CLINICAL ROTATION LEARNING OBJECTIVES

Internal Medicine Rotation

LEARNING OBJECTIVES

Setting
This Rotation will take place in an inpatient hospital setting and/or an outpatient setting for a five week duration.

Preceptor/Student Rotation Expectations
Students will conduct HPI or interval history and physical examination of patients independently and then present their assessment and plan orally to preceptors. Every patient seen by a student will also be seen by a preceptor before management plans are initiated. In addition to direct patient care, students will attend conferences, lectures, completed assigned readings and take call.

Rotation Objectives
The Physician Assistant Studies student will demonstrate the ability to:

I. Accurately perform and document complete Physical Examinations including the following:

- General
- HEENT
- Neck
- Lymph Node
- Cardiovascular
- Chest Wall/Lung
- Abdomen
- GU/Rectal
- Back/Extremities
- Derm
- Neurologic

II. Collect and chart patient information in Problem Oriented Medical Records (P.O.M.R.) and/or classical form.

III. Ask appropriate historical questions to formulate a differential diagnosis for the following complaints:

- Abdominal Pain
- Aphasia and dysphasia
- Arthralgia
- Bone pain
- Bowel incontinence
- Chest pain
- Constipation
- Cough
- Diarrhea
- Difficulty breathing
- Dysphagia & odynophagia
- Edema
- Eye pain
- Fatigue
- Fever
- Headache
- Hematemesis
- Hematoschezia
- Hematuria
- Hemoptysis
- Intermittent claudication
- Jaundice
- Jugular venous distension (JVD)
- Melena
- Muscle weakness
- Musculoskeletal pain
- Myalgia
- Night sweats
- Palpitations
- Paresthesia
- Pharyngitis
- Rectal bleeding
- Seizures
- Shortness of breath
- Syncope
- Tremor
- Urinary incontinence
- Urinary retention
- Vertigo/dizziness
- Vomiting
Weight loss/gain

IV. Identify the following problems/diagnoses through history, physical examination, and diagnostic studies, describe the standard of care, including medications and associated drug classes, and identify risk factors for each:

**CARDIOVASCULAR**

- Aneurysm
- Angina
- Cardiomyopathy
- Conduction disorders
- Congestive heart failure (CHF)
- Coronary artery disease
- Deep vein thrombosis (DVT)
- Endocarditis
- Giant cell arteritis
- Hypotension
- Hypertension
- Intermittent claudication
- Myocardial infarction (MI)
- Myocarditis
- Pericarditis
- Peripheral vascular disease (PVD)
- Superficial phlebitis
- Valvular Disease
- Varicosities

**RESPIRATORY**

- ARDS
- Asthma
- Atelectasis
- Carcinoma (Bronchial, Large cell, Small cell, Squamous cell)
- COPD
- Cor Pulmonale
- Pleural effusion
- Pneumothorax
- Pneumonia
- Pulmonary embolism (PE)
- Pulmonary Fibrosis
- Pulmonary Hypertension
- Sarcoidosis
- Tuberculosis (TB)
- URI

**ENDOCRINE**

- Adrenal insufficiency
- Cushing’s
- Diabetes insipidus
- Diabetes mellitus
- Hyperaldosteronism
- Hypercalcemia
- Hypocalcemia
- Hypoparathyroidism
- Hyperparathyroidism
- Hyperthyroidism
- Hypothyroidism

**SKIN**

- Cellulitis
- Jaundice
- Kaposi Sarcoma
- Malignancies
- Scleroderma

**H.E.E.N.T.**

- Goiter
- Thyroid carcinoma
- Tinnitus
- Vertigo

Rev. 2016 (Page 2 of 31)
CLINICAL ROTATION LEARNING OBJECTIVES

**VASCULAR**

Carotid artery stenosis  
Wegener's Granulomatosis

**HEMATOLOGIC/IMMUNOLOGIC**

AIDS, HIV  
Leukemia (AML/CML/ALL/CLL)

Anemia  
Multiple Myeloma

Coagulation disorders  
Sickle cell anemia

Hodgkin's/Non-Hodgkin's disease

**GENITOURINARY**

ARF  
Nephrotic Syndrome

Benign prostatic hypertrophy  
Polycystic Kidney Disease

Cancer (Bladder, Prostate, Renal, Uterine)  
Pyelonephritis

Chronic Kidney Disease  
Renal calculi

Cystitis  
Renal failure

Erectile dysfunction  
Sexually transmitted infections (STI)

Glomerulonephritis  
Urinary tract infections (UTI)

Incontinence

**MUSCULOSKELETAL**

Back pain  
Polymyalgia Rheumatica

Bone carcinoma  
Raynaud’s phenomenon / disease

Fibromyalgia  
Rheumatoid arthritis

Gout/Pseudogout  
Sjogren’s Syndrome

Osteoarthritis  
Systemic lupus erythematous (SLE)

Osteomyelitis

Osteoporosis

**NEUROLOGIC**

Altered states of consciousness  
Guillan Barre Syndrome

ALS  
Headache

Catatonic states  
Huntington’s Disease

Coma  
Meningitis

Cranial neuralgias  
Multiple Sclerosis

CVA / TIA  
Myasthenia Gravis

Delirium  
Parkinson’s Disease

Dementias  
Seizures

Encephalitis  
Temporal arteritis

Epidural and subdural hematomas

Rev. 2016 (Page 3 of 31)
**CLINICAL ROTATION LEARNING OBJECTIVES**

**GASTROINTESTINAL**

Carcinomas (Colon, Gastric)  
Celiac Disease  
Cholecystitis  
Chron’s Disease  
Cirrhosis  
GERD  
Granulomatous disease of the bowel  
Hepatic encephalopathy  
Hepatitis  
Irritable Bowel Syndrome  
Obstruction  
Pancreatitis  
Parasites  
Peptic Ulcer Disease (PUD)  
Portal hypertension  
Ulcerative colitis  
Wegener’s Granulomatosis

V. Perform the following:

- Administration and interpretation of 12-lead EKGs  
- Administration of intramuscular, intravenous, and subcutaneous injections

VI. Name the indications and contraindications for the following procedures:

- Chest Tube Insertion  
- Joint aspiration/Injection  
- Lumbar Puncture  
- Paracentesis  
- Peritoneal Dialysis  
- Tracheostomy

VII. Communicate medical education and counseling at the patient and caregivers’ level of comprehension to include:

- Diagnosis  
- Treatment options/recommendations  
- Diagnostic Procedures  
- Prognosis  
- Preventive Measures  
- Self care including glucose monitoring, insulin injection, dietary exchange lists, foot and eye care

VIII. Interpret the following lab studies/assessments:

- ABG  
- Amylase/Lipase  
- Blood, stool, respiratory, urine, wound and throat cultures  
- BMP/CMP  
- CBC-diff  
- Coagulation Panel  
- CRP  
- Drug Levels  
- ESR  
- Hemoccult  
- Mantoux PPD, Tine tests  
- Pulmonary function tests  
- Thyroid Panel  
- Urinalysis  
- Vital Signs

IX. Interpret extremity, chest, and abdominal x-rays

X. Utilize results of radiology reports from imaging studies, including CT scans, MRIs, ultrasounds, and ECHOs, to confirm diagnoses.

Rev. 2016 (Page 4 of 31)
XI. Identify the relationship between medical and socioeconomic problems.

XII. Identify indications for diagnostic procedures.

XIII. Order or perform applicable diagnostic, therapeutic, and medical procedures.

XIV. Identify the need for referrals for other medical/psychosocial service interventions.
Family Medicine Rotation
LEARNING OBJECTIVES

Setting
This Rotation will take place in an ambulatory/out-patient setting with adult and pediatric patient populations for a five-week duration.

Preceptor/Student Rotation Expectations
Students will conduct HPI or interval history and physical examination of patients independently and then present their assessment and plan orally to preceptors. Every patient seen by a student will also be seen by a preceptor before management plans are initiated. In addition to direct patient care, students will attend conferences, lectures, completed assigned readings and take call.

Rotation Objectives
The Physician Assistant Studies student will demonstrate the ability to:

I. Accurately perform and document complete Physical Examinations including the following:

<table>
<thead>
<tr>
<th>General</th>
<th>Abdomen</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEENT</td>
<td>GU/Rectal</td>
</tr>
<tr>
<td>Neck</td>
<td>Back/Extremities</td>
</tr>
<tr>
<td>Lymph Node</td>
<td>Derm</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>Neurologic</td>
</tr>
<tr>
<td>Chest Wall/Lung</td>
<td></td>
</tr>
</tbody>
</table>

II. Collect and chart patient information in Problem Oriented Medical Records (P.O.M.R.) or classical form.

III. Ask appropriate historical questions to formulate a differential diagnosis for the following complaints:

<table>
<thead>
<tr>
<th>Abdominal pain</th>
<th>Eating disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal pain</td>
<td>Facial pain / paralysis</td>
</tr>
<tr>
<td>Abuse: emotional / physical / sexual</td>
<td>Fatigue</td>
</tr>
<tr>
<td>Back pain</td>
<td>Fever</td>
</tr>
<tr>
<td>Bone / joint pain</td>
<td>Genital lesions</td>
</tr>
<tr>
<td>Bowel / bladder incontinence</td>
<td>Headaches</td>
</tr>
<tr>
<td>Breast mass</td>
<td>Hematemesis</td>
</tr>
<tr>
<td>Change in mental status</td>
<td>Hemoptysis</td>
</tr>
<tr>
<td>Chest pain (pleuritic / coronary)</td>
<td>Hyperactivity / inattention</td>
</tr>
<tr>
<td>Cough</td>
<td>Jaundice</td>
</tr>
<tr>
<td>Depression / anxiety</td>
<td>Lymphadenopathy</td>
</tr>
<tr>
<td>Diarrhea / constipation</td>
<td>Menorrhagia</td>
</tr>
<tr>
<td>Dizziness / vertigo</td>
<td>Metrorrhagia</td>
</tr>
<tr>
<td>Dyspepsia / dysphagia</td>
<td>Nasal hemorrhage</td>
</tr>
<tr>
<td>Dysuria / hematuria</td>
<td></td>
</tr>
</tbody>
</table>

Rev. 2016 (Page 6 of 31)
IV. Identify the following problems/diagnoses through history, physical examination, and diagnostic studies, describe the standard of care, including medications and associated drug classes, and identify risk factors for each:

**CARDIOVASCULAR**

- Arrhythmias
- Congestive heart failure
- Heart block

**RESPIRATORY**

- Asthma
- ARDS
- Bronchitis
- COPD
- Croup

**ENDOCRINE**

- Diabetes mellitus
- Hyperaldosteronism

**DERMATOLOGIC**

- Abscess
- Acrocorda (skin tags)
- Alopecia
- Common skin rashes
- Herpes Zoster
- Lice
- Onychomycosis

**H.E.E.N.T.**

- Cataracts
- Chalazion
- Conjunctivitis
CLINICAL ROTATION LEARNING OBJECTIVES

Hearing impairment
Hordeleum
Macular Degeneration
Meniere Disease
Otitis externa
Otitis media: serous / suppurative
Periorbital cellulitis
Pharyngitis
Sinusitis
URI

HEMATOLOGIC / IMMUNOLOGIC

Anemia
HIV / AIDS
Seasonal allergies
Sickle cell disease

GENITOURINARY

Benign prostatic hypertrophy
Breast masses
Cryptorchidism
Ectopic / intrauterine pregnancy
Epididymitis
Hydrocele
Impotence
Orchiditis
Prostatitis
Renal calculi
STDs
Stress/Urgo incontinence
Testicular torsion
Urethritis
Urinary retention
UTI
Varicocele

MUSCULOSKELETAL

Back pain
Chronic Fatigues Syndrome
Common M/S injuries
Fibromyalgia
Gout / Pseudogout
Muscle spasm
Osteoarthritis
Rheumatoid arthritis

NEUROLOGIC

ADD/ADHD
Alzheimer’s disease
CVA / TIA
Dementia
Delirium
Depression

GASTROINTESTINAL

Appendicitis
Cholecytitis
Esophagitis
Gastroenteritis
GERD
Hemorrhoids
Hepatitis
Irritable Bowel Syndrome
Pancreatitis
Peptic Ulcer Disease
V. Communicate medical education and counseling at the patient and caregiver’s level of comprehension to include:

- Breast feeding
- Cancers
- Contraception
- Exercise
- Heart Disease
- High Blood Pressure
- Immunizations – adult and child
- Lifestyle
- Mental health counseling
- Nutrition Pregnancy
- Proper hygiene
- Safety issues – seat belts, smoke detectors
- Smoking cessation
- STD’s
- Stress
- Substance abuse
- Weight loss

VI. Perform the following:

- Administration and interpretation of 12-lead EKGs
- Cast and splint application and removal
- Dressing change
- Suturing / suture removal

VII. Interpret the following laboratory results:

- ABG
- Amylase/Lipase
- Blood, stool, respiratory, urine, wound and throat cultures
- BMP/CMP
- CBC-diff
- Coagulation Panel
- CRP
- Drug Levels
- ESR
- Hemoccult
- Mantoux PPD, Tine tests
- Pulmonary function tests
- Thyroid Panel
- Urinalysis
- Vital Signs

VIII. Interpret extremity, chest, and abdominal xrays

IX. Utilize results of radiology reports from imaging studies, including CT scans, MRIs, ultrasounds, and ECHOs, to confirm diagnoses.

X. Identify the relationship between medical and socioeconomic problems.

XII. Identify indications for diagnostic procedures.

XIII. Order or perform applicable diagnostic, therapeutic, and medical procedures.

XIV. Identify the need for referrals for other medical/psychosocial service interventions.
Setting
This Rotation will take place in a hospital and clinic and/or private practice setting for a five-week duration.

Preceptor/Student Rotation Expectations
Students will conduct HPI or interval history and physical examination of patients independently and then present their assessment and plan orally to preceptors. Every patient seen by a student will also be seen by a preceptor before management plans are initiated. In addition to direct patient care, students will attend conferences, lectures, completed assigned readings and take call.

Obstetrics Objectives

The Physician Assistant Studies student will demonstrate the ability to:
I. Accurately perform and document complete Physical Examinations including the following:

<table>
<thead>
<tr>
<th>General</th>
<th>Abdomen</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEENT</td>
<td>GU/Rectal</td>
</tr>
<tr>
<td>Neck</td>
<td>Back/Extremities</td>
</tr>
<tr>
<td>Lymph Node</td>
<td>Derm</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>Neurologic</td>
</tr>
<tr>
<td>Chest Wall/Lung</td>
<td></td>
</tr>
</tbody>
</table>

GU and Abdominal Exams are to include, if applicable, the following:
Fetal positioning Fetal heart tones
Fundal height
Sterile examination of the vagina for rupture of membranes, lesions, and cervical dilation

II. Collect and chart patient information in Problem Oriented Medical Records (P.O.M.R.) and/or classical form.

III. Determine the stage of labor, station and positioning of fetal head, APGAR score and describe the normal maternal response to the labor process, both physiological and psychological.

IV. Identify the following problems/diagnoses through history, physical examination, and diagnostic studies, describe the standard of care, including medications and associated drug classes, and identify risk factors for each:
CLINICAL ROTATION LEARNING OBJECTIVES

PRENATAL

Abnormal Fetal Growth  
Alcohol abuse  
Anemias  
Asherman’s syndrome  
Braxton-Hicks  
Diabetes Mellitus  
Eating disorders  
Emesis gravidarum  
Gestational Diabetes  
Gestational trophoblastic disease  
Heart disease  
Hemorrhoids  
Hyperemesis  
Low back pain/discomfort  
Hypertension  
Hypotension  
Illicit drug use  
Infertility  
Inutero anomalies  
Multiple gestation  
Placenta abruptio  
Placenta accreta  
Placenta previa  
Pre-eclampsia/eclampsia  
Rh incompatibility  
Spontaneous abortion  
Thromophlebitis  
Tobacco use  
Uterine anomaly  
UTIs  
Vaginal/ uterine bleeding  
Varicosities

LABOR AND DELIVERY

Abnormal Fetal Heart Tones/Rate  
Breech position  
Cephalopelvic disproportion  
Chorioamnionitis  
Malpresentation  
Multiple gestation  
Premature onset of labor  
Post-partum depression  
Postpartum hemorrage  
Prolonged labor  
Shoulder dystocia

V. Explain the following common obstetrical terms including:

Amniocentesis  
Cesarean Section  
Descent  
Ectopic  
Effacement  
Engagement  
Episiotomy  
Lactation  
Leopold’s maneuvers  
Multiparity  
Nulliparity  
Rotation  
Sonogram  
Station

VI. Communicate medical education and counseling at the patient and caregiver’s level of comprehension to include:

Amniocenteses  
Chorionic villus sampling (CVS)  
Common genetic defects  
Common risk factors  
Contraceptives  
Danger signs during pregnancy  
Infant nutrition  
Labor and Delivery  
OTC and prescription medications adverse affects
CLINICAL ROTATION LEARNING OBJECTIVES

Prenatal lab testing
Prenatal nutrition
Sexually transmitted diseases

Signs of labor
Termination of pregnancy
Vaginal birth after C-section (VBAC)

VII. Explain the methods to protect the mother and baby at the onset of delivery including use of anesthesia/analgesia, episiotomies, forceps, and cesarean section.

VIII. When feasible, assist in the delivery process

IX. Identify the relationship between medical and socioeconomic problems.

X. Identify indications for diagnostic procedures.

XI. Order or perform applicable diagnostic, therapeutic, and medical procedures.

XII. Identify the need for referrals for other medical/psychosocial service interventions.

Gynecology Objectives

The Physician Assistant Studies student will demonstrate the ability to:

I. Accurately perform complete Physical Examinations including the following:

   General
   HEENT
   Neck
   Lymph Node
   Cardiovascular
   Chest Wall/Lung

   Abdomen
   GU/Rectal
   Back/Extremities
   Derm
   Neurologic

   Pelvic Exam to include, if applicable, the following:

   Vulvar, vaginal and cervical appearance
   Uterus size, shape, and position
   Ovary size, shape, and consistency
   Adnexal, cul-de-sac, rectovaginal septum abnormalities

II. Collect and chart patient information in Problem Oriented Medical Records (P.O.M.R.) and/or classical form.

III. Diagram a normal menstrual cycle and indicate stages of endometrial growth and the hormones predominant in each stage.

IV. Identify the following problems/diagnoses through history, physical examination, and diagnostic studies and describe the standard of care, including medications and associated drug classes, for each:
GROWTHS
Adhesions
Bartholin’s cyst
Endocervical polyp
Fibroids

Nabothian cyst
Ovarian cyst

INFECTIONIOUS DISEASE
Bacterial Vaginosis
Chlamydia
Condyloma
Gonorrhea
Hepatitis
HPV
HSV

Mastitis
Molluscum contagiosum
Non-gonococcal urethritis
Syphilis
Trichomonas vaginalis
Vulvovaginal candidiasis

MALIGNANCIES
Breast Cancer
Cervical cancer
Endometrial cancer

Ovarian cancer
Uterine cancer
Vulvar cancer

MENSTRUAL CYCLE DISORDERS
Amenorrhea
Dysmenorrhea
Menopause
Menorrhagia
Menorrhagia

Oligomenorrhea
Pelvic inflammatory disease (PID)
Premenstrual Syndrome (PMS)
Premenopause

OTHER ABNORMALITIES
Adenomysosis
Adnexal torsion
Breast Abscess
Cervical dysplasia
Cervical incompetence
Cystocele
Endometritis
Enterocoele

Fibroadenoma
Fibrocystic Disease
Galactorrhoea
Gynecomastia
Rectocele
Stress and urge incontinence
Uterine malformations
Vaginal/uterine/rectal prolapse

V. Describe all medication and procedural contraception options including risks, benefits, contraindications, and effectiveness.
VI. Describe the following gynecological surgical procedures, including indications, risks and potential post-operative complications:

Total Abdominal Hysterectomy
Laparoscopic Hysterectomy
Operative/Diagnostic Laparoscopy
Bladder repair procedures for urinary incontinence/urogenital prolapse
Treatment of cervical dysplasia and carcinoma
Endometrial Ablation
  • Endometrial Biopsy
  • Hysteroscopy
Dilatation and curettage (D&C)

VII. Where feasible, assist in the delivery process

VIII. Identify the relationship between medical and socioeconomic problems.

IX. Identify indications for diagnostic procedures.

X. Order or perform applicable diagnostic, therapeutic, and medical procedures.

XI. Identify the need for referrals for other medical/psychosocial service interventions.
Pediatrics Rotation
LEARNING OBJECTIVES

Setting
This Clinical Rotation will take place in an inpatient hospital setting, clinic or private practice setting for a five-week duration.

Preceptor/Student Rotation Expectations
Students will conduct HPI or interval history and physical examination of patients independently and then present their assessment and plan orally to preceptors. Every patient seen by a student will also be seen by a preceptor before management plans are initiated. In addition to direct patient care, students will attend conferences, lectures, completed assigned readings and take call.

Rotation Objectives
The Physician Assistant Studies student will demonstrate the ability to:

I. Accurately perform complete Physical Examinations including the following:

- General
- HEENT
- Neck
- Lymph Node
- Cardiovascular
- Chest Wall/Lung
- Abdomen
- GU/Rectal
- Back/Extremities
- Derm
- Neurologic

II. Collect and chart patient information in Problem Oriented Medical Records (P.O.M.R.) and/or classical form. For new patients, this will include mother’s pregnancy and delivery history.

III. Ask appropriate historical questions to formulate a differential diagnosis for the following complaints:

- Abdominal Pain
- Amenorrhea
- Anemia
- Colic
- Constipation
- Cough / wheezing
- Dehydration
- Diaper rash
- Diarrhea
- Drug / toxic ingestion
- Dysmenorrhea
- Earache
- Excessive / poor weight gain
- Fatigue / lethargy
- Fever
- Headache
- Hematuria
- Injury
- Joint pain
- Nuchal rigidity
- Rash
- Rectal bleeding
- Seizure
- Sore Throat
- Vomiting

IV. Identify the following problems/diagnoses through history, physical examination, and...
diagnostic studies, describe the standard of care, including medications and associated drug classes, and identify risk factors for each:

**CARDIOVASCULAR**

- Common cardiac murmurs
- Dilated cardiomyopathy
- Hypertension
- Kawasaki Disease

**RESPIRATORY**

- Airway obstruction
- Asthma
- Bronchitis
- Croup
- Pertussis
- Respiratory Distress Syndrome
- RSV

**ENDOCRINE/METABOLIC**

- Juvenile diabetes mellitus
- Lactose intolerance
- Phenylketonuria

**GENITOURINARY**

- Acute glomerulonephritis
- Acute renal failure
- Hemolytic Uremic Syndrome
- Minimal Change Disease

**DERM**

- Acne
- Burns
- Eczema
- Molluscum
- Scabies

**H.E.E.N.T.**

- Alopecia
- Cerumen impaction
- Cervical adenopathy
- Foreign body
- Hearing loss
- Laryngotraceobronchitis
- Periorbital cellulitis
- Peritonsillar abscess
- Pharyngitis
- Sinusitis
- Strabismus
HEMATOLOGIC/ONCOLOGY

Blood Disorders
Pediatric cancers
Tumors (benign)

MUSCULOSKELETAL

Acute orthopedic trauma (sprain, strain, dislocation, and fracture)
Brachial Plexus Injuries
CRPS
JIA
Lordosis
Kyphosis

Nursemaid’s elbow
Osgood-Schlatter disease
SCFE
Scoliosis

INFECTIOUS DISEASE

Appendicitis
Bronchiolitis
Conjunctivitis
Epiglottitis
Erythema infectiosum
HSV
HIV
Impetigo
Influenza
Lice
Measles / Mumps / Pertussis
Meningitis
Mononucleosis
Otitis media / externa

Pediculosis / scabies / pinworms
Periorbital cellulitis
Pharyngitis / tosillitis
Pneumonia
Rheumatic fever
Roseola
Rubella
Sinusitis
Tinea (pedis, corporis, cruris, capitus, versicolor)
Tuberculosis
URI
UTI
Varicella

GASTROINTESTINAL

Gastroenteritis
Hirschsprung’s
Intussusception

Meckel's Diverticulum
Volvulus

ALLERGIC CONDITIONS

Allergic rhinitis
Dermatitis
Food allergies

Seasonal allergies
Urticaria

CONGENITAL

Atrial Septal Defect (ASD)
Coarctation of the aorta
Cerebral Palsy

Chromosomal/Genetic Disorders
Cryptorchidism
CLINICAL ROTATION LEARNING OBJECTIVES

Cystic Fibrosis
Down Syndrome
Fetal alcohol syndrome (FAS)
Hernias (femoral, inguinal, umbilical)
Hip dislocation
Muscular Dystrophy
Neurofibromatosis

Osteogenesis Imperfecta
Patent Ductus Arteriosus (PDA)
Pyloric Stenosis
Sickle cell disease / trait
Spina Bifida
Tetralogy of Fallot
Ventricular Septal Defect (VSD)

PSYCHOLOGICAL AND SOCIAL

ADD, ADHD
Autism Spectrum Disorders
Conduct Disorders
Mood Disorders
Non-accidental trauma / child abuse

Personality Disorders
Somatoform Disorders
Substance Abuse

DEVELOPMENTAL DELAYS

Fine and gross motor skills
Swallow

Speech

NUTRITION

Anorexia nervosa / bulimia
Failure to thrive
Iron deficiency anemia (IDA)
Lactose intolerance

Obesity
Vitamin / nutrient deficiencies

V. Administer routine immunizations

VI. Obtain specimens for throat, urine, and wound cultures

VII. Conduct tympanometry exam

VIII. Interpret the following laboratory data:

ABG
Bilirubin
CBC-diff
CMP
Coagulation Panel

CSF
Drug Levels
Newborn Screening Panel
PKU
Vital Signs

IX. Interpret extremity, chest, and abdominal xrays

X. Utilize results of radiology reports from imaging studies, including CT scans, MRIs, ultrasounds, and ECHOs, to confirm diagnoses.
XI. Identify the relationship between medical and socioeconomic problems.

XII. Identify indications for diagnostic procedures.

XIII. Order or perform applicable diagnostic, therapeutic, and medical procedures.

XIV. Identify the need for referrals for other medical/psychosocial service interventions.

XV. Communicate *medical education and counseling* at the patient and caregiver’s level of comprehension to include:

SAFETY: Car seats, choking, firearms, poison control, and water safety

NUTRITION: Growth and development, infant, toddler, childhood, and adolescent dietary requirements and choices
Surgery Rotation
LEARNING OBJECTIVES

Setting
This Clinical Rotation will take place on the surgical service of a hospital or with a surgery practice setting for a five-week duration.

Preceptor/Student Rotation Expectations
Students will conduct HPI or interval history and physical examination of patients independently and then present their assessment and plan orally to preceptors. Every patient seen by a student will also be seen by a preceptor before management plans are initiated. In addition to direct patient care, students will attend conferences, lectures, completed assigned readings and take call.

Rotation Objectives
The Physician Assistant Studies student will demonstrate the ability to:

I. Accurately perform and document complete Physical Examinations including the following:

   | General | Abdomen |
   | HEENT   | GU/Rectal |
   | Neck    | Back/Extremities |
   | Lymph Node | Derm |
   | Cardiovascular | Neurologic |
   | Chest Wall/Lung |

II. Collect and chart patient information in Problem Oriented Medical Records (P.O.M.R.) and/or classical form.

III. Ask appropriate historical questions to formulate a differential diagnosis for the following complaints:

<p>| Abdominal pain | Groin mass |
| Abnormal stools | Headache |
| Ascites | Hematemesis |
| Back /extremity pain | Hematoschezia |
| Breast mass | Hematuria |
| Chest pain | Hemoptysis |
| Diarrhea / constipation | Indigestion / gas pain |
| Dizziness / lightheadedness | Jaundice |
| Dysphagia / odynophagia | Joint pain |
| Eructation / flatulence | Lymphadenopathy |
| Eye pain | Nausea / vomiting |
| Fatigue | Neck fullness / mass |
| Fecal incontinence | Paresthesia |
| Flank pain | Peripheral ischemia |
| Fracture | Polyuria / nocturia / dysuria |</p>
<table>
<thead>
<tr>
<th>Clinical Rotation Learning Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rectal bleeding</td>
</tr>
<tr>
<td>Scrotal/testicular mass</td>
</tr>
<tr>
<td>Shortness of breath</td>
</tr>
<tr>
<td>Sinusitis</td>
</tr>
<tr>
<td>Skin cancer</td>
</tr>
<tr>
<td>Skin masses</td>
</tr>
<tr>
<td>Syncope</td>
</tr>
<tr>
<td>Tonsillitis</td>
</tr>
<tr>
<td>Urinary hesitancy / retention</td>
</tr>
<tr>
<td>Urinary incontinence</td>
</tr>
<tr>
<td>Weight loss / gain</td>
</tr>
</tbody>
</table>

IV. Identify the following problems/diagnoses through history, physical examination, and diagnostic studies, describe the standard of care, including medications and associated drug classes, and identify risk factors for each:

**CARDIOVASCULAR**

- Aortic aneurysm
- Arteriosclerotic occlusive disease
- Carotid atherosclerotic disease
- Thrombophlebitis

**RESPIRATORY**

- Atelectasis
- Hemothorax
- Mediastinal masses
- Pleural effusion
- Pneumothorax
- Pulmonary embolism

**DERM**

- Lipomas
- Sebaceous cysts
- Warts

**H.E.E.N.T.**

- Goiter
- Nasal polyps
- Thyroid carcinoma
- Thyroid masses
- Tonsillar / adenoidal hypertrophy

**ONCOLOGY**

- Breast cancer
- GI tract cancer (colorectal, esophageal, gastric, hepatic, intestinal, pancreatic)
- Lung cancer
- Skin cancer (BCC, SCC, melanoma)
CLINICAL ROTATION LEARNING OBJECTIVES

GENITOURINARY

Renal calculi

MUSCULOSKELETAL

AKA

BKA

GASTROINTESTINAL

Anal fissure

Intussusception

Appendicitis

Mallory-Weiss syndrome

Cholangitis

Meckel’s diverticulum

Cholecystitis

Mesenteric ischemia

Cholelithiasis

Pancreatitis

Crohn’s disease

Perirectal abscess

Diverticulosis / diverticulitis

Pheochromocytoma

Esophageal varices

Small bowel obstruction

Hemorrhoids

Ulcerative colitis

Hemias (abdominal, hiatal, inguinal, surgical, umbilical)

Volvulus

POST-OPERATIVE COMPLICATIONS

Adhesions

Pneumonia

Arrhythmias

Pulmonary embolism

Atelectasis

Urinary retention

Cerebral vascular accidents

Investigations

Common bile duct injury

V. Perform the following:

Dehiscence and evisceration

Aseptic technique

Diarrhea / constipation

Identification of surgical instruments

DVT

Role of First Assist to surgeon

Fever

Suture placement and ties

Ileus

Suture removal

Infection

Wound care

Nausea / vomiting


VI. Interprete the following lab studies:

ABG

CBC-diff

Amylase/Lipase

CRP

Biopsy and fine needle aspirations

Cultures (blood, respiratory, wound, urine)

BMP/CMP

Vital Signs

VII. Interpret extremity, chest, and abdominal x-rays

Rev. 2016 (Page 22 of 31)
VIII. Utilize results of radiology reports from imaging studies, including barium enema, CT scans, HIDA scans, ERCP, MRIs, small bowel follow-through, upper GI series, and ultrasounds, to confirm diagnoses.

IX. Describe the following surgical procedures:

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abscess incision and drainage</td>
<td>LADD procedure</td>
</tr>
<tr>
<td>Appendectomy: lap / open</td>
<td>Lymph node resection</td>
</tr>
<tr>
<td>Billroth I / Billroth II / Roux-en-Y</td>
<td>Mastectomy: simple / radical</td>
</tr>
<tr>
<td>Bowel resection</td>
<td>Nissen procedure</td>
</tr>
<tr>
<td>Breast mass removal</td>
<td>Port/CVL placement</td>
</tr>
<tr>
<td>Cholecystectomy: lap / open</td>
<td>Removal of benign and malignant</td>
</tr>
<tr>
<td>Colectomy / colostomy</td>
<td>skin tumors</td>
</tr>
<tr>
<td>GTube placement</td>
<td>Thyroidectomy: total / partial</td>
</tr>
<tr>
<td>Hemorrhoidectomy</td>
<td>Whipple procedure</td>
</tr>
<tr>
<td>Hernia repair</td>
<td></td>
</tr>
</tbody>
</table>

X. Communicate medical education and counseling at the patient and caregiver’s level of comprehension to include pre-op and post-op instructions.

XI. Identify the relationship between medical and socioeconomic problems.

XII. Identify indications for diagnostic procedures.

XIII. Order or perform applicable diagnostic, therapeutic, and medical procedures.

XIV. Identify the need for referrals for other medical/psychosocial service interventions.
Emergency Medicine Rotation
LEARNING OBJECTIVES

Setting
This Clinical Rotation will take place in the Emergency Department of a hospital for a five-week duration.

Preceptor/Student Rotation Expectations
Students will conduct HPI or interval history and physical examination of patients independently and present their assessment and plan orally to preceptors. Every patient seen by a student will also be seen by a preceptor before management plans are initiated. In addition to direct patient care, students will attend conferences, lectures, completed assigned readings and take call.

Rotation Objectives
The Physician Assistant Studies student will demonstrate the ability to:

I. Accurately perform and document complete Physical Examinations including the following:

| Examination                  |  |
|------------------------------|  |
| General                      |  |
| HEENT                        |  |
| Neck                         |  |
| Lymph Node                   |  |
| Cardiovascular               |  |
| Chest Wall/Lung              |  |
| Abdomen                      |  |
| GU/Rectal                    |  |
| Back/Extremities             |  |
| Derm                         |  |
| Neurologic                   |  |

II. Collect and chart patient information in Problem Oriented Medical Records (P.O.M.R.) and/or classical form.

III. Ask appropriate historical questions to formulate a differential diagnosis for the following complaints:

| Complaint                    |  |
|------------------------------|  |
| Abdominal pain               | Fractures (open/closed) |
| Acute asthma                 | Headache |
| Allergic reactions           | Hematuria |
| Altered state of consciousness| Hemorrhage|
| Back pain                    | Multiple and Single Trauma: head, thorax, abdomen, and extremity |
| Burns                        | Nausea / vomiting |
| Chest pain                   | Rectal bleeding |
| Common knee injuries         | Seizures |
| Diarrhea                     | Shock |
| Dyspnea                      | Sore throat |
| Dysuria                      | Sprains/Strains |
| Earache                      | Urethral discharge |
| Fever                        | Vaginal bleeding |
CLINICAL ROTATION LEARNING OBJECTIVES

Vaginal discharge

IV. Identify the following problems/diagnoses through history, physical examination, and diagnostic studies, describe the standard of care, including medications and associated drug classes, and identify risk factors for each:

**CARDIOVASCULAR**

Angina
Cardiac arrhythmias
Cardiac tamponade
Congestive heart failure

Malignant hypertension
Myocardial infarction
Pericarditis

**RESPIRATORY**

Airway obstruction
Asthma
Atelectasis
Croup
Hemoptysis
Hemothorax / pneumothorax

Pleuritic chest pain
Pneumonia
Pulmonary edema / effusion
Pulmonary embolus

**ENDOCRINE**

Diabetes mellitus
Diabetic ketoacidosis

Thyroid storm

**DERMATOLOGIC**

Abscess
Animal/Insect Bites
Burns
Cellulitis

Contact dermatitis
Common cutaneous injuries / trauma
Viral exanthems

**H.E.E.N.T.**

Acute epiglottitis
Acute hearing loss / change
Acute vision loss / change
Epistaxis
Foreign body
Otitis media / externa

Peritonsillar / retropharyngeal abscess
Pharyngitis
Sinusitis
Vertigo
HEMATOLOGIC/IMMUNOLOGIC

Allergic reactions
Anemia
Clotting disorders
Sepsis / bacteremia
Sickle cell crisis

GENITOURINARY

Acute / chronic renal failure
Ectopic pregnancy
Normal intrauterine pregnancy
Pelvic inflammatory disease
Penile / vaginal discharge
Post-surgical urinary retention
Pyelonephritis
Rape / sexual abuse
Renal colic
Scrotal pain
STDs
Urinary tract infection

MUSCULOSKELETAL

Common ankle injuries
Common knee injuries
Common shoulder injuries
Common pediatric problems with pain
Fractures / dislocations
Gout / pseudogout
Septic joint

NEUROLOGIC

Bell’s palsy
Coma
Concussion
Cranial Hematomas
CVA / TIA
Intracranial Hemorrhages
Headaches
Meningitis
Seizures
Skull Fracture

PSYCHIATRIC

Acute psychotic episode
Anxiety neurosis
Bipolar disorder
Drug abuse
ETOH abuse
Overdose
Suicidality

GASTROINTESTINAL

Acute abdomen
Aortic/abdominal aneurysm
Appendicitis
Biliary colic
Cholangitis
Cholecystitis
GI bleed
Pancreatitis
Peptic ulcer disease
Small bowel obstruction
Trauma
IV. Perform the following:

Administration and interpretation of 12-lead EKGs
Cardiopulmonary resuscitation of ACLS level of performance
Cast and splint application
Lumbar puncture under supervision
Suturing

VI. Interpret the following laboratory results:

- ABG
- Amylase/Lipase
  - Blood, stool, respiratory, urine, wound and throat cultures
- BMP/CMP
- CBC-diff
- CRP
- Drug Levels
- ESR
- Glucose Levels
  - Toxicology report
- Vital Signs

VII. Interpret extremity, chest, skull series, cervical, thoracic, and lumbar spine and abdominal x-rays

VIII. Utilize results of radiology reports from imaging studies, including CT scans, MRIs, ultrasounds, and ECHOs, to confirm diagnoses.

IX. Communicate medical education and counseling at the patient and caregiver's level of comprehension to include: treatment, necessary diagnostic tests, disease process and preventative aspects of care to the patient and family members.

X. Identify the relationship between medical and socioeconomic problems.

XI. Identify indications for diagnostic procedures.

XII. Order or perform applicable diagnostic, therapeutic, and medical procedures.

XIII. Identify the need for referrals for other medical/psychosocial service interventions.
Setting
This Clinical Rotation will take place in an in-patient or outpatient mental health clinic setting for a five-week duration.

Preceptor/Student Rotation Expectations
Students will conduct HPI or interval history and mental examination of patients independently and present their assessment and plan orally to preceptors. Every patient seen by a student will also be seen by a preceptor before management plans are initiated. In addition to direct patient care, students will attend conferences, lectures, completed assigned readings and take call.

Rotation Objectives
The student will demonstrate the ability to:

I. Accurately perform complete Mental Status and Neurologic Examinations:

II. Collect and chart patient information in Problem Oriented Medical Records (P.O.M.R.) and/or classical form.

III. Ask appropriate historical questions to formulate a differential diagnosis for the following complaints:

   Anxiety
   Behavioral problems
   Delirium
   Dementia
   Depressive symptoms
   Eating disorders
   Hallucinations
   Hysteria
   Manic behavior
   Neurosis
   Panic attack
   Phobias
   Pychosis
   Substance abuse
   Suicide attempt/ideation
IV. Identify the following problems/diagnoses through history, examination, and diagnostic studies, describe the standard of care, including medications and associated drug classes, and identify risk factors for each:

- Alcoholism
- Anxiety Disorders (GAD, Panic, Phobias, PTSD)
- Autism Spectrum Disorders
- Conduct Disorders
- Delirium/ Dementia
- Eating Disorders
- Insomnia
- Mood Disorders (Bipolar, Depression, Dysthymic, Adjustment)
- Neurosis
- Personality disorders (Schizophrenia, Delusional Disorder)
- Psychosis
- Somatoform conditions (Conversion Disorder, Malingering)
- Substance abuse/addiction
- Suicide ideation/attempt

V. Describe medical conditions that have psychiatric manifestations.

VI. Describe the steps of grief and bereavement:
1. Shock/ Denial
2. Anger
3. Bargaining
4. Depression
5. Acceptance

VII. Determine if a patient has the capacity to give consent.

VIII. Describe the following modalities of therapy:

- Group therapy
- Counseling
- Psychoanalysis
- ECT (Electric Shock therapy)
- Supportive care
- Therapeutic community

IX. Identify the community resources available in planning a patient’s disposition.

X. Identify the relationship between medical and socioeconomic problems.

XI. Identify indications for diagnostic procedures.

XII. Order or perform applicable diagnostic, therapeutic, and medical procedures.

XIII. Identify the need for referrals for other medical/psychosocial service interventions.

XIV. Communicate medical education and counseling at the patient and caregiver’s level of comprehension.

Rev. 2016 (Page 29 of 31)
Core Elective Rotation
LEARNING OBJECTIVES

Setting
The Core Elective is a required rotation, which is five weeks in duration and assigned to the PA student. The rotation must be a repeat of an Internal Medicine, Family Medicine, Pediatrics, or Women's Health rotation with an existing preceptor or a subspecialty rotation, which has already been developed by the Program. Students may indicate areas of interest to best align the assignments which may or may not be able to be facilitated. A student may choose to return to a previous rotation site, if desired, and only if permission from the preceptor and CCO and CCE has been obtained.

Preceptor/Student Rotation Expectations
Students will conduct HPI or interval history and physical of patients independently and present their assessment and plan orally to preceptors. Every patient seen by a student will also be seen by a preceptor before management plans are initiated. In addition to direct patient care, students will attend conferences, lectures, completed assigned readings and take call.

Rotation Objectives:
The student will demonstrate the ability to:

I. Conduct and document a comprehensive history and physical examination on a patient in a primary care setting.

II. Present the assessment and plan to the preceptor

III. Order or perform applicable diagnosis, therapeutic, and medical procedures

IV. Discuss and analyze with the preceptor the clinical evaluation, diagnostic workup, pros and cons of the therapeutic management, and prognosis of common diagnoses in primary care.

V. Communicate medical education and counseling at the patient and caregiver’s level of comprehension.

VI. Implement health promotion and disease prevention strategies utilized in the primary care setting.

VII. Identify the relationship between medical and socioeconomic problems.

VIII. Identify the need for referrals for other medical/psychosocial service interventions.
Setting
This rotation is the culminating event of the physician assistant education process. The student, with the advisement of the Clinical Coordinator for Operations and Clinical Coordinator for Evaluation, will set up the Elective Clinical Rotation. The rotation will be in a medical or surgical setting of their choice. The site of the Elective Clinical Rotation is ideally at a site where the student may seek employment, if possible.

Preceptor/Student Rotation Expectations
Students will conduct HPI or interval history and physical of patients independently and present their assessment and plan orally to preceptors. Every patient seen by a student will also be seen by a preceptor before management plans are initiated. In addition to direct patient care, students will attend conferences, lectures, completed assigned readings and take call.

Rotation Objectives:
The student must receive the learning objectives in writing from their preceptor one week prior to the first day of the Clinical Rotation Elective. The Clinical Coordinator for Evaluation must approve these objectives prior to the beginning of the rotation. The preceptor will evaluate the student by meeting these goals that have been set by the preceptor.