncture
- Bone marrow aspiration
- Joint aspiration
- Endotracheal intubation
- Defibrillation
- CPR/ACLS procedures
- Urethral catheterization

The student will complete reading assignments as directed by the preceptor and/or instructor.

**Class Polices**

*Attendance:* Attendance has been shown historically to be a strong predictor of success in clinical course work and is therefore mandatory. If required by the preceptor, students shall take after hours call and be available to work during second and third shift work times. Any absence from a clinical rotation due to illness or sudden unforeseen event will be excused at the discretion of the Clinical Coordinator if the student has immediately informed the Clinical Coordinator via email of the absence. Planned absences must be requested of the Clinical Coordinator via email and shall be reviewed on an individual basis.

*Make-up and late work:* A make-up End of Rotation Examination is not a student right. Written documentation of an excused absence will be required for a make-up exam. (Policy PA-011)

*Academic Honesty:* You are responsible for making yourself aware of and understanding the policies and procedures in the Graduate Catalog (http://www.osc.wmich.edu/academicintegrity/catalog.html) that pertain to Academic Integrity. These policies include cheating, fabrication, falsification and forgery, multiple submission, plagiarism, complicity and computer misuse. If there is reason to believe you have been involved in academic dishonesty, you will be referred to the Office of Student Judicial Affairs. You will be given the opportunity to review the charge(s). If you believe you are not responsible, you will have the opportunity for a hearing. You should consult with me if you are uncertain about an issue of academic honesty prior to the submission of an assignment or test. Any
violation of this policy will result in failing grade for that test/assignment and possible dismissal from
the program. Any online quizzes must be completed individually. Sharing the quiz process in any
fashion with another student is an academic integrity violation.

Accommodation for Disabilities: Any student with a documented disability (e.g. physical, learning,
psychiatric, vision, hearing, etc), who needs to arrange reasonable accommodations must contact the
Office of Disabled Student Resources and Services 387-2116 (http://dsrs.wmich.edu) at the beginning
of the semester. A disability determination must be made by this office before any accommodations are
provided by the instructor.

Religious Observances Policy: It is the Universities intent that students who must be absent from
scheduled classes to fulfill religious obligations or observe practices associated with their faith not be
disadvantaged. However, it is the student’s responsibility to make arrangements with his/her
instructors in advance. It is in the student’s best interest to approach each instructor expeditiously and
with sufficient notice that the rights and responsibilities of the instructor are not disrupted. (MOA-
07/02)

Grading:
Any unsatisfactory rating on the preceptor evaluation of the student results in a rotation failure.
Failure of a required rotation will cause the student to sacrifice an elective rotation in order to repeat
the failed required rotation. If the student has no elective rotations to sacrifice, the student will be
decelerated and required to repeat and successfully pass the rotation. Two rotation failures during the
clinical year will result in an academic review. An End of Rotation Examination in Emergency
Medicine is administered after completion of the rotation. A score of 76% or greater on this
examination is required to pass the clinical rotation. Two attempts to pass the End of Rotation
Examination will be allowed, however, the maximum score recorded will be 76%. If the student fails
both attempts, an academic review will take place.

In order to receive a grade, the student must successfully pass the End of Rotation Examination, upload
a History & Physical Examination to Typhon, complete a site evaluation and a preceptor evaluation in
Typhon, and return to the department a rotation Typhon log signed by the preceptor and a preceptor
evaluation of student containing no unsatisfactory scores.

Rotations are graded Pass/Fail.

Tests:
Students will complete an End of Rotation Examination for each required rotation. These
examinations will be completed during back to campus weeks. Extra examination times may be added
by the Clinical Coordinator.

Students are responsible for making themselves aware of and understanding the University policies
and procedures that pertain to Academic Honesty. These policies include cheating, fabrication,
falsification and forgery, multiple submission, plagiarism, complicity and computer misuse. The
academic policies addressing Student Rights and Responsibilities can be found in the Graduate Catalog
at http://catalog.wmich.edu/content.php?catoid=25&navoid=1030. If there is reason to believe you
have been involved in academic dishonesty, you will be referred to the Office of Student Conduct. You
will be given the opportunity to review the charge(s) and if you believe you are not responsible, you
will have the opportunity for a hearing. You should consult with your instructor if you are uncertain
about an issue of academic honesty prior to the submission of an assignment or test.
Students and instructors are responsible for making themselves aware of and abiding by the “Western Michigan University Sexual and Gender-Based Harassment and Violence, Intimate Partner Violence, and Stalking Policy and Procedures” related to prohibited sexual misconduct under Title IX, the Clery Act and the Violence Against Women Act (VAWA) and Campus Safe. Under this policy, responsible employees (including instructors) are required to report claims of sexual misconduct to the Title IX Coordinator or designee (located in the Office of Institutional Equity). Responsible employees are not confidential resources. For a complete list of resources and more information about the policy see www.wmich.edu/sexualmisconduct.

In addition, students are encouraged to access the Code of Conduct, as well as resources and general academic policies on such issues as diversity, religious observance, and student disabilities:

- Office of Student Conduct www.wmich.edu/conduct
- Division of Student Affairs www.wmich.edu/students/diversity
- University Relations Office http://www.wmich.edu/registrar/calendars/interfaith
- Disability Services for Students www.wmich.edu/disabilityservices

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<tr>
<th>CARDIOVASCULAR</th>
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<tr>
<td>Chest pain</td>
<td>Shortness of breath</td>
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<tr>
<td>Palpitations</td>
<td>Wheezing</td>
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<tr>
<td>Dyspnea on exertion</td>
<td>Hemoptyis</td>
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<tr>
<td>Orthopnea</td>
<td>Pleuritic chest pain</td>
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<td>Edema</td>
<td>Acute bronchitis</td>
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<td>Syncope</td>
<td>Acute bronchiolitis</td>
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<tr>
<td>Conduction disorders (atrial fibrillation/flutter,</td>
<td>Acute epiglottitis</td>
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<td>supraventricular tachycardia, bundle branch block,</td>
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<td>ventricular tachycardia/fibrillation, premature</td>
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<td>Hypertensive emergencies</td>
<td>Group</td>
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<td>Hypotension (cardiogenic shock, orthostatic</td>
<td>Influenza</td>
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<td>hypotension)</td>
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<td>Heart failure</td>
<td>Pertussis</td>
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<td>Pneumonia (bacterial, viral, fungal, human</td>
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<td>infarction, ST segment elevation acute myocardial</td>
<td>immunodeficiency virus-related)</td>
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<tr>
<td>Prinzmetal/variant angina)</td>
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</tr>
<tr>
<td>Vascular disease (aortic aneurysm/dissection,</td>
<td>Respiratory syncytial virus</td>
</tr>
<tr>
<td>arterial occlusion/thrombosis, phlebitis)</td>
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<td>Valvular disease (aortic stenosis, aortic</td>
<td>Asthma</td>
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<td>regurgitation, mitral stenosis, mitral regurgitation)</td>
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<tr>
<td>Acute/subacute bacterial endocarditis</td>
<td>Pleural effusion</td>
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<tr>
<td>Cardiac tamponade</td>
<td>Pneumothorax</td>
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<tr>
<td>Pericardial effusion</td>
<td>Pulmonary embolism</td>
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<tr>
<td>Peripheral vascular disease</td>
<td>Acute respiratory distress syndrome</td>
</tr>
<tr>
<td>Arrhythmias</td>
<td>Foreign body aspiration</td>
</tr>
<tr>
<td>Angina</td>
<td>Tuberculosis</td>
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<td></td>
<td>Lung cancer</td>
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<thead>
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<tbody>
<tr>
<td>Pain</td>
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</tr>
<tr>
<td>Swelling/deformity</td>
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</tr>
<tr>
<td>Ecchymosis/erythema</td>
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<tr>
<td>Fractures/dislocations (shoulder, forearm/wrist/hand, hip, knee, ankle/foot)</td>
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<tr>
<td>Soft tissue injuries</td>
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<tr>
<td>Back strain/sprain</td>
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<tr>
<td>Low back pain</td>
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</tr>
<tr>
<td>Cauda equine</td>
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<tr>
<td>Herniated disk</td>
<td></td>
</tr>
<tr>
<td>Osteomyelitis</td>
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<tr>
<td>Septic arthritis</td>
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<table>
<thead>
<tr>
<th>GASTROINTESTINAL/NUTRITIONAL</th>
<th>EAR, NOSE, AND THROAT/OPHTHALMOLOGY</th>
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<tbody>
<tr>
<td>Abdominal pain</td>
<td>Vision loss</td>
</tr>
<tr>
<td>Anorexia</td>
<td>Nasal congestion</td>
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<tr>
<td>Nausea/vomiting</td>
<td>Sore throat</td>
</tr>
<tr>
<td>Heartburn</td>
<td>Ear pain</td>
</tr>
<tr>
<td>Jaundice</td>
<td>Vertigo</td>
</tr>
<tr>
<td>Hematemesis</td>
<td>Blepharitis</td>
</tr>
<tr>
<td>Melena; bleeding per rectum</td>
<td>Conjunctivitis</td>
</tr>
<tr>
<td>Change in bowel habits/diarrhea/constipation</td>
<td>Blow-out fracture</td>
</tr>
<tr>
<td>Esophagitis</td>
<td>Corneal abrasion/ulcer</td>
</tr>
<tr>
<td>Mallory-Weiss tear</td>
<td>Dacryoadenitis</td>
</tr>
<tr>
<td>Peptic ulcer disease</td>
<td>Foreign body (eye, ear, nose)</td>
</tr>
<tr>
<td>Acute cholecystitis</td>
<td>Glaucoma (acute angle closure)</td>
</tr>
<tr>
<td>Cholangitis</td>
<td>Hyphema</td>
</tr>
<tr>
<td>Acute hepatitis</td>
<td>Macular degeneration (wet)</td>
</tr>
<tr>
<td>Acute pancreatitis</td>
<td>Optic neuritis</td>
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<tr>
<td>Acute appendicitis</td>
<td>Orbital cellulitis</td>
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<tr>
<td>Diverticular disease</td>
<td>Papilledema</td>
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<tr>
<td>Ischemic bowel disease</td>
<td>Retinal detachment</td>
</tr>
<tr>
<td>Inflammatory bowel disease/toxic megacolon</td>
<td>Retinal vein occlusion</td>
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<tr>
<td>Obstruction (small bowel, large bowel, volvulus)</td>
<td>Otitis externa</td>
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<tr>
<td>Anal fissure/fistula/abscess</td>
<td>Acute otitis media</td>
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<tr>
<td>Hemorrhoids (thrombosed)</td>
<td>Trauma/hematoma (external ear)</td>
</tr>
<tr>
<td>Hernia (incarcerated/strangulated)</td>
<td>Barotrauma</td>
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<tr>
<td>Infectious diarrhea</td>
<td>Labyrinthitis</td>
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<tr>
<td>Gastritis</td>
<td>Mastoiditis</td>
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<tr>
<td>Gastroenteritis</td>
<td>Peritonsillar abscess</td>
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<tr>
<td>Diarrhea/constipation</td>
<td>Dental abscess</td>
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<tr>
<td>Gastrointestinal bleeding</td>
<td>Acute laryngitis</td>
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<tr>
<td>Cirrhosis</td>
<td>Epiglottis</td>
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<tr>
<td>Giardiasis and other parasitic infections</td>
<td>Tympanic membrane perforation</td>
</tr>
<tr>
<td></td>
<td>Corneal ulcer</td>
</tr>
<tr>
<td></td>
<td>Allergic rhinitis</td>
</tr>
<tr>
<td></td>
<td>Acute sinusitis</td>
</tr>
</tbody>
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© Copyright 2016, Physician Assistant Education Association
<table>
<thead>
<tr>
<th>HEMATOLOGY</th>
<th>DERMATOLOGY</th>
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</thead>
<tbody>
<tr>
<td>Epistaxis</td>
<td>Acute pharyngitis (viral, bacterial)</td>
</tr>
<tr>
<td>Easy bruising</td>
<td>Itching</td>
</tr>
<tr>
<td>Fatigue</td>
<td>Rash</td>
</tr>
<tr>
<td>Aplastic anemia</td>
<td>Discharge</td>
</tr>
<tr>
<td>Hemolytic anemia</td>
<td>Dermatitis (eczema, contact)</td>
</tr>
<tr>
<td>Sickle cell anemia/crisis</td>
<td>Drug eruptions</td>
</tr>
<tr>
<td>Clotting factor disorders</td>
<td>Stevens-Johnson syndrome</td>
</tr>
<tr>
<td>Hypercoagulable states</td>
<td>Toxic epidermal necrolysis</td>
</tr>
<tr>
<td>Thrombocytopenia</td>
<td>Bullous pemphigoid</td>
</tr>
<tr>
<td>Acute leukemia</td>
<td>Lice</td>
</tr>
<tr>
<td>Anemia</td>
<td>Scabies</td>
</tr>
<tr>
<td>Lymphomas</td>
<td>Spider bites</td>
</tr>
<tr>
<td>Polycythemia</td>
<td>Viral exanthems</td>
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<td></td>
<td>Herpes zoster</td>
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<td></td>
<td>Cellulitis</td>
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<td></td>
<td>Erysipelas</td>
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<td>Impetigo</td>
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<td></td>
<td>Burns</td>
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<td></td>
<td>Urticaria</td>
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<tr>
<td></td>
<td>Pilonidal disease</td>
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<td></td>
<td>Pressure sores</td>
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<table>
<thead>
<tr>
<th>NEUROLOGY</th>
<th>ENDOCRINOLOGY</th>
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<tbody>
<tr>
<td>Vertigo</td>
<td>Palpitations</td>
</tr>
<tr>
<td>Seizure (symptom)</td>
<td>Heat/cold intolerance</td>
</tr>
<tr>
<td>Numbness/paresthesias</td>
<td>Tremors</td>
</tr>
<tr>
<td>Weakness/paralysis</td>
<td>Hyperparathyroidism</td>
</tr>
<tr>
<td>Loss of consciousness/change in mental status</td>
<td>Hyperthyroidism</td>
</tr>
<tr>
<td>Loss of memory</td>
<td>Thyroiditis</td>
</tr>
<tr>
<td>Loss of coordination/ataxia</td>
<td>Adrenal insufficiency</td>
</tr>
<tr>
<td>Headache (migraine, cluster, tension)</td>
<td>Diabetes insipidus</td>
</tr>
<tr>
<td>Meningitis</td>
<td>Diabetic ketoacidosis</td>
</tr>
<tr>
<td>Encephalitis</td>
<td>Non-ketotic hyperglycemia</td>
</tr>
<tr>
<td>Transient ischemic attack</td>
<td>Diabetes mellitus</td>
</tr>
<tr>
<td>Stroke</td>
<td>Cushing disease</td>
</tr>
<tr>
<td>Subarachnoid hemorrhage/cerebral aneurysm</td>
<td>Hypothyroidism</td>
</tr>
<tr>
<td>Intracerebral hemorrhage</td>
<td>Hypothyroidism</td>
</tr>
<tr>
<td>Altered level of consciousness/coma</td>
<td>Adrenal insufficiency</td>
</tr>
<tr>
<td>Head trauma/concussion/contusion</td>
<td>Diabetes insipidus</td>
</tr>
<tr>
<td>Epidural/subdural hematoma</td>
<td>Non-ketotic hyperglycemia</td>
</tr>
<tr>
<td>Seizure disorders</td>
<td>Diabetes mellitus</td>
</tr>
<tr>
<td>Status epilepticus</td>
<td>Cushing disease</td>
</tr>
<tr>
<td>Syncope</td>
<td>Hypothyroidism</td>
</tr>
<tr>
<td>Guillain-Barre syndrome</td>
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<tr>
<td>Spinal cord injury</td>
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# Emergency Medicine End of Rotation™ Exam Topic List

<table>
<thead>
<tr>
<th>Bell palsy</th>
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<tbody>
<tr>
<td><strong>UROLOGY/RENAAL</strong></td>
<td><strong>PSYCHIATRY/BEHAVIORAL MEDICINE</strong></td>
</tr>
<tr>
<td>Dysuria</td>
<td>Neurocognitive disorders</td>
</tr>
<tr>
<td>Hematuria</td>
<td>Bipolar and related disorders</td>
</tr>
<tr>
<td>Suprapubic/flank pain</td>
<td>Schizophrenia spectrum and other psychotic disorders</td>
</tr>
<tr>
<td>Incontinence</td>
<td>Depressive disorders</td>
</tr>
<tr>
<td>Nephrolithiasis</td>
<td>Anxiety disorders</td>
</tr>
<tr>
<td>Testicular torsion</td>
<td>Panic disorder</td>
</tr>
<tr>
<td>Cystitis</td>
<td>Posttraumatic stress disorder</td>
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<tr>
<td>Epididymitis</td>
<td>Substance use disorders</td>
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<tr>
<td>Orchitis</td>
<td>Spouse or partner neglect/violence</td>
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<tr>
<td>Prostatitis</td>
<td>Suicide</td>
</tr>
<tr>
<td>Pyelonephritis</td>
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<tr>
<td>Urethritis</td>
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<tr>
<td>Acute renal failure</td>
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<tr>
<td>Glomerulonephritis</td>
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<tr>
<td>Fluid and electrolyte disorders</td>
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<tr>
<td>Acid/base disorders</td>
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<tr>
<td>Hernias</td>
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<tr>
<td><strong>OBSTETRICS/GYNECOLOGY</strong></td>
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<tr>
<td>Vaginal discharge</td>
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<tr>
<td>Pelvic pain/dysmenorrhea</td>
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<tr>
<td>Amenorrhea</td>
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<tr>
<td>Dysfunctional uterine bleeding</td>
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<td>Endometriosis</td>
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<tr>
<td>Ovarian cysts</td>
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<tr>
<td>Vaginitis</td>
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<tr>
<td>Pelvic inflammatory disease</td>
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<td>Mastitis/breast abscess</td>
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<td>Spontaneous abortion</td>
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<td>Abruptio placenta</td>
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<td>Ectopic pregnancy</td>
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<td>Placenta previa</td>
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<td>Premature rupture of membranes</td>
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<tr>
<td>Fetal distress</td>
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<tr>
<td>Intrauterine pregnancy</td>
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MDSC 6850 Reading List

The following list is a topical guide to your reading while on your Emergency Medicine clerkship. This list is not intended to limit your reading, but to insure, at a minimum, that these topics are covered. Topics such as these will be covered in the end-of-clerkship examination. It is not necessary to use a special text; however, exam questions will be referenced to *Emergency Medicine: A Comprehensive Study Guide* by Tintinalli. During your clerkship, the focus of your reading should be a review of the pathology/physiology and an in-depth study of evaluation, clinical presentation, and treatment. Topics include, but are not limited to:
Wounds
Types of laceration repair
Materials used for suturing
Surgical infection
Tetanus Prophylaxis
Punctures & Bites

Poisonings

Psychiatric emergencies
Drug overdose/Abuse
Suicide
Acute psychosis
Delirium

Sexual abuse

Child abuse

Domestic violence

Emergency evaluation of
Palpitations
Chest pain
Dizziness/vertigo
Fever of unknown origin
Syncope
Edema
Seizures

Evaluation of shock
Septic
Neurogenic
Hypovolemic
Cardiogenic

Hematologic Disorders
Anemia
Bleeding disorders
Emergency complications of malignancy

Reyes syndrome

Obstetrical emergencies

Third trimester bleeding
Pre-eclampsia/eclampsia
Ectopic pregnancy
Missed abortion
Endometritis

Metabolic emergencies

Diabetic ketoacidosis
Hypoglycemia
HHNK
Thyroid emergencies
Hyper/hypocalcemia
Hyper/hyponatremia
Adrenal crisis

Neurologic emergencies
Stroke syndromes
Acute peripheral neuropathies
Cerebral tumors
Acute myopathy
Headache & Facial pain
Altered mental status & coma

Evaluation of a trauma patient
Airway obstruction
Chest wounds
Tension pneumothorax
Trauma to heart and great vessels
Internal and external hemorrhage
Renal & ureteral injury
Hematuria
Spinal injuries
Head injury

Pulmonary emergencies
Pulmonary embolism
Asthma
Acute pulmonary edema
Aspiration

Gastrointestinal Disorders
Abdominal pain
Evaluation of Diarrhea
Nausea and Vomiting
Swallowed foreign bodies
Appendicitis
Biliary Colic
GI Bleeding
Esophageal emergencies

**Infectious Disease**
Meningitis
Pneumonia
Orbital cellulitis
STDs
PID
HIV/AIDS
Gastroenteritis and Diarrhea
Abscesses
Otitis
Pharyngitis

**Cardiovascular**
Acute Coronary Syndromes
Cardiac arrest
Cardiac rhythm disturbances
Congestive heart failure
Hypertensive Crisis
Hypotension
Aortic Dissection & Aneurysms
DVT

**Musculoskeletal**
Fractures
Sprains/Strains
Compartment Syndrome

**Renal/Urologic Emergencies**
Testicular Torsion
Nephrolithiasis
Acute Renal Failure

**Environmental Injuries:**
Frostbite
Hypothermia
Bites & Stings
Burns
High Altitude Problems
Electrical & Lightning Injuries
Near Drowning

**Pediatrics**
Bronchiolitis
Croup
Intussusception
Volvulus
Pyloric Stenosis

**EENT Emergencies**
Ocular emergencies
Oral & Dental Emergencies
Neck & Upper Airway Disorders
MDSC 6860 – Professional Field Experience: Family Medicine

Course Information
Semester: All
Meeting Days: Determined by the rotation preceptor
Location: Determined by the rotation preceptor

Instructor Information
Course Instructor: Kathy Tuinhoff, MS, PA-C
Office: CHHS 3438
Phone Number: 269-387-6415
Office Hours: Tuesday through Friday by appointment

Textbooks
FAMILY MEDICINE ROTATION
Essentials of Family Practice – Sloane (current edition)

Course Description
This course will place the student in a structured family medicine clinical rotation under the direct supervision of a qualified preceptor. Students are expected to become proficient with a variety of clinical presentations and procedures, and develop competence in diagnosing, evaluating, monitoring, counseling, treating, educating, and/or referring patients, subject to site limitations. Selected readings will be assigned. These readings may change to reflect current medical literature.

It is the mission of Western Michigan University’s Physician Assistant Department to prepare generalist Physician Assistants. To fulfill this mission, it is necessary that the student develop the skills necessary to organize, evaluate the significance of, and prioritize clinical information. Utilizing the principles of health promotion, disease prevention, and medical knowledge, they will be able to formulate a useful plan of evaluation, management and patient education.

Many problems encountered in primary care involve the principles and concepts of family medicine. For this reason, a rotation in family medicine is required. The following list of instructional objectives is provided for the use of the student and preceptor, and is intended to serve as a guideline.

Course Objectives
Objectives in Section A and B are common to all rotations. Section C contains additional guidelines specifically related to family medicine.

The objectives from Section A and B must be successfully completed during the rotation. It is understood that the unique characteristics of a rotation site may preclude the achievement of certain specific guidelines from Section C due to circumstances beyond the control of the Department, the student, or the preceptor. The list of procedures is intended to serve only as a guide in determining what types of procedures the student may learn to perform. The list should not be viewed as all-inclusive, nor is the completion of each procedure a requirement to pass the rotation.

The self-study reading list for the rotation may be utilized by the student and preceptor as a topic list upon which to focus the student’s attention.

MK= medical knowledge; IC= interpersonal and communication skills; PC= patient care; P= professionalism; PBL= practice based learning; SBP= systems based practice
Section A
Basic Objectives and Problem Solving:

The student is required to upload to Typhon one complete History and Physical Exam and one set of preoperative or postoperative orders representing his/her work on this rotation. These will be reviewed in Typhon. The department requires the preceptor to submit the student evaluation and a signed Typhon student log at the end of the rotation.

In order for the student to learn the evaluation and management of a wide range of patient problems, it is essential that the student meet the following objectives:

6860-1-01 **MK, IC, PC** The student will demonstrate/recall an adequate medical knowledge base. The student will apply and relate this knowledge to patients and their clinical presentations.

6860-1-02 **IC** The student will collect and record complete histories.

6860-1-03 **MK, PC, P** The student will accurately perform and record physical examinations. These examinations will include genital, rectal, pelvic, or breast exam when appropriate.

6860-1-04 **MK, PC** The student will formulate and record an accurate problem list, organize & assimilate data, and develop an appropriate differential diagnosis.

6860-1-05 **PC** The student will learn the fundamentals of new procedures and perform procedures with preceptor supervision.

6860-1-06 **MK, PC** The student will interpret the results of diagnostic tests and correlate them with the patient’s problems.

6860-1-07 **MK, IC** The student will be able to summarize and articulate pertinent patient data in a concise and accurate manner.

6860-1-08 **MK, PC** With the preceptor’s approval, the student will develop an appropriate treatment plan and write orders to initiate the treatment.

6860-1-09 **MK, IC, PC** The student will develop and record progress notes.

6860-1-10 **MK, IC, PC, P** The student will demonstrate competence in the ability to counsel patients and their families as to the identification of health risk factors and educate them in the activities which enhance health promotion and disease prevention.

6860-1-11 **MK, P** The student will demonstrate adequate precautions to avoid the spread of infectious diseases.

6840-1-12 **PC** The student will become familiar with community resources appropriate for the family medicine patient.

Section B
Objectives for Professional Demeanor:
The student will demonstrate a positive attitude toward learning, being available for learning activities and attentive to instruction.

The student will respect the cultural diversity of staff, patients, and their families.

The student will establish good rapport with medical staff personnel, and work within the team model of medical practice.

The student will demonstrate strong communication skills and develop rapport with patients.

The student will act within the Physician Assistant professional code as described in the “Code of Ethics of the PA Profession” found in the Student Handbook.

The student will recognize and respect patient rights to autonomy and confidentiality.

The student will perform all assigned duties reliably and competently. The student will demonstrate an awareness of his/her professional role and limitations.

Section C
Guidelines for Specific Family Medicine Clinical Experiences:

The student will develop skill in the recognition and treatment of problems commonly encountered in family medicine.

The student shall become acquainted with resources available in the community that assist in providing comprehensive patient care. These include such agencies as child welfare, mental health, public health, drug and alcohol abuse, crisis centers, etc.

The student will assist in medical, surgical, and obstetrical procedures performed by the preceptor at the preceptor’s discretion.

The student will learn to counsel patients and family members with medical problems including mental health problems whenever the preceptor feels it is appropriate.

The student will demonstrate competence in the ability to counsel patients as to the identification and elimination of health risk factors in their lifestyles for the purpose of health promotion/disease prevention in the following areas:

Cardiovascular disease
Obesity
Nutrition
Exercise
Smoking
6860-1-25  MK, PC  Under preceptor guidance, the student will learn to manage emergency medical problems that occur in the family medicine setting.

6860-1-26  MK, PC  The student will learn the following basic office procedures under supervision at the discretion of the preceptor when the procedure is available at the rotation:

- Venipuncture
- Initiate IV therapy
- Administer medication
- Demonstrate aseptic techniques
- Care and suturing of minor lacerations
- Application of dressing and bandages
- Casting and splinting of minor, uncomplicated dislocations or sprains
- Audiometry screening
- Visual screening
- Administer and interpret electrocardiograms
- Collect specimens and perform basic office laboratory procedures
- Administer & interpret EKGs
- PAP smears & wet mounts

6860-1-27  MK, PC  The student will appropriately perform a functional assessment on a geriatric patient(s) which will include an evaluation of activities of daily living, instrumental activities of daily living, and psychological and physiologic dimensions of the patient’s overall health status.

6860-1-28  MK, PC, IC, P  The student will appropriately provide care in the home setting, under the supervision of the clinical preceptor.

The student will complete reading assignments as directed by the preceptor and/or instructor.

Class Policies
Attendance:  Attendance has been shown historically to be a strong predictor of success in clinical course work and is therefore mandatory. If required by the preceptor, students shall take after hours call and be available to work during second and third shift work times. Any absence from a clinical rotation due to illness or sudden unforeseen event will be excused at the discretion of the Clinical Coordinator if the student has immediately informed the Clinical Coordinator via email of the absence. Planned absences must be requested of the Clinical Coordinator via email and shall be reviewed on an individual basis.

Make-up and late work:  A make-up End of Rotation Examination is not a student right. Written documentation of an excused absence will be required for a make-up exam. (Policy PA-011)

Academic Honesty:  You are responsible for making yourself aware of and understanding the policies and procedures in the Graduate Catalog (http://www.osc.wmich.edu/academicintegrity/catalog.html) that pertain to Academic Integrity. These policies include cheating, fabrication, falsification and forgery, multiple submission, plagiarism, complicity and computer misuse. If there is reason to believe you have been involved in academic dishonesty, you will be referred to the Office of Student Judicial Affairs. You will be given the opportunity to review the charge(s). If you believe you are not responsible, you will have the opportunity for a hearing. You should consult with me if you are uncertain about an issue of academic honesty prior to the submission of an assignment or test. Any
violation of this policy will result in failing grade for that test/assignment and possible dismissal from the program. Any online quizzes must be completed individually. Sharing the quiz process in any fashion with another student is an academic integrity violation.

**Accommodation for Disabilities:** Any student with a documented disability (e.g. physical, learning, psychiatric, vision, hearing, etc), who needs to arrange reasonable accommodations must contact the Office of Disabled Student Resources and Services 387-2116 (http://dsrs.wmich.edu) at the beginning of the semester. A disability determination must be made by this office before any accommodations are provided by the instructor.

**Religious Observances Policy:** It is the Universities intent that students who must be absent from scheduled classes to fulfill religious obligations or observe practices associated with their faith not be disadvantaged. However, it is the student’s responsibility to make arrangements with his/her instructors in advance. It is in the student’s best interest to approach each instructor expeditiously and with sufficient notice that the rights and responsibilities of the instructor are not disrupted. (MOA-07/02)

**Grading:** Any unsatisfactory rating on the preceptor evaluation of the student results in a rotation failure. Failure of a required rotation will cause the student to sacrifice an elective rotation in order to repeat the failed required rotation. If the student has no elective rotations to sacrifice, the student will be decelerated and required to repeat and successfully pass the rotation. Two rotation failures during the clinical year will result in an academic review. An End of Rotation Examination in Family Medicine is administered after completion of the rotation. A score of 76% or greater on this examination is required to pass the clinical rotation. Two attempts to pass the End of Rotation Examination will be allowed, however, the maximum score recorded will be 76%. If the student fails both attempts, an academic review will take place.

In order to receive a grade, the student must successfully pass the End of Rotation Examination, upload a History & Physical Examination to Typhon, complete a site evaluation and a preceptor evaluation in Typhon, and return to the department a rotation Typhon log signed by the preceptor and a preceptor evaluation of student containing no unsatisfactory scores.

Rotations are graded Pass/Fail.

**Tests:** Students will complete an End of Rotation Examination for each required rotation. These examinations will be completed during back to campus weeks. Extra examination times may be added by the Clinical Coordinator.

Students are responsible for making themselves aware of and understanding the University policies and procedures that pertain to Academic Honesty. These policies include cheating, fabrication, falsification and forgery, multiple submission, plagiarism, complicity and computer misuse. The academic policies addressing Student Rights and Responsibilities can be found in the Graduate Catalog at http://catalog.wmich.edu/content.php?catoid=25&navoid=1030. If there is reason to believe you have been involved in academic dishonesty, you will be referred to the Office of Student Conduct. You will be given the opportunity to review the charge(s) and if you believe you are not responsible, you will have the opportunity for a hearing. You should consult with your instructor if you are uncertain about an issue of academic honesty prior to the submission of an assignment or test.
Students and instructors are responsible for making themselves aware of and abiding by the “Western Michigan University Sexual and Gender-Based Harassment and Violence, Intimate Partner Violence, and Stalking Policy and Procedures” related to prohibited sexual misconduct under Title IX, the Clery Act and the Violence Against Women Act (VAWA) and Campus Safe. Under this policy, responsible employees (including instructors) are required to report claims of sexual misconduct to the Title IX Coordinator or designee (located in the Office of Institutional Equity). Responsible employees are not confidential resources. For a complete list of resources and more information about the policy see www.wmich.edu/sexualmisconduct.

In addition, students are encouraged to access the Code of Conduct, as well as resources and general academic policies on such issues as diversity, religious observance, and student disabilities:

- Office of Student Conduct www.wmich.edu/conduct
- Division of Student Affairs www.wmich.edu/students/diversity
- University Relations Office http://www.wmich.edu/registrar/calendars/interfaith
- Disability Services for Students www.wmich.edu/disabilityservices

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

### DERMATOLOGY, continued
- Spider bites
- Basal cell carcinoma
- Kaposi sarcoma
- Melanoma
- Alopecia
- Onychomycosis
- Paronychia
- Condyloma acuminatum
- Exanthems
- Molluscum contagiosum
- Verrucae
- Cellulitis
- Erysipelas
- Impetigo
- Acanthosis nigricans
- Hidradenitis suppurativa
- Lipomas/epithelial inclusion cysts
- Melasma
- Pilonidal disease
- Pressure ulcers
- Urticaria
- Vitiligo
- Folliculitis
- Tinea infections
- Tinea versicolor

### DERMATOLOGY
- Dermatitis (eczema, seborrhea)
- Nummular eczema
- Dyshidrosis
- Lichen simplex chronicus
- Drug eruptions
- Lichen planus
- Pityriasis rosea
- Psoriasis
- Erythema multiforme
- Stevens-Johnson syndrome
- Toxic epidermal necrolysis
- Bullous pemphigoid
- Acne vulgaris
- Rosacea
- Actinic keratosis
- Seborrheic keratosis
- Lice
- Scabies

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

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

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<table>
<thead>
<tr>
<th><strong>UROLOGY/RENAL</strong></th>
<th><strong>ORTHOPEDICS/RHEUMATOLOGY</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hernias</td>
<td>Acute and chronic lower back pain</td>
</tr>
<tr>
<td>Cystitis</td>
<td>Costochondritis</td>
</tr>
<tr>
<td>Pyelonephritis</td>
<td>Bursitis/tendonitis</td>
</tr>
<tr>
<td>Glomerulonephritis</td>
<td>Rheumatoid arthritis</td>
</tr>
<tr>
<td>Nephrolithiasis</td>
<td>Reactive arthritis</td>
</tr>
<tr>
<td>Benign prostatic hypertrophy</td>
<td>Osteoarthritis</td>
</tr>
<tr>
<td>Prostatitis</td>
<td>Gout</td>
</tr>
<tr>
<td>Epididymitis</td>
<td>Sprains/strains</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>Ganglion cysts</td>
</tr>
<tr>
<td>Chlamydia</td>
<td>Systemic lupus erythematosus</td>
</tr>
<tr>
<td>Urethritis</td>
<td>Osteoporosis</td>
</tr>
<tr>
<td>Orchitis</td>
<td>Fibromyalgia</td>
</tr>
<tr>
<td>Balanitis</td>
<td>Plantar fasciitis</td>
</tr>
<tr>
<td>Testicular cancer</td>
<td>Overuse syndrome</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>NEUROLOGY</strong></th>
<th><strong>OBSTETRICS/GYNECOLOGY</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dizziness</td>
<td>Dysmenorrheal</td>
</tr>
<tr>
<td>Vertigo</td>
<td>Dysfunctional uterine bleeding</td>
</tr>
<tr>
<td>Syncope</td>
<td>Vaginitis</td>
</tr>
<tr>
<td>Seizure disorders</td>
<td>Pelvic inflammatory disease</td>
</tr>
<tr>
<td>Transient ischemic attack</td>
<td>Breast mass</td>
</tr>
<tr>
<td>Cerebral vascular accident</td>
<td>Breast cancer</td>
</tr>
<tr>
<td>Alzheimer disease</td>
<td>Cystocele</td>
</tr>
<tr>
<td>Parkinson disease</td>
<td>Rectocele</td>
</tr>
<tr>
<td>Essential tremor</td>
<td>Menopause</td>
</tr>
<tr>
<td>Bell palsy</td>
<td>Intrauterine pregnancy</td>
</tr>
<tr>
<td>Dementia</td>
<td>Contraception</td>
</tr>
<tr>
<td>Delirium</td>
<td>Cervical cancer</td>
</tr>
<tr>
<td>Headaches (cluster, migraine, tension)</td>
<td>Spontaneous abortion</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>HEMATOLOGY</strong></th>
<th><strong>ENDOCRINOLOGY</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Anemia</td>
<td>Diabetes mellitus</td>
</tr>
<tr>
<td>Leukemia</td>
<td>Adrenal insufficiency</td>
</tr>
<tr>
<td>Thrombocytopenia</td>
<td>Cushing disease</td>
</tr>
<tr>
<td>Clotting disorders</td>
<td>Hyperthyroidism</td>
</tr>
<tr>
<td>Lymphomas</td>
<td>Hypothyroidism</td>
</tr>
<tr>
<td>Polycythemia</td>
<td></td>
</tr>
</tbody>
</table>

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## Family Medicine End of Rotation Exam Topic List

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

## Family Medicine End of Rotation Exam Blueprint

<table>
<thead>
<tr>
<th>Family Medicine 100-Question Exam</th>
<th>History &amp; Physical</th>
<th>Diagnostic Studies</th>
<th>Diagnosis</th>
<th>Health Maintenance</th>
<th>Clinical Intervention</th>
<th>Clinical Therapeutics</th>
<th>Scientific Concepts</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgent Care</td>
<td>(4%)</td>
<td>(10%)</td>
<td>(25%)</td>
<td>(10%)</td>
<td>(10%)</td>
<td>(20%)</td>
<td>(19%)</td>
<td>100%</td>
</tr>
<tr>
<td>Dermatology</td>
<td>(5%)</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>ENT/ophthalmology</td>
<td>(8%)</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Pulmonology</td>
<td>(12%)</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>12</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>(15%)</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>Gastrointestinal/nutritional</td>
<td>(11%)</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td>Urology/renal</td>
<td>(5%)</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Orthopedics/rheumatology</td>
<td>(8%)</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Obstetrics/gynecology</td>
<td>(9%)</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Neurology</td>
<td>(6%)</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Hematology</td>
<td>(4%)</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Endocrinology</td>
<td>(5%)</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Infectious diseases</td>
<td>(4%)</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Psychiatry/behavioral medicine</td>
<td>(5%)</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

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Taken from:  [http://www.endofrotation.org/exams/sample-exam](http://www.endofrotation.org/exams/sample-exam)  7/7/2016
MDSC 6860 Reading List
The following list is a topical guide to your reading while on your Family Medicine clerkship. This list is not intended to limit your reading, but to insure, at a minimum, that these topics are covered. Topics such as these will be covered in the end-of-clerkship examination. Though the following reading list is extensive in number of topics and amount of material, many of the topics have been visited in previous courses. A thorough, systematic review of this material as well as attention to the new topics is important preparation not only for the end of course examination, but also as preparation for national board exams.

It is not necessary to use a special text; however, exam questions will be referenced to Sloane’s ESSENTIALS OF FAMILY MEDICINE (current edition). On your clerkship, the focus of your reading should be a review of the pathology/physiology and an in-depth study of patient education, disease prevention, clinical presentation, and treatment. Topics include, but are not limited to:

The scope of family practice
Ethics in family practice
Family dynamics
The family's influence on health
The family impact of illness and disability
Care of the dying patient
Home care
Interviewing techniques
Patient compliance
Disease prevention
Economics of medical practice
Research in family medicine
How to read medical journals
Interpreting laboratory tests

Pediatric Topics
  APGAR scoring
  Normal growth patterns
  Diet and nutrition
  Assessment of heart sounds & symptoms
  Vision and hearing screening
  Normal reflex testing
  Immunizations
  History and physical exam
  Abnormal growth
  Failure to thrive
  Malnutrition
  Common orthopedic problems
  Traumatic injuries
  Dermatologic disorders
  Hematologic disorders
  Allergies
  Respiratory distress

Reproductive Health Topics
  Gynecologic examination
  Pap smears
  Self-breast/self-testicular exams
  Diseases of the breast
  Normal menstruation
  Disorders of menstrual function
  Cyclic changes/PMS
  Sexuality/sexual dysfunction
Contraception
Sexually Transmitted Diseases
Pelvic inflammatory disease
Vaginitis
Prostatitis
Normal pregnancy
Ectopic pregnancy
Normal/abnormal labor
Normal/abnormal delivery
Incontinence
Urinary tract infection
Testicular mass
Benign prostatic hypertrophy
Cancer of the reproductive tract
Impotency
Sexual abuse/assault
Domestic violence

Cardiovascular topics
Hypertension
Hypertensive emergency
Ischemic heart disease
Congestive heart failure
Dyslipidemia
Atherosclerosis
Deep venous thrombosis
Arterial embolism
Peripheral vascular occlusive disease
Evaluation of chest pain
Palpitations
Dysrhythmias
Valvular heart disease

Pulmonary topics
Chronic obstructive pulmonary disease
Lower respiratory infections
Asthma
Interstitial lung disease
Sleep apnea
Pleural effusion
Evaluation of cough, dyspnea, stridor
Pneumothorax
Tracheal foreign body

Gastrointestinal topics
Nausea/vomiting
Dyspepsia
Dysphagia

Constipation
Diarrhea
Gastrointestinal hemorrhage
Hepatomegaly
Gastroesophageal reflux
Esophagitis
Gastritis
Gastric/duodenal ulcer
Irritable bowel syndrome
Pseudomembranous colitis
Inflammatory bowel disease
Diverticular disease
Infectious gastroenteritis
Hemorrhoids
Anorectal infections
Anal fissure
Jaundice
Cholelithiasis/cholecystitis
Hepatitis
Hepatic abscess
Cirrhosis
Pancreatitis
Hernias
Abdominal pain/mass

Musculoskeletal/rheumatologic topics
Back pain
Kyphosis/scoliosis
Spondylosis
Autoimmune arthritis
Osteoporosis
Osteoarthritis
Common fractures/dislocations
Sprains/strains
Contusions
Bursitis
Ganglion
Synovitis/tenosynovitis
Joint effusions
Osteomyelitis
Rotator cuff syndrome
Arthralgia
Gout/pseudogout

Endocrine/metabolism topics
Thyroid disease
Diabetes mellitus
Nutritional assessment
Diet therapies
Disorders of the adrenals

Hematology/Oncology
Anemia
Neutropenia
Leukemia
Lymphomas
Infectious mononucleosis
Transfusions
Weight loss
Cancer detection

Allergy topics
Anaphylaxis
Urticaria
AIDS
Allergic drug reaction
Allergic skin reaction

HEENT topics
Hearing loss
Otitis (external and media)
Tinnitus
Vertigo
Rhinitis
Sinusitis
Epistaxis
Pharyngitis
Oral candidiasis
Ulcerative oral lesions
Laryngitis
Foreign body

Dermatology topics
Types of lesions
Acne
Contact/atopic dermatitis
Eczema
Psoriasis
Pityriasis rosea
Rosacea
Seborrheic dermatitis
Bacterial infections
Fungal infections
Viral infections
Parasitic infections
Actinic keratosis
Malignant lesions of the skin
Nevi
Lipoma
Dermatofibroma
Epidermoid cysts
Alopecia
Drug reactions
Insect and other bites

Neuropsychiatric topics
Psychiatric testing
Delirium/dementia
Psychotic disorders
Personality disorders
Mood disorders
Anxiety disorders
Somatoform disorders
Substance use disorders
Drug overdose
Psychosexual disorders
Attention deficit disorder
Eating disorders
Epilepsy
Cerebrovascular disease
Parkinson disease
Multiple sclerosis
Meningitis
Headaches
Peripheral neuropathies
Alzheimer’s disease

Evaluation of
Palpitations/syncope
Chest pain

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Course Information
Semester: All
Meeting Days: Determined by the rotation preceptor
Location: Determined by the rotation preceptor

Instructor Information
Course Instructor: Kathy Tuinhoff, MS, PA-C
Office: CHHS 3438
Phone Number: 269-387-6415
Office Hours: Tuesday through Friday by appointment

Textbooks
INTERNAL MEDICINE
Current Medical Diagnosis and Treatment
Cecil Textbook of Medicine
Tarascon Pocket Pharmacopoeia current edition

Course Description
This course will place the student in a structured internal medicine clinical rotation under the direct supervision of a qualified preceptor. Students are expected to become proficient with a variety of clinical presentations and procedures, and develop competence in diagnosing, evaluating, monitoring, counseling, treating, educating, and/or referring patients, subject to site limitations. Selected readings will be assigned. These readings may change to reflect current medical literature.

It is the mission of Western Michigan University’s Physician Assistant Department to prepare generalist Physician Assistants. To fulfill this mission, it is necessary that students develop the skills necessary to organize, evaluate the significance of, and prioritize clinical information. Utilizing the principles of health promotion, disease prevention, and medical knowledge, they will be able to formulate a useful plan of evaluation, management and patient education.

Many patient problems encountered in primary care settings involve principals and concepts of internal medicine. For this reason, a rotation in internal medicine is required. The following list of instructional objectives is provided for the use of the student and preceptor, and is intended to serve as a guideline.

Course Objectives
Objectives in Section A and B are common to all rotations. Section C contains additional guidelines specifically related to internal medicine.

The objectives from Section A and B must be successfully completed during the rotation. It is understood that the unique characteristics of a rotation site may preclude the achievement of certain specific guidelines from Section C due to circumstances beyond the control of the Department, the student, or the preceptor. The list of procedures is intended to serve only as a guide in determining what types of procedures the student may learn to perform. The list should not be viewed as all-inclusive, nor is the completion of each procedure a requirement to pass the rotation.
The self-study reading list for the rotation may be utilized by the student and preceptor as a topic list upon which to focus the student’s attention.

**Section A**
Basic Objectives and Problem Solving:

The student is required to upload to Typhon one complete History and Physical Exam and one set of preoperative or postoperative orders representing his/her work on this rotation. These will be reviewed in Typhon. The department requires the preceptor to submit the student evaluation and a signed Typhon student log at the end of the rotation.

In order for the student to learn the evaluation and management of a wide range of patient problems, it is essential that the student meet the following objectives:

6870-1-01 **MK, IC, PC** The student will demonstrate/recall an adequate medical knowledge base. The student will apply and relate this knowledge to patients and their clinical presentations.

6870-1-02 **IC** The student will collect and record complete histories.

6870-1-03 **MK, PC, P** The student will accurately perform and record physical examinations. These examinations will include genital, rectal, pelvic, or breast exam when appropriate.

6870-1-04 **MK, PC** The student will formulate and record an accurate problem list, organize & assimilate data, and develop an appropriate differential diagnosis.

6870-1-05 **PC** The student will learn the fundamentals of new procedures and perform procedures with preceptor supervision.

6870-1-06 **MK, PC** The student will interpret the results of diagnostic tests and correlate them with the patient’s problems.

6870-1-07 **MK, IC** The student will be able to summarize and articulate pertinent patient data in a concise and accurate manner.

6870-1-08 **MK, PC** With the preceptor’s approval, the student will develop an appropriate treatment plan and write orders to initiate the treatment.

6870-1-09 **MK, IC, PC** The student will develop and record progress notes.

6870-1-10 **MK, IC, PC, P** The student will demonstrate competence in the ability to counsel patients and their families as to the identification of health risk factors and educate them in the activities which enhance health promotion and disease prevention.

6870-1-11 **MK, P** The student will demonstrate adequate precautions to avoid the spread of infectious diseases.
Section B
Objectives for Professional Demeanor:

6870-1-12  PC The student will become familiar with community resources appropriate for the internal medicine patient.

6870-1-13  P  The student will demonstrate a positive attitude toward learning, being available for learning activities and attentive to instruction.

6870-1-14  P  The student will respect the cultural diversity of staff, patients, and their families.

6870-1-15  P, IC, PC  The student will establish good rapport with medical staff personnel, and work within the team model of medical practice.

6870-1-16  P, IC, PC  The student will demonstrate strong communication skills and develop rapport with patients.

6870-1-17  P  The student will act within the Physician Assistant professional code as described in the “Code of Ethics of the PA Profession” found in the Student Handbook.

6870-1-18  P, PC, IC  The student will recognize and respect patient rights to autonomy and confidentiality.

6870-1-19  P  The student will perform all assigned duties reliably and competently. The student will demonstrate an awareness of his/her professional role and limitations.

Section C
Guidelines for specific Internal Medicine Clinical Experiences:

6870-1-20  MK, PC  The student will recognize and assess the common problems of internal medicine encountered during the rotation.

6870-1-21  MK, PC  The student will learn to recognize and evaluate medical problems requiring immediate or urgent treatment.

6870-1-22  MK, PC  The student will formulate a treatment plan for patients requiring immediate or urgent treatment under the preceptor’s guidance.

6870-1-23  MK, PC  The student will develop knowledge and skills in the care and treatment of pathologic conditions common to geriatric patients.

6870-1-24  MK, PC  The student will develop the ability to evaluate patients in intermediate and/or long term care facilities utilized by the practice to which he/she is assigned.
6870-1-25  MK, PC  The student will demonstrate knowledge of the appropriate utilization of palliative care.

6870-1-26  MK, PC  The student will learn the therapies, including pharmacotherapeutics, appropriate for the medical problems encountered during the rotation.

6870-1-27  MK, PC  The student will develop skill in basic electrocardiographic interpretation.

6870-1-28  MK, PC  The student will develop skill in identification of the basic radiologic findings of common internal medicine problems.

6870-1-29  MK, PC  The student will learn to perform the following basic procedures with the preceptor’s approval if such procedures are available at the rotation:

- Venipuncture
- Initiation of IV therapy
- Nasogastric intubation
- Specimen collection for lab analysis
- Arterial puncture
- Lumbar puncture
- Bone marrow aspiration
- Joint aspiration
- Endotracheal intubation
- Paracentesis
- Thoracentesis
- Central line (venous/arterial) monitoring
- CPR/ACLS procedures
- Obtain & interpret 12 lead EKG tracing
- Urethral catheterization
- Administration of parenteral medications
- PAP smears & wet mounts

The student will complete reading assignments as directed by the preceptor and/or instructor.

Class Policies
Attendance: Attendance has been shown historically to be a strong predictor of success in clinical course work and is therefore mandatory. If required by the preceptor, students shall take after hours call and be available to work during second and third shift work times. Any absence from a clinical rotation due to illness or sudden unforeseen event will be excused at the discretion of the Clinical Coordinator if the student has immediately informed the Clinical Coordinator via email of the absence. Planned absences must be requested of the Clinical Coordinator via email and shall be reviewed on an individual basis.

Make-up and late work: A make-up End of Rotation Examination is not a student right. Written documentation of an excused absence will be required for a make-up exam. (Policy PA-011)

Academic Honesty: You are responsible for making yourself aware of and understanding the policies and procedures in the Graduate Catalog (http://www.osc.wmich.edu/academicintegrity/catalog.html)
that pertain to Academic Integrity. These policies include cheating, fabrication, falsification and forger, multiple submission, plagiarism, complicity and computer misuse. If there is reason to believe you have been involved in academic dishonesty, you will be referred to the Office of Student Judicial Affairs. You will be given the opportunity to review the charge(s). If you believe you are not responsible, you will have the opportunity for a hearing. You should consult with me if you are uncertain about an issue of academic honesty prior to the submission of an assignment or test. Any violation of this policy will result in failing grade for that test/assignment and possible dismissal from the program. Any online quizzes must be completed individually. Sharing the quiz process in any fashion with another student is an academic integrity violation.

Accommodation for Disabilities: Any student with a documented disability (e.g. physical, learning, psychiatric, vision, hearing, etc), who needs to arrange reasonable accommodations must contact the Office of Disabled Student Resources and Services 387-2116 (http://dsrs.wmich.edu) at the beginning of the semester. A disability determination must be made by this office before any accommodations are provided by the instructor.

Religious Observances Policy: It is the Universities intent that students who must be absent from scheduled classes to fulfill religious obligations or observe practices associated with their faith not be disadvantaged. However, it is the student’s responsibility to make arrangements with his/her instructors in advance. It is in the student’s best interest to approach each instructor expeditiously and with sufficient notice that the rights and responsibilities of the instructor are not disrupted. (MOA-07/02)

Grading:
Any unsatisfactory rating on the preceptor evaluation of the student results in a rotation failure. Failure of a required rotation will cause the student to sacrifice an elective rotation in order to repeat the failed required rotation. If the student has no elective rotations to sacrifice, the student will be decelerated and required to repeat and successfully pass the rotation. Two rotation failures during the clinical year will result in an academic review. An End of Rotation Examination in Internal Medicine is administered after completion of the rotation. A score of 76% or greater on this examination is required to pass the clinical rotation. Two attempts to pass the End of Rotation Examination will be allowed, however, the maximum score recorded will be 76%. If the student fails both attempts, an academic review will take place.

In order to receive a grade, the student must successfully pass the End of Rotation Examination, upload a History & Physical Examination to Typhon, complete a site evaluation and a preceptor evaluation in Typhon, and return to the department a rotation Typhon log signed by the preceptor and a preceptor evaluation of student containing no unsatisfactory scores.

Rotations are graded Pass/Fail.

Tests:
Students will complete an End of Rotation Examination for each required rotation. These examinations will be completed during back to campus weeks. Extra examination times may be added by the Clinical Coordinator.

Students are responsible for making themselves aware of and understanding the University policies and procedures that pertain to Academic Honesty. These policies include cheating, fabrication, falsification and forgery, multiple submission, plagiarism, complicity and computer misuse. The
academic policies addressing Student Rights and Responsibilities can be found in the Graduate Catalog at http://catalog.wmich.edu/content.php?catoid=25&navoid=1030. If there is reason to believe you have been involved in academic dishonesty, you will be referred to the Office of Student Conduct. You will be given the opportunity to review the charge(s) and if you believe you are not responsible, you will have the opportunity for a hearing. You should consult with your instructor if you are uncertain about an issue of academic honesty prior to the submission of an assignment or test.

Students and instructors are responsible for making themselves aware of and abiding by the “Western Michigan University Sexual and Gender-Based Harassment and Violence, Intimate Partner Violence, and Stalking Policy and Procedures” related to prohibited sexual misconduct under Title IX, the Clery Act and the Violence Against Women Act (VAWA) and Campus Safe. Under this policy, responsible employees (including instructors) are required to report claims of sexual misconduct to the Title IX Coordinator or designee (located in the Office of Institutional Equity). Responsible employees are not confidential resources. For a complete list of resources and more information about the policy see www.wmich.edu/sexualmisconduct.

In addition, students are encouraged to access the Code of Conduct, as well as resources and general academic policies on such issues as diversity, religious observance, and student disabilities:

- Office of Student Conduct www.wmich.edu/conduct
- Division of Student Affairs www.wmich.edu/students/diversity
- University Relations Office http://www.wmich.edu/registrar/calendars/interfaith
- Disability Services for Students www.wmich.edu/disabilityservices

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<tr>
<th>CRITICAL CARE</th>
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<tr>
<td>Acute adrenal insufficiency</td>
<td>Congestive heart failure</td>
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<td>Thyroid storm</td>
<td>Hypertension</td>
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<td>Diabetic Ketoacidosis/acute hypoglycemia</td>
<td>Heart murmurs</td>
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<td>Acute glaucoma</td>
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<td>Pulmonary embolism</td>
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<td>Cardiac tamponade</td>
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<td>Pericardial effusion</td>
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<td>Chronic obstructive pulmonary disease</td>
<td>Reactive arthritis</td>
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<td>Pulmonary neoplasm</td>
<td>Systemic sclerosis (scleroderma)</td>
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<td>Carcinoid tumor</td>
<td>Sjögren syndrome</td>
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<td>Solitary pulmonary nodule</td>
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<td>Hiatal hernia</td>
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<tr>
<td>Mallory-Weiss tear</td>
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<td>Cancer of rectum, colon, esophagus, stomach</td>
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<td>Hemorrhoid</td>
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HEMATOLOGY

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

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<td>Diphtheria</td>
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<td>Gonococcal infections</td>
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MDSC 6870 Reading List
During the internal medicine rotation you will need to do extensive reading for the following reasons:

- To research topics for better understanding for the care of your patients.
- To complete assigned readings by preceptor and/or to prepare for end of rotation exams.
- To explore learning issues you have identified during your evaluation of patients.

It is not necessary to use a special text; however, some preceptors will reference the current edition of *CURRENT Medical Diagnosis & Treatment of Internal Medicine*. More extensive reading from current articles, available Internet information, and reference texts such as *Harrison’s Principles of Internal Medicine (current edition)* or *Cecil’s Textbook of Medicine* are encouraged for a more in-depth knowledge base. The ability to quickly access current literature will be your ally in the daily care of your patients. The focus of your reading should be a review of the pathology/physiology and an in-depth study of patient education, prevention, the clinical presentation, and treatment. Topics to cover include, but are not limited to:

**Cardiovascular Diseases**
- Structure & function of the heart and vessels
- Evaluation of the patient with CV disease
- Congenital heart disease
- Valvular heart disease
- Coronary heart disease
- Arrhythmias

**Respiratory Diseases**
- Myocardial and pericardial disease
- Peripheral vascular disease
- Anatomy & physiology of the respiratory system
- Diagnostic tests used in pulmonary disease
- Obstructive lung disease
• Neoplastic disease of the lung
• Infections of the upper and lower respiratory tract
• Interstitial lung disease
• Disorders of the pleural space, mediastinum, and chest wall

Renal Disease
• Renal structure and function
• Fluid and electrolyte disorders
• Glomerular disease
• Hypertension and vascular disorders of the kidney
• Acute and chronic renal failure
• GU Malignant Disorders

Gastrointestinal Disease
• Radiographic/endoscopic procedures in gastroenterology
• Diseases of the esophagus
• Diseases of the stomach, small, and large intestine
• Neoplasms of the gastrointestinal tract
• Diarrhea
• Inflammatory bowel disease
• Acute and chronic hepatitis
• Jaundice
• Hepatic neoplasms
• Disorders of the gallbladder and biliary tract

Hematology/Oncology Disease
• Hematopoiesis
• Anemia
• Leukocyte disorders
• Hematologic malignancies
• Hemostasis
• Coagulation disorders
• Principles of cancer therapy

Metabolic/Endocrine Diseases
• Principles of alimentation and hyperalimentation
• Hyperuricemia/gout
• Disorders of lipid metabolism
• Thyroid disease

• Diabetes mellitus
• Hypoglycemia
• Normal physiology of the bone
• Hypercalcemia and hypocalcemia
• Osteoporosis
• Paget’s disease

Musculoskeletal and Connective Tissue Diseases
• Rheumatoid arthritis
• Systemic Lupus Erythematos
• Polymyositis and inflammatory myopathies
• The spondyloarthropathies
• Osteoarthritis

Neurologic/Psychiatric Diseases
• Disorders of consciousness and higher brain function
• Disorders of sensory and/or motor function
• Cerebrovascular disease
• Epilepsy
• Infectious disease of the CNS
• Trauma of the head and spine
• Headache
• Depression
• Dementia/Delirium

The Biology of Aging

Infectious Diseases
• Laboratory diagnosis of infectious diseases
• Antimicrobial therapy
• Fever
• Bacteremia and septicemia
• Skin and soft tissue infections
• CNS infections
• Infections of the respiratory tract
• Acute infectious diarrhea
• Urinary tract infections
• HIV infection
• Infections in the immunocompromised host

Dermatology
• Common Dermatoses
HEENT

- Glaucoma
- Conjunctivitis
- Orbital cellulitis
- Cataracts
- Sinusitis
- Pharyngitis
- Vertigo
- Rhinitis

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MDSC 7100 – Professional Field Experience: Elective Rotation(s)

This is a generic syllabus that serves to illustrate objectives that are common to all elective rotations. Individual elective specialties have additional syllabi containing common objectives as well as learning objectives specific for that particular specialty. These syllabi can be accessed by signing in to eLearning. Go to the Physician Assistants Field Rotation Course table of contents and select “Course Syllabi”. The syllabi may be selected from the Course Syllabi menu.

Elective Rotation – 2nd Year

This course will place the student in a structured clinical rotation under the direct supervision of a qualified preceptor. This rotation is 8 weeks in length and typically is divided into two-four week segments, allowing students to request rotations in a variety of subjects. Students will be expected to become proficient with a variety of clinical presentations and procedures, and develop competence in diagnosing, evaluating, monitoring, counseling, treating, educating, and/or referring patients, subject to rotation specific objectives and site limitations. Selected readings will also be assigned. These readings may change to reflect current medical literature.

It is the mission of Western Michigan University’s Physician Assistant Department to prepare primary care physician assistants. To fulfill this mission, it is necessary that students develop the skills necessary to organize, evaluate the significance of, and prioritize clinical information. Utilizing the principles of health promotion, disease prevention, and medical knowledge, they will be able to formulate a useful plan of evaluation, management and patient education.

The following list of instructional objectives is provided for the use of the student and preceptor, and is intended to serve as a guideline.

Objectives in Section A and B are common to all rotations. The objectives from Section A and B must be successfully completed during the rotation. A self-study reading list for the rotation may be utilized by the student and preceptor as a topic list upon which to focus the student’s attention.

Section A
Basic Objectives and Problem Solving

The student is required to submit to the Department one complete History and Physical Exam or an alternative suggested by the Clinical Coordinator representing his/her work on this rotation. These will be reviewed and placed in the student’s file. The department will expect the preceptor to submit the student evaluation at the end of the rotation.

In order for the student to learn the evaluation and management of a wide range of patient problems, it is essential that the student meet the following objectives:

1. The student will demonstrate/recall an adequate medical knowledge base. The student will apply and relate this knowledge to patients and their clinical presentations.
2. The student will collect and record complete histories.
3. The student will accurately perform and record physical examinations. These examinations will include genital, rectal, pelvic, or breast exams when appropriate.
4. The student will formulate and record an accurate problem list, organize & assimilate data, and develop an
appropriate differential diagnosis.

5. The student will learn the fundamentals of new procedures and perform studies
6. The student will interpret the results of diagnostic tests and correlate them with the patient’s problems.
7. The student will be able to summarize and articulate pertinent patient data in a concise and accurate manner.
8. With the preceptor’s approval, the student will develop an appropriate treatment plan and write orders to initiate the treatment.
9. The student will develop and record progress notes.
10. The student will develop and record discharge summaries.
11. The student will demonstrate competence in the ability to counsel patients and their families as to the identification of health risk factors and educate them in the activities which enhance health promotion and disease prevention.
12. The student will demonstrate and utilize adequate precautions to avoid the spread of infectious disease.
13. The student will become familiar with community resources appropriate for the medicine patient.

Section B
Objectives for Professional Demeanor

1. The student will demonstrate a positive attitude toward learning, being available for learning activities and attentive to instruction.
2. The student will respect the cultural diversity of staff, patients, and their families.
3. The student will establish good rapport with medical staff personnel, and work within the team model of medical practice.
4. The student will demonstrate strong communication skills and develop rapport with patients.
5. The student will act within the Physician Assistant professional code as described in the “Code of Ethics of the PA Profession” found in the Student Handbook.
6. The student will recognize and respect patient rights to autonomy and confidentiality.
7. The student will perform all assigned duties reliably and competently.
8. The student will demonstrate an awareness of his/her professional role and limitations.

Grading: The course is pass/fail.

STUDY GUIDES
These are NOT comprehensive. They are not meant to replace reading or experience. Test questions are taken from the reading guide. These study guides simply augment your learning as you read. Seeing as many patients as possible, with as many problems as possible, along with focused and systematic reading, is the mainstay for exam preparation.

OB/GYN REVIEW
PHYSIOLOGY OF PREGNANCY
1. What does hPL and hCG stand for?
2. Name 4 expected skin changes in pregnancy.
3. What is the Chadwick sign? Hegar sign?
4. What is ectropion?
5. What is the “physiologic anemia” of pregnancy?
6. What changes do you expect in heart rate, stroke volume and cardiac output?
7. What happens to blood pressure?
8. What are the expected changes in respiratory rate, tidal volume, total lung capacity and vital capacity?
9. What happens to the WBC and platelet count?
10. How does progesterone affect smooth muscle? Name three consequences of this effect.
11. What happens to GFR, BUN, uric acid and creatinine? Why is there an increased risk for pyelonephritis in pregnancy? What does this put the patient at risk for?
12. What organism commonly causes a UTI in pregnancy?

ANATOMY
1. What are the broad ligaments, round ligaments, uterosacral ligaments
2. Given a diagram, can you identify landmarks (including bony, vascular, and soft tissue)?

PRENATAL CARE
1. What should you do for the initial visit of a pregnant woman?
2. How do you predict the patient EDC? (And you don’t have a wheel to look!)
3. What tests do you order for the first visit?
4. When are return visits scheduled?
5. What do you ALWAYS check at returning OB visits? (both for mother and child)

LABOR AND DELIVERY
1. What are Braxton Hicks contractions? How do you know?
2. Define: dilatation, effacement, engagement, station, crowning. How is each measured?
3. What are the stages of labor? How long does each last?
4. What are the two phases of the first stage of labor? How long do they last?
5. How should the mother be positioned during the first stage?
6. How is the fetus monitored during labor?
7. What are the seven cardinal movements of labor?
8. What do you do for a nuchal cord?
9. What types of lacerations may need repair. Describe each type
10. Name 10 indications for a c-section
11. What are the three types of c-section incisions? Do these types refer to the abdominal incision or the uterine incision?
12. What are the indications for each?
13. What are the indications for a forceps delivery? How are forceps deliveries classified?
14. What is dystocia?
15. What are the three “P’s” of abnormal labor and delivery?
16. What are normal fetal presentations and positions?
17. What are the types of breech presentations? face? brow? transverse lie?
18. What is shoulder dystocia and how is it managed?
19. What is a normal fetal heart rate?
20. Define: short-term variability, fetal accelerations, decelerations
21. What is the significance of early, late, and variable decelerations? How is each managed?
22. What is meconium and what is its significance?
23. Define pre term labor. What patients are at risk for this?
24. What are some preventative measures for pre term labor? What are treatment options?
25. Describe how the following medications might be used for preterm labor: tocolytics, calcium channel blockers, prostaglandin inhibitors, beta mimetic agents.
26. What are the beneficial effects of corticosteroids in preterm labor?
27. What is PROM? Name three tests that can be done to check for true rupture of membranes.
28. What are signs and symptoms of chorioamnionitis?

POST PARTUM
1. Define puerperium.
2. What are the changes expected during the puerperium in respect to lochia, menstruation, and lactation, renal and cardiovascular systems?
3. When is RhoGAM indicated and when is it given?
4. What is uterine atony and which patients are at risk for this?
5. What is the most common cause of post partum fevers? What are signs and symptoms for each?

ABORTIONS
1. Define the following (and include gestational age): abortion, preterm birth, intrauterine fetal demise, and stillbirth.
2. Define the following classifications of abortions: induced, spontaneous, complete, incomplete, threatened, inevitable, missed, septic, and recurrent.
3. When do most spontaneous abortions occur and what causes them?

ECTOPIC PREGNANCIES
1. Define. Where do most occur?
2. What are risk factors for this occurrence?
3. How is it managed medically and/or surgically?
4. What are complications?

INTRAUTERINE GROWTH
1. What is IUGR?
2. Name some common causes of IUGR.
3. How is screening accomplished? What tests can help evaluate?
5. What are the components of a biophysical profile?

MULTIPLE GESTATIONS
1. Define dizygotic and monozygotic. What is the incidence of each?
2. What factors influence each? Which is hereditary?
3. What type of placentas might be expected with each type?
4. How are twins usually diagnosed?

HYPERTENSION

1. Describe the classifications of hypertension in pregnancy.
2. What are the criteria for preeclampsia? What are signs and symptoms?
3. Who is at risk for preeclampsia?
4. What is the pathophysiology of this disease?
5. How is it managed?
6. What is HELLP syndrome?
7. What is eclampsia and how is it treated?

DIABETES

1. How is diabetes managed in a pregnant patient? Which medications are appropriate?
2. What is gestational diabetes? Who is at risk?
3. What risk does maternal diabetes pose to the infant?
4. Why is fetal maturity necessary to evaluate prior to delivery? How is it evaluated?
5. If a patient has gestational diabetes, what are the chances she will become a type 2 diabetic?

INFECTIONS

1. What are the “TORCH” infections?
2. What is toxoplasmosis? What organism causes this? How is it transmitted? How is it diagnosed and treated?
3. What is rubella? How does it present? What’s the difference between IgM and IgG? What do they mean?
4. What is herpes simplex? How is it transmitted? What are the complications of pregnancy with this infection?
5. What is the varicella-zoster virus? What does it cause? Why is it important in pregnancy? How can this be prevented?
6. Describe the presentation of the following infections and describe how they are treated in a pregnant patient: Neisseria gonorrhea, Chlamydia trachomatis, syphilis, Group B Streptococcus, HIV.

GYNECOLOGIC INFECTIONS

1. What are the symptoms of acute cystitis? What is the difference between acute urethral syndromes?
2. What are the most common organisms that cause this? What is the drug of choice?
3. Where are Bartholins glands located? What causes their enlargement?
4. Describe the signs, symptoms, and treatments of the following infections: Pediculosis pubis, scabies, molluscum contagiosum, condyloma acuminata, genital herpes, bacterial vaginosis, candidiasis, and trichomonas. Are these vaginal infections, cervical infections, or both?
5. What are signs and symptoms of cervicitis? Name two common organisms that cause cervicitis. How are they diagnosed and treated?
6. Define PID
7. What are common pathogens of PID? What are treatment options?
9. What are complications and preventative measures for PID?

FIBROIDS
1. What is a leiomyoma? What causes them? What makes them grow? What makes them shrink?
2. They are described by their location. Define intramural, submucosal, subserosal
3. How do they complicate pregnancy? What risks do they pose to the non-pregnant patient?
4. How are they treated medically and surgically?

PELVIC RELAXATION
1. Describe the important muscles, ligaments, and soft tissue that compose the pelvic floor and contribute to pelvic relaxation
2. Define pelvic relaxation
3. Who is at risk for this?
4. What are the signs and symptoms of pelvic relaxation?
5. Describe the following terms: cystocele, rectocele, enterocele, uterine procidentia.
6. What are the Kegel exercises? What are pessaries?
7. Describe surgical and non-surgical treatment options.

ENDOMETRIOSIS
1. Define endometriosis, endometriomas.
2. Where is this commonly found?
3. What is the relationship between endometriosis and infertility?
4. How do patients commonly present with this condition?
5. What physical exam finding is suggestive of endometriosis?
6. How is this condition classified and how is it treated?

CONTRACEPTION
1. Name three types of reversible contraception.
2. Describe advantages and disadvantages of the barrier methods. Compare and contrast the condom and diaphragm.
3. What are the risks and benefits of IUDs? What are the indications and contraindications to their use?
4. How do oral contraceptive agents prevent conception?
5. What are relative and absolute contraindications to use of OC’s?
6. What is the association between OCs and thromboembolic disease? hypertension? diabetes? thyroid function?
7. What are some signs and/or symptoms related to androgen content? estrogen content? progesterone content?
8. What is an appropriate choice for initial use of OC’s?
9. What advice do you give a patient who misses a pill? two pills?
10. What is a progestin challenge test?
11. Describe the function of injectable Depo Provera. How is it dosed? What are the advantages, disadvantages?

MENSTRUAL CYCLE
What is the average duration of the menstrual cycle? duration of menses? average blood loss?

1. Describe the hormonal levels during each phase of the cycle.
2. Define: follicular phase, proliferative phase, secretory phase, luteal phase.
3. If pregnancy does occur, describe what happens to hormonal levels.
4. Describe PMS/luteal phase dysphoric disorder and the physiology in relation to the phase of the cycle where it occurs.
5. Define primary and secondary dysmenorrhea.
6. Describe the patterns of abnormal bleeding: oligomenorrhea, polymenorrhea, menorrhagia, metrorrhagia, menometrorrhagia, hypomenorrhea.
7. What is the differential for abnormal uterine bleeding?
8. How is this diagnosed?

INFERTILITY
1. Define infertility.
2. Differentiate between primary and secondary infertility.
3. Describe the causes of infertility – break up into male and female etiology.
4. What questions would you ask in your history to identify a cause of infertility?
5. Describe the infertility workup.
6. What would an abnormal BBT indicate?
7. What would an abnormal endometrial biopsy indicate?
8. When would you order a serum progesterone?
9. Define a luteal phase defect. What tests/results would you expect to make this dx?
10. What would a hysterosalpingography show?
11. Describe a post coital test. What would this show you?
12. What would an abnormal Progesterone challenge test indicate?
13. What is DHEA-S?
14. Describe polycystic ovary syndrome. How is it treated?

MENOPAUSE
1. Define menopause and climacteric.
2. What is the median age of onset of menopause?
3. Describe the hormonal changes in perimenopause.
4. What is the association between body fat and estrogen production?
5. Describe the symptoms of menopause. How can each be treated?
6. What is osteoporosis? Describe the risk factors, treatment and prevention?
7. What happens to the lipid ratio in postmenopausal women?
9. When is combined replacement required?
10. Does HRT increase the risk of breast cancer?

CANCER SCREENING
1. What are the National Cancer Institute guidelines for cervical cancer screening?
2. What is the sensitivity and specificity of the Pap test?
3. What are the guidelines for breast cancer screening?
4. What is the sensitivity and specificity of the mammogram?
5. What test is used to screen for endometrial cancer? When is it indicated?
6. Know these terms: ectocervix, endocervix, squamocolumnar junction, metaplasia, dysplasia, transformation zone.
7. What is the significance of the transformation zone?
8. What is the relationship of dysplasia to cancer?
9. What is the principal causative agent of cervical squamous cell neoplasia?
10. What subtypes of HPV are associated with malignant transformation?
11. Does herpes virus cause genital cancer?
12. How is the Pap smear performed?
13. How should a patient with an abnormal pap be managed? When is colposcopy necessary?
14. What is the LEEP procedure? When is it indicated?

CANCERS
1. What is the incidence of breast cancer?
2. What are the risk factors?
3. What is fibrocystic disease? What is the cause? The treatment
4. What is the most common mass in a 30 year old (or younger)?
5. What is the most common cause of bloody nipple discharge?
6. What is the most common TYPE of breast cancer?
7. Which of the breast cancers have the best 5 year survival rate?
8. What is Paget’s disease?
9. What are the signs and symptoms of breast cancer?
10. What is peau d’orange?
11. Where does breast cancer metastasis??
12. What size of lesion can be seen on mammogram?
13. What is the false positive and false negative rate of mammography? What findings on mammogram require further evaluation?
14. Describe treatment options for breast, ovarian, endometrial & uterine cancers. What is the different between each type of surgical procedure?

PEDIATRIC REVIEW

GROWTH AND DEVELOPMENT
1. How is growth evaluated at a well child visit?
2. Describe some “rules” for growth that are expected for children from birth through 4 years of age.
3. What does the Denver Developmental Screening test evaluate? (Name 4 areas of evaluation) How is it administered?
4. Name developmental milestones for a child at 3 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, 3 years, 4 years and 5 years.
5. Describe normal speech development.

COMMON PROBLEMS IN INFANCY
1. What is colic? How is it evaluated and managed?
2. Define “failure to thrive”. What is the differential? How is it evaluated?
3. What is phenylketonuria? How does the disease manifest is left undetected? What is the screening test? How is it treated?
THE PERINATAL PERIOD
1. Name some causes of preterm birth.
2. What risks do preterm birth babies face?
3. What risks does a baby born of a diabetic mother face?
4. How is fetal pulmonary maturity assessed?
5. Describe the change of cardiovascular function before delivery and immediately after delivery.
6. Understand the Apgar scoring ~ what is scored, and how it is scored.

THE NEWBORN PERIOD
1. Describe the difference between caput succedaneum and cephalohematoma. What is the significance of each?
2. What is meconium staining? What is its significance and how does it affect the care of the infant?
3. How is gestational age assessed? Does the presence or absence of these findings indicate premature fetus or post dates?
4. Describe the significance of the following physical exam findings: vernix caseosa, hair tufts over spine, harlequin color change, Mongolian spots, nevus simplex, nevus flammeus, hemangiomas, erythema toxicum, milia, and edema.
5. Is a red light reflex normal in a newborn? A leukocoria?
6. What are supernumerary nipples? What do they mean?
7. What is the significance of a heart murmur in the new born period?
8. When is an umbilical hernia significant? How are they treated?
9. What are the Barlow and Ortolani tests/maneuvers? How is this test done and what is the significance?
10. How is neurologic function evaluated? Name the primary newborn reflexes – when are they present? When are they gone?
11. Which infants are at risk for Hyaline Membrane disease (Respiratory Distress Syndrome)?
12. What is “Patent Ductus Arteriosus”? What are the clinical manifestations?
13. What is transient tachypnea of the newborn?
14. What is ABO incompatibility? When does this develop? Define erythroblastosis fetalis, fetal hydrops. How is this prevented?
15. What is the significance of jaundice in the newborn? Describe the bilirubin pathway. What is the meaning of direct and indirect, conjugated and unconjugated?
16. List causes of elevated unconjugated hyperbilirubinemia? Causes of elevated conjugated hyperbilirubinemia? Which babies are treated and at what level?
17. Define kernicterus.
18. What are causes of neonatal hypoglycemia? Hypocalcemia?
19. How is neonatal sepsis diagnosed? What are the most common causative agents?

DEVELOPMENTAL/BEHAVIORAL PROBLEMS
1. Enuresis: What are the causes? At what age is it diagnosed? What are symptoms of organic causes of enuresis? How is it treated?
2. Encopresis: Define. What is the pathogenesis of encopresis? What puts a child at risk for this problem? How is it diagnosed and treated?
3. Mental retardation: What level of retardation (IQ score) is necessary to identify a child as mild? Moderate? Severe? Profound?
4. ADHD: What are common history and physical exam findings? How is the child evaluated? How is the diagnosis made? Treated?

CHILD ABUSE
1. What is the incidence?
2. What are factors are risk factors for abuse?
3. What specifically, should the history and physical exam include in a suspected case of abuse?
4. How should your suspicions be reported?

NUTRITION
1. Describe the diet of a normal infant for the first 12 months – if breast fed; if bottle-fed.
2. What supplements are suggested for the first 12 months for breast fed or bottle fed infants?
3. Describe the different options of types of formula. What are the benefits of each?
4. What is the incidence of childhood obesity? Who is at risk? How is it treated?
5. List some complications of childhood obesity.
6. Anorexia Nervosa and bulimia: Describe this disease(s). What are the history and common physical findings for each?
7. What is the differential diagnosis? What is prognosis?
8. What is treatment for these eating disorders? When is hospitalization indicated?

ACCIDENTS
1. What advice can you proactively give parents to PREVENT burns? To prevent accidental ingestion?
2. When is serum of ipecac recommended? Activated charcoal? Gastric lavage?
3. How are burns classified?
4. Explain the difference between first, second, third and fourth degree burns.
5. How are fluids and electrolytes managed in a patient with a severe burn?
6. How do you estimate the percentage of burns on a body? (Rule of 9’s).
7. How is the mechanics of CPR different for a child than an adult?

GENETICS
1. Given an inherited condition with a known dominant, recessive, or sex-linked condition, predict the chance of expression of that condition with future generations.

ADOLESCENT HEALTH
1. What is the Tanner staging? What is the expected order of sexual maturity (telarche, menarche, adrenarche, etc)
2. Describe the differences between boys and girls in their pubertal development.

IMMUNOLOGY AND ALLERGY
1. What is humoral immunity? Cellular immunity?
2. Explain the major components of host defense: Humoral immunity, cellular immunity, the complement system, phagocytic compartment.
3. How would a patient present with deficiencies in each of the above four components?
4. How do you evaluate suspected immunodeficiency syndromes?
5. Describe the following hypersensitivity reactions: Type I, II, III, and IV. Give examples of each.
6. Describe the three major pathologic events that contribute to airway obstruction in asthma. Describe common lab findings.
7. What is a differential for wheezing in a child?
8. How is asthma treated; both in the acute, chronic and preventative stages?
9. What are the clinical manifestations of allergic rhinitis, atopic dermatitis, anaphylaxis, PCN hypersensitivity, serum sickness, and urticaria?
10. Rheumatic disease: What are the characteristics and lab tests expected of a child with juvenile rheumatoid arthritis?
11. Describe Henoch-Schonlein Purpura.
12. Describe Kawasaki Disease.

INFECTIOUS DISEASE
1. Define fever.
2. Know the recommendations for routine administration of Hep B, DTP, Hib, MMR, Polio, and Varicella.
3. How do you differentiate between viral and bacterial illnesses?
4. Define FUO. What are the three most common causes of FUO in children? How should it be worked up? (age-specific protocols)
5. Meningitis, what is the cause? Who is at risk? What is the pathogenesis? What are the clinical manifestations?
6. Define aseptic meningitis.
7. Describe the results of the CSF if you have a diagnosis of bacterial meningitis and aseptic meningitis.
8. For each of the following infections, identify the cause (bug), the pathophysiology and the treatment: otitis externa, malignant otitis externa, otitis media, mastoiditis, nasopharyngitis, sinusitis, periorbital cellulites, pharyngitis, Vincent stomatitis, Ludwig angina, tetanus, botulism (infant), diphtheria, TB, N. meningitis, pertussis, pneumococcal infections, salmonellosis, typhoid, shigellosis, staphylococcal infections, group A streptococcal infections, scarlet fever, Lyme disease, impetigo, chlamydia, mycoplasma, cat-scratch disease, hand-foot-mouth disease, herpangina, fifth disease, Epstein Barr virus, Herpes simplex, varicella zoster, herpes zoster, rubeola, mumps, rubella, respiratory syncytial virus, Rocky Mountain Spotted Fever, giardiasis, toxoplasmosis, pinworm infection.

GI
1. What is the physiology of diarrhea?
2. What is the differential for a child with acute diarrhea? Chronic diarrhea?
3. Describe the presentation for infection with e.coli, salmonella, shigella, campylobacter jejuni, and clostridium difficile.
4. What is the pathophysiology of gastro esophageal reflux disease? How is it treated?
5. What is pyloric stenosis? How is the diagnosis made and how is it treated?
6. What is celiac disease? How is diagnosed and treated?
7. What are the clinical manifestations of appendicitis? How is evaluated?
8. What is intussusception? When is surgery indicated?
9. Describe briefly the following illnesses: biliary atresia, Reye Syndrome, Wilson Disease, alpha-1 antitrypsin deficiency.

RESPIRATORY
1. Review pulmonary physiology.
2. What is the differential for airway obstruction for: the newborn, an infant, toddlers, and older children?
3. What is cystic fibrosis? What is the genetic risk to carry on this disorder? What systems are affected by this disorder? How is the diagnosis made?
4. How does alpha-1 antitrypsin deficiency present with pulmonary findings?
5. Describe the following infectious illnesses and their treatment: epiglottitis, bronchiolitis, pneumonia (what are common etiologies based on age of patient).
6. What is sudden infant death syndrome?
7. How does a patient present with a foreign body aspiration? How is it diagnosed?
8. What is pulmonary hemosiderosis? What causes this?

CARDIOVASCULAR
1. Review the normal flow of blood before and after delivery.
2. Review the physical exam of a patient with possible cardiac disease.
3. Know the types of murmurs you would expect with known cardiac disease such as: PDA, pulmonary stenosis, VSD, etc.
4. What are the four components of tetralogy of Fallot? How does a child present?
5. What is transposition of the great arteries? How does this present?
6. What is rheumatic fever? How is it different than Scarlet fever?
7. What are Jones Criteria?

HEMATOLOGY/ONCOLOGY
1. Define anemia. How is it evaluated? Given a lab result (i.e. anemia that is hypochromic, microcytic), can you give the differential?
2. What part of the history will help diagnosis anemia? The physical?
3. What is aplastic anemia?
4. Define neutropenia.
5. What are the causes of leukocytosis?
6. What is Thrombocytopenia? Describe childhood ITP.
7. Describe hemophilia. VonWillebrand's Disease. Vitamin K deficiency

ENDOCRINE
1. Given a hormone, explain the feedback loop control.
2. How is short stature evaluated? What is the differential? How does bone age related to your diagnosis?
3. How is puberty evaluated if delayed? If precocious?
4. Review thyroid disease of children.
5. How does adrenal insufficiency present? What is Addison’s disease?
6. What are the signs and symptoms of hypocalcemia and hypercalcemia? What is Rickets?
7. Diabetes: how does it present in a small child? How are insulin requirements determined? What is the honeymoon period? What is the goal of treatment? What insulin preparations do you recommend for small children?

ORTHOPAEDIC PROBLEMS
1. Define the following “gait” problems: antalgic, Trendelenberg, waddling, and drop-foot gait. What are the common causes of these gaits?
2. For the following disorders of infants, describe the pathology, history/exam findings, and treatment: Developmental dysplasia of the hip, Legg-Calve-Perthes Disease, slipped capital femoral epiphysis, genu Varum (bowlegs), Genu Valgum (knock-knees), Femoral torsion, tibial torsion, Tibia Vera (Blount Disease), Baker cyst, Osgood-Schlatter Disease, chondromalacia patellae, metatarsus adductus, Talipes Equinovarus (clubfoot), pes planus.
3. For the following disorders of children, describe the pathology, history/exam findings and treatment for: scoliosis, spondylolysis and spondylolisthesis, torticollis, nursemaid’s elbow.
4. Define the following fractures: complete, buckle or torus fracture, greenstick, epiphyseal fractures (Salter and Harris Type I – V)

NEUROLOGIC PROBLEMS
1. Understand how the central nervous system develops.
   What is spina bifida? What is the incidence how is it detected in utero?
2. What is Reye syndrome?
3. Define concussion. How is this treated?
4. How are seizures classified in children? Which are more common? How is each treated?
5. Describe febrile seizures. How is this evaluated?

UROLOGY
1. Understand vesicoureteral reflux and relationship to urinary tract infections.
2. What are the age specific work-ups that should be completed on children who present with urinary tract infection?

SURGERY STUDY GUIDE
First review all cases in the Blueprints of Surgery book. These cases are excellent vignettes that will allow you to synthesize and process the information in order to make choices affecting patient care. These cases contain both laboratory and radiological interpretations.

Mont Reid Surgical Handbook

Perioperative Care
   Fluids and Electrolytes
Shock
Blood Component Therapy
Nutrition
Preoperative Preparation
Anesthesia
Wound Healing, Care, and Complications
Surgical Infections
The Diabetic Patient
Thromboembolic Prophylaxis and Management of Deep Venous Thrombosis

Specialized Protocols in Surgery
Trauma
Burn Care
Acute Abdomen
GI Bleeding
Intestinal Obstruction
Neurosurgical Emergencies
Diseases of the Breast
Thyroid
Peptic Ulcer Disease
Inflammatory Bowel Disease
Appendicitis
Colorectal Cancer
Anorectal Disorders
Diverticular Disease of the Colon
Gallbladder and Biliary Tree
Laparoscopic Inguinal Hernia Repair
Abdominal Wall Hernias
Acute Limb Ischemia
Mesenteric Ischemia
Urologic Surgery

Procedures
Management of the Airway
Bladder Catheterization
GI Intubation
Principles of Abscess Drainage

PSYCHIATRY REVIEW
MENTAL STATUS EXAM
1. Give examples of ways you might evaluate: appearance, behavior, attitude, orientation, immediate/recent/remote memory, concentration, cognition, speech, mood/affect, thought content, judgment, insight, perceptions, reliability, and impulse control.
CHILDHOOD
1. Define autism. What are characteristics and common presentation?
2. What is the prognosis and treatment of this condition?
3. Describe a typical patient Asperger’s Disorder.
4. ADHD stands for what?
5. Describe the typical ADHD patient and treatment.
6. Define enuresis and encopresis. How common is each?

DEMENTIA/DELIRIUM
1. Name four common causes of dementia.
2. What percentages of dementias are reversible?
3. Differentiate between Alzheimer’s deficits and normal aging.
4. Describe gross and microscopic neuroanatomy findings.
5. What neurotransmitters are deficient?
6. What is the treatment?

SUBSTANCE ABUSE
1. Define substance abuse, tolerance, dependence.
2. What psychiatric disorders are associated with substance abuse?
3. What neurotransmitters are involved with the following drugs: caffeine, nicotine, alcohol, opiates, barbiturates, amphetamines, cocaine, THC, LSD, and PCP?
4. Describe the symptoms of intoxication for each of the above. Describe withdrawal symptoms.
5. How is Antabuse used in the treatment of abstinence?
6. How is Methadone used in the treatment of abstinence?

SCHIZOPHRENIA
1. Define schizophrenia and describe the initial presentation of a typical patient.
2. What thought disorders are present during an acute psychotic episode?
3. What are some of the residual signs and symptoms?
4. What are hallucinations? Delusions?
5. What types of delusions are most common?
6. List “negative” and “positive” symptoms.
7. What are “ideas of reference”?
8. Name 5 subtypes of schizophrenia.
9. What is the chance of children of schizophrenic parents inheriting the disease?
11. What are common side effects of antipsychotics? How are these side effects treated?
12. Define acute dystonia, akathisia, tardive dyskinesia.
13. If a patient is non-compliant, what are your treatment options?
14. What is the prognosis of this disease?
15. What are the hallmarks of schizophreniform disorder and schizoaffective disorder that differentiates them from schizophrenia?
16. How can you differentiate delirium from schizophrenia?
17. How can you differentiate the manic phase of bipolar disorder from schizophrenia?
MOOD DISORDERS
1. Name four categories of mood disorders.
2. Describe a typical patient with major depressive disorder.
3. How often can a patient with major depressive disorder expect episodes to recur?
4. Name several classes of antidepressants. How long do they take to work? What are the major side effects of each class of drugs?
5. What is ECT and when is it indicated? How is it administered?
6. How long does an episode of depression last if untreated?
7. Describe a typical patient with Bipolar Disorder. Does depression or mania appear first?
8. What is the risk for relatives?
9. What medications are used to treat this condition?
10. What is the prognosis of this?
11. What is dysthymic disorder? Cyclothymic disorder? How are these treated? What is the prognosis?

ANXIETY
1. Describe an anxiety disorder.
2. Differentiate this disorder from fear.
3. Name 5 major classifications of anxiety disorders.
4. Describe a typical patient with generalized anxiety disorder.
5. What are effective pharmacologic treatments?
6. How often do panic attacks occur?
7. Is there a genetic component?
8. What medications are used to treat?
9. Describe a specific phobia and give examples.
10. Define social phobia. What is the best treatment for each?
11. Describe a typical patient with obsessive compulsive disorder.
12. What are common compulsions?
13. What is the occurrence, what age does it begin and is there a genetic component?
14. What neurotransmitter is associated with this disorder?

EATING DISORDERS
1. Describe a patient with anorexia nervosa.
2. List psychological and physical characteristics of this illness.
3. What is the postulated cause of this illness? What is the prognosis?
4. Describe a patient with bulimia nervosa.
5. Describe psychological and physical characteristics of this illness.

PERSONALITY DISORDERS
1. List five characteristics of personality disorders.
2. At what age do personality disorders first appear?
3. Describe typical patients with schizotypal, paranoid, antisocial, borderline, and avoidance personality disorders.
4. Describe patients with histrionic, narcissistic, obsessive-compulsive and passive-aggressive personality disorder.
OTHER
1. Describe characteristics of somatization, conversion, hypochondriasis, body dysmorphic, malingering, and undifferentiated somatoform disorder.
2. Describe sleep disorders COMBINED FAMILY & INTERNAL MEDICINE REVIEW

Skin
1. Describe the typical appearance of melanoma, basal cell and squamous cell carcinoma.
2. List the differential diagnosis for scaling disorders.
3. How is psoriasis treated?
4. How do you diagnosis and treat fungal infections of the skin?
5. List the usual bacterial causes of cellulitis and what antibiotics cover these organisms.
6. What are the signs and symptoms of scabies?
7. What preventive measures can be used to decrease the development of decubitus ulcers?

HEENT
1. What are the common causes of a red eye?
2. Compare and contrast bacterial and viral conjunctivitis.
3. How do you treat bacterial conjunctivitis?
4. How do you diagnose acute and open-angle glaucoma?
5. Describe the etiologies and evaluation of sudden vision loss.
6. What are the various classification groups of hearing loss?
7. What are the common causes of vertigo?
8. What are the signs and symptoms of acute sinusitis?

Pulmonary
1. Describe the physical exam findings of consolidation.
2. What are the common causes of acute shortness of breath?
3. What are the common PFT findings in restrictive and obstructive lung disease?
4. What is the current treatment plan for asthma?
5. What are side effects and long-term complications of steroids?
6. Compare and contrast emphysema and chronic bronchitis.
7. What are the common infectious causes of pneumonia?
8. How do you treat community-acquired pneumonia?
9. What are the signs and symptoms of tuberculosis?
10. What are the common side effects of the drugs used in the treatment of TB?
11. What are the clinical findings of bronchogenic carcinoma?
12. What is the typical presentation of the patient with a pulmonary embolism?
13. What is the gold standard for the diagnosis of pulmonary embolism?
14. What are the x-ray findings seen in pneumothorax and tension pneumothorax?

Cardiology
1. Review the cardiac cycle.
2. What are the common causes of chest pain?
3. What are the JNC VII treatment options for hypertension?
4. What causes the first and second heart sound?
5. What causes S3 and S4?
6. What are the typical EKG findings of anterior, inferior, lateral, and posterior wall MI?
7. Describe the physical exam finds of aortic and mitral valve stenosis and regurgitation.
8. List the risk factors for coronary artery disease.
9. What are the common side effects of the beta-blockers, ACE inhibitors, Calcium channel blocker and diuretics?
10. Describe the cardiac enzyme pattern seen in MI.
11. What are the contraindications to thrombolytic therapy in the acute MI?
12. How do you treat atrial fibrillation?
13. What are the signs and symptoms of left and right heart failure?
14. What are the current pharmacological treatment options in CHF?
15. What are Jones criteria?
16. What are the signs and symptoms of aortic dissection?
17. Risk factors for DVT. Diagnosis and treatment of DVT.
18. EKG findings of pericarditis.

**Hematology**
1. What are the major causes of microcytic anemia?
2. What are the intrinsic and extrinsic causes of hemolytic anemia?
3. Describe the work-up of the patient with anemia.
4. What leukemia is Philadelphia chromosome positive?
5. What are the diagnostic criteria for CLL?
6. What are B-symptoms?
7. What are the signs, symptoms and evaluation of multiple myeloma?
8. What are the signs and symptoms of TIP?
9. Pathophysiology of DIC.
10. What are the typical labs results seen in DIC?
11. Describe hemophilia A and B.

**Infectious Disease**
1. What are the current treatment options for HIV? Treatment of opportunistic infections?
2. Causes of FUO.
3. List the causes of meningitis. Treatment of meningitis.
4. For the major classes of antibiotics list the indications, side effects, and contraindication.
5. What is the mechanism of action for the antipyretics? **Gastroenterology**
1. What are the common causes of dysphagia?
2. List the causes of infectious diarrhea. What is the significance of fecal WBC’s?
3. Which infectious diarrhea causes are treated with antibiotics?
4. List the common causes of upper and lower Gl bleeding.
5. What causes ascites?
6. What is shifting dullness and a fluid wave?
7. Treatment of GERD- behavior modification and pharmacological.
8. What is achalasia?
9. What are the causes of PUD? Treatment of PUD.
10. What is the current protocol for treatment of Helicobacter pylori?
11. Review normal water absorption in the GI tract.
12. What are clinical and laboratory manifestations of malabsorption syndrome?
13. What are the signs and symptoms of both large and small bowel obstructions?
14. What are the signs and symptoms of appendicitis?
15. What is the treatment for C. difficile colitis?
17. What is the treatment for inflammatory bowel disease?
18. What are current screening recommendations for colon cancer?
19. What are the signs and symptoms of acute cholecystitis?
20. Interpret serology tests for viral hepatitis.
21. What is the treatment for hepatic encephalopathy?
23. What are Ranson’s criteria?

Neurology/Psychiatry
1. What are the components of the MMSE?
2. Describe the common side effects of benzodiazepines, SSRI’s, MAD inhibitors, TCA, and anti-psychotics.
3. What are the clinical findings of the various personality disorders?
4. What is the difference between depression and mania?
5. Difference between delirium and dementia?
6. List the causes of dementia.
7. What is the classification of headache?
8. What is the prophylactic treatment of migraines?
9. What are treatment options for seizure disorders?
10. Signs and symptoms of CVA. Risk factors for CVA.
11. What is the difference between a TIA and a CVA?
13. What are the differences between upper and lower motor neuron disorders?
Endocrine
1. Review the pituitary hormone axis.
2. What are the signs and symptoms of hypopituitarism?
3. What is the difference between acromegaly and gigantism?
4. Interpret basic thyroid test results.
5. Be able to differentiate between hypo and hyperthyroidism.
6. What are the signs and symptoms of hyperparathyroidism?
7. What is the current treatment for osteoporosis?
8. What are the signs and symptoms of Addison’s disease?
9. What are the signs and symptoms of Cushing’s syndrome?
10. What is an adrenal crisis?
11. What are the signs and symptoms of pheochromocytoma?
12. What are the long-term complications of diabetes mellitus?
13. Discuss the various oral anti-diabetic drugs.
14. Discuss the various insulin options and how to calculate a starting insulin dose.
15. What are the typical lab results noted in DKA?
16. What are the screening tests for lipid disorders?
17. What are the treatment options for hyperlipidemia?
18. What are the signs and symptoms of the common vitamin deficiencies?

Musculoskeletal
1. What are the classic physical exam findings of OA and RA?
2. What are the current treatment recommendations for OA and RA?
3. What crystals are noted in the synovial fluid in patients with gout and pseudogout?
4. What are the physical exam findings, signs and symptoms of nerve disorders at L4, L5 and S1?
5. What are the common side effects and complications seen with the use of NSAIDS?
6. What are the diagnostic criteria for SLE?
7. What is Giant cell arteritis?
8. What is fibromyalgia?
9. What are the bacterial causes of septic arthritis?
10. What is the most common cause of a monoarticular septic joint in a young adult?

Renal/Urology
1. Calculate an anion gap.
2. How are water and electrolytes reabsorbed in the nephron?
3. List the common causes of hypo and hypernatremia.
4. How do you treat hyperkalemia?
5. What are the ABG results you would expect in metabolic and respiratory acidosis and alkalosis?
6. What are the causes of elevated and non-elevated anion gap metabolic acidosis?
7. What is the significance of red and white blood cell casts in the urine?
8. Calculate the GFR using the Cockcroft-Gault method.
9. What are the causes of pre-renal, renal and post-renal renal failure?
10. What are the essentials for the diagnosis of nephritic and nephrotic syndromes?
11. What are the common causes of hematuria?
12. What are the treatment options for UTI and pyelonephritis?
13. What are the essentials for the treatment of acute bacterial prostatitis?
14. How to you treat BPH?
15. What are the current screening recommendations for prostate cancer?
16. What are the essentials for the diagnosis of renal cell carcinoma?

Forms can be found on the following pages
NAME ______________________

CLINICAL YEAR PERSONAL REQUEST FORM

GEOGRAPHIC CONSIDERATIONS (You are expected to list at least TWO major metropolitan areas in Michigan where you can obtain housing.)

Primary Residence:

Other locations with housing options:

HEALTH CARE EXPERIENCE

List Health Care Experience (include years of experience):

EDUCATIONAL ISSUES

GPA (PA Program):

GPA (Before PA Program):

List any courses you may have failed in your academic training thus far:

List any foreign languages you speak. Are you fluent?:

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**ELECTIVE ROTATIONS**

Please list your top 4 elective rotation choices:

1.
2.
3.
4.

Elective rotations, just as all other rotations are based on preceptor availability and therefore cannot be guaranteed. Some commonly requested electives include the following: neurology, ENT, dermatology, cardiology, critical care, hematology/oncology, orthopedics, CV surgery, gastroenterology, urology, pediatric critical care, trauma surgery, infectious disease, palliative care & rheumatology. If you have questions regarding electives, please direct them to the Clinical Coordinator.

List any family members that you have who work in the medical field; first name, last name and where they work.

**SPECIAL REQUEST**

If there is one rotation wish that is essential for you during your clinical year (e.g. for a specific site, a certain site at a specific time, a certain preceptor, etc.) what **ONE** thing would that be? Why?

Where do you see yourself working after graduation? Circle one.

**SURGICAL**  **PRIMARY CARE**  **SPECIALTY**  **HOSPITALIST**

Rotation assignments are based upon the information on this form. Changes in your requests will not be accepted after the final due date unless original requests cannot be fulfilled; e.g. top four electives listed are not available this year.
NEW PA PRECEPTOR INFORMATION  (To be filled out by student)
Please Print!

Practice Name_________________________________________________

Street Address_________________________________________________

City______________________   State___    ZipCode__________________

Contact Person_______________________  Phone#__________________

Contact email_________________________   Fax#___________________

Preceptor Name________________________________________________

Preceptor is (circle):   PA-C   NP   MD   DO  MSW

Preceptor’s Specialty____________________________________________

List inpatient facilities where preceptor practices___________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Your Name____________________________________________________

WESTERN MICHIGAN UNIVERSITY
The above named student is in good standing at the Western Michigan University Physician Assistant program.

Requested rotation: ___________________________ Dates of rotation: ___________________________


Departmental records show that this student has:

- Yes ☐ No  Personal health coverage: Aetna Student Health Insurance, Grp #1234567-17-101
- Yes ☐ No  Bloodborne pathogens/universal precautions training completed. Date: 09/11/12 & 07/xx/13
- Yes ☐ No  HIPAA Basics training completed. Date: 09/06/12  Date: 07/26/13
- Yes ☐ No  Criminal Background Check/Fingerprinting completed. Date: 08/30/12
- Yes ☐ No  12-panel random urine drug screen completed. Date: 1/12/13  Date: 07/20/13
- Yes ☐ No  Office of Inspector General (OIG) screen completed. Date: 11/19/12
- Yes ☐ No  ACLS training course completed. Date: 07/26/13
- Yes ☐ No  Epic training course completed. Date: 07/xx/13
- Yes ☐ No  This student will be covered by liability insurance while on rotation.

Records on file with Certified Background show this student has been tested on the following date(s):

<table>
<thead>
<tr>
<th>Test</th>
<th>Date</th>
<th>Results</th>
<th>If negative date of booster/series</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B Titer</td>
<td></td>
<td>Positive</td>
<td></td>
</tr>
<tr>
<td>Measles Titer</td>
<td></td>
<td>Positive</td>
<td></td>
</tr>
<tr>
<td>Mumps Titer</td>
<td></td>
<td>Positive</td>
<td></td>
</tr>
<tr>
<td>Rubella Titer</td>
<td></td>
<td>Positive</td>
<td></td>
</tr>
<tr>
<td>Varicella Titer</td>
<td></td>
<td>Positive</td>
<td></td>
</tr>
<tr>
<td>TdaP Vaccine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ppd</td>
<td></td>
<td>Negative</td>
<td></td>
</tr>
<tr>
<td>influenza Vaccine</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CONSENTS FOR DISCLOSURE

CONSENT FOR DISCLOSURE OF INFORMATION

Your clinical experience will involve both the inpatient and the outpatient settings. Typically, a letter is sent to a preceptor and the hospital(s) where the preceptor has privileges. Standards at most health care facilities require employees and students to have appropriate immunizations before they are allowed to work with patients. Therefore, you can expect that a copy of your verification form will be sent to both the preceptor and hospital administration for each of your rotations. PLEASE INDICATE YOUR UNDERSTANDING AND CONSENT FOR THE DISCLOSURE OF THIS INFORMATION BY SIGNING THE STATEMENT BELOW:

I understand that medical and personal information (as exemplified on the form found in this handbook) will be sent to preceptors and hospitals for the purpose of allowing me to work in a clinical facility.

__________________________   _________________
Signature     Date

Consent for Release of Social Security Number

During your clinical year, hospitals may give you an identification badge and/or access to their computerized data-collecting system for patient information. For some hospitals, personal information such as your birthday or your social security number is required to gain status to receive information from the patient information network. In that instance, the Program will be giving or asking you to give your preceptor or hospital administration this information. PLEASE INDICATE YOUR UNDERSTANDING AND CONSENT FOR THE DISCLOSURE OF THIS INFORMATION BY SIGNING THE STATEMENT BELOW:

I understand that personal information (as described above) will be sent to preceptors and hospitals for the purpose of allowing me to work in a clinical facility.
CONSENT FOR CRIMINAL BACKGROUND CHECK

I give my permission for the PA Program of Western Michigan University to release the results of a criminal background check using my name, birth date and social security number. I understand that I am responsible for the costs incurred to do this & I will provide a copy to the PA department.

_____________________________  _________________
Signature     Date

DOCUMENTATION OF UNDERSTANDING

Understanding of Scheduling Process

The clinical year is demanding, especially when going from clinic to clinic every 4 to 8 weeks. It is essential that you are 110% committed 100% physically and emotionally stable, and academically prepared. It is assumed that if you start a rotation, you are committed, healthy, and academically prepared. If you do not meet these essential requirements, it is your responsibility to request a leave of absence. Asking for a medical or personal leave of absence after you fail a rotation or exam will not be granted.

Placements are based primarily on availability of preceptors and academic need. Personal preference of location will also be considered, but cannot be guaranteed. Availability of preceptors is a fluid environment. Preceptors relocate, retire, and develop affiliations with other institutions. We continue to gain new preceptors as well. The options we have are different than they were even 6 months ago.

You will NOT be assigned rotations in one location. You WILL have to commute to rotations. You should EXPECT to complete several rotations at distant sites that require relocation to that site, including out-of-state rotations. Make accommodations now for childcare or other local responsibilities.

This year rotations are so tight, you will be allowed only a request or two. Keep in mind every year there are fewer options for rotations as more training programs open. Once assignments have been made, new requests are not taken. If your assignments are inconsistent with your requests, please take up the issue with the Clinical Coordinator. If you feel your concerns were not heard, you are welcome to discuss the situation with the director. Do NOT go directly to a physician or physician scheduler to rearrange a rotation. It is very important for the respect of the Program, that ALL communication with the preceptor regarding scheduling or placement come from one person – the clinical coordinator. You may suggest new preceptors, but you must follow the procedure outlined on page in this handbook.

The Program will provide you with a schedule prior to beginning your clinical year. The preceptors are given a schedule as well. Despite this organization, you can expect some changes and you will have to be flexible. Circumstances change, people forget, and we always have changes, especially those rotations that were confirmed nearly a year in advance. Expect change. It’s good practice for life.

I have read, had the opportunity to ask questions, and understand the information included on this page that describes the scheduling of clinical rotations.

_____________________________  _________________
Signature     Date
UNDERSTANDING OF ACADEMIC INTEGRITY
I have reviewed and understand the policy of Academic Integrity outlined in this handbook.

______________________________  ________________
Signature     DATE

UNDERSTANDING OF POLICY REGARDING DRESS AND APPEARANCE
I have reviewed and understand the policy on Professional Guidelines for Dress and Appearance. I agree to abide by these guidelines.

______________________________  ________________
Signature     DATE

UNDERSTANDING OF POLICY REGARDING ROTATION ABSENCES
I have reviewed and understand the policy on Rotation Absences outlined on page in this handbook. I agree to abide by this policy.

______________________________  ________________
Signature     DATE

UNDERSTANDING POLICY FOR EXPOSURE TO BLOOD BORNE PATHOGENS
I have reviewed the policy in this handbook and understand the procedures I need to follow should I be exposed to blood or body fluids during a rotation.

______________________________  ________________
Signature     DATE
UNDERSTANDING OF ACCOMMODATIONS FOR DISABILITIES
Any student with a documented disability (e.g., physical, learning, psychiatric, vision, hearing, etc.) who needs to arrange accommodations must contact Dorothy Fancher (dorothy.fancher@wmich.edu) or Jane Fraley-Burgett (jane.fraley@wmich.edu) at 269-387-2116 prior to the start of your clinical year. A disability determination must be made by this office before any accommodations are provided by the Instructor or Clinical Coordinator.

I have reviewed and understand the above:

__________________________________  _________________
Signature     DATE

UNDERSTANDING REQUIREMENT FOR MEDICAL CARE/INSURANCE
Since PA students are not employees of the University, clinic or hospital where rotations are assigned, they are not covered by these institutions for illnesses or accidents such as finger pokes, etc. Hospital and physician charges for such instances are the responsibility of the student.

Documentation of current medical insurance coverage is necessary. This information is sent to preceptors and hospitals with each rotation assignment. The PA Program requires notification of changes in your insurance so accurate information can be communicated.

I understand insurance coverage is required, and that I am responsible for any bills incurred as a result of illness or accident during a rotation.

__________________________________  _________________
Signature     DATE
Understanding of Grading and Academic Review

I have read the Academic Review Process on pages 26-27 of this handbook and understand that:

- A minimum passing grade of 76% is required on all exams
- A cumulative average of 82% for all exams is required in order to be granted a degree
- Even if all rotation courses are given a “Pass” grade, a student may not be granted a degree if she/he has not met the minimum cumulative average of 82%
- Keeping a log of patients seen, procedures and diagnoses is required for each rotation.
- An evaluation by the preceptor indicating performance at the satisfactory or honors level is required for a “Passing” grade to be assigned for each rotation
- An evaluation by the clinical coordinator indicating performance and professionalism at the satisfactory level is required for a “passing” grade for each rotation.
- Even one “Unsatisfactory” rating may result in an academic review and/or dismissal from the Program.

______________________________  _________________
Signature     DATE

CONSENT TO RECEIVE SCORES VIA E-mail

I give my permission for the faculty and/or department chair to send me my exam scores via e-mail.

______________________________  _________________
Signature     DATE

UNDERSTANDING OF CLINICAL YEAR HANDBOOK

I have received and read a copy of the Clinical Year Handbook and have had the opportunity to ask questions about the policies contained within.

______________________________  _________________
Signature     DATE
CERTIFICATE OF ATTENDANCE AND UNDERSTANDING: Universal Precautions, Sterile technique and Blood Borne Pathogens

I, _________________________________, have attended class and received information pertaining to sterile technique, infection control, universal precautions, and blood borne pathogens. I understand the information contained within this class. I have had the opportunity to ask questions.

Student signature: ____________________

Date: ________________________________

Witness signature: ____________________ Date: __________________

Eric Vangsnes, Ph.D., PA-C
Chair & Program Director

Western Michigan University HIPAA Form

Acknowledgment of Training
I _____________________________, acknowledge that I have received training regarding the policies concerning Protected Health Information (PHI) use, disclosure, storage and destruction, as well as the policy regarding sanctions for violations of the Privacy Rule and these Policies as required by HIPAA. I hereby agree that I will not at any time disclose PHI to any person or entity, internally or externally, except as is required and permitted in the course of my duties, and responsibilities as permitted under HIPAA. I understand that this obligation extends to any PHI that I may acquire, whether in oral, written or electronic form and regardless of the manner in which access was obtained. I understand and acknowledge my responsibility to apply these policies and procedures. I also understand that unauthorized use or disclosure of PHI will result in disciplinary action up to and including dismissal from the Western Michigan University (WMU) Physician Assistant (PA) Program and the imposition of civil penalties and criminal penalties under applicable federal and state law, as well as professional disciplinary action as appropriate.

I understand that this obligation will remain in effect until the end of my association with the WMU PA program, regardless of the reason of such termination.

Signed: _______________________________ Date: ___________________
UNDERSTANDING OF ACCEPTABLE PROFESSIONAL BEHAVIOR WITHIN A HOSPITAL or MEDICAL FACILITY

I understand that as a student I shall abide by all applicable rules and regulations of the hospital when on the hospital premises, including applicable Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and Health Insurance Portability and Accountability Act (HIPAA) standards. I understand that I am required to wear a name tag, indicating my student status, at all times.

Student signature: ________________________________

Date: ________________________________

Witness signature: ________________________________ Date: ________________________________

Eric Vangsnes, Ph.D., PA-C
Chair & Program Director
**Western Michigan University Physician Assistant Program**

**Incident Report Form**

Complete this form to report any non-auto related incident resulting in potential bodily injury, property damage, and/or loss or theft of property occurring while on rotation. Send the completed form within 48 hours of the incident to the PA Program clinical coordinator either by FAX (269) 387-5319 or e-mail to the Clinical Coordinator or the Chair. Please type or print the information legibly. Please keep a copy in your permanent records.

1. Name

2. Time and Date

3. Specific location of incident (street, bldg., room):

4. Description of incident: Explain in detail the manner in which the incident or loss occurred. Please state the conditions present at the time of loss (e.g., examination, procedure, surgery etc.). Use reverse side and additional sheets if necessary.

5. For potential bodily injury cases, give the name, address, and phone numbers of the injured party (if other than student):

6. Briefly describe the nature of the injury: (Use reverse side and additional sheets if necessary)

7. Was medical treatment administered for the injury? ☐ Yes ☐ No
   If so, what individual or organization provided medical treatment?

8. Is the injured party a student of Western Michigan University? ☐ Yes ☐ No
   If yes, has the Student Health Service been notified? ☐ Yes ☐ No

9. Were there any witnesses to the injury? ☐ Yes ☐ No
   If yes, provide their names, addresses and phone numbers.

10. If the loss is structural in nature or involves equipment, include a list of the items damaged or destroyed and an estimate of the replacement cost.

11. Was the risk manager at the clinical site notified? ☐ Yes ☐ No
    If so, provide the name and date notified:

12. Incident reported to: Name: ☐ Yes ☐ No
    (at clinical site)
    Title:
    Dept: Phone:
    Or
    ☐ Not reported

13. Signature:

14. Office Use Only Date received: By:
Alcohol and Illicit Drug Use Policy

The WMU Physician Assistant Department is committed to protecting the health, safety, and welfare of students, staff, and patients that are involved in the education of PA students. We must assure that a drug-free workplace is maintained and that University students perform their duties unimpaired by the effects of drugs and or alcohol.

Signs and symptoms of possible substance-related impairment include, but are not limited to: odor of alcohol or cannabis (Marijuana) on the student, slurred or incoherent speech, a change in personality, or a decline in academic performance. If, in the judgment of the instructor, preceptor, or supervisor it is determined that the student is impaired, he/she will be tested immediately (alcohol and illicit drug screen). Testing will be conducted by whole blood assay using head space gas chromatography. The student will then be asked to obtain transportation to leave the clinical site.

Any positive drug screen for illicit substances, whether random or for cause, or conviction of a substance related infraction, or a positive Blood Alcohol Concentration (BAC) or equivalent in a clinical scenario, results in immediate dismissal from the program without academic review.

The student may petition for re-admission ONLY upon documentation of a diagnosis of substance dependence, successfully treated, in remission and with the specific recommendation of the attending addictionologist. Such readmission is conditional on the student’s acceptance that a relapse/recurrence/re-offense will again result in automatic and immediate dismissal. In this instance, there will be no possibility of re-admission under any circumstances.

Any positive test for psychoactive substances on urine drug screen for which the student has a documented prescription leads to an immediate review by the Medical Review Officer and/or Medical Director. The Medical Director may then require follow-up blood testing, a one-on-one interview with the student, or a temporary hold on direct patient contact until impairment status can be determined.

Any student refusing to be tested (an alcohol breath test or a blood or urine drug test) will be per se, considered positive on that test. Sanctions will be applied to that student consistent with a positive alcohol or drug result as described in this policy.
Authorization and Release of Information for Initial Drug Screen
WMU Physician Assistant Department
Office of Community Corrections

Printed Name: __________________________________________________

Date of Birth: __________________________    Gender:    M      F

WIN#:  _______________________________

I authorize Office of Community Corrections to conduct a drug screen for any drug or substance requested by Western Michigan University Physician Assistant (PA) Department and to release those results to WMU PA Department.

I understand that individuals whose drug screening results are positive, or who refuse to take a drug screen at the request of the PA department or clinical placement site will not be placed or allowed to continue into the clinical rotation per the “Alcohol and Illicit Drug Use Policy” found in the clinical year handbook.

I understand I am responsible for additional charges should I need a positive test review by the Medical Review Officer.

I authorize Office of Community Corrections to send a copy of the results of this drug screen and any follow-up results and correspondence required to WMU Physician Assistant Department.

I authorize WMU Physician Assistant Department to release the results of my drug screen to any hospital, faculty or other partner healthcare agency which requests the results as a part of fulfilling my education/training requirements, or assess my qualifications for clinical rotations.

I understand that I may revoke this authorization at any time, but I must do so in writing and send it to the WMU Physician Assistant Department. The revocation will commence upon the date of the receipt by the WMU Physician Assistant Department. I understand that the information disclosed is subject to re-disclosure and will no longer be protected by the federal Privacy rules, 45 C.F.R. Parts 160 and 164.

_______________________________________________           _________________________________
Signature      Date
Instructions for required drug screen(s)

You are required to have a 12 panel drug screen prior to the start of clinical experiences in the first and second year of training and every 90 days during the second year of clinical training. This is a hospital requirement.

Please be aware that you will not be able to start or continue in your clinical rotations if you do not comply with this requirement and successfully pass the drug screening.

This testing can be done at the Office of Community Corrections (OCC) here in Kalamazoo. The cost is approximately $30.00 for a 12-panel drug screen and is subject to change by the OCC. You may also establish a drug testing account with CastleBranch which will allow you to get drug screens done while outside the State of Michigan at any Quest Diagnostics laboratory. CastleBranch will retain your records and the department will have access to them. Should your test be positive there may be additional charges for the Medical Review Officer’s evaluation.

1. You will be asked to sign an authorization and release of information form.
2. Always carry photo ID with you.
3. All students on psychoactive substances must provide a list of their prescriptions to the Medical Director within forty-eight hours of filling said prescriptions. The following information must be provided: drug name, dosage, directions for use, and prescribing provider with their designation (MD, DO, PA etc.)

During drug screening you will be asked to empty your pockets, therefore, limit the personal valuables you bring with you. Purses and bags are not allowed in the collection room. Further instructions will be given during the appointment to ensure proper collection and processing of the specimen.

In addition, if at any time during the clinical educational experience, there is a concern about behavior that may be attributed to alcohol or other drug use, a drug screen will be required. Failure to comply with this testing will assume a positive test.
PART I – HEALTH HISTORY & VERIFICATION OF INSURANCE

Instructions to student: This section must be completed by you PRIOR to having your physical exam. Comment on any positive answers. You may use the back of this form if necessary.

Allergies  Latex:   YES  NO

Please indicate if you have had any of the following in the past 12 months lasting greater than 2-3 weeks:

☐ Cough ____________________________  ☐ Shortness of breath __________________
☐ Fever ______________________________  ☐ Hemoptysis _________________________
☐ Night sweats _______________________  ☐ Skin infections ______________________
☐ Weight loss ________________________  ☐ Vomiting/diarrhea ____________________

Has your physical activity been restricted or your education interrupted for medical, surgical or psychiatric reasons during the past three years?

☐ No
☐ Yes _______________________________________________________________________

Do you have any physical disabilities or handicaps?

☐ No
☐ Yes _______________________________________________________________________

Have you ever received treatment or counseling for a chronic psychiatric condition, personality disorder or emotional problem?

☐ No
☐ Yes _______________________________________________________________________

Do you use drugs or substances that alter behavior?

☐ No
☐ Yes _______________________________________________________________________

Do you have any significant problems with your health at the present time?

☐ No
☐ Yes _______________________________________________________________________

I declare that I have no other health conditions other than those noted above, and will notify Western Michigan University’s PA program of any changes in my health status.
I also verify that I have personal health insurance coverage in effect during my training.

_________________________  _______________________________ _______________________
Date  Student Signature

_________________________  _______________________________ _______________________
Insurance company  Name of policy holder  Policy #
The American Academy of Physician Assistants recognizes its responsibility to aid the profession in maintaining high standards in the provision of quality and accessible health care services. The following principles delineate the standards governing the conduct of physician assistants in their professional interactions with patients, colleagues, other health professionals and the general public. Realizing that no code can encompass all ethical responsibilities of the physician assistant, this enumeration of obligations in the Code of Ethics is not comprehensive and does not constitute a denial of the existence of other obligations, equally imperative, though not specifically mentioned.

Physician Assistants shall be committed to providing competent medical care, assuming as their primary responsibility the health, safety, welfare, and dignity of all humans.

Physician Assistants shall extend to each patient the full measure of their ability as dedicated, empathetic health care providers and shall assume responsibility for the skillful and proficient transactions of their professional duties.

Physician Assistants shall deliver needed health care services to health consumers without regard to sex, age, race, creed, socioeconomic, and political status.

Physician Assistants shall adhere to all state and federal laws governing informed consent concerning the patient’s health care.

Physician Assistants SHALL seek consultation with their supervising physician, other health providers, or qualified professionals having special skills, knowledge, or experience whenever the welfare of the patient will be safeguarded or advanced by such consultation. Supervision should include ongoing communication between the physician and the physician assistant regarding the care of all patients.

Physician Assistants shall take personal responsibility for being familiar with and adhering to all federal/state laws applicable to the practice of their profession.

Physician Assistants shall provide only those services for which they are qualified via education and/or experiences and by pertinent legal regulatory process.

Physician Assistants shall not misrepresent in any manner, either directly or indirectly, their skills, training, professional credentials, identity, or services.

Physician Assistants shall uphold the doctrine of confidentiality regarding privileged patient information, unless required to release such information by law or such information that becomes necessary to protect the welfare of the patient or the community.

Physician Assistants shall strive to maintain and increase the quality of individual health care service through individual study and continuing education.

Physician Assistants shall have the duty to respect the law, to uphold the dignity of the physician assistant profession and to accept its ethical principles. The physician assistant shall not participate in or conceal any activity that will bring discredit or dishonor to the physician assistant profession and shall expose, without fear or favor, any illegal or unethical conduct in the medical profession.

Physician Assistants, ever cognizant of the needs of the community, shall use the knowledge and experience acquired as professionals to contribute to an improved community.

Physician Assistants shall place service before material gain and must carefully guard against conflicts of professional interest.

Physician Assistants shall strive to maintain a spirit of cooperation with their professional organizations and the general public.
College Of Health And Human Services  
Western Michigan University

Students’ Professional Standards and Responsibilities In Classroom and Clinical Practice

All students enrolled in courses/activities of the College of Health and Human Services are expected to abide by the University Code of Student Conduct. In addition, this document provides students, faculty, office staff and clinical supervisory staff in the College of Health and Human Services with a set of professional standards which all students must comply with and upon which all students enrolled in courses/activities in the College will be assessed.

For students enrolled in the professional disciplines of the college, the accumulation of knowledge must be accompanied by the acquisition of skills and professional attitudes and behavior. In all phases of professional education the student’s ability to utilize her/his intellectual ability and maintain emotional stability, particularly when under stress and within time limitations inherent in the professional setting, is vital for the successful completion of the program. Students must also meet those additional standards developed by their disciplines and to abide by the discipline-specific code of ethics.

I. Definition of Professional Standards*

As a professional in health or human services, students must possess more than knowledge and professionals skills in the discipline. They must possess and exhibit beliefs, values, and attitudes that are necessary to work effectively and interact with other students, faculty, staff, clinical supervisory staff, other professionals, clients, patients, and members of the community. These standards will be assessed throughout the professional program. The exhibition of these standards is mandatory for the successful completion of and graduation from an academic program in the College of Health and Human Services.

These standards are:

- Consistent punctuality
- Consistent dependability
- Honesty with and respect for other students in the program, faculty, staff, patients, clients, and clinical supervisory staff
- Demonstrated responsibility for previously learned material
- Fairness
- Demonstrated commitment to diversity and tolerance of diverse views
- Professional appearance
- Professional judgment
- Personal initiative
- High expectations for performance
- Commitment to professional growth
- Willingness to work in a partnership
- Demonstrated social and moral responsibility
- Demonstrated effective interpersonal relationships with others

*These standards were adapted from The Professional Dispositions document of the WMU College of Education. These in turn were adapted from a document issued by the Interstate New Teacher Assessment and Support Consortium (INTASC).

II. Assessment of Professional Standards

The Professional Standards will be assessed throughout the professional program.
A. Assessment Standards
1. an ability and willingness to acquire and integrate Professional Standards into one’s repertoire of professional behavior;
2. an ability to acquire professional skills in order to reach an acceptable level of professional competency; and/or
3. An ability to control personal stress and strong emotions which could interfere with professional functioning.

B. An assessment of Professional Standards that reveals one or more of the following characteristics may require remediation:
1. a student does not acknowledge, understand, or address a problem when it is identified;
2. a problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training;
3. the quality of services delivered by the student is sufficiently negative
4. a problem is not restricted to one area of professional functioning;
5. a student’s behavior does not change as a function of feedback, remediation efforts, and/or time.

Any concerns expressed over adherence to Professional Standards or any assessment identifying a failure to adhere to Professional Standards may be addressed through remediation. In cases of egregious or severe violations of Professional Standards, sanctions consistent with the applicable policies, procedures, and rules may be implemented without the opportunity for remediation.

III. Remediation Alternatives

It is important to have meaningful ways to address concerns regarding a student’s inability to exhibit Professional Standards. In implementing remediation interventions, the program administration must be mindful and balance the needs of the student, other students in the program, faculty, the clients/patients involved, and the clinical supervisory staff.

In appropriate circumstance, the program administration may implement corrective measures other than remediation. These may include the following.

A. A verbal warning to the student emphasizes the need to discontinue the inappropriate behavior under discussion. Record of this warning is appropriately documented in the student’s file.
B. After a reasonable time has elapsed since the verbal warning and student’s performance has not sufficiently improved, a written warning to the student will be issued and shall include:

1) a description of the student’s unsatisfactory performance/behavior, and recognition that the student had been previously afforded a verbal warning;
2) actions required of the student to correct the unsatisfactory performance/behavior;
3) the time line for correcting the problem (depending on the student, schedule modification may be time-limited;) and
4) what action will be taken if the problem is not corrected

C. A professional review within the school/department may be conducted to discuss behavior/activities. The outcome of this review may include a suspension of direct services activities (i.e. internship placement, rotation, etc.), a department/school approved leave from the program, or dismissal from the program.

IV. Equal Protection and Due Process: College General Guidelines
Equal protection and due process ensure that decisions about students are not arbitrary or personally biased. It ensures that evaluative procedures are applied equitably to all students. Due process allows for appropriate appeal procedures to the student. All steps need to be appropriately documented and implemented. General due process guidelines include:

A. As part of the departmental/school orientation process, present in writing to and discuss with students the department/school expectations regarding professional standards. This should also occur in each class at the beginning of the semester and should be included in each course syllabus.

B. Provide a written procedure to the student, which describes how the student may appeal the department/school’s action. Such procedures are included in the student handbook. The student handbook is provided to students and reviewed during orientation.

C. Document, in writing and to all relevant parties, the actions taken by the program and its rationale.

V. Due Process: College Procedures

The purpose of due process is to inform and provide a framework to respond, act, or dispute. Once a student has followed the review/appeal process of the program, s/he may appeal to the College of Health and Human Services Professional Standards Committee. The committee as a whole will be comprised of faculty members from each of the degree-granting programs. One faculty member will be elected by the faculty at large from each of the degree granting programs. Half of the elected faculty will serve four-year non-renewable terms; half will serve three-year non-renewable terms. Terms will run from September 1 through August 31 of each year.

1. A student aggrieved by an action taken within one of the programs in the College of Health and Human Services has the right to appeal such action by filing an appeal form in the Dean’s Office within 14 days of the aggrieved action.

2. Within fourteen working days, the appeal will be reviewed by the College of Health and Human Services Academic and Professional Standards Committee. The committee reviewing the appeal will be comprised of three faculty members selected randomly. (Committee members will not be asked to review appeals from students dismissed from their programs.)

3. Within two (2) working days of the completion of the review, the Professional Standards Committee will submit a written report to the chair/director, including any recommendations for further action. Recommendations made by the Committee will be made by majority vote.

4. Within two (2) working days of receipt of the recommendations, the chair/director will either accept or reject the Professional Standards Committee’s recommendations and will inform the designated chair of the committee in writing of her/his decision.

5. The chair of the committee will inform the student in writing of the outcome of the appeal.

6. If the student wishes to further appeal this decision, s/he may do so to a University Grade and Program Dismissal Appeals Committee (GAPDAC). This appeal must be initiated within twenty business days of the final notification of program dismissal. The student will initiate an appeal through the Office of the University Ombuds. When the Ombuds receives an appeal, the Provost or designate will schedule a meeting of a grade and program dismissal appeals committee using procedures determined by the Professional Concerns Committee of the Faculty Senate.
Social Media Statement

Students may not post to any social media platform or electronic communication system, including Twitter, Facebook, SnapChat, Vine, Instagram, or any other such platform any information—text, photos, or video—which is subject to the clinician patient privilege, HIPAA, or other privacy statute. This includes information that does not directly identify a patient(s) but could reasonably be viewed as revealing enough information to identify the patient(s).

Violation of this policy will result in an academic review that may include representatives of the College of Health and Human Services (CHHS) Ethics and Professionalism Committee and Legal Affairs. The Legal Affairs Department, CHHS, and the Department of Physician Assistant retain the rights to modify this policy at will.