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University of Pittsburgh Mission
The University of Pittsburgh, founded in 1787, is one of the oldest institutions of higher education in the United States. As one of the nation's distinguished comprehensive universities, the resources of the University constitute an invaluable asset for the intellectual, economic, and social enrichment of Pennsylvania, while the international prestige of the University enhances the image of Pennsylvania throughout the world.

The University's mission is to:

• Provide high-quality undergraduate programs in the arts and sciences and professional fields, with emphasis upon those of special benefit to the citizens of Pennsylvania;
• Offer superior graduate programs in the arts and sciences and the professions that respond to the needs of Pennsylvania, as well as to the broader needs of the nation and the world;
• Engage in research, artistic, and scholarly activities that advance learning through the extension of the frontiers of knowledge and creative endeavor;
• Cooperate with industrial and governmental institutions to transfer knowledge in science, technology, and health care;
• Offer continuing education programs adapted to the personal enrichment, professional upgrading, and career advancement interest and needs of adult Pennsylvanians; and
• Make available to local communities and public agencies the expertise of the University in ways that are consistent with the primary teaching and research functions and contribute to social, intellectual, and economic development in the Commonwealth, the nation, and the world.

The trustees, faculty, staff, students, and administration of the University are dedicated to accomplishing this mission to which they pledge their individual and collective efforts, determined that the University shall continue to be counted among the prominent institutions of higher education throughout the world.

This mission statement was approved by the University’s Board of Trustees on February 16, 1995 and is unchanged to date.

Mission Statement – Physician Assistant Program

The mission of the Physician Assistant Program (PA) is to develop highly qualified Physician Assistants who will serve as collaborative leaders in patient care, professional service, and advocacy for all populations.

Professional Standards

We, as students of the University of Pittsburgh Physician Assistant Studies Program and as professionals, vow:

• To act as strong advocates for our patients’ well-being while empowering them with the knowledge to better manage their health.
• To uphold the integrity of the University and Physician Assistant profession with our conduct and ethical approach to medical decision making.
• To deliver healthcare services without regard to sex, age, race, religion, beliefs, sexual orientation, or socio-economic and political status.
• To demonstrate professionalism in the academic and clinical setting.
• To practice empathy and compassion with patients and their families.
• To encourage partnership among students, educators, patients, and healthcare community.
• To build a foundation based on the principles of beneficence, respect for autonomy, nonmaleficence, and justice.
• To ensure integrated, well managed, and effective care of our patients.
• To dedicate ourselves to lifelong learning in order to provide quality evidence-based patient care.
• To promote the profession by engaging with the community, strengthening interprofessional relations and instilling patient trust.
• To pursue leadership roles not only in our own profession, but in all aspects of medicine and society.

When faced with a challenge we will not stray from our virtues nor partake in any activity that will bring discredit or dishonor to ourselves, the University, or the profession. We commit to embody these core values that will be upheld throughout our professional careers.

School of Health and Rehabilitation Science Clinical Education

The following is required for all SHRS programs in which students may participate in a clinical education experience:

• All clinical education sites must have current contracts with the University of Pittsburgh.
• Each program’s clinical education coordinator will assign students to their clinical education site.
• Student must use an add/drop form (or enrollment form if student has not yet registered for other classes) to register for appropriate clinical education and submit other forms as directed by clinical education coordinator and listed below. (See Registration Process in this handbook)
• Student must provide proof of HIPAA certification with registration.
• Student must provide proof of HIPAA certification for UPMC clinical sites specifically.
• Student must provide proof of Blood Borne Pathogen certification with registration.
• Students must provide proof of coverage by professional liability insurance. Student must purchase liability insurance from the Office of Student Services, 4024 Forbes Tower. (See Liability Insurance under Additional Fees.)
• Students are required to carry personal health insurance.
• Student must provide proof of having undergone a physical exam and blood work as well as proof of vaccinations. List of exam and vaccination requirements and required forms will be provided by the Clinical Education Coordinator.
• Some of our programs require that you complete clinical education at facilities external to the University and such facilities will or may require a criminal background check, an Act 33/34 clearance (child abuse clearance), Act 73 clearance, and perhaps a drug screen to determine whether you are qualified to participate in clinical education. Additional requirements may also include CPR training, attending orientation sessions, compliance with dress code, and personal transportation. Each program's Clinical Education Coordinator will advise the student of program or site-specific requirements. All requirements **MUST** be completed and kept current yearly by the student. The program will not police the requirements for the student. Each student is required to have all requirements on their person at every rotation site or the student will be removed from rotation.
• Students will be required to travel a distance or to relocate outside the city for their clinical education assignments. All expenses for transportation, housing, food, etc., are the student's responsibility.
• Any student who misses clinical time for any reason must meet with his/her coordinator of clinical education to discuss any needed make-up time.
• If a student receives an unsatisfactory grade on any clinical rotation, the student will be permitted to repeat the internship at an alternative site. A second unsatisfactory grade is cause for dismissal from the program.

See individual program for specific details regarding clinical education.
The University of Pittsburgh Physician Assistant Program has outlined the rules and regulations of the clinical rotations. It is of utmost importance that you, as a clinical year student, observe these policies and guidelines at all times. This clinical manual is available for your review and to refer when questions arise. If in doubt, contact the clinical coordinator or program director for clarification and guidance.

Remember that each student will have a different experience on his/her rotation. The goal of clinical education is to provide students with similar experiences. There are many variables that enter into each clinical site and they are ever changing. Your experience may vary depending upon the site/discipline. As you progress through each clinical rotation, you should encourage feedback on your performance from the preceptor. Avoid the generic question “How am I doing?”, but identify a specific skill. Know your capabilities and legal limitations. Remember to sign and date all of your documentation. Always identify yourself as a “PA student from the University of Pittsburgh” with all professional interactions. As a student, you are representing the program and the profession. Each clinical rotation is what you make of it!

Having a job is not consistent with the learning environment in the clinical year. It is the student’s responsibility to not allow employment to interfere with clinical rotation responsibilities.

The primary goal of the clinical year is to provide each student with the essential experiences to apply their knowledge and skills as they develop into competent health care providers.

The clinical year experience will enable the student to:

- Incorporate ethical principles in clinical practice.
- Demonstrate professional behaviors.
- Integrate basic science concepts with clinical reasoning.
- Establish and maintain appropriate therapeutic relationships with patients.
- Obtain a sensitive, thorough medical history.
- Perform general clinical procedures.
- Perform a sensitive and accurate physical exam.
- Develop the knowledge, skills, and attitudes needed for culturally competent care.
- Participate in discussions and decision-making with patients and families.
- Work effectively with other providers in the health care arena.
- Communicate clearly, medical information in spoken and written form.
- Develop knowledge, skills, and attitudes to practice the basic principles of prevention.
- Demonstrate sound clinical reasoning.
- Appropriately assess patients with common signs and symptoms.
- Appropriately use testing to help guide diagnostic and therapeutic decisions.
- Diagnose and demonstrate basic understanding of common diseases and conditions.
- Define therapeutic options for the management of patients with common problems.
- Implement a plan of care for patients with common problems.
- Recognize acute life-threatening medical problems and initiate care.
- Acquire the knowledge and skills necessary to assist in the management of chronic diseases.
- Participate in patient care in a variety of clinical settings.
- Use information and educational technology to facilitate patient care.
University of Pittsburgh School of Health & Rehabilitation Sciences
Department of Physician Assistant Studies
Clinical Placement Agreement

I, ________________________________, a student in the Department of Physician Assistant Studies, School of Health & Rehabilitation Sciences, at the University of Pittsburgh ("the Department") hereby acknowledge and agree to all of the following:

1. In accordance with the curriculum requirements outlined in the SHRS student handbook, in order to complete the program in which I am enrolled, I will be required to complete clinical education placements within facilities external to the University ("Clinical Sites").

2. While the Department will make every effort to place me in a facility to satisfy my educational requirement, it makes no guarantee to do so, and the factors that may determine their inability to do so include, but are not limited to, the results of any background check that I am required to submit to.

3. While I am participating in education at a Clinical Site, I will not be covered by worker's compensation for any injuries sustained at the Clinical Site. Any expenses incurred related to the aforementioned injuries are my financial responsibility, to be paid directly by me or any applicable insurance policy that I own, according to the plan coverage.

4. In consideration for the clinical experience, I agree to hold the Department and the University harmless for any and all injuries sustained or expenses incurred resulting from my experience at a Clinical Site. I do this on behalf of myself and my heirs and assigns.

5. If I am placed at a Clinical Site that requires the use of a personal vehicle for transportation, I take full responsibility for ensuring that I have an appropriate driver's license and automobile insurance. In consideration for the clinical experience, I agree to hold the Department and the University harmless for any and all injuries I sustain or financial expenses I incur traveling to or from a Clinical Site.

I hereby give my permission to the Department to release any and all information requested by a Clinical Site, as requested, for the purposes of placement. This consent to release does not include my Department application materials, personal references, or transcripts. I understand that under the Family Educational Rights and Privacy Act (FERPA) that I have the right not to consent to the release of my educational records and I have the right to receive a copy of such records upon request.

My signature below indicates my understanding and agreement to the terms set forth above:

Student name (print) __________________________________________________________

Student signature ___________________________________________________________

Date ___________________________
Technical Standards

Technical standards refer to the physical, cognitive, and behavioral abilities required for satisfactory completion of curriculum. These essential abilities include motor, sensory, communicative, intellectual, behavioral, and social criteria. These standards are required by the ARC-PA (Standard A3.07) and are common among PA programs. All candidates must possess the necessary intellectual ability and skills in observation, communication, motor, and behavior to enter and successfully complete the program. These standards are adopted from the report of the Association of American Medical Colleges (AAMC) (1979) Special Advisory Panel on Technical Standards for Medical School Admissions, the Professional Development Conference for Medical School Admissions Officers (AAMC, 2007), and “Developing Educationally Effective and Legally Sound Access and Diversity Policies” (Yell, Plotner, & Shriner, 2013).

Program graduates must acquire the competencies which cover a broad knowledge base in the biomedical, clinical, and behavioral sciences, as well as the skills essential to practice in a primary care setting. Students must possess the physical and mental potential for becoming trained PAs. Graduates must have the knowledge, skills, and ability to function in a variety of clinical settings in order to provide quality patient care.

Observation

- Candidates must be able to observe visual presentations in the classroom, laboratory, and patient bedside.
- Candidates must be able to observe patients closely and at a distance to observe the patient’s condition and complete a patient exam.
- Candidates must be able to immediately comprehend and respond to auditory instructions or requests.

Communication

- Candidates must be able to speak, hear and observe patients to obtain pertinent information.
- Candidates must be able to communicate in a clear and effective manner with patients and their families both orally and in writing, using appropriate grammar, spelling, and vocabulary.
- Candidates must possess the skills of sensitivity and confidentiality in patient communication. They must abide by the HIPAA policy.
- Candidates must be able to communicate with the health care team effectively and efficiently.

Motor Skills

- Candidates must be able to elicit information on patient exam by palpation, auscultation, and percussion as well as carry out diagnostic maneuvers.
- Candidates must be able to examine and treat patients with coordination of muscular movements, equilibrium, and sensation.
- Candidates must be able to manipulate equipment and instruments for basic laboratory tests and procedures such as airway management, suturing, needle placement & IV, stethoscope & ophthalmoscope, tongue blades, gynecologic speculum and scalpel.
• Candidates must be able to transport themselves from room to room and location to location in an efficient manner to see patients.

• Candidates must have the physical stamina to complete both the didactic and clinical portions of the training program which includes sitting, standing, and moving from classroom to laboratory to hospital.

Intellectual Ability

• Candidates must possess problem solving ability, a skill demanded of physician assistants.

• Candidates must be able to collect, measure, organize, prioritize, analyze and assimilate data in a limited time frame. Information presented in lecture must be successfully applied in the clinical setting by the candidate.

• Candidates must be able to read and understand the medical literature and use this knowledge in problem solving and patient care.

Behavior

• Candidates must be able to use their intellectual ability and exercise good judgment in completing their responsibilities for the diagnosis and treatment of patients.

• Candidates must have the capacity to respond to emergencies in a calm and reasoned manner.

• Candidates must be able to develop rapport with patients and their families and their colleagues.

• Candidates must be able to handle the physical, mental and emotional stress while functioning effectively.

• Candidates must demonstrate compassion, motivation, integrity, flexibility and a consciousness of social values.

• Candidates must be willing and able to effectively interact with a diverse population.

• Candidates must be able to accept criticism and modify behavior and practice as needed.

• Candidates must work cooperatively preserving relationships with other members of the health care team.

• Candidates must understand and apply ethical standards in practice.

• Candidates must demonstrate resilience at a level necessary to deliver sound patient care in all settings and to interact with interdisciplinary health care teams.
Clinical Practice General Educational Objectives

At the end of each clinical experience, the student must demonstrate the ability to do the following:

- Develop an enhanced knowledge base for the primary rotation subject matter, in accordance with recommended text resource.

- Develop an enhanced knowledge base for concomitant medical problems not directly related to the primary rotation subject matter (e.g., enhance understanding of diabetes mellitus during the general surgical rotation).

- Maintain a satisfactory level of attendance/punctuality, initiative/motivation, and work relations.

- Maintain a proficient level of history and physical exam performance, clinical reasoning, case integration, therapeutic management, medical documentation, procedural skills, and patient counseling activities.

- Critically appraise the medical/surgical literature as it relates to the specific content area.
# Clinical Year Schedule

Nine 5-week core rotations in selected disciplines including 2 clinical electives

<table>
<thead>
<tr>
<th>Semester 4</th>
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<tbody>
<tr>
<td>PAS 2701</td>
<td>Clinical Rotation 1</td>
</tr>
<tr>
<td>PAS 2702</td>
<td>Clinical Rotation 2</td>
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<tr>
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<td>Clinical Rotation 4</td>
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<td>PAS 2705</td>
<td>Clinical Rotation 4</td>
</tr>
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<td>PAS 2706</td>
<td>Clinical Rotation 6</td>
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<td>PAS 2707</td>
<td>Clinical Rotation 7</td>
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<tr>
<td>PAS 2713</td>
<td>Clinical Rotation 8</td>
</tr>
<tr>
<td>PAS 2709</td>
<td>Clinical Rotation 9</td>
</tr>
<tr>
<td>PAS 2712</td>
<td>Summative Evaluation</td>
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<tr>
<td>Term Total</td>
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**Clinical Year Total** | 37
<table>
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<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>PAS 2701</td>
<td>Inpatient Medicine</td>
<td>4</td>
<td>This 4 credit, five-week clinical rotation focuses on the evaluation and management of the ambulatory and hospitalized patient on an internal medicine service. Students learn how to take an accurate and pertinent history, conduct a physical examination, recognize patterns of illness, and acquire approaches to disease management. The student participates in the full range of inpatient care, formulating a problem list, taking part in daily rounds, performing technical skills, participating in the management of patient problems, and planning for discharge and follow-up care.</td>
</tr>
<tr>
<td>PAS 2702</td>
<td>Primary Care Outpatient Medicine</td>
<td>4</td>
<td>This 4 credit, five-week clinical rotation focuses on the evaluation and management of the ambulatory patient in a primary care setting. The student participates in the full range of outpatient care through the life span, including collecting pertinent patient data and the information from diagnostic studies, developing a differential diagnosis, oral and written case presentations, and formulating management plans including patient education, appropriate referral and follow-up care. This clinical rotation encompasses the comprehensive and longitudinal care of patients with a special emphasis on care of individuals in the context of families and communities.</td>
</tr>
<tr>
<td>PAS 2703</td>
<td>Emergency Medicine</td>
<td>4</td>
<td>This 4 credit, five-week clinical rotation focuses on the evaluation and management of patients in the emergency department setting. The student participates in the appropriate triage, stabilization, diagnosis and management of patients with urgent and emergent problems and develops skills in working with the pre-hospital emergency medical team and secondary referral systems.</td>
</tr>
<tr>
<td>PAS 2704</td>
<td>Pediatrics</td>
<td>4</td>
<td>This 4 credit, five-week rotation focuses on the evaluation and care of infants and children in an ambulatory setting. The student participates in well-child preventative care, the evaluation and management of common pediatric problems, and the patient education of children and their caregivers.</td>
</tr>
<tr>
<td>PAS 2705</td>
<td>Surgery</td>
<td>4</td>
<td>This 4 credit, five-week rotation focuses on the evaluation and management of surgical patients and become familiar with the clinical presentations and management of common surgical problems. The student is involved in pre-operative, intra-operative and post-operative patient care and develops an understanding of the PA as a member of the surgical team. The student will learn to develop skills necessary in evaluating patients in the perioperative period and to optimize patients’ medical conditions in preparation for surgery. Students learn the natural history of common surgical diseases and the proper operative management and their postoperative treatment. The student will participate in developing the correct diagnoses and management of the surgical patient. The student will also participate in the management of acute pain and postoperative complications.</td>
</tr>
<tr>
<td>PAS 2706</td>
<td>Behavioral Health</td>
<td>4</td>
<td>This 4 credit, five-week rotation focuses on the evaluation and management of patients with psychiatric and behavioral health problems in ambulatory and/or inpatient settings. The student participates in psychiatric evaluations, monitoring of therapy, and appropriate referral to other health care professionals and facilities.</td>
</tr>
<tr>
<td>PAS 2707</td>
<td>Obstetrics and Gynecological Medicine</td>
<td>4</td>
<td>This 4 credit, five-week rotation focuses on the evaluation and management of women patients, including prenatal care and gynecologic problems. The student participates in the collection of patient data and information from diagnostic studies, development of a differential diagnosis, oral and written case presentations, and formulating management plans including patient education, appropriate referral and follow-up care.</td>
</tr>
<tr>
<td>Course Code</td>
<td>Course Name</td>
<td>Credits</td>
<td>Description</td>
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</tr>
<tr>
<td>PAS 2709</td>
<td>Elective 1</td>
<td>4</td>
<td>This 4 credit clinical practicum is a five-week clinical rotation that designed to provide the Physician Assistant student with an elective opportunity in any of the previous rotation specialties or a rotation designed by the student, in conjunction with a faculty member, to enhance the students' knowledge or skill in a specific specialty.</td>
</tr>
<tr>
<td>PAS 2713</td>
<td>Elective 2</td>
<td>4</td>
<td>This 4 credit clinical practicum is a five-week clinical rotation that designed to provide the Physician Assistant student with an elective opportunity in any of the previous rotation specialties or a rotation designed by the student, in conjunction with a faculty member, to enhance the students' knowledge or skill in a specific specialty.</td>
</tr>
<tr>
<td>PAS 2712</td>
<td>Summative Evaluation</td>
<td>1</td>
<td>This 1 credit course provides a capstone experience to the Physician Assistant Studies Program, including preparation for the national certification examination and summative evaluation of the student before graduation. The summative evaluation is comprised of objective evaluation of basic medical knowledge, clinical skills evaluation, and assessment of critical thinking.</td>
</tr>
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</table>
Clinical Rotations

The University of Pittsburgh Physician Assistant Program has outlined the rules and regulations of clinical rotations. It is of utmost importance that you, as a clinical year student, observe those guidelines at all times. This clinical manual is available for you to review and refer to if questions arise.

Prior to beginning each rotation, you must call the contact person at your scheduled site at least 14 days before the start of the rotation. If at all possible, you should try to make a drive to the clinical site prior to your first day, so you can familiarize yourself with the area. Remember, first impressions are hard to change! You don't want to be late on your first day because you were lost!

Each student will have a different clinical experience on each rotation. You cannot expect to have the exact same rotation as someone else, even if you are at the same site. It is your responsibility to meet the objectives for each rotation (not your preceptors). Be sure to review them prior to beginning your clinical experience. You should not expect to see or experience every objective. As a student, you are responsible for all of the objectives for the exams and OSCEs.

Remember that your position as a student can change with each site/preceptor. As you progress through rotations, you should continually encourage feedback from the preceptor. Ask him/her for a few minutes of their time to identify, specifically, your strengths and weaknesses. Avoid generic questions like, "How am I doing?" Know your capabilities and limitations. If you do not know what is wrong with a patient, "I do not know" is an acceptable response. Also, know your legal limitations. Remember to document, and always sign and date every piece of information.
How to succeed on Clinical Rotations...

✓ Always be on time
✓ Dress in a professional manner...remember if your parents would not approve don't wear it!
✓ Act in a professional manner
✓ Be pleasant to everyone
✓ Be aware of the hierarchy (there is one at every site you will visit and the earlier you figure it out the better)
✓ Address the patients and staff in a respectful way
✓ Take responsibility for your actions, if you make a mistake (and you will) own up to it
✓ Respect patient’s rights
✓ Volunteer, volunteer, volunteer!!
✓ Be a team player (help with the heavy lifting, no task is below you)
✓ Remember that you can learn valuable lessons from everyone: doctors, PAs, NPs, nurses, aides, secretaries, etc...
✓ Be honest
✓ Keep information handy (it’s why lab coats have so many glorious pockets)
✓ Present patient information in an organized manner
✓ Document, document, document!!
✓ Treat each patient with respect and strictly adhere to confidentiality requirements
✓ Be a self-learner
✓ Do NOT be arrogant, defensive, know-it-all, or selfish
✓ Be enthusiastic, prepared, inquisitive, and open to change
Clinical Year Textbook Requirements

**Internal Medicine/Family Practice:**
*Harrison’s Principles of Internal Medicine* 20th edition Volumes 1 and 2 Jameson et al


*Sanford Guide to Antimicrobial Therapy* most up to date edition

**Pediatrics:**
(Hardcover – May 6, 2015)

**Emergency Medicine:**
(Hardcover November 10th, 2015)

**General Surgery:**
(Hardcover November 15, 2007)

*Washington Manuals of Medical and Surgical Therapeutics*, Lippincott Williams, and Wilkins, Spiral Series (Most recent edition)

**Psychiatry:**
*Diagnostic and Statistical Manual of Mental Disorders DSM-V* Fifth Edition American Psychiatric Association

**Obstetrics and Gynecology:**
*Obstetrics and Gynecology* 7th edition by Charles R. Beckmann et al

**Exam Preparation (Recommended):**
*Physician Assistant Review, 4th Edition*, by Patrick C. Auth (Editor), Morris D. Kerstein (Editor)

*Appleton & Lange Outline Review for the Physician Assistant Examination 2nd Edition* by Albert Simon and Anthony Miller

Clinical Year Policies and Procedures

General Expectations

- Detailed information regarding the methods by which the student is evaluated during the clinical year will be discussed at the clinical orientation session, and will be based on parameters as announced to students. Such parameters may be adjusted during the academic year.
- Students are required to be present at least 40 hours per week (200 hours total for the entire 5 week rotation) at each assigned clinical education site. More hours may be required as per preceptor’s schedule.
- Although students may express a preference for individual clinical sites and medical subject areas, the Program is responsible for final clinical assignments.
- Students must complete appropriate application forms and other requirements set forth by the assigned clinical site, including personal interviews if requested. Students are not permitted to be precepted by family or friends who are practitioners.
- Students may be required to attend certain conferences, including daily conferences at individual rotation sites.
- Students must document and submit their daily log via the EXXAT system including patients and procedures.
- Dictation assignments may be required.
- Pagers, for which the student is responsible for payment, may be required for certain clinical sites.
- Students are required to be present evenings and/or weekends when so required by the clinical site. Additional activities, assignments, and other sessions, including individual meetings, may also be required by the Physician Assistant Program.
- Students must follow the University’s Physician Assistant Program Clinical Rotation Calendar rather than the University academic calendar.
- Students are required to participate in all activities assigned by their clinical preceptor.
- If the preceptor or his/her designee is unavailable to work with the student for 2 or more weekdays during the rotation (e.g. vacation, scheduled days off, etc.), the student must notify the Clinical Coordinator.
- Students must be available by phone at each clinical site.
- Students are responsible for forwarding the Pitt email and keeping mailboxes clear enough to receive program and faculty communication.
- Students must read their email on a daily basis for departmental communications. If there are site restrictions the Clinical Coordinator must be notified and an alternative access will be defined.
- Faculty will not respond to email correspondence from any address other that the Pitt email address.
- Students may be required to undergo drug testing depending upon clinical site.
- For rotations scheduled well outside of the Pittsburgh area, the Program may re-assign the student to a local site if, at the discretion of the Clinical Coordinator, the student would benefit from more immediate Program-based supervision.
- Once the rotation schedule has been confirmed with the preceptor it will not be revised unless at the request of that assigned preceptor or a departmental circumstance that dictates a last-minute reassignment of students.
- Students are NOT permitted to communicate with University of Pittsburgh PA Studies preceptors without the knowledge of the clinical coordinator in order to set up their own rotations.
- The University of Pittsburgh Physician Assistant Studies Program reserves the right to re-assign or remove a student at any time if:
  - the clinical site is unable to fulfill certain aspects of its educational expectations
  - the student has demonstrated inappropriate behavior, insufficient clinical knowledge to merit ongoing participation at the site, or behavior which jeopardizes the ongoing participation of the clinical site for future University students.
• Any student removed from an assigned rotation because of unsatisfactory professional or clinical performance will receive a Non-Pass grade for the rotation and subject to dismissal from the Program.
• Students will be required to undertake rotations at sites outside the Pittsburgh area, as detailed in the Student Handbook, and will be responsible for all expenses related to such site assignments.
• Students are responsible for arranging housing at out-of-town rotations.
• Students are required to conduct themselves with appropriate professional comportment, including professionalism in patient interactions, interaction with co-workers, participation in rotation activities, preparation for assigned duties, and cooperation with the preceptor and the Physician Assistant Program. Non-compliance with these expectations will result in removal from the rotation and assignment of a Non-Pass grade and subject to dismissal from the Program.
• Students are required to retain their own copy of the Health Requirements Physical Check List, Act 34/33/74 clearances and must provide a copy to the clinical site if the site so requests. Students are required to provide the Program with documentation of current health insurance, CPR, and ACLS training. The Program will NOT be responsible for mailing or faxing this information to the clinical sites. All requirements MUST be completed and kept current yearly by the student. The program will not police the requirements for the student. Each student is required to have all requirements on their person at every rotation site or the student will be removed from rotation.
• Students are required to comply with all site-specific policies. See Specific Rotation Site Requirements page.
• Students are required to participate in academic and professional activities on T-Days, case presentation days, and other required activities at designated times.
• All requirements set forth by the clinical site must be fulfilled before a grade will be assigned for the rotation, including but not limited to return of security materials and pagers, payment of rental fees, etc.
• The Physician Assistant Program’s academic policies are in conjunction with University policies. Information and policies are subject to change. Penalty or remediation requirements, other than those detailed herein, for non-compliance with program expectations will be determined by the Program Director and the Clinical Coordinator.
• Any violation of the SHRS Guidelines on Academic Integrity or the University of Pittsburgh Student Code of Conduct may result in dismissal from the program.

Clinical Practice Conduct

• Students must not accept or fill out pre-signed prescriptions.
• Students must wear identification pins bearing their name and University of Pittsburgh Physician Assistant student status on their white lab coat at all times.
• If the clinical education site requires another type of ID tag, all tags will be worn as directed.
• Students must verbally identify themselves as a Physician Assistant Student from the University of Pittsburgh during all encounters at the clinical site.
• Students must confer with the preceptor regarding general policies and practices of chart entries and/or dictation procedures of the clinical site.
• Whenever a student makes any entry into a patient’s chart or medical record, the document must be signed as follows: Student’s Name, PA-S.
• All student entries must be countersigned by the Clinical Preceptor or his/her designee.
• Students are required to confer with the preceptor regarding clinical findings, interventions, and patient management plans.
Students must report any potential medical liability incidents regarding their activities to the preceptor and to the Clinical Coordinator.

Instructional faculty for the supervised clinical practice portion of the educational program must consist primarily of practicing physicians, physician assistants, nurse practitioners, and other health care providers that are deemed appropriate by the Program.

Should a student sustain an injury or exposure at a clinical site, the student must
- report the incident immediately to the preceptor (or designee)
- complete the site incident report form (if available)
- seek appropriate medical care

Students must then notify the Clinical Coordinator and must complete the University and clinical site forms for any infection exposures, needlesticks, injuries, patient mishaps, etc.

Students are responsible for initiating care and recommended follow up after injury or exposure to possible infectious pathogens.

Students are to utilize the Student Health office for evaluation and care.

UPMC Presbyterian Emergency Department during hours that Student Health is closed.

If the student is at a distant site, they are to contact Student Health or UPMC Presbyterian ED to determine the treatment steps to be taken.

If the Clinical Coordinator is contacted by the clinical education site due to a dress code violation, it will result in a non-pass grade for that rotation.

Physician Assistant students may not take the responsibility or the place of qualified staff, regardless of the type of clinical experience.

At a preceptor’s request, students are permitted to travel with their preceptor during the student’s assigned shift hours. Travel is permissible only to satellite office locations, hospitals or venues that are required by the rotation i.e. mobile medical units, home visits. The student, as a passenger, would be covered under the preceptor’s automobile liability insurance during travel.

**Attendance/Absence**

- Attendance is mandatory during the clinical year.

- In the event of illness or emergency necessitating absence from the clinical education site, students must contact the Physician Assistant Program by 9:00 a.m. that day, and contact the clinical education site prior to the time they were scheduled to be there. It is suggested that, when notifying the site, the actual supervisor be reached rather than utilizing voice mail, etc.

- If a student arrives late to or leaves early from the clinical site by 2 hours or more, the student must notify the Program on the same day. If the student fails to comply, the absence will result in a non-pass grade for that rotation.

- Students must submit written request for any anticipated absence to the Clinical Coordinator for prior approval. The Clinical Coordinator will confer with the student regarding details of preceptor notification and approval.

- The approval of the preceptor for an absence, without pre-approval by the Clinical Coordinator, will not be considered an excused absence.

- The Clinical Coordinator must be notified in advance if a student will not be at their designated rotation site for two or more consecutive days.

- Students must make up all absences and must submit appropriate documentation supporting their reason for absence. Ex. Absence due to illness requires a medical excuse from a practicing clinician.

- Following a medical leave of absence, significant illness or birth of a child, the student must receive permission from their health care provider to return and continue rotations.

- Students are not permitted to vacate a site without the preceptor and site being properly notified. If the preceptor is not properly notified, the student will be subject to dismissal from the Program.
Accident/Incident Report

Should a student sustain an injury or exposure at a clinical site, the student must:

1. Be responsible for initiating care and recommended follow up after injury or exposure to possible infectious pathogens.

2. Report the incident immediately to the preceptor.

3. Complete the site incident report form (if available) and receive appropriate medical care.

4. Notify the PA Program’s Clinical Coordinator via Pitt email (as soon as steps 1, 2 &3 have been completed). The Clinical Coordinator will then report to the Program Director. Per University policy, the incident must be reported to the Program Director by the next business day.

5. Personally, complete the University and clinical site forms for any infection exposures, needlesticks, injuries, patient mishaps, etc. included in the supplemental materials section at the end of the handbook.

6. If non-emergency medical attention is needed, utilize the Student Health Services office for the evaluation. Student Health Services, Nordenberg Hall-Wellness Center, 119 University Place (Monday, Wednesday 8:30a - 9:00p, Tuesday, Thursday & Friday 8:30a-5:00p, 412.383.1800

7. Utilize UPMC Presbyterian Emergency Department, 412-647-3333, during hours that Student Health is closed.

8. If the student is at a distant site: Contact Student Health or UPMC Presbyterian ED to determine appropriate treatment steps.
Components of the Clinical Year Performance Evaluation

- Students will be assessed a minimum of 3 times per rotation year, once per semester. These may be scheduled or unscheduled at the discretion of the Clinical Coordinator.
- The overall score for each rotation will be calculated as “Clinical Year Performance Summary.”
- Student mid-rotation self-evaluations must be completed by the student and signed by the Clinical Preceptor. **Failure to submit this form on the third Friday by midnight of the rotation will result in a 1% deduction from your final grade.**
- Student evaluation forms will be completed by the Clinical Preceptor in the EXXAT system. The program will automatically receive evaluations that are completed in EXXAT. Preceptors who prefer to utilize paper evaluations may obtain the evaluation form in EXXAT and send the completed form to the program by hand delivery, mail or email.
- The preceptor's evaluation is based on the student's performance. Students must not suggest to preceptors that the evaluation form be filled out on the basis of student needs, and students must not at any time contact preceptors regarding their grade. (These prohibitions also apply to any person acting on behalf of the student). The Clinical Coordinator is available to serve as an intermediary if the student wishes to receive further feedback regarding his/her performance.
- Any alteration of preceptors' evaluation forms by the student will subject the student to the procedures outlined in the University Student Handbook and Code of Student Rights, Responsibilities and Conduct.
- Students must evaluate each clinical site at which they rotate. Students will not receive a grade for the rotation until they have submitted their evaluation of the clinical experience.
- The opportunity to repeat a rotation due to an unsatisfactory grade is dependent upon space availability.
- For students who receive an unsatisfactory grade on a rotation, the earliest that the same rotation can be repeated is at the onset of the rotation beginning 5 weeks later. Because of the above conditions regarding the consequences for not passing the same rotation on two separate occasions, the student who continues on with other rotations after not passing a previous one will do so at the risk of losing an investment in time and tuition for the intervening rotation(s), if in fact they are not successful in repeating the unsatisfactory rotation. Students who do not wish to risk this loss of resources may instead request a leave of absence until their unsatisfactory rotation can be reattempted.
- Students who reattempt an unsatisfactory rotation will have their second attempt assigned to a different clinical site when possible. For such assignments, the medical subject matter of the repeat rotation will if possible be similar, but not necessarily identical, to the subject matter of the rotation that was not successfully passed.
- Students are required to submit documentation such as clinical site evaluations, and must return any materials that have been borrowed from the Physician Assistant Program, prior to proceeding with subsequent academic activities or graduation.
- For rotations involving an educational experience split among two or more disciplines, score assignment for the preceptor portion will be based on the proportionally weighted average score given to the student. All other scoring parameters will be unchanged from traditional rotations.
- Grading for the clinical year will consist of H-honors, S-satisfactory, U- unsatisfactory.
Case Presentations

- Oral case presentation will occur at EVERY clinical site assessment. Students should be prepared to present to the faculty member. Evaluation form included at end of handbook.
- Case presentations must be unique on each occasion.
- Case presentations will be evaluated both for content (which must include history, physical exam, and case synthesis) and for degree of difficulty of the topic. For example, a presentation on a simple topic may receive fewer points than would a similar quality presentation on a complicated topic.
- Students will offer a case presentation on a patient only when they have personally conducted a history and physical exam on the patient and participated in their care during the illness.
- Patient information is to be discussed only in a professional context. Students are required to delete identifying information during oral case presentations and on any write-ups submitted for academic evaluation.
- Case presentations for the FM, IM, Peds, BH and elective rotations on TDay must be comprehensive, approximately 8-10 minutes in duration, and be followed by an in-depth case synthesis, as outlined in the Case Presentation Evaluation Sheet (pg 79). The student will teach others in the group regarding the important points of the differential diagnostic possibilities and of the ultimate diagnosis reached. Students may utilize notes for their presentation but will receive significant score reduction if the case is largely read word-for-word. Students are responsible for understanding all aspects of their patients, including incidental diagnoses (e.g., hypertension and its management in a patient whose primary problem is surgical).
- Students are required to furnish, upon request, the name of the patient they present. The Department reserves the right to confirm the accuracy and full inclusion of patient information by reviewing patient information with the preceptor or independently, as applicable.
- Students whose case presentations are particularly instructive may be invited to re-present their case to the didactic class. If the student accepts this offer, they should keep their case notes until the time of presentation.
Components of the Clinical Rotation Evaluation:

The evaluation of each student’s clinical performance is based on:
- Willingness and cooperation
- Depth of knowledge
- Technical skills
- Clinical judgment
- Quality of history and physical examination and written notes
- Organization of patient care
- Conscientiousness in following patients
- Attendance and punctuality
- Ability to work effectively with patients, doctors, nurses and other health care workers
- Demeanor and appearance

End of rotation examinations:
- MCQ Specialty specific PAEA online examinations

Case presentations
- Oral for FM, IM, Ped, BH and elective Rotations
- Oral presentations will occur at each of 3 site assessments (see rubric)

In addition, submission of successful completion of the following:
- Mid-Rotation Self Evaluation with Clinical Preceptor signature
- Exam remediation
- Specialty Specific Notes must be submitted to courseweb by 5 pm on Transition Day
- Pharmacy assignments must be submitted to courseweb by 5 pm on the 3rd Friday of the rotation
- Site evaluation forms via Exxat.
- One meeting with academic advisor per semester.
- Final meeting with academic advisor during Summative Evaluation week.
- Exit Interview completion.

The above components all must be completed and turned into the PA program before or on the transition day immediately following the rotation or it will result in a non-pass grade for that rotation.

**Academic Integrity:** Any violation of academic honesty is grounds for automatic failure in this course or subject to dismissal.

**Note:** All supervised clinical practice policies will be as per the Clinical Policies of the Physician Assistant Program in accordance with the Program Policy Manual.
SUPERVISED CLINICAL PRACTICE EXPERIENCE: Emergency Medicine

Credits: 4

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Learning Outcomes:

1. Demonstrate a strong fund of knowledge of pathophysiology, pharmacology, clinical and behavioral manifestations of disease and apply these to patients across the lifespan in the emergency medicine setting.
2. Elicit an appropriate history based on the acute or emergent clinical presentation of a patient.
3. Perform an appropriate physical examination based on the acute or emergent clinical presentation of a patient.
4. Develop and appropriate differential diagnosis based upon the history and physical exam of the patient with an acute or emergent clinical presentation.
5. Manage acute or emergent medical disorders in the emergency department setting.
6. Order and interpret appropriate diagnostic studies based on the acute or emergent clinical presentation of a patient.
7. Formulate evidence-based treatment plans based on the acute or emergent clinical presentation of a patient.
8. Document organized, timely and accurate patient medical records in the emergency department setting.
9. Observe, assist or perform appropriate clinical and technical skill procedures based on current professional practice in the emergency department setting.
10. Verbally present clinical information in a concise and coherent manner to the clinical preceptor and other members of the health care team.
11. Apply basic counseling and patient education skills that are patient centered, culturally sensitive and focused on helping patients in coordination with the treatment plan.
12. Demonstrate the role of the physician assistant as a coordinator of care including understanding the value of serving as a member of the health care team and understanding the roles and responsibilities of other health care team members to include appropriate referrals.
13. Discuss the importance of collecting and incorporating appropriate psychosocial, cultural and family data into a treatment plan.
14. Demonstrate appropriate professional demeanor and ethics, and respect for patient’s confidentiality.
15. Demonstrate the ability to be punctual, to be available when needed and to complete assigned work.
16. Demonstrate ethical, compassionate, patient-centered care and acknowledge limitations and mistakes.
Instructional Objectives:

The physician assistant student will:

1. Develop history taking and physical exam skills and be able to apply these in the time-constrained context of this specialty to include:
   - A complete and problem focused history
   - A problem focused physical examination
   - Efficient use of medical records

2. Manage general medical disorders seen in this specialty.

3. Outline the initial investigation and management for the common conditions seen in this specialty.

4. Approach, assess and manage a complex patient with multiple medical problems in this specialty.

5. Develop the following professional and social skills needed to interact with patients and their families in this specialty:
   - Interviewing patients, family members, and other relevant persons in a sympathetic, non-threatening manner respectful of cultural differences and emotional burdens
   - Demonstrate emotional and social support to gain confidence and cooperation
   - Discuss information, diagnosis and management using sensitivity and language that is appropriate for the patient’s background

6. Define the roles of other members of the health care team and how to implement their services appropriately in this specialty:
   - Specialty consults
   - Nursing
   - Physical therapy
   - Occupational therapy
   - Respiratory therapy
   - Pharmacy
   - Dietary services
   - Home care services
   - Social work
   - Laboratory services
   - Translators

7. Review and expand the core knowledge by reading recommended textbooks in this specialty.

8. Perform comprehensive histories and physical examinations, synthesize data into an appropriate differential diagnosis list and develop initial plan of management in this specialty.

9. Compose and deliver coherent, accurate and succinct oral presentations in this specialty.

10. Write and appropriately document organized, timely and accurate patient medical records in this specialty
11. Describe the importance and complexity of providing longitudinal, comprehensive and integrated care particularly for the patient with multiple chronic medical problems.

12. Discuss the importance of collecting and incorporating appropriate psychosocial, cultural and family data into a management plan.

13. Integrate the individuality, values, goals, concerns and rights of the patient and the patient’s family.

14. Anticipate the importance of cost effective health care, quality assurance and practice guidelines in today’s health care environment.

15. Demonstrate the role of the physician assistant as a coordinator of care including understanding the value of serving as a member of the health care team and understanding the role of other health care team members.

Skills

16. Establish an effective relationship with the patient and family and encourage patients seen for episodic or acute illness to seek continuing medical care.

17. Counsel patients and families about signs and effects of harmful personal behavior and habits.

18. Demonstrate interpersonal skills that will enhance communication with the patient and the patient’s family.

19. Demonstrate the ability to access and integrate the available evidence in making diagnostic and treatment decisions and be able to consider the limitations of the scientific database.


21. Develop diagnostic and treatment plans in partnership with the patient and the patient’s family.

22. Utilize appropriate screening tools and protocols for health maintenance in specific populations.

23. Describe the indications and technique and interpret results for all procedures they observe or perform in this specialty.

- Arterial Puncture
- Venipuncture
- Injections
- Incision and Drainage
- Wound Debridement/Care/Culture
- Nasogastric Tube
- Lumbar Puncture
- Thoracentesis
- Paracentesis
- Arthrocentesis
- Skin Biopsy
✓ Gram stain
✓ KOH and wet prep
✓ Eye/ear irrigation
✓ Nasal packing/cautery
✓ Casting/splinting
✓ Laceration Repair (Suture/Staple)
✓ Foreign Body Removal
✓ Intubation
✓ Joint and Fracture Reduction
✓ Peripheral and Central Intravenous Access
✓ Specimen Collection
✓ Electrocardiogram
✓ Radiologic Studies

Knowledge

24. Demonstrate an understanding of the pathophysiology behind the most common problems seen in this specialty.

25. Formulate appropriate treatment and management plans for the most common problems seen in this specialty.

26. Demonstrate basic knowledge of the protocols and strategies for reducing identified health risks in patients, families and communities including knowledge of immunization schedules for various age groups.

27. Integrate the appropriate consultation resources, both medical and non-medical, into the treatment plan.

28. Demonstrate an awareness of available community resources.

29. Discuss the social community cultural and economic factors that affect patient care, and recognize the existence of health and health care disparities among various populations.

30. Demonstrate appropriate professional demeanor and ethics, and respect for patient’s confidentiality.

31. Choose pharmacologic and non-pharmacologic agents based upon indications contraindications and adverse effects in conjunction with the appropriate treatment plan.

32. Demonstrate the ability to develop a comprehensive treatment that includes an awareness of the biopsychosocial model and an understanding of the various therapeutic modalities.

33. Describe the pathogenesis, differential diagnosis, methods of evaluation and details of the therapeutic regimens applicable to the care of patients with diseases (see content list) as is possible for this specialty.

34. Demonstrate the understanding of the pathophysiology and clinical manifestations of shock and traumatic injuries.

35. Demonstrate an understanding of the philosophy, priorities and techniques of initial resuscitation
and evaluation of patients with an acute injury and shock.

36. Implement plans of treatment of patients in shock and acute trauma.

37. Demonstrate a physical examination on the acutely ill/injured patient.

38. Discuss the basic principles and commonly used modes of mechanical ventilation and ventilator settings.

39. Discuss and interpret the principles, indications, limitations and physiology of invasive monitoring techniques.

40. Conduct and document an efficient physical examination without compromising the patient’s medical stability.

41. Demonstrate the appropriate action in response to changes in patient’s medical stability.

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**Emergency Medicine Content List**

**Cardiopulmonary Disorders**
- Chest pain
- Shortness of breath
- Palpitations
- Wheezing
- Dyspnea on exertion
- Hemothysis
- Orthopnea
- Pleuritic chest pain
- Edema
- Acute bronchitis
- Syncope
- Acute bronchiolitis
- Conduction disorders
  - atrial fibrillation/flutter,
  - supraventricular tachycardia, bundle branch block, ventricular
  - tachycardia/fibrillation, premature conduction beats
- Acute Epiglottitis
- Hypertensive Emergency

**Croup**
- Hypotension (cardiogenic shock, orthostatic hypotension)
- Influenza
- Congestive Heart Failure
- Pertussis
- Coronary Artery Disease
  - (Acute Myocardial Infarction STEMI, non-STEMI, Angina Pectoris, Unstable Angina, Prinzmetal/Variant Angina)
- Pneumonia
  - (bacterial, viral, fungal)
- Vascular Disease
  - (Aortic Aneurysm/Dissection, Arterial Occlusion/Thrombosis, Phlebitis)
- Respiratory Syncytial Virus
- Valvular disease
  - (Aortic Stenosis, Aortic
Regurgitation, Mitral Stenosis, Mitral Regurgitation
Asthma
Acute/Subacute Bacterial Endocarditis
Pleural Effusion
Cardiac Tamponade
Pericardial Effusion
Pulmonary Embolism
Peripheral Vascular Disease
Acute Respiratory Distress Syndrome
Arrhythmias
Foreign Body Aspiration
Angina
Tuberculosis
Carcinoma
Orthostatic/Postural Hypotension
Acute Pericarditis
Pneumothorax
• Primary
• Secondary
• Traumatic
• Tension
Pulmonary hypertension
Cor Pulmonale
Disorders of the Shoulder
Fractures/dislocations
Rotator cuff disorders
Separations
Sprain/strain
Disorders of the Forearm/Wrist/Hand
Fractures/dislocations
• Boxer’s
• Colles’
• Gamekeeper’s thumb
• Humeral
• Nursemaid’s elbow
• Scaphoid
Sprains/strains
Tenosynovitis
• Carpal tunnel syndrome
• de Quervain’s tenosynovitis
• Elbow tendonitis
• Epicondylitis
Disorders of the Hip
Aseptic necrosis
Fractures/dislocations
Slipped capital femoral epiphysis
Disorders of the Knee
Bursitis
Fractures/dislocations
Meniscal injuries
Osgood-Schlatter disease
Sprains/strains
Disorders of the Ankle/Foot
Fractures/dislocations
Sprains/strains
Disorders of the Spine
Low back pain
Cauda Equine
Herniated Disk
HEENT Disorders
Vision Loss
Blowout Fracture
Corneal Abrasion
Foreign Body
Retinal Detachment
Retinal Vascular Occlusion
Hyphema
Barotrauma - TM perforation
Nasal congestion
Sore throat
Ear Pain
Vertigo
Conjunctivitis
Dacryoadenitis
Glaucoma (acute angle closure)
Macular degeneration
Optic Neuritis
Orbital Cellulitis
Papilledema
Otitis Externa
Acute Otitis Media
Trauma/hematoma - external ear
Labyrinthitis
Mastoiditis
Peritonsillar Abscess
Dental Abscess
Acute Laryngitis
Epiglottitis
TM perforation
Corneal Ulcer
Allergic Rhinitis
Acute Sinusitis
Epistaxis
Acute pharyngitis (viral/bacterial)

Endocrinology/Metabolic Disorders
DKA
Encephalopathy
Hypercalcemia
Hyperparathyroidism
Thyroiditis
Adrenal Insufficiency
Diabetes insipidus
Non-ketotic hyperglycemia
Cushing’s disease
Diabetes Mellitus
Hyperthyroidism
Hypothyroidism
Tremors
Heat/Cold intolerance

Infectious Disorders
Osteomyelitis
Septic Arthritis
Costochondritis
Encephalitis
Meningitis
Headache
Pneumonia
Giardiasis and other parasitic infections

Seizure Disorders
Generalized convulsive disorder
Status epilepticus

Vascular Diseases
Cerebral aneurysm
Stroke
Transient ischemic attack

Gastrointestinal Diseases
Abdominal Pain
Anorexia
Nausea/Vomiting
Heartburn
Jaundice
Hematemesis
Melena
Esophagitis
Mallory-Weiss Tear
Peptic Ulcer Disease
Acute Cholecystitis
Cholangitis

Acute Hepatitis
Acute pancreatitis
Acute Appendicitis
Diverticular Disease
Ischemic Bowel Disease
Inflammatory Bowel Disease
Bowel Obstruction (small, large, volvulus)
Anal Fissure/Fistula/Abscess
Hemorrhoids (thrombosed)
Hernia (incarcerated/strangulated)
Infectious Diarrhea
Gastritis
Gastroenteritis
Diarrhea/Constipation
Cirrhosis
GI bleed
Hepatic failure/encephalopathy
Acute abdomen

Renal/Urology
Nephrolithiasis
Testicular torsion
Dysuria
Hematuria
Suprapubic/flank pain
Incontinence
Nephrolithiasis
Cystitis
Epididymitis
Orchitis
Prostatitis
Pyelonephritis
Urethritis
Acute renal failure
Glomerulonephritis
Acute Interstitial Nephritis
Fluid and electrolyte disorders
Acid/Base Disorders
Hernias

Hematology
Easy Bruising
Fatigue
Aplastic Anemia
Hemolytic Anemia
Sickle cell anemia/crisis
Clotting factor disorders
Hypercoagulable States
Thrombocytopenia
Acute leukemia
Anemia
Lymphomas
Polycythemia

**Neurology**
Vertigo
Numbness/Paresthesia
Weakness/Paralysis
Loss of consciousness
Loss of memory
Headache
Meningitis
Encephalitis
TIA
Stroke
Subarachnoid hemorrhage/cerebral aneurysm
Intracerebral Hemorrhage
Altered level of consciousness/coma
Head Trauma/Concussion/Contusion
Epidural/Subdural Hematoma
Syncope
Guillain/Barre syndrome
Spinal Cord Injury
Bell’s Palsy

**Dermatology**
Itching
Rash
Discharge
Dermatitis
Drug Eruptions
Stevens-Johnson Syndrome
Toxic Epidermal necrolysis
Bullous pemphigoid
Lice
Scabies
Viral Exanthsms
Herpes Zoster
Cellulitis

**OB/GYN**
Vaginal Discharge
Pelvic pain/dysmenorrhea
Amenorrhea
Dysfunctional Uterine Bleeding
Endometriosis
Ovarian cysts
Vaginitis
PID
Mastitis/breast abscess
Spontaneous abortion
Abruption placenta
Ectopic pregnancy
Placenta Previa
Premature rupture of membranes
Fetal distress
Intrauterine pregnancy
Spontaneous Abortions

**Psychiatry**
Thought Disorder
Changes in mood
Hallucination
Suicidal/homicidal ideations
Depression
Generalized Anxiety Disorder
Panic Disorder
PTSD
Substance abuse disorders
Domestic Violence
Suicide
SUPERVISED CLINICAL PRACTICE EXPERIENCE: General Surgery

Credits: 4

Instructors: Emily Murphy MPAS, PA-C
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Office Hours: By appointment

Rosa Fannie, MPAS, PA-C
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Office Hours: By appointment

Learning Outcomes:
1. Demonstrate a strong fund of knowledge of pathophysiology, pharmacology, clinical and behavioral manifestations of disease and apply these to patients across the lifespan in the surgical setting.
2. Elicit an appropriate history based on the clinical presentation of patient with a surgical condition.
3. Perform an appropriate physical examination based on the clinical presentation of patient with a surgical condition.
4. Develop and appropriate differential diagnosis based upon the history and physical exam of the patient with a surgical condition clinical presentation.
5. Manage acute and chronic medical disorders in the inpatient, outpatient and operating room settings to include pre, intra, and post-operative care.
6. Order and interpret appropriate diagnostic studies based on clinical presentation of patient with a surgical condition.
8. Document organized, timely and accurate patient medical records to include pre, intra, and post-operative notes.
9. Observe, assist or perform appropriate clinical and technical skill procedures based on current professional practice in the inpatient, outpatient and operating room setting.
10. Verbally present clinical information in a concise and coherent manner to the clinical preceptor and other members of the health care team.
11. Apply basic counseling and patient education skills that are patient centered, culturally sensitive and focused on helping patients in coordination with the treatment plan.
12. Demonstrate the role of the physician assistant as a coordinator of care including understanding the value of serving as a member of the health care team and understanding the roles and responsibilities of other health care team members to include appropriate referrals.
13. Discuss the importance of collecting and incorporating appropriate psychosocial, cultural and family data into a treatment plan.
14. Demonstrate appropriate professional demeanor and ethics, and respect for patient’s confidentiality.
15. Demonstrate the ability to be punctual, to be available when needed and to complete assigned work.
16. Demonstrate ethical, compassionate, patient-centered care and acknowledge limitations and mistakes.

**Instructional Objectives:**

The physician assistant student will:

1. Develop history taking and physical exam skills and be able to apply these in the time-constrained context of this specialty to include:
   - A complete and problem focused history
   - A problem focused physical examination
   - Efficient use of medical records
2. Manage general medical disorders seen in this specialty.
3. Outline the initial investigation and management for the common conditions seen in this specialty.
4. Approach, assess and manage a complex patient with multiple medical problems in this specialty.
5. Develop the following professional and social skills needed to interact with patients and their families in this specialty:
   - Interviewing patients, family members, and other relevant persons in a sympathetic, non-threatening manner respectful of cultural differences and emotional burdens
   - Demonstrate emotional and social support to gain confidence and cooperation
   - Discuss information, diagnosis and management using sensitivity and language that is appropriate for the patient’s background
6. Define the roles of other members of the health care team and how to implement their services appropriately in this specialty:
   - Specialty consults
   - Nursing
   - Physical therapy
   - Occupational therapy
   - Respiratory therapy
   - Pharmacy
7. Review and expand the core knowledge by reading recommended textbooks in this specialty.

8. Perform comprehensive histories and physical examinations, synthesize data into an appropriate differential diagnosis list and develop initial plan of management in this specialty.

9. Compose and deliver coherent, accurate and succinct oral presentations in this specialty.

10. Write and appropriately document organized, timely and accurate patient medical records in this specialty

Professionalism

11. Describe the importance and complexity of providing longitudinal, comprehensive and integrated care particularly for the patient with multiple chronic medical problems.

12. Discuss the importance of collecting and incorporating appropriate psychosocial, cultural and family data into a management plan.

13. Integrate the individuality, values, goals, concerns and rights of the patient and the patient’s family.

14. Anticipate the importance of cost effective health care, quality assurance and practice guidelines in today’s health care environment.

15. Demonstrate the role of the physician assistant as a coordinator of care including understanding the value of serving as a member of the health care team and understanding the role of other health care team members.

Skills

16. Establish an effective relationship with the patient and family and encourage patients seen for episodic or acute illness to seek continuing medical care.

17. Counsel patients and families about signs and effects of harmful personal behavior and habits.

18. Demonstrate interpersonal skills that will enhance communication with the patient and the patient’s family.

19. Demonstrate the ability to access and integrate the available evidence in making diagnostic and treatment decisions and be able to consider the limitations of the scientific database.

21. Develop diagnostic and treatment plans in partnership with the patient and the patient's family.

22. Utilize appropriate screening tools and protocols for health maintenance in specific populations.

23. Describe the indications and technique and interpret results for all procedures they observe or perform in this specialty.

| ✓ Arterial Puncture | ✓ Electrocardiogram |
| ✓ Venipuncture       | ✓ Radiologic Studies |
| ✓ Injections         | ✓ Urinary Catheter Insertion |
| ✓ Incision and Drainage | ✓ Needle/Tube Thoracotomy Insertion and Removal |
| ✓ Wound Debridement/Care/Culture | ✓ Paracentesis |
| ✓ Nasogastric Tube   | ✓ Spiriometry |
| ✓ Lumbar Puncture    | ✓ Fine Needle Aspiration |
| ✓ Thoracentesis      | ✓ Colonoscopy |
| ✓ Paracentesis       | ✓ Endoscopy |
| ✓ Arthrocentesis     | ✓ Surgical/Needle Biopsy |
| ✓ Eye/ear irrigation | ✓ Suture/Staple Removal |
| ✓ Nasal packing/cautery | ✓ Appropriate Operating Room Prepping and Draping Technique |
| ✓ Casting/splinting  | ✓ Surgical Assisting |
| ✓ Laceration Repair  | ✓ Wound Closure |
| ✓ (Suture/Staple)    | ✓ Drain Placement and Removal |

24. Demonstrate an understanding of the pathophysiology behind the most common problems seen in this specialty.

25. Formulate appropriate treatment and management plans for the most common problems seen in this specialty.

26. Demonstrate basic knowledge of the protocols and strategies for reducing identified health risks in patients, families and communities including knowledge of immunization schedules for various age groups.

27. Integrate the appropriate consultation resources, both medical and non-medical, into the treatment plan.

28. Demonstrate an awareness of available community resources.
29. Discuss the social community cultural and economic factors that affect patient care, and recognize the existence of health and health care disparities among various populations.

30. Demonstrate appropriate professional demeanor and ethics, and respect for patient’s confidentiality.

31. Choose pharmacologic and non-pharmacologic agents based upon indications contraindications and adverse effects in conjunction with the appropriate treatment plan.

32. Demonstrate the ability to develop a comprehensive treatment that includes an awareness of the biopsychosocial model and an understanding of the various therapeutic modalities.

33. Describe the pathogenesis, differential diagnosis, methods of evaluation and details of the therapeutic regimens applicable to the care of patients with diseases (see content list) as is possible for this specialty.

34. Obtain the appropriate history and physical examination for patients with symptoms that commonly indicate surgical referral.

35. Develop a differential diagnosis and treatment plan for patients with symptoms that commonly require surgical referral including an understanding and mastery of the basic skills required to order and to interpret commonly used labs and studies.

36. Demonstrate the basic knowledge of strategies to identify, assess and manage life threatening surgical and trauma emergencies.


38. Demonstrate basic knowledge of strategies to assess risk and to prevent identify and treat postoperative complications including wound infection and dehiscence, atelectasis, pneumonia, aspiration, pulmonary edema, ARDS, and alcohol/illicit substance withdrawal.

39. Demonstrate basic skills in performing routine technical procedures commonly required on a general surgical service while demonstrating sterile technique.

40. Appropriately document pre-operative, operative, and post-operative notes.

41. Appropriately formulate post-operative orders.

42. Utilize appropriate screening tools and protocols for health maintenance in specific populations including TNM staging criteria.

General Surgery Content List

Breast
Benign/ Malignant Neoplasms

Burns
Thyroid/Parathyroid Gland
Thyroid Nodules
Thyroid Carcinoma
Adrenal Carcinoma
Pheochromocytoma
Pituitary/Adrenal/Multiple Endocrine Neoplasia
Ophthalmic Diseases /Trauma
Blunt or Penetrating Trauma
Organ Transplantation

Cardiovascular
Arterial Embolism/Thrombosis
PAD
Arterial/Venous ulcer disease
Varicose Veins

Thorax
Lung Neoplasia
Flail Chest
Pneumothorax
Tension Pneumothorax
Hemothorax
Empyema
Aortic Dissection
AAA

Esophagus
Esophagitis
Motor disorders
Achalasia
Mallory-Weiss tear
Neoplasms
Strictures
Varices

Gallbladder
Acute/chronic cholecystitis
Cholelithiasis
Choledocolithiasis
Cholangitis
Biliary Tree/Bile Ducts Diseases
Liver
Neoplasms
Pancreas

Stomach
Neoplasms
Bariatric/Gastric bypass
Peptic ulcer disease
Pyloric stenosis

Hernia
Hiatal
Incisional
Inguinal
Umbilical
Ventral

Heart
Coronary artery disease
Valvular heart disease

Vascular
Peripheral Arterial Disease
Peripheral Venous Disease
Female Genitourinary
Uterine, cervical, vaginal, vulvar, ovarian neoplasia
Dysfunctional uterine bleeding
Tubal pregnancy and masses
Rectocele/Cystocele
Uterine fibroids

Neurosurgery
Subarachnoid hemorrhage
Subdural Hematoma
Epidural Hematoma

Urology/Renal
Urinary Retention
Calculi
Pyelonephritis

Male Genitourinary
Testicular torsion
Testicular carcinoma
Testicular masses
Varicocele and hydrocele
Erectile dysfunction
Penile and scrotal neoplasia
Prostatic hyperplasia
Prostate cancer
Hypospadias and epispadias
Phimosis and paraphimosis
Priapism

Pre-Operative Risk Assessment
Tobacco Use
Substance Abuse
Cardiac Disease
Pulmonary Disease
Metabolic disease
Hematologic disease
Gastritis/Ulceration
Fecal impaction

Elective surgical sterilization
Ovarian masses and cysts
Endometrial hyperplasia
Uterine prolapse
Hyperglycemia
Adrenal insufficiency
Thyroid storm

Post-Operative Care
Post-Operative Fever
Wound Infections
DVT
Fluid/Volume disorders
Electrolyte disorders
Acid/Base Disorders
Drug Eruptions
Urticaria

Peri-Operative Complications
Atelectasis
Pneumonia
Aspiration
Pulmonary Edema
ARDS
Low Urine Output
Hypovolemia
Sepsis
Cardiogenic shock
Paralytic ileus
Acute gastric dilation
Intestinal Obstruction
External gastrointestinal fistulas
Abnormal Postoperative Bleeding
Hypoxia
Perioperative Stroke
Medication Effects
Functional Delirium
Convulsion

SUPERVIS
ED CLINICAL PRACTICE EXPERIENCE: Obstetrics and Gynecology
Learning Outcomes:
1. Demonstrate a strong fund of knowledge of pathophysiology, pharmacology, clinical and behavioral manifestations of disease and apply these to patients across the lifespan in the obstetrical and gynecological medicine setting.
2. Elicit an appropriate history based on the preventative, acute, or chronic clinical presentation of the patient with an acute or chronic prenatal and gynecological clinical presentation.
3. Perform an appropriate physical examination based on the preventative, acute, or chronic of the patient with an acute or chronic prenatal and gynecological clinical presentation.
4. Develop and appropriate differential diagnosis based upon the history and physical exam of the patient with an acute or chronic prenatal and gynecological clinical presentation.
5. Manage acute or chronic medical disorders in the inpatient and outpatient setting.
6. Order and interpret appropriate diagnostic studies based on the clinical presentation of the patient with an acute or chronic prenatal and gynecological clinical presentation.
7. Formulate evidence-based treatment plans based on the preventative, acute, or chronic clinical presentation of the patient with an acute or chronic prenatal and gynecological clinical presentation.
9. Observe, assist or perform appropriate clinical and technical skill procedures based on current professional practice in the inpatient and outpatient setting.
10. Verbally present clinical information in a concise and coherent manner to the clinical preceptor and other members of the health care team.
11. Apply basic counseling and patient education skills that are patient centered, culturally sensitive and focused on helping patients in coordination with the treatment plan.
12. Demonstrate the role of the physician assistant as a coordinator of care including understanding the value of serving as a member of the health care team and understanding the roles and responsibilities of other health care team members to include appropriate referrals.
13. Discuss the importance of collecting and incorporating appropriate psychosocial, cultural and family data into a treatment plan.
14. Demonstrate appropriate professional demeanor and ethics, and respect for patient’s confidentiality.
15. Demonstrate the ability to be punctual, to be available when needed and to complete assigned work.
16. Demonstrate ethical, compassionate, patient-centered care and acknowledge limitations and mistakes.

Instructional Objectives:

The physician assistant student will:
1. Develop history taking and physical exam skills and be able to apply these in the time-constrained context of this specialty to include:
   - A complete and problem focused history
   - A problem focused physical examination
   - Efficient use of medical records

2. Manage general medical disorders seen in this specialty.

3. Outline the initial investigation and management for the common conditions seen in this specialty.

4. Approach, assess and manage a complex patient with multiple medical problems in this specialty.

5. Develop the following professional and social skills needed to interact with patients and their families in this specialty:
   - Interviewing patients, family members, and other relevant persons in a sympathetic, non-threatening manner respectful of cultural differences and emotional burdens
   - Demonstrate emotional and social support to gain confidence and cooperation
   - Discuss information, diagnosis and management using sensitivity and language that is appropriate for the patient’s background

6. Define the roles of other members of the health care team and how to implement their services appropriately in this specialty:
   - Specialty consults
   - Nursing
   - Physical therapy
   - Occupational therapy
   - Respiratory therapy
   - Pharmacy
   - Dietary services
   - Home care services
   - Social work
   - Laboratory services
   - Translators

7. Review and expand the core knowledge by reading recommended textbooks in this specialty.

8. Perform comprehensive histories and physical examinations, synthesize data into an appropriate differential diagnosis list and develop initial plan of management in this specialty.

9. Compose and deliver coherent, accurate and succinct oral presentations in this specialty.
10. Write and appropriately document organized, timely and accurate patient medical records in this specialty

Professionalism

11. Describe the importance and complexity of providing longitudinal, comprehensive and integrated care particularly for the patient with multiple chronic medical problems.

12. Discuss the importance of collecting and incorporating appropriate psychosocial, cultural and family data into a management plan.

13. Integrate the individuality, values, goals, concerns and rights of the patient and the patient’s family.

14. Anticipate the importance of cost effective health care, quality assurance and practice guidelines in today’s health care environment.

15. Demonstrate the role of the physician assistant as a coordinator of care including understanding the value of serving as a member of the health care team and understanding the role of other health care team members.

Skills

16. Establish an effective relationship with the patient and family and encourage patients seen for episodic or acute illness to seek continuing medical care.

17. Counsel patients and families about signs and effects of harmful personal behavior and habits.

18. Demonstrate interpersonal skills that will enhance communication with the patient and the patient’s family.

19. Demonstrate the ability to access and integrate the available evidence in making diagnostic and treatment decisions and be able to consider the limitations of the scientific database.


21. Develop diagnostic and treatment plans in partnership with the patient and the patient’s family.

22. Utilize appropriate screening tools and protocols for health maintenance in specific populations.

23. Describe the indications and technique and interpret results for all procedures they observe or perform in this specialty.

- Arterial Puncture
- Venipuncture
- Injections
- Incision and Drainage
- Wound Debridement/Care/Culture
- Biopsy
Knowledge

24. Demonstrate an understanding of the pathophysiology behind the most common problems seen in this specialty.

25. Formulate appropriate treatment and management plans for the most common problems seen in this specialty.

26. Demonstrate basic knowledge of the protocols and strategies for reducing identified health risks in patients, families and communities including knowledge of immunization schedules for various age groups.

27. Integrate the appropriate consultation resources, both medical and non-medical, into the treatment plan.

28. Demonstrate an awareness of available community resources.

29. Discuss the social community cultural and economic factors that affect patient care, and recognize the existence of health and health care disparities among various populations.

30. Demonstrate appropriate professional demeanor and ethics, and respect for patient’s confidentiality.

31. Choose pharmacologic and non-pharmacologic agents based upon indications contraindications and adverse effects in conjunction with the appropriate treatment plan.

32. Demonstrate the ability to develop a comprehensive treatment that includes an awareness of the biopsychosocial model and an understanding of the various therapeutic modalities.

33. Describe the pathogenesis, differential diagnosis, methods of evaluation and details of the therapeutic regimens applicable to the care of patients with diseases (see content list) as is possible for this specialty.

34. Discuss the importance of the privacy autonomy and comfort of the female patient.
35. Demonstrate proficiency in obtaining and obstetrical and gynecological history.

36. Demonstrate a gynecological exam and a physical exam on a pregnant patient.

37. Describe the routine obstetrical care including physiological changes in pregnancy, normal labor and delivery and postpartum care.

38. Explain and perform maneuvers to determine fetal presentation.

39. Demonstrate how to monitor progress of labor via cervical dilation, station and effacement.

40. Describe how to assess and manage the medical complications of pregnancy including early pregnancy loss, multiple fetuses, and early or complicated labor.

41. Develop comprehensive routine gynecological care planning including preventative care and family planning advice.

42. Discuss and explain the indications for and the technical aspects of the gynecological surgical procedures (hysterectomy, cesarean delivery, vaginal delivery, breech delivery).

43. Discuss the endocrine issues women face throughout their cycle such as menarche, abnormalities of the menstrual cycle, endometriosis, infertility and menopause.

44. Explain the epidemiology screening, diagnosis and management of common gynecological malignancies including uterine, cervical, and ovarian cancers and trophoblastic disease.

Obstetrics and Gynecology Content List

<table>
<thead>
<tr>
<th>Uterus</th>
<th>Herpes Simplex</th>
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<tbody>
<tr>
<td>Dysfunctional uterine bleeding</td>
<td>HPV</td>
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<tr>
<td>Endometrial cancer</td>
<td>Dysplasia</td>
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<td>Endometriosis/Adenomyosis</td>
<td>Incompetent</td>
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<td>Leiomyoma</td>
<td>Vagina/Vulva</td>
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<td>Metritis</td>
<td>Cystocele</td>
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<td>Ovary</td>
<td>Prolapse</td>
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<td>Cysts</td>
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<td>Neoplasms</td>
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<td>Ovarian Torsion</td>
<td>Trichomoniasis</td>
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<td>Cervix</td>
<td>Bacterial Vaginosis</td>
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<td>Carcinoma</td>
<td>Atrophic Vaginitis</td>
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<td>Cervicitis</td>
<td>Candidiasis</td>
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<td>Gonorrhea</td>
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<td>Chlamydia</td>
<td>Chancroid</td>
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Lymphogranuloma venereum

**Menstrual Disorders**
- Amenorrhea
- Dysmenorrhea
- Premenstrual Syndrome
- Premenstrual Dysphoric Disorder
- Menopause
- Pelvic Inflammatory Disease
- Contraceptive Methods
- Infertility

**Breast**
- Abscess
- Carcinoma
- Fibroadenoma
- Fibrocystic disease
- Mastitis

**Uncomplicated Pregnancy**
- Routine pre-natal screening
- Prenatal Diagnosis/Care
- Routine progression of labor/delivery
- Determine gestational age based on LMP
- Determine gestational age by fundal palpation and measurement
- Identify risk factors for infant mortality
- Hormone/Estrogen replacement therapy

Hormonal changes of pregnancy
- Antepartum Fetal Testing
- Fetal Blood Gas Monitoring
- **Complicated Pregnancy**
- Abortion
- Abruptio placentae
- Dystocia
- Ectopic pregnancy
- Fetal distress
- Gestational diabetes
- Gestational trophoblastic disease
- Molar pregnancy
- Multiple gestation
- Placenta Previa
- Postpartum hemorrhage
- Pregnancy-induced hypertension
- Premature rupture of membranes
- Rh incompatibility
- Pre-eclampsia
- Eclampsia
- Oligohydramnios
- Polyhydramnios
- Third trimester vaginal bleeding

**Domestic Violence**
- Sexual Assault
- Urinary Incontinence

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**Supervised Clinical Practice Experience: Family and Internal Medicine**

**Credits:** 4

**Instructors:** Emily Murphy MPAS, PA-C  
Office: Murdoch Building 240  
Email: Emurphy@pitt.edu  
Office Hours: By appointment

Rosa Fannie, PA-C  
Office: Murdoch Building 245  
Email: raf80@pitt.edu  
Office Hours: By appointment
Learning Outcomes:

1. Demonstrate a strong fund of knowledge of pathophysiology, pharmacology, clinical and behavioral manifestations of disease and apply these to patients across the lifespan in the primary care setting.
2. Elicit an appropriate history based on the preventative, acute, or chronic clinical presentation of a patient across the lifespan.
3. Perform an appropriate physical examination based on the preventative, acute, or chronic clinical presentation of a patient across the lifespan.
4. Develop and appropriate differential diagnosis based upon the history and physical exam of the patient with an acute or chronic clinical presentation across the lifespan.
5. Manage acute and chronic medical disorders in the inpatient and outpatient setting.
6. Order and interpret appropriate diagnostic studies based on the preventative, acute, or chronic clinical presentation of a patient across the lifespan.
7. Formulate evidence-based treatment plans based on the acute or emergent clinical presentation of a patient across the lifespan.
9. Observe, assist or perform appropriate clinical and technical skill procedures based on current professional practice in the inpatient and outpatient setting.
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11. Apply basic counseling and patient education skills that are patient centered, culturally sensitive and focused on helping patients in coordination with the treatment plan.
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16. Demonstrate ethical, compassionate, patient-centered care and acknowledge limitations and mistakes.

Instructional Objectives:

The physician assistant student will:

1. Develop history taking and physical exam skills and be able to apply these in the time-constrained context of this specialty to include:
   - A complete and problem focused history
   - A problem focused physical examination
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2. Manage general medical disorders seen in this specialty.
3. Outline the initial investigation and management for the common conditions seen in this specialty.
4. Approach, assess and manage a complex patient with multiple medical problems in this specialty.

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   - Nursing
   - Physical therapy
   - Occupational therapy
   - Respiratory therapy
   - Pharmacy
   - Dietary services
   - Home care services
   - Social work
   - Laboratory services
   - Translators

7. Review and expand the core knowledge by reading recommended textbooks in this specialty.

8. Perform comprehensive histories and physical examinations, synthesize data into an appropriate differential diagnosis list and develop initial plan of management in this specialty.

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15. Demonstrate the role of the physician assistant as a coordinator of care including understanding the value of serving as a member of the health care team and understanding the role of other health care team members.

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- Arterial Puncture
- Venipuncture
- Injections
- Incision and Drainage
- Wound Debridement/Care/Culture
- Nasogastric Tube
- Lumbar Puncture
- Thoracentesis
- Paracentesis
- Arthrocentesis
- Skin Biopsy
- Gram stain
- KOH and wet prep
- Eye/ear irrigation
- Nasal packing/cautery
- Casting/splinting
- Laceration Repair (Suture/Staple)
- Foreign Body Removal
- Intubation
Knowledge

24. Demonstrate an understanding of the pathophysiology behind the most common problems seen in this specialty.

25. Formulate appropriate treatment and management plans for the most common problems seen in this specialty.

26. Demonstrate basic knowledge of the protocols and strategies for reducing identified health risks in patients, families and communities including knowledge of immunization schedules for various age groups.

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32. Demonstrate the ability to develop a comprehensive treatment that includes an awareness of the biopsychosocial model and an understanding of the various therapeutic modalities.

33. Describe the pathogenesis, differential diagnosis, methods of evaluation and details of the therapeutic regimens applicable to the care of patients with diseases (see content list) as is possible for this specialty.
Family and Internal Medicine Content List

Cardiology
Cardiomyopathy
Dilated
Hypertrophic
Restrictive
Congestive Heart Failure
Hypertension
Hypertensive Crisis
Essential
Secondary
Malignant
Ischemic Heart Disease
Acute myocardial infarction
Angina pectoris
• Stable
• Unstable
• Prinzmetal’s/Variant

Vascular Disease
Cerebral aneurysm
Stroke
Transient ischemic attack
Acute rheumatic fever
Aortic aneurysm/dissection
Arterial embolism/thrombosis
Chronic/acute arterial occlusion
Giant cell arteritis
Peripheral vascular disease
Phlebitis/thrombophlebitis

Venous Thrombosis
Varicose Veins
Valvular Disease
Aortic stenosis/insufficiency
Mitral stenosis/insufficiency
Mitral valve prolapse
Tricuspid stenosis/insufficiency
Pulmonary stenosis/insufficiency
Endocarditis

Lipid Disorders
Hypercholesterolemia
Hypertriglyceridemia

Pulmonology
Acute bronchitis
Acute bronchiolitis
Influenza
Pertussis
Pneumonias
• Bacterial
• Viral
• Fungal
Tuberculosis

Neoplastic Disease
Bronchogenic carcinoma
Carcinoid tumors
Metastatic tumors
Pulmonary nodules

**Obstructive Pulmonary Disease**
- Asthma
- Bronchiectasis
- Chronic bronchitis
- Emphysema
- Pulmonary embolism
- Pulmonary hypertension
- Cor pulmonale

**Restrictive Pulmonary Disease**
- Idiopathic pulmonary fibrosis
- Pneumocosis
- Sarcoidosis

**Other Pulmonary Disease**
- Acute respiratory distress syndrome
- Hyaline membrane disease
- Foreign body aspiration

**Gastroenterology**

**Esophagus**
- Esophagitis
- Motor disorders
- Mallory-Weiss tear
- Neoplasms
- Strictures
- Varices

**Stomach**
- Gastroesophageal reflux disease
- Gastritis
- Neoplasms
- Peptic ulcer disease
- Pyloric stenosis

**Gallbladder**
- Acute/chronic cholecystitis
- Cholelithiasis

**Liver**
- Acute/chronic hepatitis
- Cirrhosis
- Constipation
- Diverticular disease
- Inflammatory bowel disease
- Irritable bowel syndrome
- Ischemic bowel disease
- Colon Neoplasms

**Rectum**
- Anal fissure
- Anorectal abscess/fistula
- Fecal impaction
- Hemorrhoids

**Neoplasms**
- Pilonidal disease
- Polyps

**Hernia**
- Hiatal
- Direct and Indirect Inguinal Ventral

**Infectious Diarrhea**

**Nutritional Deficiencies**
- Niacin
- Thiamine
- Vitamin A
- Riboflavin
- Vitamin C
- Vitamin D
- Vitamin K

**Metabolic Disorders**
- Lactose intolerance
- Phenylketonuria

**Musculoskeletal Diseases**

**Disorders of Back/Spine**
- Ankylosing spondylitis
- Back strain/sprain
- Cauda equina
- Herniated disk pulposis
- Kyphosis/scoliosis
- Low back pain
- Spinal stenosis

**Infectious Diseases**
- Acute/chronic osteomyelitis
- Septic arthritis
- Mononucleosis
- Influenza
- Shigellosis
- Salmonellosis
- Lyme disease

**Neoplastic Disease**
- Bone cysts/tumors
- Ganglion cysts
- Metastasis from other primary cancers

**Osteoarthritis**

**Osteoporosis**

**Rheumatologic Conditions**
- Fibromyalgia
- Gout/pseudogout
- Polyarteritis nodosa
Polymyositis
Polymyalgia rheumatica
Reiter's syndrome
Rheumatoid arthritis
Systemic lupus erythematosus
Scleroderma
Sjogren's syndrome

Eye Disorders
Blepharitis
Cataract
Chalazion
Conjunctivitis
Corneal abrasion
Dacryoadenitis
Ectropion
Entropion
Foreign body
Glaucma
Hordeolum
Macular degeneration
Orbital cellulitis
Ptterygium
Retinal detachment
Retinal vascular occlusion
Retinopathy
* Diabetic
* Hypertensive
Strabismus

Ear Disorders
Cerumen impaction
Hearing impairment
Mastoiditis
Meniere's disease
Labyrinthitis
Otitis externa
Tympanic membrane perforation
Vertigo

Nose/Sinus Disorders
Acute/chronic sinusitis
Allergic rhinitis
Epistaxis
Nasal polyps

Mouth/Throat Disorders
Acute pharyngitis
Acute tonsillitis
Aphthous ulcers
Dental abscess
Laryngitis

Oral candidiasis
Oral herpes simplex
Oral leukoplakia
Peritonsillar abscess
Parotitis
Sialadenitis

Diseases of the Thyroid Gland
Hyperparathyroidism
Hypoparathyroidism
Hyperthyroidism
Graves' disease
Hashimoto's thyroiditis
Thyroid storm
Hypothyroidism
Thyroiditis
Neoplastic disease

Diseases of the Adrenal Glands
Cushing's syndrome
Cortico-adrenal insufficiency

Diseases of the Pituitary Gland
Acromegaly/gigantism
Dwarfism
Diabetes insipidus
Diabetes Mellitus
Type 1
Type 2
Hypoglycemia

Central Nervous System Diseases
Alzheimer's Disease

Diseases of Peripheral Nerves
Bell's palsy
Diabetic peripheral neuropathy
Guillain-Barre syndrome
Myasthenia gravis
Headaches
Cluster headache
Migraine
Tension headache

Infectious Disorders
Encephalitis
Meningitis

Movement Disorders
Essential tumor
Huntington's disease
Parkinson's disease
Multiple Sclerosis

Seizure Disorders
Generalized convulsive disorder
Generalized nonconvulsive disorder
Status epilepticus

Genitourinary Diseases
Benign Conditions of the GU Tract
Benign prostatic hyperplasia
Cryptorchidism
Erectile dysfunction
Hydrocele/varicocele
Incontinence
Nephro/urolithiasis
Paraphimosis/phimosis
Testicular Torsion

Infectious/Inflammatory Conditions
Cystitis
Epididymitis
Orchitis
Prostatitis
Pyelonephritis
Urethritis

Neoplastic Diseases
Bladder carcinoma
Prostate carcinoma
Renal cell carcinoma

Renal Diseases
Acute/chronic renal failure
Glomerulonephritis
Nephrotic syndrome
Polycystic kidney disease

Electrolyte and Acid/Base Disorders
Hypo/hyponatremia
Hypo/hyperkalemia
Hypo/hypercalcemia
Hypomagnesemia
Metabolic alkalosis/acidosis
Respiratory alkalosis/acidosis
Volume depletion
Volume excess

Dermatological Diseases
Eczematous Eruptions
Dermatitis
• Atopic
• Contact

Papulosquamous Diseases
Dermatophyte infections
• Tinea versicolor
• Tinea corporis/pedis
Drug eruptions
Lichen planus
Pityriasis rosea
Psoriasis
Desquamation
Stevens-Johnson syndrome
Toxic epidermal necrolysis
Erythema multiforme

Vesicular Bullae
Bullous pemphigoid

Acneiform Lesions
Acne vulgaris
Rosacea
Folliculitis

Verrucous Lesions
Seborrheic keratosis
Actinic keratosis

Insects/Parasites
Lice
Scabies
Spider bites

Neoplasms
Basal cell carcinoma
Melanoma
Squamous cell carcinoma

Hair and Nails
Alopecia areata
Androgenetic alopecia
Oncychomycosis
Paronychia

Viral Diseases
Condyloma acuminatum
Exanthems
Herpes simplex
Molluscum contagiosum
Verrucae
Varicella-zoster virus infections

Bacterial Infections
Cellulitis/vasculitis
Erysipelas
Impetigo

Other
Acanthosis nigricans
Burns
Decubitus ulcers/leg ulcers
Hidradenitis suppurativa
Lipomas/epithelial inclusion cysts
Melasma
Urticaria
Vitiligo

Hematological Diseases

Anemias
Aplastic anemia
Vitamin B12 deficiency
Folate deficiency
Iron deficiency
G6PD deficiency
Hemolytic anemia
Sickle cell anemia
Thallasemia

Coagulation Disorders
Factor VIII disorders
Factor IX disorders
Factor XI disorders
Thrombocytopenia
• Idiopathic thrombocytopenic purpura
• Thrombotic thrombocytopenic purpura
• Von Willebrand's disease

Malignancies
Acute/chronic myelogenous leukemia
Lymphoma
Multiple myeloma

Systemic Infections

Fungal Disease
Candidiasis
Cryptococcus
Histoplasmosis
Pneumocystis

Bacterial Disease
Botulism
Chlamydia
Cholera

Mycobacterial Disease
Tuberculosis
Atypical mycobacterial disease

Parasitic Disease
Amebiasis
Hookworms
Malaria
Pinworms
Toxoplasmosis

Spirochetal Disease
Lyme borreliosis
• Lyme disease
Rocky Mountain spotted fever
Syphilis

Viral Disease
Cytomegalovirus infections
Epstein-Barr virus infections
Erythema infectiosum
Herpes simplex
HIV infection
Human papilloma virus infections
Influenza

Viral Diseases
Mumps
Rabies
Roseola
Rubella
Measles
Varicella-zoster virus infections
SUPERVISED CLINICAL PRACTICE EXPERIENCE: PEDIATRICS

Credits: 4

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Learning Outcomes:
1. Demonstrate a strong fund of knowledge of pathophysiology, pharmacology, clinical and behavioral manifestations of disease and apply these to infants, children and adolescents in the pediatric medicine setting.
2. Elicit an appropriate history based on the preventative, acute, or chronic clinical presentation of infants, children and adolescents with an acute or chronic clinical presentation.
3. Perform an appropriate physical examination based on the preventative, acute, or chronic clinical presentation of infants, children and adolescents with an acute or chronic clinical presentation.
4. Develop and appropriate differential diagnosis based upon the history and physical exam of infants, children and adolescents with an acute or chronic clinical presentation.
5. Manage acute or chronic medical disorders in the inpatient and outpatient pediatric setting.
6. Order and interpret appropriate diagnostic studies based on the preventative, acute or chronic presentation of infants, children and adolescents with an acute or chronic clinical presentation.
7. Formulate evidence-based treatment plans based on the preventative, acute, or chronic clinical presentation of infants, children and adolescents with an acute or chronic clinical presentation.
9. Observe, assist or perform appropriate clinical and technical skill procedures based on current professional practice in the inpatient and outpatient setting.
10. Verbally present clinical information in a concise and coherent manner to the clinical preceptor and other members of the health care team.
11. Apply basic counseling and patient education skills that are patient centered, culturally sensitive and focused on helping patients in coordination with the treatment plan.
12. Demonstrate the role of the physician assistant as a coordinator of care including understanding the value of serving as a member of the health care team and understanding the roles and responsibilities of other health care team members to include appropriate referrals.

13. Discuss the importance of collecting and incorporating appropriate psychosocial, cultural and family data into a treatment plan.

14. Demonstrate appropriate professional demeanor and ethics, and respect for patient’s confidentiality.

15. Demonstrate the ability to be punctual, to be available when needed and to complete assigned work.

16. Demonstrate ethical, compassionate, patient-centered care and acknowledge limitations and mistakes.

Instructional Objectives:

The physician assistant student will:

1. Develop history taking and physical exam skills and be able to apply these in the time-constrained context of this specialty to include:
   - A complete and problem focused history
   - A problem focused physical examination
   - Efficient use of medical records

2. Manage general medical disorders seen in this specialty.

3. Outline the initial investigation and management for the common conditions seen in this specialty.

4. Approach, assess and manage a complex patient with multiple medical problems in this specialty.

5. Develop the following professional and social skills needed to interact with patients and their families in this specialty:
   - Interviewing patients, family members, and other relevant persons in a sympathetic, non-threatening manner respectful of cultural differences and emotional burdens
   - Demonstrate emotional and social support to gain confidence and cooperation
   - Discuss information, diagnosis and management using sensitivity and language that is appropriate for the patient’s background

6. Define the roles of other members of the health care team and how to implement their services appropriately in this specialty:
   - Specialty consults
• Nursing
• Physical therapy
• Occupational therapy
• Respiratory therapy
• Pharmacy
• Dietary services
• Home care services
• Social work
• Laboratory services
• Translators

7. Review and expand the core knowledge by reading recommended textbooks in this specialty.

8. Perform comprehensive histories and physical examinations, synthesize data into an appropriate differential diagnosis list and develop initial plan of management in this specialty.

9. Compose and deliver coherent, accurate and succinct oral presentations in this specialty.

10. Write and appropriately document organized, timely and accurate patient medical records in this specialty

**Professionalism**

11. Describe the importance and complexity of providing longitudinal, comprehensive and integrated care particularly for the patient with multiple chronic medical problems.

12. Discuss the importance of collecting and incorporating appropriate psychosocial, cultural and family data into a management plan.

13. Integrate the individuality, values, goals, concerns and rights of the patient and the patient’s family.

14. Anticipate the importance of cost effective health care, quality assurance and practice guidelines in today’s health care environment.

15. Demonstrate the role of the physician assistant as a coordinator of care including understanding the value of serving as a member of the health care team and understanding the role of other health care team members.

**Skills**

16. Establish an effective relationship with the patient and family and encourage patients seen for episodic or acute illness to seek continuing medical care.

17. Counsel patients and families about signs and effects of harmful personal behavior and habits.

18. Demonstrate interpersonal skills that will enhance communication with the patient and the patient’s family.
19. Demonstrate the ability to access and integrate the available evidence in making diagnostic and treatment decisions and be able to consider the limitations of the scientific database.


21. Develop diagnostic and treatment plans in partnership with the patient and the patient’s family.

22. Utilize appropriate screening tools and protocols for health maintenance in specific populations.

23. Describe the indications and technique and interpret results for all procedures they observe or perform in this specialty.

   ✓ Venipuncture
   ✓ Injections
   ✓ Incision and Drainage
   ✓ Wound Debridement/Care/Culture
   ✓ Nasogastric Tube
   ✓ Lumbar Puncture
   ✓ Skin Biopsy
   ✓ Eye/ear irrigation
   ✓ Nasal packing/cautery
   ✓ Casting/splinting
   ✓ Laceration Repair (Suture/Staple)
   ✓ Foreign Body Removal
   ✓ Joint and Fracture Reduction
   ✓ Specimen Collection
   ✓ Electrocardiogram
   ✓ Radiologic Studies
   ✓ Urinary Catheterization

Knowledge

24. Demonstrate an understanding of the pathophysiology behind the most common problems seen in this specialty.

25. Formulate appropriate treatment and management plans for the most common problems seen in this specialty.

26. Demonstrate basic knowledge of the protocols and strategies for reducing identified health risks in patients, families and communities including knowledge of immunization schedules for various age groups.

27. Integrate the appropriate consultation resources, both medical and non-medical, into the treatment plan.

28. Demonstrate an awareness of available community resources.

29. Discuss the social community cultural and economic factors that affect patient care, and recognize the existence of health and health care disparities among various populations.
30. Demonstrate appropriate professional demeanor and ethics, and respect for patient’s confidentiality.

31. Choose pharmacologic and non-pharmacologic agents based upon indications contraindications and adverse effects in conjunction with the appropriate treatment plan.

32. Demonstrate the ability to develop a comprehensive treatment that includes an awareness of the biopsychosocial model and an understanding of the various therapeutic modalities.

33. Describe the pathogenesis, differential diagnosis, methods of evaluation and details of the therapeutic regimens applicable to the care of patients with diseases (see content list) as is possible for this specialty.

34. Describe the growth and development of the pediatric patient and contrast this with normal development at milestones.

35. Perform and document an appropriate physical exam for the pediatric population including newborn and well-child exams.

36. Describe and discuss the significance and clinical usefulness of the APGAR scoring system.

37. Describe and discuss perinatal physiology and immunological status of the fetus and newborn.

38. Describe common congenital conditions.

39. Identify common childhood infectious diseases and describe the role of immunization and routine care in the prevention of same.

40. Define age-appropriate anticipatory guidance for parents of the pediatric patient.

41. Discuss the standard pediatric immunization schedule and acceptable alternatives.

42. Identify appropriate medication usage in the pediatric patient including dosages, uses, and contraindications.
Pediatric Medicine Content List

**Congenital Heart Disease**
- Atrial septal defect
- Coarctation of aorta
- Patent ductus arteriosus
- Tetralogy of Fallot
- Ventricular septal defect
- Acute Rheumatic Fever
- Kawasaki Disease
- Hypertrophic cardiomyopathy
- Syncope

**Respiratory**
- Acute epiglottitis
- Croup
- Respiratory syncytial virus infection
- Asthma
- Bronchiectasis
- Pneumonia
- Cystic fibrosis
- Hyaline membrane disease
- Foreign body aspiration

**GI**
- Gastroenteritis
- Dehydration
- Appendicitis
- Colic
- GERD
- Constipation
- Hirschsprung disease
- Foreign Body
- Encopresis
- Hepatitis
- Jaundice
- Duodenal atresia
- Inguinal hernia
- Umbilical hernia
- Niacin deficiency
- Vitamin A deficiency
- Vitamin C deficiency
- Vitamin D deficiency
- Lactose intolerance
- Pyloric stenosis
- Intussusception

**Urology/Renal**
- Cryptorchidism
- Hydrocele
- Paraphimosis/Phimosis
- Testicular Torsion
- Testicular Carcinoma
- Enuresis
- Hypospadias
- Vesicoourethral reflux
- Glomerulonephritis
- Cystitis
- Wilms’ Tumor

**Ortho/Rheumatology**
- Bone cysts/tumors
- Nursemaid’s elbow
- Slipped capital femoral epiphysis
- Osgood-Schlatter disease
- Scoliosis
- Congenital hip dysplasia
- Avascular necrosis of the proximal femur
- Neoplasia of the MSK system
- Ganglion cysts
- Osteosarcoma
- Juvenile rheumatoid arthritis

**ENT**
- Conjunctivitis
- Orbital Cellulitis
- Strabismus
- Allergic Rhinitis
- Hearing Impairment
- Mastoiditis
- TM perforation
- Oral Candidiasis
- Acute/chronic otitis media
- Otitis externa
- Tympanic membrane perforation
- Acute/chronic sinusitis
- Allergic rhinitis
- Epistaxis
- Nasal polyps
- Acute pharyngitis
- Acute tonsillitis
- Epiglottitis
Peritonsillar abscess
Parotitis
Sialadenitis

**Endocrinology**
Short Stature
Hypothyroidism
Hyperthyroidism
Hypercalcemia
Obesity
Diabetes Mellitus

**Cerebral Palsy**

**Headaches**
Cluster headache
Migraine
Tension headache
Well Child Check (WCC)
Developmental milestones

**Seizure Disorders**
Generalized convulsive disorder
Generalized nonconvulsive disorder
Status epilepticus
Encephalitis
Meningitis

**Eczematous Eruptions**
Dermatitis
• Atopic
• Contact
• Diaper
• Nummular eczematous
• Perioral
• Seborrheic
• Stasis
Toxic epidermal necrolysis
Erythema Multiforme
Acne Vulgaris
Dyshidrosis
Lichen simplex chronicus

**Exanthems**
Verrucae
Burns
Urticaria
Tinea
Impetigo

**Papulosquamous Diseases**
Dermatophyte infections
• Tinea versicolor
• Tinea corporis/pedis
Drug eruptions

**Brain Tumors**

**Insects/Parasites**
Lice
Scabies
Spider bites
Condyloma acuminatum
Exanthems
Herpes simplex
Molluscum contagiosum
Verrucae
Varicella-zoster virus infections

**Bacterial Infections**
Cellulitis/vasculitis
Erysipelas
Impetigo

**Anemias**
Aplastic anemia
Vitamin B12 deficiency
Folate deficiency
Iron deficiency
G6PD deficiency
Hemolytic anemia
Sickle cell anemia
Thalassemia
Acute lymphocytic leukemia
Leukemia
Lymphoma
Neutropenia
Hemophilia
Lead Poisoning

**Infectious Disease**
Atypical mycobacterial disease
Pinworms
Hand-foot-and-mouth disease
Pertussis

**Viral Disease**
Cytomegalovirus infections
Epstein-Barr virus infections
Erythema infectiosum
Herpes simplex
Influenza
Mumps
Roseola
Rubella
Measles
Varicella-zoster virus infections

Psychiatry/Behavioral Health
Child Abuse
ADHD/ADD
Autistic disorder
Eating Disorders
Depression
Anxiety
Conduct Disorders
Suicide

Neurology/Development
Appropriate Growth and Development
Immunization Guidelines
Anticipatory Guidelines
Teething
Febrile Seizures
Epilepsy
Meningitis
Turner Syndrome
Down Syndrome
Supervised Clinical Practice Experience: Behavioral Medicine

Credits: 4

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Learning Outcomes:
1. Demonstrate a strong fund of knowledge of pathophysiology, pharmacology, clinical and behavioral manifestations of disease and apply these to patients across the lifespan in the behavioral medicine setting.
2. Elicit an appropriate history based on the acute or chronic clinical presentation of a patient with a behavioral or mental health condition.
3. Perform an appropriate physical examination based on the acute or chronic clinical presentation of a patient with a behavioral or mental health condition.
4. Develop and appropriate differential diagnosis based upon the history and physical exam of the patient with an acute or chronic behavioral and mental health clinical presentation.
5. Manage acute or chronic behavioral and mental health disorders in the inpatient and outpatient setting.
6. Order and interpret appropriate diagnostic studies based on the acute or chronic clinical presentation of a patient with a behavioral or mental health condition.
7. Formulate evidence-based treatment plans based on the acute or chronic clinical presentation of a patient with a behavioral or mental health condition.
8. Document organized, timely and accurate patient medical records to include appropriate psychiatric notes.
9. Observe, assist or perform appropriate clinical and technical skill procedures based on current professional practice in the inpatient and outpatient setting.
10. Verbally present clinical information in a concise and coherent manner to the clinical preceptor and other members of the health care team.
11. Apply basic counseling and patient education skills that are patient centered, culturally sensitive and focused on helping patients in coordination with the treatment plan.
12. Demonstrate the role of the physician assistant as a coordinator of care including understanding the value of serving as a member of the health care team and understanding the roles and responsibilities of other health care team members to include appropriate referrals.
13. Discuss the importance of collecting and incorporating appropriate psychosocial, cultural and family data into a treatment plan.
14. Demonstrate appropriate professional demeanor and ethics, and respect for patient’s confidentiality.
15. Demonstrate the ability to be punctual, to be available when needed and to complete assigned work.
16. Demonstrate ethical, compassionate, patient-centered care and acknowledge limitations and mistakes.

**Instructional Objectives:**

**The physician assistant student will:**

1. Develop history taking and physical exam skills and be able to apply these in the time-constrained context of this specialty to include:
   - A complete and problem focused history
   - A problem focused physical examination
   - Efficient use of medical records

2. Manage general medical disorders seen in this specialty.

3. Outline the initial investigation and management for the common conditions seen in this specialty.

4. Approach, assess and manage a complex patient with multiple medical problems in this specialty.

5. Develop the following professional and social skills needed to interact with patients and their families in this specialty:
   - Interviewing patients, family members, and other relevant persons in a sympathetic, non-threatening manner respectful of cultural differences and emotional burdens
   - Demonstrate emotional and social support to gain confidence and cooperation
   - Discuss information, diagnosis and management using sensitivity and language that is appropriate for the patient’s background

6. Define the roles of other members of the health care team and how to implement their services appropriately in this specialty:
   - Specialty consults
   - Nursing
   - Physical therapy
   - Occupational therapy
   - Respiratory therapy
   - Pharmacy
   - Dietary services
   - Home care services
   - Social work
   - Laboratory services
   - Translators

7. Review and expand the core knowledge by reading recommended textbooks in this specialty.

8. Perform comprehensive histories and physical examinations, synthesize data into an appropriate differential diagnosis list and develop initial plan of management in this specialty.

9. Compose and deliver coherent, accurate and succinct oral presentations in this specialty.
10. Write and appropriately document organized, timely and accurate patient medical records in this specialty

Professionalism

11. Describe the importance and complexity of providing longitudinal, comprehensive and integrated care particularly for the patient with multiple chronic medical problems.

12. Discuss the importance of collecting and incorporating appropriate psychosocial, cultural and family data into a management plan.

13. Integrate the individuality, values, goals, concerns and rights of the patient and the patient’s family.

14. Anticipate the importance of cost effective health care, quality assurance and practice guidelines in today’s health care environment.

15. Demonstrate the role of the physician assistant as a coordinator of care including understanding the value of serving as a member of the health care team and understanding the role of other health care team members.

Skills

16. Establish an effective relationship with the patient and family and encourage patients to be seen for episodic or acute illness to seek continuing medical care.

17. Counsel patients and families about signs and effects of harmful personal behavior and habits.

18. Demonstrate interpersonal skills that will enhance communication with the patient and the patient’s family.

19. Demonstrate the ability to access and integrate the available evidence in making diagnostic and treatment decisions and be able to consider the limitations of the scientific database.


21. Develop diagnostic and treatment plans in partnership with the patient and the patient’s family.

22. Utilize appropriate screening tools and protocols for health maintenance in specific populations.

23. Describe the indications and technique and interpret results for all procedures they observe or perform in this specialty.

   ✓ Electroconvulsive Therapy
   ✓ Lumbar Puncture

Knowledge

24. Demonstrate an understanding of the pathophysiology behind the most common problems seen in this specialty.

66
25. Formulate appropriate treatment and management plans for the most common problems seen in this specialty.

26. Demonstrate basic knowledge of the protocols and strategies for reducing identified health risks in patients, families and communities including knowledge of immunization schedules for various age groups.

27. Integrate the appropriate consultation resources, both medical and non-medical, into the treatment plan.

28. Demonstrate an awareness of available community resources.

29. Discuss the social community cultural and economic factors that affect patient care, and recognize the existence of health and health care disparities among various populations.

30. Demonstrate appropriate professional demeanor and ethics, and respect for patient’s confidentiality.

31. Choose pharmacologic and non-pharmacologic agents based upon indications contraindications and adverse effects in conjunction with the appropriate treatment plan.

32. Demonstrate the ability to develop a comprehensive treatment that includes an awareness of the biopsychosocial model and an understanding of the various therapeutic modalities.

33. Describe the pathogenesis, differential diagnosis, methods of evaluation and details of the therapeutic regimens applicable to the care of patients with diseases (see content list) as is possible for this specialty.

34. Formulate a DSM V differential diagnosis list.

35. Develop a provisional biopsychosocial treatment plan.

36. Prescribe psychopharmacologic agents based upon indications contraindications and adverse effects.

37. Evaluate and manage psychiatric emergencies.

38. Demonstrate a working knowledge of major psychiatric diagnosis and the ability to present a reasonable differential diagnosis to include medical disorders that may present similarly to psychiatric pathology.

39. Write and appropriately document clear and thorough psychiatric reports, consult notes and progress notes.
Behavioral Medicine Content List

Anxiety Disorders
Panic disorder
Generalized anxiety disorder
Posttraumatic stress disorder
Phobic Disorders
Attention-Deficit Disorder
Attention Deficit Hyperactivity disorder
Conduct Disorder
Oppositional Defiant Disorder
Autistic Disorder
Eating Disorders
Anorexia nervosa
Bulimia nervosa
Obesity
Mood Disorders
Adjustment
Depressive
Cyclothymia
Persistent Depressive Disorder- (dysthymia)
Bipolar
Personality Disorders
Antisocial
Avoidant
Borderline
Histrionic
Narcissistic
Obsessive-compulsive
Paranoid
Schizoid
Schizotypal
Psychoses
Delusional disorder
Schizophrenia
Schizoaffective disorder
Schizophreniform disorder
Somatoform Disorders
Somatization disorder
Hypochondriasis
Body Dysmorphic disorder
Factitious disorder
Exhibitionism
Fetishism
Pedophilia
Sexual Masochism
Voyeurism
Acute Reaction to Stress
Child/Elder Abuse
Domestic Violence
Uncomplicated Bereavement
Suicidal/Homicidal Patient
Psychiatric Emergency and Commitment Procedures
Malingering
Substance Use Disorders
Alcohol abuse/dependence
Drug abuse/dependence
Tobacco use/dependence
Paraphilia and Sexual Dysfunction Disorders
Hypoactive Sexual Desire Disorder
Sexual Aversion Disorder
Clinical Year Comprehensive Student Evaluation Process

1. 9 Clinical preceptor evaluations completed with passing grade.
2. 9 End of Rotation (EOR) examinations specialty specific completed with passing grade.
3. 3 OSCE (Objective Structured Clinical Examinations) completed with passing grade.
4. Elective Objectives uploaded to EXXAT by the end of the first Friday of the elective rotation. Students do not have to submit objectives if their elective is in one of the above listed core rotations. (i.e. Hospitalist is an Internal Medicine subspecialty.)
5. Completion of patient case log (in EXXAT) and 200-hour requirement. All sick days must have valid medical provider excuse given to the Program.
6. Completion of clinical site assessments to discuss clinical performance with preceptors, staff and patients. Oral presentation at each site visit and completion of site assessment form by the student to be evaluated by program faculty.
7. Oral/Written Case Presentation as assigned.
8. Completion of all Mid-Rotation and End of Rotation Site Evaluations in EXXAT
9. 4 weekly quizzes per rotation
10. Pharmacology Assignments (Specialty Specific) per CourseWeb Instructions
11. Summative Evaluations completed with passing grade.
12. Completion of exit interview at final academic advisor meeting during Summative Evaluation week.
13. Any components not successfully completed with a 74% will be remediated with the clinical coordinator.
14. Successful remediation must be completed one week after the assessment.
15. Meeting with academic advisor one time per semester.
16. 9 required documentation write-ups specific to each rotation, which includes medical coding as appropriate, completed with passing grade. (Rubrics are posted to CourseWeb)

Please use EHRGo to document and then you will upload these to CourseWeb. You will reference your H&P notes and the Novitas worksheet to guide the billing and coding of your notes. All **rubrics will be posted to CourseWeb.**

- **a. Pediatrics** SOAP Note
- **b. General Surgery** Pre-Op Note and Op Note and Post-Op Note with Orders
- **c. OB/Gyn** Delivery Note and Post-partum Note
- **d. Emergency Medicine** ER (SOAP) Note and Procedure Note
- **e. Internal Medicine** Admission Note, Admission Orders, and Discharge Summary
- **f. Family Practice** SOAP Note
- **g. Behavioral Health** Initial Psychiatric Evaluation Note
- **h. Elective 1 and 2** SOAP Note
Clinical Year Comprehensive Student Evaluation Grading

Supervised Clinical Practice Experience (OB/GYN, EM, GS)
- 25% Preceptor Evaluation
- 40% Specialty Specific End of Rotation PAEA MCQ Examination
  • Computer Testing, Laptop Required,
- 25% OSCE and Post-OSCE Documentation
  • Students will receive 27 minutes to document one SOAP note following the
    OSCE encounter
    o SP Feedback Form 10%, H & P Portion 20%, Assessment and Plan
    Portion 20%, SOAP Note 50%
- 5% Rotation Specific Documentation Write-Up (see page 64 list) (Completed via
  EHRGo and submitted to CourseWeb )
- 2.5% Weekly Quizzes via Exam Master
  • 4 quizzes per rotation on the 1st, 2nd, 3rd, 4th Sunday, grade will be average of
    4 scores. Computer based quiz, if you are assigned to be on rotation you must
    notify your preceptor that you need to take the quiz.
- 2.5% Pharmacology Assignment*
  • One specialty specific pharmacology assignment per rotation (instructions and
    rubrics posted to CourseWeb)

Supervised Clinical Practice Experience (Elective 1, Elective 2, FM, IM, PED, BH)
- 25% Preceptor Evaluation
- 40% Specialty Specific End of Rotation PAEA MCQ Examination
  • Family Medicine (Elective 1) Internal Medicine (Elective 2) PAEA MCQ Exam
- 25% Oral Case Presentation
- 5% Rotation Specific Documentation Write-Up (see page 64 list) (Completed via
  EHRGo and submitted to CourseWeb )
- 2.5% Weekly Quizzes via Exam Master
  • 4 quizzes per rotation on the 1st, 2nd, 3rd, 4th Sunday, grade will be average of
    4 scores. Computer based quiz, if you are assigned to be on rotation you must
    notify your preceptor that you need to take the quiz.
- 2.5% Pharmacology Assignment*
  • One specialty specific pharmacology assignment per rotation (instructions and
    rubrics posted to CourseWeb)

* Throughout this clinical year, we will incorporate prescription writing exercises and reflective
  writing assignments into each clinical rotation. For each “core” rotation (emergency medicine,
  pediatrics, internal medicine, family medicine, behavioral medicine, ob/gyn and general surgery)
  there will be an assigned patient case available via Courseweb with instructions for completion. The
  instructions for completion will be available at the beginning of each rotation and is due by the end
  of the third week of rotation. Rubrics will be available for review on Courseweb.
  For elective rotations, a reflective essay will be submitted to Courseweb using one of the assigned
  writing prompts, which will be available via Courseweb. The instructions for completion will be
  available at the beginning of each rotation and is due by the end of the third week of rotation.
  Rubrics will be available for review on Courseweb.
To summarize above:

**FM, IM, PEDs, BH, Elective 1 and 2:**
- Oral presentation
- Specialty specific note (completed in EHRGo- submitted to courseweb
- Pharmacology assignment
- Weekly quizzes

**OB/Gyn, EM, and GS:**
- OSCE (including post OSCE documentation in EHRGo)
- Specialty specific note (completed in EHRGo- submitted to courseweb
- Pharmacology assignment
- Weekly quizzes

Each instance of unprofessional behavior will result in a deduction of one percentage point from the student’s final rotation (SCPE) grade with a maximum deduction of 10%.
**ALL TESTING must be completed at University of Pittsburgh Physician Assistant Studies Program. Students are required to be present for all transition day activities from 7:30 AM to 6PM.**

**Grading Scale**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honors</td>
<td>90% and above</td>
</tr>
<tr>
<td>Satisfactory</td>
<td>74% and above</td>
</tr>
<tr>
<td>Unsatisfactory</td>
<td>below 74%</td>
</tr>
</tbody>
</table>

Students must achieve a satisfactory grade for each rotation of at minimum 74%. Students must also achieve a 74% on each rotation preceptor evaluation. There will be no rounding of the grade. Failure to meet these requirements will be cause for repeating the rotation. The student will then have to repeat the rotation at the end of the clinical year after completion of all other rotations. The repeat rotation will not be at the same clinical site as the failed rotation. Justifiably, the student will not be able to graduate with the rest of the class until the rotation is completed with a passing grade. Failure of the repeat rotation will result in dismissal from the physician assistant program.

**Preceptor Evaluation Grade Conversion Scale:**

- 5 – 100%
- 4 – 85%
- 3 – 75%
- 2 – 60%
- 1 – 45%

**Computer access is required for testing purposes on transition days. All students are required to bring a laptop computer for the End of Rotation examinations.**
### Patient Encounter Benchmarks

<table>
<thead>
<tr>
<th>Patient Encounter Description</th>
<th>Benchmark Minimum Guideline</th>
<th>ARC Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Encounter Types</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventative</td>
<td>5</td>
<td>B3.02</td>
</tr>
<tr>
<td>Chronic</td>
<td>10</td>
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<tr>
<td>Emergent</td>
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<tr>
<td>Acute</td>
<td>5</td>
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<tr>
<td><strong>Lifespan Encounters</strong></td>
<td></td>
<td>B3.03</td>
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<tr>
<td>Infants &lt;2 years</td>
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</tr>
<tr>
<td>Children 2-10 years</td>
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<tr>
<td>Adolescents 11-17 years</td>
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<tr>
<td>Adults 18-64 years</td>
<td>50</td>
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<tr>
<td>Geriatric 65+ years</td>
<td>25</td>
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<td><strong>Specialty Specific Exposures</strong></td>
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<tr>
<td>Prenatal Care</td>
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<tr>
<td>Gynecologic Care</td>
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<td>Behavioral/Mental Health Care</td>
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<td><strong>Patient Encounter Settings</strong></td>
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<td>Inpatient</td>
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<tr>
<td>Pre-Operative</td>
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<tr>
<td>Intra Operative</td>
<td>10</td>
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<tr>
<td>Post-Operative</td>
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<tr>
<td>Emergency Department</td>
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</tr>
</tbody>
</table>

*The guideline for students is to log at least 750 cases (including the above minimums) over the entire rotation year.*
Remediation Instructions

If you earned <74% on your exam or OSCE you must remediate. **Remediations are due one week from transition day, the following Friday by midnight.**

***Please email them to the program administrative assistant including the remediation form.

If a grade has not been posted by the end of T-Day, the remediation is due one week from the date of the posted grade on CourseWeb. Remediation form posted to Rotation 1 CourseWeb.

**OSCE remediation instructions:** For remediation for your OSCE, please type a document including all history questions you would ask and why you would ask them, physical exam you would perform and why you would perform the exam and treatment plan you would include and why you would include those items. Please base this on your OSCE case your diagnosis. If you are unsure of the diagnosis, please discuss with clinical coordinator.

**Exam remediation instructions:** Please write a brief paragraph describing each missed objective noted on your PAEA exam topic list. Please remember to cite your resources. Please use at least one text reference.

Remediation may be typed.
Clinical Instructor Responsibilities

- Instructional faculty for the supervised clinical practice portion of the educational program must consist primarily of practicing physicians, physician assistants, nurse practitioners and other health care providers that are deemed appropriate by the program.

- Orient the student to the work environment and make known your expectations of the student’s role for the rotation.

- Retain full responsibility for patient care, and also maintain administrative and professional supervision of the student.

- Support the written learning objectives of the designated supervised clinical practice (SCPE) externship, in concert with University faculty.

- Actively participate in the evaluation, provide ongoing feedback of the student’s clinical performance during the clinical experience.

- Provide hands-on learning under your direct supervision. It is expected that students participate in all aspects of patient care in the outpatient, inpatient, and long-term care settings. Depending on the type of rotation, this may also include hospital rounds, emergency/urgent care, and assisting in the operating room.

- Facilitate the student’s learning of your specialty by listening to patient presentations, questioning the student and providing feedback. Challenge the student to identify areas of insufficient knowledge and to use this as an impetus for additional learning.

- Provide a multitude of patients for student involvement and ensure the patient population provides a representative sample of the medical conditions expected for this rotation subject.

- Provide at least 40 hours per week of work for the student (or an equivalent of at least 200 hours for the entire 5-week rotation), including on-call hours. You set the hours for the student as you feel appropriate.

- When available, provide opportunities to enhance professional development (grand rounds, team meetings, etc).

- Maintain schedule with program clinical coordinator regarding availability to take students.

- Maintain up to date contact information with program administration.
Preceptor Clinical Performance Evaluation Form and Submission Policy

Clinical instructors are expected to provide formal, written feedback regarding the student’s performance at the end of each Clinical Experience. Following completion of the evaluation form, the clinical instructor may return the form to the student, email the form to the program, or mail it to:

Attention: Clinical Coordinator
University of Pittsburgh
Physician Assistant Studies Program
3420 Forbes Avenue
Second Floor
Pittsburgh, PA 15260

The form must be completed by the assigned clinical instructor and/or other clinician at the assigned clinical site, who can best evaluate the student’s performance. The student is also encouraged to seek feedback from others whom he/she has worked with at the site. The evaluations are used by the Clinical Coordinators (in conjunction with a variety of other parameters as outlined in the course syllabi) to assign the final grade for the clinical experience. Clinical instructors are encouraged to give an honest appraisal of the student’s performance, identifying areas of strength and weakness.

Written comments are especially helpful in evaluating the student’s progress and identifying areas for further study. Should an issue arise warranting the attention of the Clinical Coordinator, clinical instructors are encouraged to call the Clinical Coordinator immediately at (412) 624-6734 or Program Director at (412) 624-6717.

We will provide clinical instructors with a compilation of the students’ written comments about the experience with the clinical instructor and the clinical site.

At the conclusion of each clinical rotation, we ask each student and each clinical instructor to complete evaluation forms based on different criteria relating to their experience. Included in this handbook are examples of evaluations that the student and the clinical instructor will be asked to complete. We greatly appreciate any, and all, feedback we receive from you.
University of Pittsburgh
Physician Assistant Studies

Physician Assistant Studies

End of Rotation Clinical Performance Evaluation

Name: ________________  Rotation Dates: ________________  Specialty: ____________

**Instructions:** Please check the box that corresponds to your assessment of the student’s performance based on the following scale. Please mail the original copy to the Program, a self-addressed, stamped envelope will be provided by the student. Please be sure to keep a copy for your records. Thank you.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>5 Honors</th>
<th>4 High Pass</th>
<th>3 Pass</th>
<th>2 Marginal Pass</th>
<th>1 Fail</th>
<th>N/A</th>
</tr>
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<tbody>
<tr>
<td><strong>Reliability 1</strong></td>
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<td><strong>Professionalism 2</strong></td>
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<tr>
<td>The student displays excellent rapport with patients, respects their rights and confidentiality, communicates effectively with the patient, and shows compassion for patient and family.</td>
<td>The student is responsive to the needs of the patient, generally respects patient rights, patient confidentiality, and displays a professional demeanor.</td>
<td>The student lacks responsiveness to the needs of the patient, lacks respect of patient rights, confidentiality, and is not accountable to the patient or the profession.</td>
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<tr>
<td><strong>Initiative 3</strong></td>
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<tr>
<td>Displays exceptional initiative. Actively seeks out work and learning experiences. Shows no hesitation and displays a positive attitude when asked to perform unplanned duties.</td>
<td>Meets standard expectations of student group for initiative and independent action. Shows little hesitation when asked to perform unplanned duties.</td>
<td>Passive, content to do minimum. Requires frequent direction. Irritated and distressed when asked to perform unplanned duties.</td>
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<tr>
<td>Recognition of Limitations4</td>
<td>5 □</td>
<td>4 □</td>
<td>3 □</td>
<td>2 □</td>
<td>1 □</td>
<td>N/A □</td>
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</tr>
<tr>
<td>The student recognizes limitations and accepts responsibility for actions.</td>
<td>The student usually recognizes own limitations and generally accepts responsibility for actions.</td>
<td>The student fails to recognize own limitations and does not accept responsibility for actions.</td>
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</table>

<table>
<thead>
<tr>
<th>Time Management5</th>
<th>5 □</th>
<th>4 □</th>
<th>3 □</th>
<th>2 □</th>
<th>1 □</th>
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</thead>
<tbody>
<tr>
<td>Uses time effectively. Gathers all information needed without wasting time or being distracted.</td>
<td>Uses time well, but can be sidetracked.</td>
<td>Takes too long for simple problems. Does not always make good use of time.</td>
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<table>
<thead>
<tr>
<th>Interpersonal 6 Skills (with HealthCare Workers)</th>
<th>5 □</th>
<th>4 □</th>
<th>3 □</th>
<th>2 □</th>
<th>1 □</th>
<th>□</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interacts well with all personnel in the health care setting. Has displayed honesty and dependability during these interactions.</td>
<td>Interacts adequately with all patients and personnel in the health care setting.</td>
<td>Interacts little with personnel in the health care setting. Indifferent to interactions with personnel and at times has been dishonest.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Interpersonal 7 Skills (with Preceptors)</th>
<th>5 □</th>
<th>4 □</th>
<th>3 □</th>
<th>2 □</th>
<th>1 □</th>
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</thead>
<tbody>
<tr>
<td>Exceptionally cooperative. Open to teaching efforts. Respects authority and accepts constructive criticism.</td>
<td>Pleasant attitude with average receptiveness to reaching efforts and service requests, occasionally questions instruction but always complies with authority.</td>
<td>Displays little interest in subject, defensive, resistant, passive or aggressive, intolerant of general instruction. Openly challenges instructor’s authority and is incompliant.</td>
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<tr>
<td>Interpersonal Skills (with Patients and Families)</td>
<td>5 □</td>
<td>4 □</td>
<td>3 □</td>
<td>2 □</td>
<td>1 □</td>
<td>N/A □</td>
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<tr>
<td>Communicates exceptionally well with patients and families. Displays poised and articulate speech with a compassionate tone. Projects a warm, empathetic attitude. Professional manner meets highest standards</td>
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<tr>
<td>Verbal communication is mostly clear with a respectful tone towards patients and families. Displays acceptable empathy toward and interest in patients. Professional manner meets student’s average.</td>
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<tr>
<td>Communication is inarticulate with a disrespectful tone. Tactless or unskillful in relationships with patients and families. Lack of concern. Unprofessional manner.</td>
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<table>
<thead>
<tr>
<th>Work Ethic 9</th>
<th>5 □</th>
<th>4 □</th>
<th>3 □</th>
<th>2 □</th>
<th>1 □</th>
<th>□</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student always behaves in an ethical, responsible, and dependable manner. Always makes the effort to exceed ordinary expectations and maintains high personal standards. Takes responsibility for academic and professional duties and actively seeks out ways to improve on performance.</td>
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<tr>
<td>Student generally behaves in an ethical, responsible, and dependable manner. Makes an effort to exceed ordinary expectations and generally maintains high personal standards. Takes responsibility for academic and professional duties.</td>
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<tr>
<td>Student fails to behave in an ethical, responsible, and dependable manner. Makes no effort to exceed ordinary expectations and does not maintain high personal standards. Fails to take responsibility for academic shortcomings. Tries to pass the blame for academic and professional failures.</td>
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<table>
<thead>
<tr>
<th>Clinical Skills</th>
<th>History Skills 10</th>
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<th>3 □</th>
<th>2 □</th>
<th>1 □</th>
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<tbody>
<tr>
<td>History is thorough, appropriately sequenced, well organized and accurate. Excellent active listening skills. Asks the right diagnostic questions.</td>
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<tr>
<td>History is generally complete, logically sequenced, organized and accurate. Obtains most pertinent history, but misses some of the relevant details.</td>
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<tr>
<td>The student would benefit from greater instruction and practice in organization, listening skills, and diagnostic questioning.</td>
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<td><strong>Physical 11 Examination Skills</strong></td>
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<td>N/A □</td>
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<tr>
<td>Excellent, careful, thorough physicals. Detects most pathological findings and assesses importance accurately. Technique is sound and time efficient.</td>
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<tr>
<td>Physical exam is generally thorough, precise, technique is reliable, and completed within time requirements. Correctly identifies and interprets most physical findings. Exam is adequate for presenting problem.</td>
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<tr>
<td>The student would benefit from greater instruction and practice in technique, timing and interpretation of exam findings.</td>
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<td><strong>Documentation Skills 12</strong></td>
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<tr>
<td>Records are accurate, notes thorough. Complete and intelligible SOAP notes.</td>
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<tr>
<td>Acceptable quality of written records. Average recording in SOAP notes.</td>
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<tr>
<td>The student would benefit from greater instruction and practice in writing of accurate, complete, and intelligible SOAP notes.</td>
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<td><strong>Oral Presentation Skills 13</strong></td>
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<tr>
<td>Oral presentation is accurate and thorough. Complete patient information is presented in a timely manner. Student is able to answer all questions without hesitation.</td>
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<tr>
<td>Acceptable quality of oral presentation skills.</td>
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<tr>
<td>The student would benefit from greater instruction and practice in the oral presentation of patient information in an accurate, complete manner.</td>
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<td>Procedure Skills 14</td>
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<tr>
<td>The student demonstrates appropriate technique with the knowledge of indications, contraindications and complications of the procedure</td>
<td>The student technique is satisfactory, and is generally aware of indications, contraindications, and complications of the procedure.</td>
<td>The student would benefit from greater instruction and practice with technique, and the indications, contraindications and complications of the procedure.</td>
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<thead>
<tr>
<th>Patient Education Skills 15</th>
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<th>4 □</th>
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<tbody>
<tr>
<td>The student appropriately advises the patient appropriately with regard to health maintenance and health promotion; and is able to develop therapeutic rapport. Shows interest in all individuals present.</td>
<td>The student generally and appropriately advises the patient and all individuals present with regard to health maintenance and health promotion. Puts the patient at ease but with some difficulty.</td>
<td>The student would benefit from greater instruction and practice with advising the patient appropriately with regard to health maintenance and health promotion.</td>
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<table>
<thead>
<tr>
<th>Knowledge and Clinical Reasoning</th>
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</thead>
<tbody>
<tr>
<td>Knowledge Base 16</td>
</tr>
<tr>
<td>5 □</td>
</tr>
<tr>
<td>Has an expansive fund of knowledge which is applied effectively and promptly with clinical problems.</td>
</tr>
<tr>
<td>Clinical 17 Judgment</td>
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<tr>
<td>----------------------</td>
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<tr>
<td>The student presents a comprehensive differential, logically reasoned and accurately ranked. Prioritizes problem list and diagnostic work-up.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Diagnostic 18 Evaluation</th>
<th>5 □</th>
<th>4 □</th>
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</thead>
<tbody>
<tr>
<td>Uses appropriate testing and consultation.</td>
<td>The student requires assistance in integrating data and includes most common diagnosis.</td>
<td>Unclear as to how to proceed. Uncertain as to consult, order labs or radiographs when needed.</td>
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<thead>
<tr>
<th>Monitoring and Therapeutic Skills 19</th>
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<th>4 □</th>
<th>3 □</th>
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<tbody>
<tr>
<td>The student is consistent with the development of appropriate diagnostic evaluations and accurate treatment plans.</td>
<td>The student generally develops appropriate and accurate diagnostic evaluation and treatment plans.</td>
<td>The student would benefit from greater instruction and study in improving ability to develop appropriate diagnostic evaluation and treatment plans.</td>
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Comments:

______________________________________________________________________________________
______________________________________________________________________________________
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Preceptor Signature:_________________________

Student Name:______________________________

Rotation Discipline:__________________________

Reviewed with Student: YES NO

Preceptor Evaluation Grade Conversion Scale:

5 – 100%
4 – 85%
3 – 75%
2 – 60%
1 – 45%
UNIVERSITY OF PITTSBURGH PHYSICIAN ASSISTANT PROGRAM

ORAL ELECTIVE CASE PRESENTATION EVALUATION

Student Name: ________________________________________________________________

Date of Presentation: __________________________________________________________

Rotation Subject: ______________________________________________________________

Topic of Presentation: _________________________________________________________

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>Description</th>
<th>SCORE Possible</th>
<th>SCORE Actual</th>
<th>COMMENTS</th>
</tr>
</thead>
</table>
| History               | History was thorough and accurately sequenced. Presented in chronological order with the following content in the following order:  
  - Chief complaint  
  - History of present illness  
  - Past medical history  
  - Past surgical history  
  - OB/GYN history when pertinent  
  - Family history  
  - Social history  
  - Medications  
  - Allergies (with description of reaction type)  
  - Review of systems (by system, including all positive and pertinent negatives) | 10             |              |          |
| Physical Examination  | Physical exam was precise, comprehensive and included all pertinent positive and negative findings.  
  - Vital signs  
  - General  
  - Skin, hair, nails  
  - Lymph  
  - HEENT, including neck  
  - Chest and lungs  
  - Heart and cardiovascular system  
  - Abdominal exam  
  - Genital/rectal/breast exam  
  - Musculoskeletal exam  
  - Neurological exam  
  - Mini mental | 10             |              |          |
<p>| Provisional Diagnosis | Differential diagnosis based on history and physical exam | 5              |              |          |</p>
<table>
<thead>
<tr>
<th>Diagnostic Plan</th>
<th>Appropriate lab/x-ray/other testing (displays an understanding of the rationale for ordering for specific tests) Procedures required and their rationale</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Results of Diagnostic Plan</td>
<td>Reviewed and articulated the results of the diagnostic testing appropriately</td>
<td>5</td>
</tr>
<tr>
<td>Treatment Plan</td>
<td>Medications prescribed, including dose frequency, side effects and duration of therapy Alternative therapies Procedures required and their rationale Appropriate referral</td>
<td>7.5</td>
</tr>
</tbody>
</table>
| Patient Education and Follow-up Instructions | - Assessed patient’s level of understanding of prognosis, treatment and follow-up  
- Assessed and documented family, home, social service, and community support for patient if needed  
- Referrals – for follow up, counseling, nutrition, smoking cessation, rehabilitation, cardiac rehab  
- Review of treatment given (side effects, complications)  
- Discharge instructions given and reviewed with patient  
- Advised patient with regard to health maintenance, health promotion  
- Prognosis for this patient  
- Documentation of above | 5 |
| Case Synthesis | - Short summary of the case  
- Reviewed rationale of the differential and final diagnosis in this patient (by importance and likelihood)  
- Discussed the rationale of specific diagnostic testing that is ordered  
- Discussed the rationale of the specific treatment of this case, potential risks/side effects of the treatment | 10 |
In presenting the above, the student:
- Appropriately used terminology
- Presented in a clear and concise manner
- Appropriately used visual materials when available (tables, graphics)
- Conveyed knowledge of patient and rationale for management decisions
- Demonstrated logical integration of medical knowledge, clinical presentation, diagnosis and recommendations into a concise and flowing case presentation
- Demonstrated knowledge of indications, contraindications and complications of procedures when indicated
- Prognosis for this patient

<table>
<thead>
<tr>
<th>Current Standards of Treatment for this Patient’s Diagnosis</th>
<th>Demonstrated evidence of reading the current literature on the presented topic, current recommended treatment guidelines for the disease Compared-contrasted the management of this case with current treatment guidelines</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>References</td>
<td>Articles from refereed PA journals, core clinical journals, specialty journals and core specialty texts (Department required texts) References submitted</td>
<td>2.5</td>
</tr>
</tbody>
</table>

Score = ____/65

Time Limit: 8-10 minutes

___________________________________
Faculty Signature
Mid-Rotation Self-Performance Evaluation

<table>
<thead>
<tr>
<th>Criteria</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<tbody>
<tr>
<td>History Taking Skills</td>
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<tr>
<td>Physical Examination Skills</td>
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<tr>
<td>Order &amp; Interpret Appropriate Diagnostic Studies</td>
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<tr>
<td>Develops Appropriate Differential Diagnosis</td>
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<tr>
<td>Develops Appropriate Management Plan</td>
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<tr>
<td>Patient Education</td>
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<tr>
<td>Professional Behavior</td>
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<tr>
<td>Attendance</td>
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Preceptor Comments:
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Preceptor Signature ___________________________ Date ______________________

Student Signature ___________________________ Date ______________________
Specialty Specific Note Guidelines ©
Copyright 1992-1994 Specialty Cards

**History and Physical Exam**
- Patient’s Name
- Attending Physician
- Dictating Physician
- Date of Admission
- Chief Complaint
- History of Present Illness
- Past Medical History
- Past Surgical History
- Family Medical History
- Social History
- Medications
- Allergies
- Review of Systems
- Physical Examination
- Labs
- Impressions
- Plan
- Signature and Date

**SOAP/ER/Progress Note**
- Subjective
- Objective
- Assessment
- Plan
- Signature and Date

**Preoperative Note**
- Patient’s Name
- Pre-Op Diagnosis
- Procedure
- Labs
- X-rays
- ECG
- Blood
- Orders
- Consent
- Signature and Date

**Operative Note**
- Patient’s Name
- Date and Time
- Attending Physician
- Surgeon
- First Assistant
- Anesthesiologist
- Anesthesia
- Anesthesia/Operative Time
- Instrument/Scrub Nurse
- Preoperative Diagnosis
- Postoperative Diagnosis
- Operation Summary
- Findings
- Technique
- Complications
- Blood Loss
- Condition and Prognosis
- Signature and Date

**Admit Orders**
- Admit: Attending physician, floor, etc
- Diagnosis: admitting diagnosis
- Condition
- Allergies
- Vitals
- Activity
- Nursing
- Diet
- I&O
- Medications
- Consults
- Labs/Diagnostic studies
- Signature and Date

**Discharge Summary**
- Patient’s Name
- Attending Physician
- Dictating Physician
- Date of Admission
- Date of Discharge
- Admission Diagnoses
- Discharge Diagnoses
- Procedures
- Hospital Course
- Disposition
- Discharge Instructions
  - Medications
  - Follow Up
- Signature and Date
Post Op Note
Date and Time
Post-Operative Day #
Subjective Findings
  Complaints
    Status of flatus, bowel movements, urination, diet tolerance, ambulation
Objective Findings
  Vital signs, I & O
Physical Exam, condition of any surgical incisions and drains, lungs, bowel sounds etc.
Pertinent Labs
Assessment
Plan
Signature and Date

Delivery Note
Date and Time
Time and Onset of Labor & ROM
Progression of Labor (Normal, prolonged, precipitation)
FHT (normal or abnormal)
Length of 2nd stage of labor
Anesthetic
Episiotomy
Fetal presentation and position
Presence and management of meconium if present
Type of delivery:
  Spontaneous
  Forceps
  Vacuum assist
  Rotations if performed
  Sterile or unsterile
Delivery: Time, suctioning and initial care of neonate, APGARS, presence of pediatrician
Placenta: delivery and type of presentation and if appears intact.
Number of vessels.
Manual uterine exploration.
Lacerations: cervical, vaginal, or perineal
Episiotomy – repair
Estimated blood loss
Status of patient post part
Status and disposition of neonate
Signature and date

Procedure Note
Procedure
Informed consent
Indication
Description: area prepped and sterile drape placed. Type of anesthesia used. Technique and description.
Complications
Estimated blood loss
Disposition of patient
Signature and date

Post-Partum Note
Date and Time
Post-Partum Day #
Subjective Findings:
  Complaints
    Status of flatus, bowel movements, urination, diet tolerance, ambulation
    Change in previous condition
Objective Findings
  Vital signs, I&O
Physical exam: lochia, episiotomy, uterine involution, breasts, extremities, note condition of incision, lungs, bowel sounds, etc.
Pertinent Labs
Assessment
Plan
Signature and Date

Consultation
Patient's Name
Attending Physician
Consulting physician
Dictating physician
Date of consultation
Date of dictation
Reason for consultation
History
Examination
Impression
Recommendations
Signature and date
# Clinical Rotation Student Assessment

## Site Assessment Oral Case Presentation Evaluation

Please assign your rating of student performance on a scale of Satisfactory or Unsatisfactory (S or U)

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Format</strong></td>
<td></td>
</tr>
<tr>
<td><em>Clear and logical progression of the presentation in the proper format (Subjective, Objective, Assessment, Plan)</em></td>
<td></td>
</tr>
<tr>
<td><strong>Time Management</strong></td>
<td></td>
</tr>
<tr>
<td><em>Thorough, succinct use of time with brief, accurate descriptions and explanations; Inclusion of all pertinent positive and negative findings from the hx and PE; Presentation completed within 3 minutes</em></td>
<td></td>
</tr>
<tr>
<td><strong>Knowledge Base</strong></td>
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</tr>
<tr>
<td><em>Demonstration of fund of knowledge regarding medicine and its appropriate clinical applications; Accurate and proper use of medical terminology</em></td>
<td></td>
</tr>
<tr>
<td><strong>History-Taking and Physical Exam</strong></td>
<td></td>
</tr>
<tr>
<td><em>History is presented in a sequenced, well-organized manner; Thorough physical examination with appropriate recognition of normal and abnormal findings, pertinent positives and negatives</em></td>
<td></td>
</tr>
<tr>
<td><strong>Assessment and Differential Diagnosis</strong></td>
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</tr>
<tr>
<td><em>Accurate and specific primary, secondary, and differential/rule-out diagnoses; Inclusion of diagnostic studies to determine the cause, status and complications of the patient’s illness, with knowledge of the expected results</em></td>
<td></td>
</tr>
<tr>
<td><strong>Treatment Planning</strong></td>
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<tr>
<td><em>Development of a treatment plan that addresses the patient’s comfort, lifestyle, medications, and other therapies</em></td>
<td></td>
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<tr>
<td><strong>Responses to Questions</strong></td>
<td></td>
</tr>
<tr>
<td><em>Correct and timely answers to questions regarding the patient and/or differential diagnoses; Resumes presentation accurately and effectively after interruption (questions)</em></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
Program Dress Policy

The Physician Assistant Program places a high value on professional appearance. It is policy of the University of Pittsburgh’s Physician Assistant Studies Program that personal appearance reflects general cleanliness, good grooming and professional identity. This policy was developed in careful consideration of the Program’s professional mission, professional impression, cultural sensitivity, infection control, and safety. Professional appearance helps to build trust and confidence in both patients and fellow health care providers.

Students are expected to present a professional image at all times when present within or when representing the University of Pittsburgh’s School of Health and Rehabilitation Sciences. This includes daily class attendance, clinical experiences, shadowing, and meetings.

A. General Standards

Personal hygiene must be maintained.

Hair should be conservative, neat and clean at all times. Hair longer than shoulder length must be pulled away from the face when working in actual or simulated patient care scenarios. This includes laboratory sessions.

Beards and mustaches should be short, clean and well groomed.

Fingernails should be clean and of no longer than ¼ inch length. They should not interfere with the ability to perform designated tasks nor be detrimental to the patient’s safety. Artificial nails are not permitted. Nail polish is permitted if it is of a muted or conservative color and in good repair.

Avoid dress or attire that could be potentially offensive or distracting to the public, preceptors, patients and/or faculty.

Clothing must be conservative, clean and in good repair. When choosing clothing, modesty should prevail.

Avoid strong fragrances such as perfumes or cologne. Be aware that many people are sensitive to fragrances which may cause allergies or headaches.

Facial and oral jewelry is not permitted. Ear piercings are permitted. Dangling or distracting earrings are prohibited.

Tattoos must be covered.

Hair must be of a natural human color.

Hosiery or socks must be worn at all times.

Hats are not permitted, with the exception of religious or cultural head coverings.
Shirts should be of appropriate length and height to adequately cover the chest, abdomen and back at all times.

Skirt hemlines should be no shorter than 3 inches above the knee.

Pant hemlines should fall between the knee and ankle.

Undergarments should not be visible above, below or through clothing.

A. History & Physical Examination and Diagnostic and Therapeutic Procedures

Lab Attire

Appropriate lab attire will enable the student to adequately perform a detailed physical examination by identifying anatomic landmarks necessary to distinguish normal from abnormal findings and for the execution of technical procedures. Hair must be off the face during labs.

Women’s lab uniform
- Short-sleeved T shirt
- Gym-type shorts. Shorts should not be shorter than mid-thigh.
- Spandex and other form fitting shorts are not permitted.
- Sports bra

Men’s lab uniform
- Short-sleeved T shirt
- Gym-type shorts. Shorts should not be shorter than mid-thigh.
- Spandex and other form fitting shorts are not permitted

C. Anatomy Lab Attire

- Scrub top and bottom
- Old closed-toed shoes
- Protective eyewear (goggles)
- Optional attire for anatomy lab includes a protective mask, and/or lab coat to be worn over scrubs
E. Prohibitions

The following types of attire are prohibited:

- Tank tops, spaghetti strap tops, sleeveless tops (unless arms are covered by a sweater, cardigan or lab coat that will not be removed)
- Denim of any kind or color
- Halter tops
- Shorts
- Cargo pants
- Tennis shoes
- T-shirts
- Transparent fabric
- Open-toed shoes
- Sandals
- Excessively tight clothing, “skinny” jeans/pants
- Scrubs in classroom setting (with the exception of Anatomy Lab or clinically appropriate setting)
- Shiny or distracting fabric (such as sequins)
Examples of appropriate attire include, but are not necessarily limited to:

- Suits
- Dress slacks
- Collared, button down shirts (with or without tie)
- Dress blouse
- Sports coats
- Blazers
- Sweaters
- Dresses, skirts
- Dress shoes, hard soled shoes (no open toe shoes)
- Professional appearing polo-style shirts in good repair, tucked in, neatly pressed and free of any large logo or insignia.

F. Lab Coats

During clinical rotations lab coats must be worn unless instructed otherwise by preceptor or faculty. Lab coats must be clean, ironed and fit properly. The sleeves of lab coats should not be rolled up. Lab coats must be short jackets (long jackets are traditionally worn by attending physicians, resident physicians, certified physician assistants and other certified advance practice providers).

G. Identification

All students must wear photo ID badges and lab coats during clinical rotations, during simulated patient interactions, and may also be required for some guest lecture sessions. If the individual clinical rotation site requires its own ID, the student must wear both.

Each clinical site may have additional dress code guidelines

Personal objections by the student to this dress policy will be considered, but must be brought forth to the Program Director. The Program recognizes that these statements utilize language which is, in some cases, imprecise and that the formulation of this policy is predicated on cultural norms.

The dress code will be interpreted and enforced by the Program faculty. Any student in violation of the dress code may be excluded from the activity, may be subject to a reduction in the professionalism component of a course grade and may be subject to further action if recurrent violations occur.
ABUSE & NEGLECT REPORTING SHRS STUDENTS, STAFF AND FACULTY

If you suspect, see, or hear about abuse or neglect of a minor—REPORT IT! IMMEDIATELY.
MANDATED REPORTERS: File report at: www.compass.state.pa.us/cwis
If you cannot get online, call.
NON-MANDATED REPORTERS: Call 412-473-2000, (Allegheny County), or ChildLine at 1-800-932-0313
(Statewide)
Do not pause to investigate; professionals will do that.
Not sure whether to report?
Call 412-473-2000 for advice. (Intake supervisor: Bruce Noel)

Call the Child Abuse Hotline, ChildLine at 1-800-932-0313 for the following situations:

• If you are not a mandated reporter;
• You prefer to remain anonymous;
• You do not know the county where the incident occurred;
• The suspected abuse and/or neglect you are reporting occurred outside the state of Pennsylvania;
• You are unsure if the child is at imminent risk of harm.
• You have more than 8 alleged perpetrators and/or the child has a list of extensive injuries.

Tell the director of the School/facility AFTER you make the report.
Do not seek permission. File first. If Pitt related (even a clinical outplacement), also notify the SHRS Dean—AFTER
you make the report.
What if you suspect that a minor is in imminent danger?
If the minor is on campus, call the Pitt Police (412-624-2121). If off campus, call 911. Then, file an official report.
Who MUST by law, make a report? Am I a “Mandated Reporter?”
A state licensed health care professional, an employee, intern, student clinician or volunteer of a health care
facility, school (and related activities), with athletic teams, or another mandated setting—is likely required by PA
law to make a report. They are, by law, Mandated Reporters.
If you hold a PA issued professional license—you are surely a Mandated Reporter. You MUST make a report—even
if you see, hear about or suspect the abuse in a non-work related setting! Even “hearsay” must be
reported.
What if I don’t fall into the “Mandated Reporter” category?
You are still strongly urged to make a report. Protect an at-risk minor!
Call: 412-473-2000 or ChildLine: 1-800-932-0313

What happens if a Mandated Reporter does not make a report?
There can be criminal penalties. If you delay making a report—and more or greater harm comes to the minor—you
could be subject to even more severe criminal penalties.
Is it OK to tell my supervisor—and have s/he make the report?
NO! YOU must make the report. Making an immediate report provides you with immunity for the penalties that
could be imposed for not making a report. The suspected abuser(s) will not learn of your name.
Is it ok to seek advice?
Yes. But quickly and confidentially. Here is a local source of advice to call: Allegheny Dept. of Human Services,
Children Youth and Families: 412-473-2000. [Bruce Noel, Intake Officer.]
GET PREPARED!
Take the Child Abuse training at: my.pitt.edu. Print and save your certificate. Visit the Child Welfare Portal:
https://www.compass.state.pa.us/cwis/public/home
STUDENT LEARNING ENVIRONMENT STATEMENT

The University of Pittsburgh Physician Assistant Studies Program is committed to ensuring professional, respectful and positive learning environments for all students. If you feel that you have experienced mistreatment, please contact the Physician Assistant Studies Program Clinical Coordinators by email, or by phone at 412-624-6743.

Examples of mistreatment as identified by the Association of American Medical Colleges include, but are not limited to, being:

- Publicly humiliated
- Threatened with harm
- Physically Harmed
- Required to perform personal services
- Subjected to unwanted sexual advances
- Asked to exchange sexual favors for grades or other rewards
- Sexual Harassment
- Denied Opportunities based on gender identity, race, ethnicity, sexual orientation, age, etc.
- Subjected to offensive comments
- Receiving lower evaluations or grades for factors other than performance

Inclusivity Statement:

The University of Pittsburgh, and the Department of Physician Assistant Studies, support learning environments that are inclusive and respectful of all individuals. Every member of our community is expected to be respectful of the individual perspectives, experiences, worldviews, and backgrounds of others. Differences of opinion are welcomed, but harsh or discriminating language or behavior will not be tolerated.

In this class, everyone will have the chance to indicate the name that they prefer to be called and, if they choose, to identify pronouns with which they would like to be addressed. The course coordinator and instructors will do their best to address and refer to all students accordingly and support classmates in doing so as well.
This Handbook is published by University of Pittsburgh Physician Assistant Studies, which reserves the right to revise the contents at any time. Any changes apply to all current students. The faculty reserves the right to revise the curriculum and the schedule of required courses. You are responsible for reading and understanding this handbook. If there is anything unclear, please discuss the matter with the Program Director.

I, ____________________________________________, have received and have read the School of Health & Rehabilitation Sciences Physician Assistant Program Clinical Year Student Handbook and the Clinical Year Power Point Presentation. I agree to abide by all policies found therein during my clinical rotation externships. If I fail to uphold this agreement, I am aware that I may be disciplined in accordance with Program, School, and University policy.

__________________________________________  ____________________________
Student Signature                           Date
Supplemental Materials:

• University of Pittsburgh Accident/Incident Reporting Form

https://www.ehs.pitt.edu/sites/default/files/docs/Report-IncidentForm.pdf