Department of PA Medicine
Clinical Year Handbook
2025-2026

Drury University
Department of PA Medicine

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Section 1: General Information

Welcome

Congratulations on completing the didactic portion of your physician assistant training and progressing to the clinical phase of your education. In this phase, you will work with preceptors at various clinical sites to become skilled clinicians, providing comprehensive care to patients from diverse backgrounds.

As a PA student, you are privileged to enter the practices of your preceptors and the lives of their patients. They trust you to deliver excellent care with professionalism and compassion.

Supervised Clinical Practical Experiences (SCPEs) offer you a "real-world" opportunity to apply your knowledge. Your dedication, motivation, and enthusiasm will lead to new skills and knowledge, resulting in personal satisfaction and confidence as you enhance patient health outcomes and quality of life.

Be punctual, work diligently, ask questions, and maintain a positive attitude. Show genuine interest and read daily about the cases you encounter. Take responsibility for your learning. If you need help, ask for it. Remember, our faculty is here to support you even when you are away from campus.

This handbook contains essential information for a smooth transition into the clinical year. It is meant to supplement other materials provided. If you have any questions about the content, please contact the Director of Clinical Education or your faculty advisor.

Best wishes for a productive year of patient care and learning!

Purpose: The following document is designed to provide Drury physician assistant students with supplementary information that the Program feels is useful and essential for the clinical year of the program. It does not replace, but supplements the Student Handbook. Should a conflict between the Student Handbook and the Clinical Year Handbook arise, the Student Handbook takes precedence. <u>Students are required to sign the attestation statement on the last page of this Clinical Education Handbook as a condition for participation in the Supervised Clinical Year Experience.</u>

Introduction

This document is intended to both supplement and clarify your Student Handbook. Physician Assistant students face unique situations that may or may not be addressed in the general student handbook, which is why this resource is provided for the PA student in the clinical year. Although every attempt has been made to make sure this handbook is comprehensive, it cannot possibly address every potential situation. Should you encounter a situation not covered in the handbooks provided for you and are uncertain of how best to proceed, contact the PA Program office for assistance. We trust you will exercise good judgment and discretion in addressing the issue until the PA Department office can be contacted. Please read these sources carefully and thoroughly. Ignorance of the rules does not excuse noncompliance.

**The university reserves the right to amend this handbook and change or delete any existing rule, policy, or procedure, or to add new rules, policies, and procedures at any time throughout the clinical year and without prior notice. The student will be notified via email or Canvas announcement of any changes.

Mission Statement

Our mission is to educate students to become physician assistants who are innovative leaders in the profession, practice evidence-based medicine, and are dedicated to facilitating healthy futures for the residents of southwest Missouri and beyond.

General Goals of the Clinical Year

The clinical year takes students from the classroom setting to an active, hands-on learning environment to prepare them for a lifetime of continued refinement of skills and expanded knowledge as a practicing PA. To this end, the goals of the clinical year include the following:

- Apply didactic medical knowledge and skills to supervised clinical practice
- Advance clinical reasoning and problem-solving skills
- Expand and strengthen the medical fund of knowledge
- Perfect the art of history-taking and physical examination skills
- Refine oral presentation and written documentation skills
- Broaden understanding of the PA role in health systems and healthcare delivery
- Apply principles of diversity and inclusion to patient-centered care
- Develop interpersonal skills and professionalism necessary to function as part of a medical team
- Experience a wide variety of patient demographics, types of patient encounters, and clinical settings representative of the breadth and depth of the PA scope of practice
- Prepare for the Physician Assistant National Certifying Exam (PANCE)

Contacting the Drury Department of PA Medicine

You may leave a message for a faculty member whenever you wish. Our telephones have voicemail and are available 24 hours a day. The Program number for the clinical year is (417) 873-6982. Should you have an emergency, contact your on-site preceptor. Should you need to speak with faculty immediately, contact the PA Department, and every reasonable effort will be made to contact a faculty member.

Drury Department of PA Medicine Contacting *You*

We **_must_** be able to reach you in a timely fashion while you are on rotations. In some instances, we may need to reach you emergently. You **_must_** carry a cell phone and provide the PA Department with the number. You must respond to Department calls or emails in a timely manner.

University Policies

To provide a clinical experience that is well-defined and accountable, Drury University's Department of PA Medicine is supported by the overarching leadership and management of the University. As such, the Department of PA Medicine, its faculty, staff, and students are subject to all University policies. All students enrolled in the Drury Department of PA Medicine obligate themselves to these rules and regulations of the University, the program, and all clinical institutions in which they practice. Each student is expected to be fully acquainted and comply with all published policies, rules, and regulations of the University and the Drury Department of PA Medicine. Serious violations of these policies, rules, and regulations may result in failed course grades and dismissal from the program. Community Standards handbook.pdf (drury.edu)

Physician Assistant Student Handbook - Drury University

Health Insurance and Immunization Requirements

All students are required to have health insurance coverage while enrolled in the Drury Department of PA Medicine. Students are responsible for any costs incurred in treating personal injuries and illness for the duration of the PA Department, including during the clinical year (e.g., needle stick or bodily fluid exposure). Students should carefully evaluate their health insurance policies, including coverage and copayments, to fully understand all potential costs that may be incurred due to illness or injury. Students are required to cover the cost of required testing and immunizations. Before starting clinical education experiences, students must update their immunizations to include a two-step PPD test (or blood test, if needed) along with documentation of all other immunizations. Students must upload and submit updated immunization records and copies of their current health insurance card to MyRecordTracker on or before the due date issued by the PA Department. Students who fail to submit these documents will not be permitted to participate in their SCPEs until all requirements are met. It is the responsibility of the student to keep all required immunizations current (including influenza). The student will be responsible for demonstrating compliance with all requirements of the assigned clinical site, including immunization requirements, and if the student cannot comply with these recommendations, it may delay their graduation. If there is any lapse in immunization status, the student will immediately be removed from the clinical site. Students must also immediately report to the program any significant health changes which may affect the student's ability to provide patient care. Failure to notify the program will result in review by the Student Progress Committee and possible disciplinary actions. Students must always meet the physical

examination, technical standards, and immunization requirements during their clinical year. Drury University PA Program will send student immunization records to SCPE sites that the student will be attending.

Background Checks/Drug and Alcohol Testing/Other screenings

Continued enrollment in the Drury PA Department is based upon satisfactory results on background checks and drug screens. The student is responsible for all costs related to background checks. During the clinical year, some sites may require repeat UDS, perform random drug screens, or additional testing of students, such as additional background checks, drug testing, or fingerprint screening. In the event a student has an unsatisfactory finding on a background check, such information will be forwarded to the appropriate Drury personnel for review. A student may be denied enrollment or continued enrollment in the PA Department depending on the circumstances regarding the offense. Failure to submit to a background check will result in dismissal from the program.

Drug screenings occur prior to and during clinical experiences. In the event of a drug screening positive for a non-prescribed controlled substance, students will be referred to the Offices of the Dean of Students and Student Conduct for any possible disciplinary proceedings. The student is responsible for all costs associated with drug screenings at any point during the duration of the Drury Department of PA Medicine. Failure to submit to a drug screen will result in dismissal from the program.

A clinical site may request additional testing (e.g., fingerprinting, alcohol testing, color blindness test, respiratory fit testing) to which the student must agree to participate and for which the student will be held financially responsible. If a student refuses the testing, they will be referred to the Drury PA Department Program Director and/or the Offices of the Dean of Students and Student Conduct for review of the situation and possible disciplinary actions.

DISCLAIMER:

A criminal background may affect a student's ability to enter the program. Once in the program, a criminal background may affect a student's ability to complete the program. For example, participation in clinical experiences is required for graduation. Most clinical sites have different eligibility requirements, some of which may bar participation based on a criminal history. Similarly, different states have different licensure requirements. It is possible that a student with a criminal history could be permitted to participate in and graduate from the program, but not meet the licensure requirements of a particular state. Information on state licensure requirements can be found on the website for the American Academy of Physician Assistants at [PA State Laws and Regulations, 21st Edition - AAPA](#)

***By signing the receipt of this handbook, students agree that they understand and appreciate the risks associated with having a criminal history. These risks include but are not limited to: not meeting the eligibility requirements for a clinical site, not finding an acceptable clinical site, inability to meet one or more state licensure requirements, and inability to obtain employment as a physician assistant.

Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS)
All students must become certified in Advanced Cardiac Life Support (ACLS) and Pediatric

Advanced Life Support (PALS) during the didactic phase of their Physician Assistant education. This training will be during your last semester of the didactic year. Prior to starting clinical rotations, students must submit copies of ACLS certification cards and PALS certification cards to CORE and a physical copy to the Clinical Education Specialist. Students who fail to submit these documents will not be permitted to participate in clinical training until the training and certification are successfully completed. Please note that BLS (Basic Life Support) will also need to be current and maintained throughout the clinical year at the responsibility of the student. Please supply BLS certification to the CES.

Health Insurance Portability and Accountability Act (HIPAA)/ Occupational Safety and Health Administration (OSHA) Precautions

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a Federal Regulation dealing with health records. The purpose of the Act is to ensure the privacy and security of Protected Health Information (PHI) regarding patient records and research subject data. You will take a formal HIPPA review via online module prior to the clinical year; this is supplied via online training during the Professional Seminar course. HIPAA training may be repeated at any time during the clinical year at the discretion of the clinical placement site administrators, in accordance with the established affiliation agreement.

Working in a clinical setting can expose the student to a wide variety of health risks, including infectious disorders. Healthcare professionals and students can also act as vectors for infectious illnesses to patients who are already ill and sometimes immune-compromised. The safety of the students, patients, and other healthcare providers is critical to the health and well-being of all. Healthcare practitioners can reasonably anticipate that they will encounter blood and/or other potentially infectious materials. Therefore, all students will complete OSHA training prior to the clinical year and must be compliant with OSHA and universal precaution requirements, including the use of gloves, care of sharp objects, use of eyewear, protective clothing, and other precautionary measures while on clinical rotations. The program provides this training and certificate via an online module. Some institutions will require that a student complete the HIPAA and OSHA through their educators. If that is a requirement for a student to rotate in that institution, then the student must repeat their training. Failure to comply with these requirements will result in removal from the site as well as a referral to the PA Program Director and/or the Offices of the Dean of Students and Student Conduct for any further disciplinary proceedings.

Clinical Assignment

Students have been given the opportunity to submit preceptors and sites that they desire to complete a clinical rotation. The Clinical team takes these requests into consideration when making placement decisions; however, there is no guarantee students will be placed at their requested sites. Students will be placed at non-local sites. Students are ultimately placed at clinical rotation sites that are deemed safe, appropriate, and conducive to mastering the course objectives for that rotation.

Rotation re-assignments

Should a core rotation warrant student reassignment due to negative findings from ongoing monitoring of the site or newly identified barriers to an optimal student learning experience (for

example, recent staffing shortage, the Clinical preceptor leaves the practice, the clinic/practice cannot commit to teaching students due to implementation of a new EHR system, or cancellation by the site etc.), the program will re-assign the student using the following guidelines:

a. Re-placement within the previously defined clinical area, but possibly necessitating a longer drive or distance to the clinical site.

b. Pulling the student from the "local" area of clinical placement and placing the student elsewhere where there is a preceptor/clinical site available and willing to precept the student for the required rotation.

Clinical Rotation Sites

Drury Department of PA Medicine relies on multiple health systems and independent clinical sites for its Supervised Clinical Practical Experiences. Placement at some clinical sites will require special paperwork to be completed by the student and/or require attendance at an orientation which is to be done prior to the clinical year or during callback days when possible. You will need approval from the Director of Clinical Education to complete an orientation during callback days. There may be additional costs for badges, or additional credentialing requirements. **The student is required to pay all associated costs for additional credentialing requirements or any retesting necessary.** Additional requirements may include, but are not limited to, additional background checks, drug, alcohol, or other screening, such as fingerprinting. Students are prohibited from taking part in a clinical experience in which a family member would or may serve as a preceptor. Students are prohibited from rotating in a clinical site where they maintain employment or have signed a contract for future employment. Core rotation placement is done at the discretion of the program utilizing sites and preceptors that have been properly vetted. Student input will be considered, when possible, but is not a determining factor in placement. Students are prohibited from scheduling their own SCPEs. A student may provide the clinical team with contact information for a potential preceptor, but should only reach out on their own behalf to preceptors/sites outside of the local area or a preceptor they personally know to ask about a rotation. The student should not be scheduling a rotation. Once the program schedules the student at a specific site, the student will not be able to opt out of that site. It reflects poorly on the program to schedule and then cancel rotations, it has to be an extreme case for DUPAP to cancel an already scheduled rotation. Any cancellation requests need to be submitted in writing to the Director of Clinical Education, including a reason for the request.

Core Rotations

When a student commits to the 27-month program (including the 12-month SCPE), the program has a responsibility to ensure its students are provided and receive the required elements to graduate, meeting all program and ARC-PA standards. Students must successfully complete one five-week rotation in each of the following areas of practice: Family Medicine, inpatient Internal Medicine, Pediatrics, Surgery, Women's Health, Emergency Medicine, and Behavioral Health. (ARC-Standard B3.07)

Elective Rotations

The Elective SCPE is designed to provide the student with an opportunity to gain additional clinical knowledge and skills in a subspecialty during the clinical year. Students are asked to submit two elective options before the end of the fourth rotation. There is also the opportunity to notify the Clinical team of preference if the student knows what their discipline of choice

would be for their elective. Do not choose your elective too early because, <u>students may not change their request once the site is secured.</u> The only exception will be when both the first and second choices requested are not available.

Students are encouraged to choose an elective based on clinical areas in which the student feels that they need improvement or desire increased exposure. Alternatively, students are encouraged to choose an elective in a field of medicine that is pertinent to the student's desired area of practice after graduation or in an area that may lead to employment. <u>Students may not rotate with a current employer or with a preceptor where employment has been accepted in writing.</u>

Students can choose from a list of existing clinical sites or initiate a request for a new clinical site. All students are encouraged to meet with the clinical year team (Director of Clinical Education, Asst. Director, or Clinical Education Specialist) to discuss the elective rotation selection. If the student wants to complete a rotation outside of the local area they will be responsible in providing a point of contact for the clinical site they wish to complete their rotation. The DUPAP is not responsible for finding a student a clinical site outside of the local area. If no point of contact is provided, the student will be scheduled with a local or known clinical preceptor.

Students will not be placed in a core rotation specialty as an elective unless every student in the class has already been scheduled for that core rotation.

The elective rotation may be assigned outside of the state of Missouri if desired, but Drury University does not use any international rotations (ARC-Standard B3.02). <u>Once the program begins the process of site development for a student-requested site, the student will not be able to opt out of that site.</u> Submission of the request does not guarantee that the site will be acceptable or that the student will be placed in the site.

PLEASE NOTE All rotations are scheduled by the Clinical team. Securing electives will depend upon preceptor availability and cannot be guaranteed. Once a rotation has been confirmed, changes will not be permitted. The final decision in scheduling all rotations is at the discretion of the Director of Clinical Education. * Students, by ARC-PA standard, cannot be tasked to schedule their own rotations, however, if a student has personal knowledge of a willing preceptor or has discussed the possibility of rotating at a particular site, one may possibly be arranged. In such cases, the student must provide the Clinical team with the contact information of the clinical site, the preceptor, or both to make arrangements on behalf of the student. Again, a student can only provide information and cannot schedule rotations. *(ARC-PA Standard A3.03: The program must define, publish, make readily available and consistently apply a policy for prospective and enrolled students that they must not be required to provide or solicit clinical sites or preceptors.) **Failure of any clinical rotation will result in the student re-taking the entire 5-week rotation.** <u>This must be done IN PLACE of one of the electives. If the electives have already been performed then it must be repeated at the end of their scheduled rotations and will delay graduation. If you fail a rotation more than once you will be dismissed from the program. Please see the Drury PA Student Handbook for further information on policies regarding remediation and progression during the clinical year.</u>

Housing

Students are responsible for securing and paying for their own housing and transportation during the clinical year. This may include additional housing, food, and transportation costs, in addition

to those of their primary or local residence. Students must plan to ensure they have housing in time for the start of a rotation. Students should also assess the status of their vehicle. You will be required to drive to clinical sites and having a car that is running poorly, if at all, is not an acceptable excuse to miss a clinical day. Students do have the option of commuting from previously available housing if financing additional housing is an issue. The PA department is not responsible for any issues that may arise from a long commute. Students who choose to commute a long distance are subject to the same responsibilities and rules as all other students. There will not be special consideration due to inclement weather, lack of study time due to extensive travel time, wear and tear on your car, the excess cost of gasoline, or transportation issues. If the extensive commute interferes with a student's ability to successfully complete the requirements of the rotation, they will fail the rotation and must repeat it at a later time. This could delay graduation.

Hours

Medicine is not a 9-to-5 job and there are no "usual" hours. Some rotations will have longer hours than other rotations, most notably surgery. In anticipation of the clinical year, students need to consider how to best prepare themselves and any significant others/family who will be affected by the student's long hours and time away from home. The time could be affected by hours in clinic, driving to and from clinical sites, or studying. It is important and recommended that each student schedules some time daily (even if it is only 10 minutes) to rest, relax, and refresh by whatever means the student deems helpful. You may be required to work weekdays, weekends, holidays, nights, rotating shifts, etc., depending upon the rotation and site.

 A student should expect to spend a minimum of 36 hours per week over the entirety of the rotation. That does not mean you don't have to go to the clinic if you have already met your 36 hours. If your site is open and the preceptor is present, you should be present as well. Logging 36-40 hours per week is the minimum acceptable number of hours for each rotation. If you do not have 36-40 hours logged for direct patient care, your CORE time logging should indicate the reasoning (i.e., preceptor not available, clinic closed, etc.). When hours fall too low, we may assign rotation-specific research, or you may ask your preceptor to provide guidance on preceptor-guided research to help augment shorter hours spent in the clinic. This type of research (guided by preceptor or program) will need documentation provided and does not count if you choose the topics to study. Either the DCE or the ADCE can help you with this requirement. Duty periods must not exceed 24 hours in duration. The student is not permitted to have more than 80 hours of awake time in the hospital or clinic per week. Students should have on average, at least one full day off per week. If you leave the clinic early or are not in clinic during normal hours for that rotation you will need to submit an absence into CORE ELMS.

You will be notified of each upcoming rotation site and the start and end dates for each rotation. When you get this rotation schedule, reach out to the preceptor to find out what time to report for the first day of your first rotation, who to report to, and where to report. Make plans to stay until you are released. That may be at any time. On rotations that involve call, plan on "taking call" the first day. Don't ask to go home; you will be told when you can leave. **If you leave a rotation prematurely at any point in time without finishing the rotation, it will be necessary that you repeat that rotation to successfully complete clinical rotation requirements.** Please also recognize the numerous implications associated with needing to complete a rotation after your classmates have graduated. On the final call-back day of each rotation, if not already

detailed, you will be told what time to report for your subsequent rotation, who to report to, and where to report.

Absences

Attendance is mandatory for all clinical rotations and vital to the success of the PA student. A maximum of five days (excused and emergency/sick) may be missed during the entire clinical year. If you are ill or have an emergency that requires that you not be at your rotation site, you _must_ contact the following: 1) your preceptor (or their designee) as soon as possible; and, 2) the Director of Clinical Education; and 3) log your absence into CORE ELMS _prior_ to the beginning of the time you are scheduled to arrive for your rotation. If you leave a message for the DCE, ADCE, or CES you _must_ leave a telephone number where you can be contacted should we need to reach you. Do NOT ONLY leave a voicemail, send an email to the DCE or ADCE as well.

Requesting an Excused Absence: Students can request one day per clinical rotation, up to five days over the clinical year as an excused absence by submitting the Student Absence Form to the Director of Clinical Education or Assistant DCE, if approved, send to the preceptor/clinical site no later than 24 hours before the absence. Not all requests will be granted. Interview days need to be submitted as an excused absence.

Emergency/Sick Leave: Students who are sick or have an emergency must contact the preceptor/clinical site AND the Director of Clinical Education to inform BOTH of the absence before the scheduled start time for the clinical that day. For an emergency BEYOND one day, please contact your preceptor/clinical site before the scheduled clinical start time, and then contact the DCE as soon as possible and NOT later than 9:00 am on the second day of absence.

Any absence from the clinical rotation longer than one day will need to be made up at the discretion of the preceptor/clinical site. Failure to complete the required clinical hours can lead to failure of the rotation.

Absences longer than five consecutive days may require a leave of absence from the program.

If a student has more than 5 days of absences or they are absent without notifying the preceptor or the Director of Clinical Education, the student will be required to meet with the Student Progress Committee (SPC). Disciplinary action may include, but is not limited to failure of the clinical rotation and up to dismissal from the program.

For any other absences or leave see the Department of PA Medicine Student Handbook for guidance.

Inclement Weather Policy

Drivers are expected to use good judgment and make appropriate safety decisions in the event of adverse driving conditions due to inclement weather. If a student is not able to make it to a clinical rotation due to inclement weather, the student should contact the DCE and/or ADCE and the preceptor/clinical site _prior_ to the beginning of the time you are scheduled to arrive for your rotation. Should your clinical site be closed due to inclement weather alert the DCE and/or ADCE by email or telephone as soon as you find out. There may be a supplemental assignment for that day.

Dress

Modest, professional dress and grooming are expected for all clinical rotations. Most clinical sites expect students to wear business attire or scrubs, and some may have additional guidelines that

must be followed. Please discuss the clinic site dress code with your preceptor prior to the start of your rotation if not known.

- Students should always wear their white coat, and it should be clean and pressed.
- Student nametags must <u>always</u> be worn in a location that is easily seen and must be clearly identified as students.
- Appropriate business attire includes collared, button-down shirts (with or without a tie), khaki or dress pants, a dress shirt or blouse, skirts/dresses that are at least knee-length.
- Clothing should be clean, in good repair, free of wrinkles, stains, holes, or tattered edges.
- Beards and mustaches should be trimmed and neat.
- Clothing with messages, logos, or anything incompatible with the PA program is not allowed.
- Hair should be clean, combed, neat, and fastened out of the way.
- Jewelry should be inconspicuous and minimal.
- Fingernails should be trimmed short and should be clean. No chipping polish or acrylic nails. In surgical rotations no acrylic nails should be worn.
- Personal hygiene and cleanliness are important.
- No cologne or perfume should be worn.
- No athletic wear including yoga pants.
- No denim.
- Shirts with sleeves are required for both men and women. No bare midriff. No low necklines or otherwise revealing clothing, no sleepwear, or exposed undergarments.
- No head coverings of any sort are allowed in clinical settings unless worn for religious or medical reasons.
- No unusual artificial hair colors that could create a distraction for work with patients and colleagues.
- Scrubs when worn in the clinic must be clean and free of stains such as blood.
- No open-toed shoes are allowed to be worn during any clinical rotations.
- The following items are considered inappropriate when interacting with patients:
  - Visible distracting tattoos should be covered.
  - Distracting facial piercings
  - Revealing or suggestive clothing
  - Flip flops
  - Excessive jewelry
- Students shall follow any other dress code and appearance guidelines as required by the host institution for any clinical work. Students who are not professionally attired at a clinical site may be asked to leave and may also be referred to the Student Progress Committee for a professionalism violation.
- It is suggested that you always have a clean spare set of clothes should an accident occur (a patient vomits on you, you spill betadine on yourself, etc.).

Required Equipment

Your stethoscope is the only piece of equipment you will need every day on every single rotation. At some sites you may need your otoscope and ophthalmoscope, a tuning fork, your blood pressure cuff, etc. Ask your preceptor on the first day of the rotation. If you bring any of your

equipment, make sure it is permanently labeled. Clinical sites and the DUPAP are not responsible for lost or stolen items. Keep personal items stored and out of the way.

Meals

Meals will most likely not be provided by the rotation site and not every rotation site offers a cafeteria. Few cafeterias are consistently open 24 hours a day. You will be told when you can take meals, if at all, depending upon patient and staff demands. Your patients come first. Meal periods are rarely leisurely and almost always rushed. If your preceptor eats quickly and returns to see patients, you should follow their example.

Call

Certain rotations, most notably surgery, may require that you stay for more than 24 hours and provide an "on-call room" for residents and students. This is usually every third day, but may be less often. There are usually - but not always - shower and locker room facilities available. You may wear scrubs when taking call if your preceptor allows, provided they are clean and you continue to wear your ID and lab coat. It is suggested that you bring a change of clothes for the next day. Do not necessarily expect to be able to sleep when you take call. Patient demands and staffing patterns may or may not allow sleep.

Cell Phone Use

Cell phones can be a helpful resource in the clinic setting. There are many apps that are useful in medication dosing, screening guidelines, and more. Outside of the use of medical apps and CORE patient logging, you should not be on your cell phone during your working hours. When you are at your rotation site your phone should be turned off or changed to silent mode and kept out of sight. You should not respond to personal calls or texts; if its an emergency, let your preceptor know and step away. Otherwise, your response needs to wait until your lunch break or when your day is complete. If you are on your phone for an unauthorized purpose and your preceptor sees you scrolling through your phone or responding to texts when you should be working, it will count against your evaluation and professionalism. Be professional at all times, do NOT fail a rotation for being on your phone.

Parking

Every site will have different parking requirements. Most rotation sites in this area do not, but in other locations they may charge a small fee. Do not leave valuables in your car and never leave anything visible in your car that would tempt someone to break in or steal your car. It is suggested that you never leave anything in your car that you want or need.

Library facilities

Most major teaching hospitals have a medical library. Most allow a limited number of photocopies to be made by students. Some lend materials to students with proper ID. Check regarding facilities, hours and policies with your preceptor.

Call-back days

After the completion of each five-week rotation, students are required to return to campus for scheduled events. This is a mandatory component of the PA Department's clinical year (Standard B4.01 The program must conduct frequent, objective, and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components. The evaluations must: a) align

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with what is expected and taught and b) allow the program to identify and address any student deficiencies in a timely manner). These will occur on Thursday and Friday after each rotation. You may not request an absence during callback days. The only excused absences during callback days will be for clinical rotation training and will need to be approved by the Director of Clinical Education. The callback days include end of rotation examinations (EORE) as well various educational and professional events, seminars, ongoing review and assessment of clinical and presentation skills, student-advisor meetings, summative testing, and Capstone project presentations. Attendance is REQUIRED for callback days and all scheduled events on those days. If a student chooses not to attend a callback day or is tardy without advanced notice and approval from the Director of Clinical Education (DCE), a referral will be made to the Program Director for possible disciplinary action. Additionally, the student will score an unsatisfactory for professionalism for that rotation and will require remediation. All travel and housing expenses for the weeks of callback are the responsibility of the student. Students are expected to remain and participate until all activities have been completed. Should you need to leave early, this must be approved by the Director of Clinical Education in advance.

Utilization of Students: The primary responsibility that students have during their final clinical rotation year is to focus on obtaining the most comprehensive and finest education possible. To be successful, this is much more than a 9 to 5, Monday to Friday job. To achieve this goal, students need to seek out every possible opportunity in an effort to increase their knowledge and experience in the clinical arena to best prepare them for clinical practice. This not only implies but requires that students be proactive in approaching talented instructors and clinicians for learning. Students should never allow teaching opportunities to pass them by.

Teaching opportunities come in many forms and what is viewed by some as "scut-work" is viewed by others as an opportunity. Being asked to "Run this specimen down to the lab and see what they think" is more than just an errand. This is an opportunity to go over the labs and specimen samples carefully, learning in the process. Being asked to "Pull a type and cross on that patient" allows the student to not only hone their phlebotomy skills, but allows the student one more opportunity to interact with another patient.

This philosophy, however, requires that students should – first and foremost – be available for learning, and are not to be utilized to replace or augment paid staff in any capacity whatsoever. If a facility needs students to operate on a day-to-day basis, then the students are performing functions that should be performed by paid employees, and the student is being used inappropriately and the Program should be notified.

Sexual Harassment and Assault Resources

For information related to sexual harassment or assault, please consult the Drury University Community Handbook pages 45 to 66 for more information
You may also direct a student to contact the *National Sexual Assault Hotline* at (800) 656-4673.

Counseling, Health and Wellness

The Clinical Year is an intensive and rigorous period of experiential learning. The program requirements can be highly demanding and stressful, alone or in combination with other events in a student's personal life. We strongly encourage students to utilize the resources available to

them on campus.

Students have access to on-campus services including University Health Services ([Panther Clinic | Medical Assistance (drury.edu)](#)) or the University Counseling Center([Behavioral Health Services | Behavioral Health (drury.edu)](#)), depending on the concern. Short-term counseling is available for students through the Counseling Center. If further services are required, a student could be referred to providers in the community who are experienced in working with college students.

We encourage students to inform their faculty advisors in the event they experience problems or stressors that may affect their academic obligations. Students must inform their faculty advisors and DCE if they are unable to maintain patient care responsibilities. The faculty advisor and DCE will work with the student to arrive at a solution that is most advantageous to the student.

*Faculty is allowed to aid in the referral of a student for necessary medical attention, but is not allowed to treat the student. ARC-PA Standard A3.09/A3.10 (A3.09 The program must define, publish, make readily available and consistently apply policies that preclude principal faculty, the program director and the medical director from participating as health care providers for students in the program, except in an emergency situation. A3.10 The program must define, publish, make readily available and consistently apply written procedures that provide for timely access and/or referral of students to services addressing personal issues which may impact their progress in the PA program.)

Helpful Tips for Clinical Rotations

Be nice to everyone you meet. Introduce yourself, shake hands, smile, and say "please" and "thank you," even when you don't have to. Work together with everyone as a team, from the Chief Medical Officer to the housekeeper. Help others less fortunate than you, more stressed than you, or just more tired than you. Do this even if that means you have to work harder than other people do and you might not get the recognition you deserve. Don't ever ask to go home: you will go home when you are released by your preceptor.

Be careful what you say and to whom you say it. Don't _ever_ talk about patients or cases or engage in gossip or negative talk in public places such as elevators, stairways, or the hospital cafeteria. You have no idea who is standing behind you. If you need to talk, see your therapist. The world really is a small place. Medicine is a very small world. The PA world is even smaller. Most everyone in the PA world knows almost everyone else in the PA world. Everyone you come into contact with will know you forever more. In fact, your reputation will precede you. Someday, you may ask for a letter of recommendation or even a job from one of your preceptors, or even a fellow student or resident. In your darker hours, these same people may take care of you or a family member when ill. You may really need _this_ person someday, but you will never know _which_ person this will be until after you desperately need them.

Tell the truth. "I don't know" or "I forgot to do that" is hard to say, but you will be acknowledged as an honest person. Don't _ever_ lie. Don't exaggerate. Your patient's life may depend upon it.

Volunteer. Offer to help whenever you can and remember to ask for extra help when you need it. You have a daunting task in front of you. You have two years to learn everything you need to know to start to treat your patients in potentially life and death circumstances. From this point, you will have about 48 weeks to learn what medical students learn in a much longer period. Don't squander precious opportunities.

Be on time. You can't possibly do a good job if you don't show up when you are supposed to and your colleagues will resent you and not forget you. In fact, come early and review your patients before rounds. Stay late to make sure you've finished everything. Your patients will appreciate it, and your colleagues will recognize your work ethic. Do this not to punish yourself but to afford yourself as many opportunities as possible to learn everything you have to know.

Be honest with yourself. Acknowledge your strengths and weaknesses. Strive to improve and work to build upon your best and correct your worst. Remember: becoming a PA was a choice <u>you</u> made. You <u>can</u> do this, and if you choose to, you can be a superlative Physician Assistant. But this will not happen by luck or chance. Your fate is largely in your own hands.

GETTING THE MOST OUT OF YOUR CLINICAL ROTATIONS

The program has prepared your preceptors for their role as your teacher. We have contacted each of your preceptors and discussed their responsibilities, the role of a PA student, the objectives of your rotation, and the evaluation guidelines.

How do you ensure, as much as possible, that you get the most out of your clinical experience? Preceptors inevitably test their students: How serious are you about your education? How much initiative are you willing to take? Do you expect to be spoon-fed? Do you demand constant direction to meet your educational goals? During a short five-week rotation, in a busy practice, the preceptor usually will not get to know you in depth, so first impressions concerning your assertiveness and responsibility for your own education are very important. Obviously, for some students this is more difficult to learn and do than for others. However, it is an invaluable and necessary skill.

• On day one, review your objectives and Student Biography with your preceptor: State what educational background and experience you already have, your strengths and weaknesses, and areas on which you would like to focus.

• Continue to review your objectives and learning outcomes: It may be useful to review your objectives with your preceptor two or three times during the rotation. If there are skills or conditions you are not familiar with, point out that you would like to focus on those areas where possible within the scope of the practice.

• Organize your own seminar series with your preceptor: For example: "Dr. /Mr. / Ms._____ I'm still confused about the treatment for "X". Tonight, I plan to read up on "X". Tomorrow, can we take ten minutes to answer some questions I might have? Can you suggest some good articles for me to read?"

• Ask questions: Clinical instructors need to know that you are interested in learning. Asking questions is the primary way the preceptor measures your initiative and your involvement in your education. However, make sure you ask questions at appropriate times. Ask your

preceptor to identify suitable times for him or her to take your questions. (Note: It is inappropriate to ask questions in front of a patient or while the surgeon is operating).

• Do not be confrontational: Your preceptors are providing their teaching expertise. You are in a clinical setting to learn. If you have an ethical concern, politely present it to your preceptor. If you do not feel comfortable with the outcome of the conversation, call the DCE.

• Take advantage of resources within the facility: Consider asking your preceptor if you can spend time with a specialist who seems particularly interested in teaching: radiologists, gastroenterologists, pulmonologists who have consulted your patient. Ask to spend an afternoon in the lab reading U/A's and CBC's. Find out what conferences are available and attend them.

• Read daily: You may be asked to attend and participate in conferences or present on assigned topics during your rotation. Also, remember that it is your responsibility to read and fill in the gaps between what you see on the site and the objectives on which you'll be tested. It is not possible for a clinical site to provide you with experiences for every objective.

• Seek out the interns, residents, and medical students: When you work in a teaching hospital you'll often be in contact with residents, interns, and 3rd and 4th-year medical students. Seek out the help and advice of some of these individuals. Often, you'll find someone who's interested and good at teaching. Often there will be a classmate in the same facility. Be "on call" for each other to share exciting cases.

• Do other "work": Start IV's, get lab test results and arrange for patient transportation. This will save time for your preceptor and help make his/her life easier in return for all the extra time s/he spends teaching you. It will also show him/her that you can work as a team player. Be especially nice and polite to nurses, secretaries, clerks, and housekeeping staff. Nurses can become vital allies. Secretaries and clerks know the paperwork system and can save you much time in locating forms, charts, and lab work. As for housekeeping staff, you may not need their help often, but you will be eternally grateful to the person who can arrange a rapid clean-up when some sort of mess occurs because of an ill patient.

• Knowing your Limitations- Students must be aware of their limitations as students, and of the limitations and regulations pertaining to the Physician Assistant profession. Students must seek advice when appropriate and must not always evaluate or treat patients without direct supervision from and access to a supervising physician. When in doubt, ask for help. At no time is a student permitted to make any decisions on medical care for any patient. This means that you should not be admitting or discharging or changing treatment plans without permission from your preceptor. All such documentation must be documented in the chart. Students must follow clinic institutional policies about co-signing orders/progress notes/H&P/discharge summaries. If an entity does not have such a policy, the student needs to discuss the parameters with the preceptor of record in regard to the timeliness of the co-signing of the records. EVERY MEDICAL DECISION SHOULD BE APPROVED BY THE PRECEPTOR OF RECORD OR HIS/HER DESIGNEE.

• Don't forget the standards we taught you: You will be exposed to many variations on the theme of physical examinations, including shortcuts, omissions, and legitimately different approaches. Remember the way we instructed you and before you omit - think. Reason through

what information each part of the physical examination gives you before leaving out parts of the exam solely to speed up. If you omit an exam element, it should be because it is not necessary, not because you forgot it or don't know it. There are acceptable ways to speed up and streamline techniques. When in doubt, talk to your preceptor. Besides maintaining your technical proficiency, you must continue to master full and directed physical examinations. To do this effectively, you must have a good knowledge base in pathophysiology, and you must practice the thinking process for a wide variety of patient problems. We will continue to work with you on these skills on Call Back Days to strengthen your thinking process, but the burden of practicing lies solely with you. It is up to you to develop, maintain, and broaden your knowledge base in medicine.

Preceptor Responsibilities

Preceptor responsibilities include, but are not limited to, the following:
1. Orient and assess each student at the onset of the rotation with the practice/site policies and procedures, including safety and emergency policies and procedures.
2. Review the expectations and objectives for the rotation.
3. Provide ongoing and timely feedback to the student regarding clinical performance, clinical knowledge, skills, attitudes, behaviors, and critical thinking skills.
4. Supervise, demonstrate, teach, and observe clinical activities to aid in the development of clinical skills and professionalism and to ensure high-quality patient care.
5. Delegate increasing levels of responsibility based on a student's experience and expertise.
6. Participate in the evaluation of clinical skills and medical knowledge base through the following mechanisms:
   a. Direct supervision, observation, and teaching in the clinical setting
   b. Immediate evaluation of presentations (including both oral and written)
   c. Assignment of outside readings and research to promote further learning
7. Demonstrate cultural humility in all interactions with patients, families, health care teams, and systems.
8. Dialogue with faculty during site visits to evaluate student progress and assist the learning process.
9. Review and add supplementary documentation to student notes to evaluate the student's clinical reasoning and documentation skills.
10. Demonstrate an ethical approach to the care of patients by serving as a role model for the student.
11. To act in a professional manner at all times.
12. Complete and return the student evaluation forms to assess performance and improvement throughout the supervised clinical experience.
13. Promptly notify the PA department of any circumstances that might interfere with student safety, wellness, accomplishments of the above goals, or diminution of the overall experience.

Faculty Responsibilities

Faculty responsibilities include, but are not limited to, the following:

1. To act in a professional manner at all times.

2. To meet with the student during the rotation for evaluation and teaching purposes as indicated.

3. To evaluate and provide a written grade during each rotation based upon established criteria and guidelines.

4. To receive feedback from the student and the preceptor regarding the clinical rotation experience.

5. To review and evaluate the student's work including but not limited to history and physical examinations, progress notes, SOAP notes, technical skills logs, etc.

6. To meet with the student in a timely manner when the student requests an appointment.

7. To evaluate rotation sites no less often than every three years or sooner if indicated by poor student reviews.

8. Drury PA Program will develop and maintain affiliation agreements with all clinical sites.

9. Students are covered under the University's malpractice insurance ONLY for those preceptors and rotations the PA department has assigned for them. The University's malpractice insurance WILL NOT cover students who follow clinicians at sites or in departments that are not assigned to them and are in violation of program rules. For example, if a student has been assigned to general surgery in a particular hospital, s/he cannot participate in a procedure in interventional radiology unless his/her preceptor is responsible for that patient/procedure.

10. The DU PA Department interacts with all preceptors, sites, and students and is available to respond to any problems or concerns. Should problems arise at the clinical site, the program retains the right to remove a student from the rotation.

Student Responsibilities

In addition to adhering to the standards of professional conduct outlined in the handbook, students are expected to perform the following during their clinical rotations:

1. Conduct oneself in a professional manner at all times, work cooperatively and collegially with other health care professionals and to respect patients' rights.
2. To be onsite at the rotation punctually at the appointed time. Students may not leave a clinical site early without the explicit permission of the Program.
3. To perform the assigned responsibilities promptly and efficiently.
4. Obtain detailed histories, conduct physical exams, develop a differential diagnosis, formulate an assessment and plan through discussion with the preceptor, give oral presentations, and document findings.
5. Students may not place orders in the patient's chart, but can discuss recommendations

with the preceptor.

6. Assist or perform and interpret common lab results, diagnostics tests, or procedures.
7. Complete any assignments, tasks, and presentations as assigned by their preceptor.
8. Educate and counsel patients across the lifespan regarding health-related issues.
9. Attend and engage in clinical rotations as scheduled in addition to grand rounds, lectures, and conferences, if available to them.
10. Demonstrate emotional resilience and stability, adaptability, and flexibility during the clinical year.
11. Students may not administer blood or blood products, sign Birth or Death certificates or administer additives to intravenous fluids. It is the student's responsibility to meet with their preceptor and discuss institution and site-specific limitations and responsibilities prior to seeing patients upon initial meeting at the rotation site.
12. Demonstrate both basic science knowledge and specific knowledge of assigned readings based upon the required textbook list and additional assigned reading.
13. Understand your limitations and ask for assistance from the preceptor as needed.
14. Perform duties only within the scope of your training, comfort, and under adequate supervision.
15. At the end of each rotation submit all required evaluation forms, student evaluation of preceptor and site, along with any written assignments.
16. Maintain an accurate patient contact log on CORE ELMS including all required data including ICD-10 codes and clinical procedures.

17. Adhere to all clinical policies and procedures of the Program, as well as all policies and procedures of the site institution.

18. To make an appointment with the Program faculty advisor in a timely manner should the student experience any academic, professional or personal problems that might affect performance in the Program.
19. Follow the attendance policy.

20. To welcome Faculty site visits, scheduled and unannounced and to be prepared to discuss their patients in a comprehensive, knowledgeable manner.

21. At no time are students to possess pre-signed prescription forms from any preceptor.

22. To contact the Program faculty regarding any issues, doubts, questions or any concerns that the student is unable to resolve satisfactorily.
23. Complete timely evaluations of self, preceptor, and site for each rotation.

Procedure Requirements

During clinical rotations, Drury Physician Assistant Students should complete the following procedures in the denoted number under the supervision of an appropriate supervisor:* All procedures and patient encounters must be documented in CORE. Once a procedure is logged it will be sent to the preceptor to sign stating that you demonstrated adequate understanding and technical ability. While you have performed each of these procedures in simulations, these are required to be completed during your clinical rotations.

4: Simple suturing or laceration repair

4: Incision and drainage of abscess

4: IV insertion

4: Splint application

4: Pelvic examination with pap smear

4: Sterile technique

4: Perform and interpret urinalysis

4: Perform and interpret rapid strep test

4: Mental status examination

4: Interpret chest x-ray

4: Interpret EKG

Hazardous and Infectious Exposure Incident

The Department of PA Medicine recognizes that as students begin to interact with patients as part of their clinical training, they experience the risk of exposure to infectious diseases. Recognizing that there is no way to eliminate this risk and continue to provide a meaningful and quality medical education, the Drury Department of PA medicine provides all students appropriate training in universal precautions and other risk reduction behaviors before entering the patient care environment.
 The accidental exposure policy is composed of three prongs, which are designed to
1) reduce the incidence of exposure,
2) protect others from being exposed to infected students, and
3) train students in what to do in the event of accidental exposure.
Before a clinical rotation begins- Most hospitals and/or healthcare systems have a set protocol and a contact person for accidental exposure cases. Students are responsible for making themselves aware of both the protocol and contact person BEFORE the rotation begins. Many students will receive this information during a hospital orientation. However,

some sites may not provide such information and therefore students need to be proactive in asking ahead of time.

Should an exposure to mucous membranes (eyes, nose, mouth) or open skin wound of blood and/or other body fluid or a needle stick injury occur, the procedure for obtaining appropriate medical care is as follows:

Immediate Action
- Remove any soiled clothing.
- Wounds and skin sites that have been in contact with blood or body fluids should be washed with soap and water immediately.
- Mucous membranes should be flushed with water (nose, mouth, skin, etc.).
- Irrigate eyes with clean water, saline, or sterile irrigant.
- **Note:** There is no evidence that the use of antiseptics for wound care or expressing fluid by squeezing the wound further reduces the risk for HIV transmission. However, the use of antiseptics is not contraindicated.
- Use of caustic agents, e.g., bleach, is not recommended.

Notifying Supervising Faculty/Preceptor
- Notify the Director of Clinical Education if an incident occurs on rotation to file an incident report.
- Notify your preceptor or site supervisor of any incident to follow any onsite protocol that may need to be followed.
- Complete the incident report form in Appendix 2 in the Student Handbook.
- A prompt medical referral may be required for further testing and/or postexposure treatment.
- Hepatitis B immunity status will be reviewed at that time. A Hepatitis B vaccine may be offered if immunity status is unknown.
- Post-exposure prophylaxis for HIV Is recommend to be started immediately if indicated by exposure/contact source.

Medical Evaluation
In the event an exposure occurs on campus, students will immediately be referred to the local emergency room or urgent care center as directed for care. Post-exposure evaluations must take place within two hours of exposure. HIV prophylaxis for high-risk exposure appears most effective if started within 2 -4 hours. It is also extremely important to evaluate the donor's risk status immediately.

Financial Responsibility After Exposure
The student is financially responsible for any costs incurred secondary to infectious and/or environmental hazardous exposures which may include emergency treatment, laboratory evaluation, medical treatment, and follow-up care.

Program participation will not be affected by any injury or illness that occurs while enrolled, provided the student continues to meet all technical standards and fulfill all defined

requirements for program progression, and is not directly infectious by way of routine contact.

The facility where the incident occurred is not liable or responsible for providing any care. However, they may assist, or initiate testing based on their protocols.

Latex Allergy

Latex products are unavoidable in the medical environment. Students with a history of latex allergy are at risk for future reactions resulting from exposure to latex products, ranging from mild symptoms to anaphylaxis and death. Therefore, any student with a known latex allergy, or who develops symptoms consistent with latex allergy, will be required to consult a qualified allergist for evaluation and medical clearance at his or her own expense. Please be advised that although the Drury Department of PA Medicine will make latex-free gloves available to students with latex allergies for laboratory sessions, the threat of latex exposure cannot be eliminated. Similarly, the Program cannot guarantee that all clinical training sites will be latex-free. Any student found to have a latex allergy must consider the risks of latex exposure and decide whether to continue with clinical training. If the student elects to continue clinical training, the student will be required to sign a waiver stating that he or she understands the risks associated with possible exposure to latex products and that he or she assumes full responsibility for the results (including liability and financial cost) of any such exposure. This waiver will be forwarded to each of the student's clinical sites. Any student with a history of generalized reactions or true anaphylaxis may also be required to carry an Epi-pen™.

DRURY UNIVERSITY | **Department of PA Medicine**

Hazardous and Infectious Exposure Incident Report

All health–related incidences or accidents occurring in the clinical setting or campus labs involving a student, regardless of severity, are to be reported to the appropriate department faculty within 24 hours of the occurrence. **The following form is to be completed by the clinical instructor/supervisor.**

1. Student's Name: _____ **2. Local Address:** _____
3. Dept/Program: _____ **4. Phone #:** _____
5. Date of incident/accident: _____ **6. Exact time of Incident / Accident:** _____
7. Exact Location of incident/accident: _____ i.e., Building, Depart, Rm
8. Describe exactly how the incident/accident occurred: _____
_____
9. Nature and extent of any resulting injury (i.e., body part, degree of severity)**:** _____
_____
10. Were medical services provided? ☐ YES ☐ NO If YES, by whom? _____
11. First aid service provided? ☐ YES ☐ NO If YES, by whom? _____
12. Location/referral of student: (Check all that apply)
University Health Service ☐ Emergency Room: ☐ Urgent Care ☐
Hospital/Clinic Name: _____ Name of Provider: _____
13. Was the family notified? ☐ YES ☐ NO
14. If applicable, method of transportation to above location:
Ambulance: _____ Campus Police: _____
Other: _____ Accompanied by: _____ (Name)

15. Follow–up Report: i.e., Provider's report, recommendations given _____
_____
16. Labs drawn on student: ☐ YES ☐ NO
If yes, please indicate which labs: ☐ Hep B ☐ Hep C ☐ HIV
Were labs drawn on source: ☐ YES ☐ NO
Hepatitis B status known: ☐ YES ☐ NO
17. Were post prophylaxis offered? ☐ YES ☐ NO
Were post prophylaxis started? ☐ YES ☐ NO

Clinical Instructor's Signature: _____

I, _____ authorize the Drury PA Department to secure copies of case history, records, laboratory reports, diagnosis and any other data covering the accident/incident that occurred on
_____ at _____
Date of Incident   Name of Facility where incident occurred

_____ _____
Signature of Student _____ **Date**

Please IMMEDIATELY fax copy to: (417) 873-7278, keep a copy for your files
E-mail Ashley VanZant at avanzant@drury.edu
Mail original form to: Drury University PA Department/ Director of Clinical Education
900 N. Benton Ave. Springfield, MO 65802

NCCPA Blueprint of Disease States

Drury PA students may come in contact with more than 90 percent – and in some instances 100 percent – of the core disease states as listed for the NCCPA PANCE examination. This will assist you in preparing for your PANCE, as well as future practice. Your preceptors attest that you have completed all learning objectives on each of your clinical rotations. The following listing of core disease states by system is a further student self-assessment to assure that you have received the necessary experiential competencies. These experiences can be achieved through a variety of means, including but not limited to treating or being involved in the treatment of a patient with the disease state, participating in ruling out the disease state in a patient, participating in a presentation on the disease state, completing readings on the disease state, and participating in journal club regarding the disease state.

PANCE-Blueprint-effective-2025.pdf (nccpa.net)

PAEA End of Rotation Exams

PAEA End of Rotation exams are a set of objectives, standardized evaluations intended to serve as one measure of the medical knowledge students gain during specific supervised clinical practice experiences. These resources are used by exam development board members to guide the creation of exam content, and by the exam development staff when constructing exam forms. They will be useful to students when studying for the exam.

These exams will occur after every required core rotation: Family medicine, Emergency medicine, Surgery, Internal Medicine, Pediatrics, Psychiatry and Behavioral Health, and Women's health. This link (End of Rotation™: Content | PAEA (paeaonline.org)) will take you to the PAEA website where you can view the blueprint for each EORE. Students need to study the topics, by accessing texts on Access Medicine, each rotation to be prepared for the EORE.

DISCLAIMER The End of Rotation Topic Lists, Blueprints, and Core Tasks and Objectives are resources used by PAEA to guide the development of exam content and construction of exam forms. Questions on the exam are considered only a sample of all that might be included for the clinical experience, they are not intended to be all-inclusive, and may not reflect all content identified in the Topic Lists. These resources will be useful to faculty when determining which other supervised clinical education experience objectives may require additional assessment tools. These resources may also be useful to students when studying for the exam; however, the Topic Lists are not a comprehensive list of all the exam question topics. PAEA's goal is not to provide a list of all the topics that might be on the exams, but rather to provide students with a resource when preparing for the exams. PAEA recommends that students review the Topic List, Blueprint, and Core Tasks and Objectives in conjunction when preparing for the exam

Physician Assistant Student Confidential Biography

Name: E-mail:

Address:

City/State/Zip:

Phone:

Prior Education:

College/University	Degree & Major or # of credits	Dates Attended

Military Service/Schools:

BLS Expiration Date: ACLS Expiration Date:

PALS Expiration Date:

Other specialized training:

Work Experience:

Title/Department	Primary Functions	Years Employed

Interests/Hobbies:

PA Student Confidential Biography continued

Three primary objectives student wishes to achieve on clinical rotations:

1.

2.

3.

Give a brief description of yourself:

Medical/Physical limitations:

Person to contact in an emergency:
Name:

Relationship:

Address:

Telephone number days:

Telephone number evenings/nights:

STUDENT SIGNATURE SHEET

I attest that I have received, read, fully understand, and agree to comply with all policies and procedures set forth in the Drury Physician Assistant Clinical Year Handbook. I understand the following:

1) HIPAA and patient safety are a priority, and these protocols must be adhered to at all times.

2) It is my responsibility to stay current on all vaccines and credentialing requirements of the hospitals and systems where I rotate.

3) Body fluid/Needlestick injuries should follow appropriate protocol and seek immediate treatment. A completed Student Exposure Form is required within 24 hours.

4) Students have minimum rotation hours requirements that are required for graduation. Students are responsible for tracking this data in every rotation.

5) Students have a requirement to fulfill 165 hours of total clinical time for each rotation unless fewer hours are approved by Director of Clinical Education.

6) All time off must be recorded on a Time Off Request Form and the absence entered into CORE ELMS.

7) I attest to, understand, and will abide by the technical standards put forth by the Drury Department of PA Medicine.

_____ Student Signature

_____ Date

_____ Student Name (Print)

Recommendations Ancillary Clinical Texts

Maxwell RW, Maletz M: <u>Maxwell Quick Medical Reference</u>. Maxwell Publishing Company. Approx. $21.80. *A small, pocket-sized book describing all of your charting documentation. Should be called. "<u>How to Write a Note Made Ridiculously Simple</u>." Want to know how to write a pre-op, post-op or post-delivery note? It's in here, along with virtually every other kind of note you need and more.*

Gilbert DN, Chambers HF, Saag MS: <u>The Sanford Guide to Antimicrobial Therapy 2024</u>. Antimicrobial Therapy Inc. Publishers. Approx. $50.95. *A 339-page book chock-full of tables and lists of well-organized anti-infective agents including first- and second-line therapeutics, alternatives, wholesale costs, immunizations, prophylaxis regimens, maps of disease incidence world-wide, etc.*

Haghighat, Sepehr: <u>EMRA Ortho Guide</u>. Emergency Medicine Residents' Association Publishing. Approx. $28.99. *Helps assess and manage fractures, dislocations, and other musculoskeletal injuries in the emergency department.*

Recommendations on Apps

<u>Epocrates</u>: Includes drug dosing, interactions, safety details and more. Free version
<u>USPSTF</u>: Prevention TaskForce: Assists primary care clinicians identify the screening, counseling, and preventive medication services that are appropriate for their patients. Free version
<u>ASCVD Risk Estimator</u>: Estimate a patient's initial 10-year atherosclerotic cardiovascular disease.
<u>Mdcalc</u>: every calculation and risk stratification score
<u>Pacemaker</u>: used to identify the brand of pacemaker from a chest x-ray using your phone camera
<u>EMRA antibiotic guide</u>: Not free, antibiotic recommendations by diagnosis/body system
<u>PediStat</u>- ER app for managing pediatric patients
<u>Lactmed and Infantrisk</u>: look up meds safe while breastfeeding
<u>ASCCP</u>: resource for pap smear results/well woman exam
<u>WikEM</u>: database of emergency medicine knowledge to assist with daily practice
<u>EM:RAP</u>: online medical education platform

Websites
Mdcalc.com
EPSS : USPSTF guidelines for screening
AAFP: good resource

Appendix Table of Contents

COURSE SYLLABUS
PAS 705: Family Medicine
Supervised Clinical Practice Experience
Physician Assistant Studies Program

Director:	Ashley VanZant, MSPAS, PA-C
Office:	Trustee Science Center 208
Phone:	417-873-6981
E-Mail:	avanzant@drury.edu
Office hours:	Will vary for each PA Faculty

Course Prerequisites
Completion of the didactic year of the Drury University Physician Assistant Program.

Course Credits
4 credits

Required Texts and Course Materials
Loscalzo, J., Fauci, A. S., Kasper, D.L., Hauser, S. L., Longo, D. L., & Jameson, J. L. (Eds.). (2022). *Harrison's Principles of Internal Medicine* (21st ed.). McGraw Hill.

Papadakis, M. A., McPhee, S. J., Rabow, M. W., McQuaid, K. R., & Gandhi, M. (Eds.). (2024*). Current medical diagnosis and treatment* (63rd ed*.*). McGraw Hill.

*All required readings by preceptor.

Course Description
The five-week family medicine supervised clinical practice experience is designed to give students the opportunity to evaluate, diagnose, and manage adult and elderly patients in an outpatient clinical setting. Students will have the opportunity to perform preventative and screening examinations, perform problem-focused examinations, and develop and implement care management plans for acute and chronic medical conditions. Students are expected to spend a minimum of 36 hours per week providing patient care at the clinical rotation site.

Course Goals
- To give students the opportunity to provide hands-on medical care in a supervised family medicine care setting.
- To recognize acute and chronic diagnoses seen in family medicine.
- To understand and recommend age-appropriate screening and preventative health care measures for adult and elderly patients.
- To apply best-practice medical knowledge and principles to the diagnosis and management of medical conditions seen in family medicine.

Student Learning Outcomes

Course Student Learning Outcomes (SLOs)			
Learning Outcome	Upon successful completion of the Family Medicine SCPE rotation, the clinical year PA student will achieve the following LO and Sub-LOs:	Assessment Tool	Competency Domains
SLO 1	Acute a. Perform a patient-centered problem-focused history and exam on a patient presenting with URI symptoms, formulate a differential diagnosis, and develop an appropriate care management plan. b. Professionally evaluate an adult patient presenting with dysuria, order and interpret urinalysis, and design a treatment strategy. c. For an adult patient with heartburn symptoms, perform a patient-centered H&P, formulate a differential diagnosis, create a management plan, and educate the patient. d. Appropriately perform a problem-focused history and physical exam on a patient with a musculoskeletal injury, order and interpret laboratory tests and diagnostic imaging to include an x-ray, and accurately immobilize the extremity if necessary. e. Evaluate a patient presenting with a rash, develop a differential diagnosis, and recommend an appropriate care management plan.	Student Evaluation by Preceptor (SEP) Mid-Rotation Performance evaluation of the student (MPES)	a. Medical Knowledge (MK), Clinical reasoning and problem-solving (CRPS) b. MK, CRPS c. MK, CRPS, Interpersonal communication (ICS) d. MK, Clinical and Technical Skills (CTS), CRPS e. MK, CRPS
SLO 2	Chronic a. In an adult patient presenting for follow up of hypertension, create a management plan to include ordering and interpreting appropriate diagnostic and laboratory testing and adjusting medication if indicated. b. Conduct a patient-centered problem-based history and physical exam, order and interpret appropriate diagnostic studies, and formulate a treatment plan for a patient with existing thyroid disease. c. For a patient with COPD, evaluate the status of the current illness and adherence to the treatment plan, perform	SEP MPES	a. MK, CRPS b. MK, CTS, CRPS c. MK, CRPS, CTS, ICS d. MK, CTS, Professional behaviors (PB), CRPS, ICS e. MK, CTS, CRPS, ICS

	a physical examination, and make appropriate patient-centered care recommendations. d. Professionally evaluate an adult patient for follow-up of dyslipidemia, order and interpret appropriate follow-up lab work, and make appropriate care recommendations to include patient education, lifestyle modification, and pharmacological treatment e. Perform an appropriate physical exam, review laboratory results including a HgbA1c, appropriately adjust medications, and recommend appropriate glucose monitoring and lifestyle modifications for an adult patient presenting for follow-up of diabetes mellitus.		
SLO 3	Preventive a. Professionally screen an adult patient for colon cancer and refer the patient for a screening colonoscopy as indicated. b. Perform a well-exam on an adult, order and interpret appropriate screening tests, and provide appropriate patient-centered health maintenance education including immunizations. c. Perform osteoporosis screening with a patient and order a bone density test if indicated by guidelines. d. Counsel an adult patient regarding smoking cessation and management strategies. e. Screen an adult patient for cardiovascular risk factors and make recommendations for lifestyle changes.	SEP MPES	a. MK, CTS, CRPS b. CTS, MK, CRPS, ICS c. MK, CRPS d. ICS, MK, CTS e. MK, CTS, CRPS
SLO 4	Professionally write a SOAP note for a patient presenting with a family medicine condition.	SOAP Note	MK, CTS, CRPS, ICS
SLO 5	Demonstrate medical knowledge of Family Medicine by completing PAEA Family Medicine End of Rotation exam, which covers the content listed in this syllabus and the End of Rotation Exam Blueprint & Topic list.	End of Rotation Exam (EORE)	MK CTS CRPS
SLO 6	Demonstrate professional behaviors throughout the Family Medicine rotation including:	PES MPES	PB ICS

	a) interprofessional teamwork, b) interpersonal skills and communication c) professionalism.		
SLO 7	Demonstrate professional conduct, as documented in the PA Program Student Handbook, and complete course administrative responsibilities as outlined in the Family Medicine syllabus.	Student Professional Behavior Evaluation (SPB)	PB ICS

{Program Competencies: Medical Knowledge (MK), Interpersonal communication skills (ICS), Clinical and technical skills (CTS), Professional behaviors (PB), Clinical reasoning and problem-solving (CRPS)}

Instructional Objectives
*All ( ) denotes corresponding course learning outcome

1. Perform a problem-focused **history and physical exam** as indicated by the stated reason for the patient's presentation to the family medicine clinic. (1a-e, 2b, c, e, 3b)
2. Distinguish between acute, emerging, emergent, chronic, and preventative conditions seen in family practice. (1a-e, 2a-e, 3a-e)
3. Distinguish between normal and abnormal physical exam findings for patients seen in the family practice clinic. (1a-e, 2b-e, 3b)
4. Evaluate patients for life-threatening emergencies that may be encountered within the family practice setting and employ the appropriate intervention techniques. (1c)
5. Compare and contrast indications, contraindications, risks, benefits, and costs associated with various tests used in diagnosing and managing various conditions in family medicine. (1b, d, 2a, b, d, e)
6. Discern how to **order and interpret** appropriate lab work and diagnostic studies as indicated for patients seen in family practice. (1b, d, 2a, b, d, e, 3a-c, e)
7. Formulate a **differential diagnosis** based on history and physical exam findings as well as any pertinent diagnostic test results for conditions seen in family medicine. (1a, c, e)
8. Develop and implement patient-centered **care management plans** for conditions seen in the family medicine setting. (1a-e, 2a-e)
9. Distinguish between the components of wellness exams for adults and elderly patients. (3a-e)
10. Discern between other types of physical exams in family practice including workman compensation, sports and school exams, and pre-op clearance. (3b, d, e)
11. Summarize the stages of change model and discern how this model applies to helping patients make lifestyle wellness changes such as weight loss, smoking cessation, exercise, safe sexual practices, and nutrition in family practice. (3b, d, e)
12. Analyze the importance of providing family practice patients with health promotion and disease prevention **counseling and education** and recognize the risk factors for conditions amenable to prevention and detection in an asymptomatic individual. (3b, d, e)
13. Analyze the impact of stress on health and the psychological manifestations of illness and injury in family medicine. (3b, e)
14. Analyze how to screen adult patients in family medicine for signs of abuse and neglect and determine prevention and management strategies. (1d, 3b)
15. Analyze the effects of aging on patients and their family members as seen in the family medicine discipline. (3b, c, e)
16. Compare and contrast various types of code status, health care proxies, and advanced directives utilized in medicine and provide education to family practice patients as appropriate. (3b)
17. Interpret current preventive screening protocols for tobacco use, cancer-related disease, obesity, hypertension, dyslipidemia, cardiovascular risks, diabetes, and other conditions in family medicine. (3a-e)

18. Integrate the process of therapeutic review (review of current therapies and medications the patient is using) into each family medicine patient encounter regardless of the reason for the visit. (1a-e, 2a-e, 3b)
19. Formulate a **clinical therapeutic plan** that considers the cost, efficacy, possible adverse reactions, contraindications, and drug interactions for the medication(s) selected for treatment of conditions seen in family medicine. (1a-e, 2a-e)
20. Develop appropriate plans for monitoring **pharmacotherapeutic regimens** in family medicine including assessing for compliance, side effects, adverse reactions, and effectiveness. (1a-e, 2a-e)
21. Discern among the various medications listed on the Beers list and explain the rationale as to why these medications should be avoided and used with caution in older adults. (1a-e, 2a-e)
22. Distinguish the risks for, the signs and symptoms of, and potential drug interactions resulting from polypharmacy for patients seen in the family practice setting. (1a-e, 2a-e)
23. Analyze the importance of **patient education** regarding medication recommendations for the treatment of medical conditions seen in family practice including medication indications, potential side effects, and monitoring plans. (1c, 2d)
24. Differentiate between various **clinical procedures** performed in the family medicine discipline including indications, contraindications, and potential adverse effects. (1d)
25. Formulate how to refer patients to specialty disciplines, emergency department, dietician, physical therapy, occupational therapy, and psychological counseling. (1c, d, 2a-e, 3b, d, e)
26. Analyze the **written documentation** of family medicine clinical encounters to ensure accuracy and clarity of information and professionally write a SOAP note. (1a-e, 2a-e, 4)
27. Analyze the importance of providing **patient-centered education** to patients and their family members to include the patient's diagnosis, treatment plan, and follow-up plans for patients seen in the family medicine setting. (1c, 2d)
28. Distinguish empathetic, **culturally sensitive interpersonal communication** skills that result in an accurate and effective exchange of information with family medicine patients and their families. (1b, 2d, 3a, 6b)
29. Analyze the importance of **professionalism** in the family medicine care setting and demonstrate this type of behavior throughout the clinical rotation. (1b, 2d, 3a, 6c)
30. Analyze the roles of various members of the family medicine **health care team** and effectively participate in **interprofessional collaboration.** (1b, 2d, 3a, 6a)
31. Formulate and deliver an accurate, concise **oral case presentation** to the family medicine preceptor, ensuring clarity and appropriate organization throughout the case presentation. (1a-e, 2a-e, 3b)
32. Discern effective and efficient processes for initiating a **patient referral** for family medicine patients including methods for following the patient's progress after referral. (3a)
33. Evaluate and interpret medical literature and current practice guidelines and apply the principles of **evidence-based medicine** to the care of family medicine patients. (1a-e, 2a-e, 3a-e)
34. Synthesize anatomy, physiology, and pathophysiology principles along with medical and pharmacologic knowledge, and critical thinking skills to select an appropriate single best answer for a clinical vignette based EOR multiple choice question. (1 a-e, 2 a-e, 3 a-e, 5)
    a. Create a self-study plan to prepare for the EOR based on the exam content outlined in Appendix A.
    b. Utilize course textbooks, resources, outcomes, and objectives to support direct patient care activities and self-study plans.
    c. Analyze areas of strength and improvement feedback to inform and focus future study efforts.
    d. Engage in key Family Medicine topic discussions with the preceptor to enhance the acquisition of medical knowledge necessary for patient care and exam success.

Course Learning

Course learning will be achieved through a variety of methods including:

- Observation and participation at the clinical site,
- Independent reading,
- Lecture materials from the didactic phase,
- Participation in online activities developed to guide learning, and
- Supplemental learning materials as requested by the preceptor.

Method of Evaluation

Student Evaluation by Preceptor (Mid-Rotation SEP): (0%)- SLO 1-4, 6

Formative evaluation at the mid-point of the SCPE completed by the preceptor regarding student performance. The designated score does not contribute to the final course grade. This evaluation is the same as the End-of-Rotation Preceptor Evaluation and addresses the learning outcomes SLO 1-4, 6. Any item rated 2 or below is reviewed by the DCE to determine if a deficiency exists and to help students identify areas of weakness so they may develop a plan for improvement with their preceptor. There is no remediation for the Mid-Rotation Evaluation.

Student Evaluation by Preceptor (End-of-Rotation SEP): (40%) – SLO 1-4, 6

The student's clinical preceptor will submit an End-of-Rotation (EOR) Evaluation for the SCPE. The preceptor evaluation addresses learning outcomes 1-4, 6 and its components at the end of the rotation using the End of Rotation Evaluation Rubric. Learning outcomes may have several components within them, all components must be completed to successfully achieve each learning outcome. Deficiencies in successfully achieving the learning outcomes or their components must be remediated in alignment with the program's Remediation Policy in the PA Program Student Handbook. NOTE: Regardless of the overall evaluation grade, any learning outcome, component, or professionalism evaluation that receives a 2 or below will be reviewed by the Director of Clinical Education (DCE). If a deficiency is found, the DCE may address it through remediation or refer the student to the Student Progress Committee (SPC) at their discretion.

Egregious professionalism violations are not eligible for remediation and result directly in a failure of the course and evaluation of the student's professional behavior by the program's SPC. Actions by this committee relate to lapses in professional behavior and may include recommendations of remediation, deceleration, or dismissal from the program. For further information on maintaining professionalism, please see the Student Handbook.

Written Exam: (40%) – SLO 5

Students will complete a standardized, 120-question multiple choice examination created by the Physician Assistant Education Association (PAEA) and based on the National Committee on Certification of Physician Assistants (NCCPA) blueprint for the Physician Assistant National Certification Exam (PANCE). Assess student medical knowledge of Family Medicine conditions and PAEA Core Tasks and Objectives. The EOR exam will be administered electronically in a timed setting. Refer to the Clinical Year Handbook to review Drury PA Program's grading practices of the EOR exam.

SOAP Note Documentation: (10%) -SLO 4

Students are required to submit one SOAP note from a patient encounter to the course director at the end of the SCPE. This needs to be completed and submitted by 8 AM on the first return to campus day. See the late work policy regarding the accepting and grading of late work. The SOAP note should contain no patient identifiers per HIPAA laws.

Student Professional Behavior and Administrative Tasks Evaluation (SPB): (10%)- SLO 7

Learners will show proficiency in maintaining professional conduct and fulfilling administrative responsibilities. Administrative responsibilities include the timely and accurate completion of all forms, clinical and technical skills log, student evaluation of the clinical site, student evaluation of preceptor, patient case logging, hours logging, and student self-evaluations. Learners will also be evaluated on compliance with DUPA Program professionalism policies and communication. This is to ensure that learners in the DUPA program develop the necessary skills and attitudes required for successful clinical practice while meeting administrative expectations. Students will be given credit or no credit for administrative requirements. To gain credit all requirements must be complete and they constitute 10% of the course grade.

The faculty instructor of record completes this evaluation at the end of the clinical rotation using a standardized rubric to assess whether student professional behaviors aligned with the program's PA Professionalism Policy located in the PA Program Student Handbook and timely completion of required course administrative responsibilities. NOTE: Regardless of the overall Professional Behavioral Evaluation grade, any category receiving a score of '0 (zero) points' is reviewed by the DCE. If a deficiency is found, the DCE may address it through remediation or refer the student to the SPC at their discretion.

Required course administrative responsibilities:

- Professional conduct: compliance with the program's PA Professionalism Policy located in the PA Program Student Handbook.

- Pre-Rotation onboarding Requirements: Students must complete all onboarding requirements prior to the start of the SCPE. Instructions for completion and due dates are provided to the student by the Clinical administrative team and clinical site prior to the rotation.

- Patient Case and Procedure Logging: Students must log all patient encounters seen and procedures performed in the Clinical Learning Management System to ensure they have had appropriate exposure to patient populations. Patient logs should be submitted, at a minimum, weekly. Failure to submit patient encounters by the completion of each clinical rotation will result in an incomplete (zero points) for administrative requirements and will be reviewed by the DCE for remediation or referral to SPC. To progress past the clinical year all minimum amounts of clinical procedure skills must be logged and confirmed by a preceptor per the Clinical Year Handbook.

- Clinical Hours Logging: Students must log all time spent in direct patient care and other onsite SCPE learning activities in the Clinical Learning Management System. Hours need to be monitored and submitted weekly by the student to make sure the minimum amount of hours will be met without going over 80 hours per week.

- Student Evaluation of Clinical Site and Preceptor: An evaluation of the clinical rotation and preceptor at the end of the rotation. This evaluates the effectiveness of the clinical curriculum, preceptors, and clinical sites in enabling the student to meet all components of course learning outcomes.

- Student self-evaluation: Formative evaluation at the middle and end of the SCPE completed by the student regarding their own performance and achievement of learning outcomes 1-6. This does not contribute to their final grade in the course.

- Professionalism will be graded on the following areas: interprofessional teamwork, interpersonal skills and communication, and professionalism. The professionalism grade is included in the End-of-rotation student evaluation by the preceptor along with the student professional behavior and administrative tasks rubric. The SPB rubric below will be completed by the course director of the rotation. The *Student Handbook* contains a complete outline of all expectations for each professionalism criteria including a grading rubric.

Professionalism Requirements	Meets Expectations	Needs Improvement	Unacceptable

Compliance and communication with DUPA Program	3 points	2 points	0 points

Administrative Requirements	Complete	Incomplete
• Pre-rotation onboarding requirements • Patient case logging • Hours logging • Clinical Procedure Skills log • Student self-evaluation mid-rotation • Student self-evaluation end-of-rotation • Student Evaluation of clinical site and preceptor	7 points	0 points

Course Assessment and Grading

To receive a passing grade, students must achieve a score of 75% or above.

Assessment	Percent of Final Grade	
SOAP Note	10%	
Preceptor End of Rotation Evaluation	40%	**Course**
Multiple Choice End of Rotation Exam	40%	
Professionalism/Administrative Tasks	10%	
	100%	

Grading Rubric

Grading Scale (%)	
90-100	Satisfactory
80 - 89	Satisfactory
75-79	Satisfactory
<75	Unsatisfactory

Mid-rotation Evaluation, *End of Rotation Evaluation*, and *Student Evaluation of Preceptor/Site* forms are included in the *Student Clinical Handbook*.

**Grade challenges must be submitted in writing within one week of grade distribution.

Students scoring < 75% on the family medicine supervised clinical practice experience will require remediation. Students will be required to meet with the course director to develop a remediation plan.

Note: For further information regarding academic standing in the Drury University Physician Assistant Program, please refer to the *Student Handbook.*

Grade Dissemination

Graded materials in this course will be returned individually. Students may access their scores at any

time using "Grades" in **Canvas.** Please note that scores returned mid-semester are unofficial grades.

Course Policies:
Grades
Late Work: Late work will not be accepted unless prior arrangements have been made or an unforeseen emergency arises preventing the student from completing their work. Any papers turned in late will be assessed one letter grade per day. Essays or assignments **will not** be accepted if overdue by three days.

Extra Credit: There will be no opportunities for extra credit in this course.

Incomplete Grade: The current university policy concerning incomplete grades will be followed. An "I" grade (incomplete) is assigned at the discretion of the faculty member, and only if illness or other unavoidable causes prevent the student from completing the course. The student must work with the faculty member to determine what must be done to remove the "I" grade. Coursework must be completed and the "I" grade replaced with a final grade by the end of the first week of the regular semester (fall, spring, or summer) immediately following the semester in which the incomplete was assigned. Graduating students receiving an incomplete in their final semester must complete the coursework and have a final grade assigned within two weeks following the end of that same semester. The faculty member granting the incomplete, or the department chair in his or her absence, is required to report to the registrar a grade for the permanent record by the end of the period indicated. A grad of "I" not removed within the time period allowed, will automatically be changed to an "F."

A request for extension to move the deadline for replacement of an incomplete to a final grade to the end of the current semester, may be requested by the faculty member who assigned the incomplete. No more than two extensions (two semesters) will be granted for an incomplete. Until the grade has been formally recorded, the course will not be considered as hours attempted and thus will not be a part of the cumulative GPA.

Remediation: Please refer to the Drury University Physician Assistant Program *Student Handbook* for details on exam and course remediation plans.

Grade Appeal: Grade appeals are to only be utilized for final course grades. Students are entitled to a reasonable explanation of their performance in relation to the standards of the course. Students are also entitled to (1) a review of their grade by a responsible group of faculty members in cases where the student can establish a reasonable doubt that the grade was awarded fairly and (2) a reconsideration of the grade where prejudice or capriciousness is established. Please see page 42 of the *College of Graduate Studies Catalog* (GSC) for the steps to make a grade appeal.

University Honor Code
All students, faculty, and staff of Drury University are expected to know and abide by the Drury University Honor Code. This code applies to all members of the Drury Community regardless of location, as they are representatives of the University and the Drury Experience.

> *"As a member of the Drury University community, I vow to treat others with respect. I will not violate others' rights to learn and thrive in a safe, respectful environment, and by extension, I will not bully or intimidate others. Honesty will guide my every action. I will not condone any behavior compromising the Drury Honor Code."*

Academic Honesty

When completing course work, students may not use unauthorized aid or represent others' original work as their own. Instances of academic dishonesty will result in a failing grade for the assignment in question and notification of the Office of Academic Affairs but if the magnitude of the infraction merits it, the professor reserves the right to impose a more severe penalty, including failure of the course. Repeated instances of academic dishonesty will result in failure of the course and can lead to expulsion from the university. All students should be familiar with the university's Academic Integrity policies as published in the Drury University Academic Catalog (http://www.drury.edu/catalogs/).

This course may require electronic submission of assignments through the originality assessment service Turnitin which allows students to monitor their results. Submissions may also be subjected to review using other tools such as GPTZero.

You may not use generative AI tools on assignments in this course, unless the assignment specifically allows it. Well-known examples of such tools include but are not limited to ChatGPT and Claude for text, and DALL•E and Midjourney for images. This policy governs all such tools, including those released during this semester.

Be aware that generative AI tools are typically trained on limited datasets and sometimes provide inaccurate information. They have also been shown to reinforce stereotypes and generalizations, the opposite of our emphasis on critical thinking.

Academic honesty is extremely important for maintaining the integrity of our program. In keeping with the University Honor and Conduct Codes, as well as the standards of the PA profession, violations of academic honesty standards are considered serious breaches of professionalism. As future healthcare providers, your conduct and display of integrity is of paramount importance. Remain vigilant, in yourself and in classmates, against all forms of academic dishonesty in this course and in the program. Examples include, but are not limited to:

1. Copying on an examination, assignment or other work to be evaluated.
2. Making copies or generating facsimiles of exam questions or assignments for any purpose
3. Inappropriate collaboration on individual assignments.
4. The use of "cheat sheets," etc.
5. Buying/selling examinations, term papers, etc. or giving any assessment-related information or assignments to subsequent classes.
6. Use of "ringers": having another student take an examination; having another student write a term paper or assignment for which the student will receive credit.
7. Submitting work for which credit has already been received in another course without the express consent of the instructor.

Technology and Media

Email: Any communication outside of the classroom will be communicated through your university email account.

Canvas: This course will be offered via Drury University's learning management system (LMS), Canvas. If you need assistance, please either log into Canvas and Chat with Canvas Support of call 417-413-5865.

Prohibited Electronic Device Usage During Clinical Rotations: Professional behavior during clinical rotations is expected at all times. This includes refraining from use of personal electronic devices such as mobile phones, iPads, laptops, etc. during clinical hours if it is not required for completing your clinical duties. These devices should only be used during personal time.

If you need technical support, please contact any of the following resources:

- **Help desk**: 417-873-7300
- helpdeskticket@drury.edu
- **Tech Services website:** https://www.drury.edu/tech-services/

Technical support hours are Monday – Friday 8 am to 5 pm.

Student Expectations

Disability Access: Drury University makes every effort to provide inclusive learning environments for students. Therefore, if you experience a barrier to learning in this course, please contact the instructor as soon as possible to discuss how best to meet course objectives and your learning needs. If you have a documented disability requiring specific accommodations, contact Tara Friga, Director of Accessibility and Disability Services, at disability@drury.edu, 417-873-7267, in OEC 142.
If you are concerned you have a disability-related condition that is impacting your academic progress and have not yet established disability-related accommodations, contact Tara Friga, Director of Accessibility and Disability Services, disability@drury.edu, 417-873-7267, in OEC 142

Mental Health Support

Drury University has partnered with Burrell Behavioral Health to expand mental health services offered in our Drury Counseling Center for our Day School students. The Drury Counseling Center is located in the lower level of the Findlay Student Center. Students can be seen on a walk-in basis or via referral. Students now have access to a behavioral health consultant, sports psychology, and therapy sessions, in addition to on-campus Burrell mental health counselors. Students can also quickly and easily gain access to other services offered by Burrell Behavioral Health, including diagnostic testing services, psychiatry, and specialized mental health services. Should a student be referred for specialized mental health services, they will receive five free sessions via the Drury Student Assistance Program (SAP). For more information, questions, or to make an appointment, please contact Andrea Bench, MS, LPC at abench003@drury.edu; Ty Thornton, MS, LPC at tthornton003@drury.edu or David Johnson, PLPC at djohnson036@drury.edu.

Attendance: Due to the intense rigor and rapid pace of the program, attendance for all classes and curriculum related activities is mandatory. Students are expected to be on time for clinical rotations and should plan their schedules accordingly. Medical and personal appointments should be scheduled on evenings or weekends, as much as possible.

Requests for **excused absences** must be submitted to the Director of Clinical Education using the Program's *Absence Request* form prior to the absence. All absences due to illness, accident, or other unexpected personal or family events must be reported via e-mail or telephone to the Director of Clinical Education, program administrator, and clinical preceptor as soon as the student is aware that he/she may miss rotation time. All other absences that are not pre-approved by the director of clinical rotation will be considered **unexcused**.

An obligation for a professional organization responsibility may be considered for an excused absence. Requests for social events (early start to vacation, family reunion, etc.) will not be granted. Only urgent medical or emergent absences will be excused on exam days. For any absences where students will miss a written test or practical examination, students must follow the policy as detailed under "Assessment Policies." Unexcused absences, repeated absences, or repeated tardiness may be considered unprofessional behavior and can be grounds for disciplinary action.

Drury University Library

The Drury University Library is open from 7:45 am to 12 am daily and is available to help with research in any subject. Need help developing a research question? Finding and evaluating information? Citing sources? Ask! You can contact library services at the following:

- **Library hotline: 417-873-7483** if you have an **emergent need** from the library
- **Library email:** Holli Henslee at hhenslee@drury.edu.
- Difficulty accessing a library database, and it is the weekend, contact the circulation desk at 417-873-7338.

Course Evaluations

All students are expected to complete course evaluations in the week preceding final exams. These evaluations, which are delivered online, are an important part of Drury University's assessment program. Your cooperation in completing them is greatly appreciated. As the end of the semester or academic session draws near, you will receive information from the Office of Institutional Research and Assessment about how to complete the online evaluations.

IMPORTANT NOTE: All communications from the Office of Institutional Research and Assessment will be sent to your Drury University e-mail account. Please be sure to check and maintain your account regularly. **If you do not receive an email prior to the week of exams, please notify the PA office so we may correct the problem.**

Abbreviation Correspondence Key:

SLO: student learning outcomes
SCPE: supervised clinical practice experience
SEP: student evaluation by preceptor
EOR: End of rotation
MK: Medical Knowledge
ICS: Interpersonal communication skills
CTS: Clinical and technical skills
PB: Professional behaviors
CRPS: Clinical reasoning and problem-solving
SPC: Student progress committee
PAEA: Physician Assistant Education Association
NCCPA: National Committee on Certification of Physician Assistants
SPB: Student Professional Behavior
DUPA: Drury University Physician Assistant
DCE: Director of Clinical Education

Appendix A:
PAEA FAMILY MEDICINE END OF ROTATION BLUEPRINT & TOPIC LIST:

Family Medicine End of Rotation™ Exam Blueprint

Family Medicine 100-Question Exam		History & Physical	Diagnostic Studies	Diagnosis	Health Maintenance	Clinical Intervention	Clinical Therapeutics	Scientific Concepts	Totals
		(15%)	(10%)	(25%)	(10%)	(10%)	(20%)	(10%)	(100%)
Cardiovascular	(15%)	2	2	4	1	2	3	1	15
Pulmonology	(12%)	2	1	3	1	2	2	1	12
Gastrointestinal/nutritional	(11%)	2	1	3	1	1	2	1	11
ENOT/ophthalmology	(8%)	1	0	2	1	1	2	1	8
Obstetrics/gynecology	(8%)	2	1	2	1	0	2	0	8
Orthopedics/rheumatology	(8%)	1	1	2	1	1	1	1	8
Neurology	(6%)	1	1	1	1	1	1	0	6
Dermatology	(5%)	1	0	1	1	0	1	1	5
Endocrinology	(5%)	1	1	1	0	0	1	1	5
Psychiatry/behavioral medicine	(5%)	0	0	2	0	0	2	1	5
Urology/renal	(5%)	1	0	1	0	1	1	1	5
Hematology	(4%)	0	1	1	1	0	0	1	4
Infectious diseases	(4%)	1	0	1	1	0	1	0	4
Urgent care	(4%)	0	1	1	0	1	1	0	4
Totals:	(100%)	15	10	25	10	10	20	10	**100**

**Updates include style and spacing changes and organization in content area size order. No distribution changes were made.

Family Medicine End of Rotation™
EXAM TOPIC LIST

CARDIOVASCULAR

Angina
Arrhythmias
Chest pain
Congestive heart failure
Coronary artery disease
Endocarditis

Hyperlipidemia
Hypertension
Hypertriglyceridemia
Peripheral vascular disease
Valvular disease

PULMONOLOGY

Asthma
Bronchitis
Chronic obstructive pulmonary disease
Lung cancer

Pneumonia
Sleep disorders
Tobacco use/dependence
Tuberculosis

GASTROINTESTINAL/NUTRITIONAL

Anal fissure
Appendicitis
Bowel obstruction
Cholecystitis/cholelithiasis
Cirrhosis
Colorectal cancer/colonic polyps
Diarrhea/constipation
Esophagitis
Gastritis
Gastroenteritis
Gastroesophageal reflux disease

Gastrointestinal bleeding
Giardiasis and other parasitic infections
Hemorrhoids
Hiatal hernia
Inflammatory bowel disease
Irritable bowel syndrome
Jaundice
Pancreatitis
Peptic ulcer disease
Viral hepatitis

ENOT/OPHTHALMOLOGY

Acute/chronic sinusitis
Allergic rhinitis
Aphthous ulcers
Blepharitis
Cholesteatoma
Conjunctivitis
Corneal abrasion
Corneal ulcer
Dacryocystitis
Ectropion
Entropion
Epistaxis
Glaucoma
Hordeolum
Hyphema
Labyrinthitis
Laryngitis

Macular degeneration
Ménière disease
Nasal polyps
Otitis externa
Otitis media
Papilledema
Parotitis
Peritonsillar abscess
Pharyngitis/tonsillitis
Pterygium
Retinal detachment
Retinal vascular occlusion
Retinopathy
Sialadenitis
Tinnitus
Tympanic membrane perforation

OBSTETRICS/GYNECOLOGY

Breast cancer
Breast mass
Cervical cancer
Contraception
Cystocele
Dysfunctional uterine bleeding
Dysmenorrhea

Intrauterine pregnancy
Menopause
Pelvic inflammatory disease
Rectocele
Spontaneous abortion
Vaginitis

ORTHOPEDICS/RHEUMATOLOGY

Acute and chronic lower back pain
Bursitis/tendonitis
Costochondritis
Fibromyalgia
Ganglion cysts
Gout
Osteoarthritis

Osteoporosis
Overuse syndrome
Plantar fasciitis
Reactive arthritis
Rheumatoid arthritis
Sprains/strains
Systemic lupus erythematosus

NEUROLOGY

Alzheimer disease
Bell palsy
Cerebral vascular accident
Delirium
Dementia
Dizziness
Essential tremor

Headaches (cluster, migraine, tension)
Parkinson disease
Seizure disorders
Syncope
Transient ischemic attack
Vertigo

DERMATOLOGY

Acanthosis nigricans
Acne vulgaris
Actinic keratosis
Alopecia
Basal cell carcinoma
Bullous pemphigoid
Cellulitis
Condyloma acuminatum
Dermatitis (eczema, seborrhea)
Drug eruptions
Dyshidrosis
Erysipelas
Erythema multiforme
Exanthems
Folliculitis
Hidradenitis suppurativa
Impetigo
Kaposi sarcoma
Lice
Lichen planus
Lichen simplex chronicus
Lipomas/epithelial inclusion cysts

Melanoma
Melasma
Molluscum contagiosum
Nummular eczema
Onychomycosis
Paronychia
Pilonidal disease
Pityriasis rosea
Pressure ulcers
Psoriasis
Rosacea
Scabies
Seborrheic keratosis
Spider bites
Stevens-Johnson syndrome
Tinea infections
Tinea versicolor
Toxic epidermal necrolysis
Urticaria
Verrucae
Vitiligo

PAEA [3]

ENDOCRINOLOGY

Adrenal insufficiency
Cushing disease
Diabetes mellitus

Hyperthyroidism
Hypothyroidism

PSYCHIATRY/BEHAVIORAL MEDICINE

Anorexia nervosa
Anxiety disorders
Bipolar disorders
Bulimia nervosa
Insomnia disorder
Major depressive disorder

Panic disorder
Posttraumatic stress disorder
Specific phobia
Spouse or partner neglect/violence
Substance use disorders
Suicide

UROLOGY/RENAL

Balanitis
Benign prostatic hyperplasia
Chlamydia
Cystitis
Epididymitis
Glomerulonephritis
Gonorrhea

Hernias
Nephrolithiasis
Orchitis
Prostatitis
Pyelonephritis
Testicular cancer
Urethritis

HEMATOLOGY

Anemia
Clotting disorders
Leukemia

Lymphomas
Polycythemia
Thrombocytopenia

INFECTIOUS DISEASES

Human immunodeficiency virus
Influenza
Lyme disease
Meningitis

Mononucleosis
Salmonellosis
Shigellosis

URGENT CARE

Acute abdomen
Allergic reaction/anaphylaxis
Bites/stings
Burns
Cardiac failure/arrest
Deteriorating mental status/unconscious patient
Foreign body aspiration
Fractures/dislocations

Hypertensive crisis
Ingesting harmful substances (poisonings)
Myocardial infarction
Orbital cellulitis
Pneumothorax
Pulmonary embolus
Respiratory failure/arrest
Sprains/strains
Third trimester bleeding

**Updates include style and spacing changes, organization in content area size order, and renaming the Urology/Renal topic "benign prostatic hypertrophy" to the more current "benign prostatic hyperplasia."

DISCLAIMER

The End of Rotation Topic Lists, Blueprints, and Core Tasks and Objectives are resources used by PAEA to guide the development of exam content and construction of exam forms. Questions on the exam are considered only a sample of all that might be included for the clinical experience, they are not intended to be all-inclusive, and may not reflect all content identified in the Topic Lists.

These resources will be useful to faculty when determining which other supervised clinical education experience objectives may require additional assessment tools. These resources may also be useful to students when studying for the exam; however the Topic Lists are not a comprehensive list of all the exam question topics. PAEA's goal is not to provide a list of all the topics that might be on the exams, but rather to provide students with a resource when preparing for the exams. PAEA recommends that students review the Topic List, Blueprint, and Core Tasks and Objectives in conjunction when preparing for the exam.

COURSE SYLLABUS
PAS 710: Internal Medicine
Supervised Clinical Practice Experience
Physician Assistant Studies Program

Director:	Ashley VanZant, MSPAS, PA-C
Office:	TSC 208
Phone:	417-873-6981
E-Mail:	avanzant@drury.edu
Office hours:	Will vary for each PA Faculty

Course Prerequisites
Completion of the didactic year of the Drury University Physician Assistant Program.

Course Credits
4 credits

Required Texts and Course Materials
Loscalzo, J., Fauci, A. S., Kasper, D.L., Hauser, S. L., Longo, D. L., & Jameson, J. L. (Eds.). (2022). *Harrison's principles of internal medicine* (21st ed.). McGraw Hill.

Papadakis, M. A., McPhee, S. J., Rabow, M. W., McQuaid, K. R., & Gandhi, M. (Eds.). (2024). *Current medical diagnosis and treatment* (63rd ed.). McGraw Hill.

*All required readings by preceptor.

Course Description
The five-week internal medicine supervised clinical practice experience is designed to give students the opportunity to evaluate, diagnose, and manage adult and elderly patients in an inpatient clinical setting. Students will have the opportunity to perform complete and problem-focused medical histories, perform complete and problem-focused physical examinations, and develop and implement care management plans for medical conditions seen in an internal medicine setting. Students are expected to spend a minimum of 36-hours per week providing patient care at the clinical rotation site.

Course Goals
1. To give each student the opportunity to provide hands-on medical care in a supervised inpatient internal medicine care setting.
2. To recognize diagnoses seen in adult and elderly patients in the inpatient internal medicine setting.
3. To apply best-practice medical knowledge and principles to the diagnosis and management of medical conditions seen in the inpatient internal medicine discipline.

Student Learning Outcomes

Course Student Learning Outcomes (SLOs)		
Learning Outcome	Upon successful completion of the Internal Medicine SCPE rotation, the clinical year PA student will achieve the following LO and Sub-LOs:	Assessment Tool	Competency Domains

SLO 1	Acute	Student Evaluation by Preceptor (SEP)	a. Clinical and Technical Skills (CTS), Medical Knowledge (MK)
	a. Perform a patient-centered admission H&P on an adult hospital patient and accurately document the admission note and orders.		b. MK, Clinical reasoning and problem-solving (CRPS), CTS
	b. Appropriately order and manage oxygen therapy for an adult inpatient.	Mid-Rotation Performance evaluation of the student (MPES)	c. MK, CRPS
	c. For an adult patient in the hospital setting, recommend the appropriate intravenous fluid and electrolyte management.		d. CTS, MK, Interpersonal communication skills (ICS)
	d. Perform appropriate documentation of a hospital discharge summary and plan and educate the patient regarding discharge instructions.		e. CTS, MK
	e. Professionally calculate and manage the intravenous medication of an adult hospital patient.		
SLO 2	Chronic	SEP MPES	a. MK, CTS, CRPS
	a. Appropriately round on adult patient daily by assessing vital signs, laboratory and diagnostic test results, patient status and disposition, and accurately document findings in a progress note.		b. MK, CRPS
	b. Monitor an adult inpatient with chronic diabetes mellitus and develop a patient-centered management plan to include glucose monitoring and medication management.		c. MK, CTS, CRPS, ICS
	c. In an adult hospitalized patient with existing COPD, recommend appropriate continued management and document plan of care.		d. Professional behaviors (PB), MK, CRPS
	d. Professionally monitor and correctly adjust medication of an adult patient on chronic anticoagulation therapy.		e. MK, CTS, CRPS, ICS
	e. Evaluate and manage a patient with existing CHF, order appropriate labs, adjust medication as warranted, and make appropriate patient-centered care management recommendations.		
SLO 3	Elderly	SEP	a. MK, CRPS

	a. Appropriately dose the medication of an elderly patient, considering age-related dose-adjustment guidelines. b. Assess an elderly patient for polypharmacy and consider if medication adjustment is indicated. c. Screen an elderly patient for fall risk and provide appropriate patient-centered education regarding fall prevention. d. Professionally screen an elderly patient for elder abuse. e. Educate an elderly patient on the importance of an advanced health care directive under the guidance of the supervising provider.	MPES	b. CTS, CRPS c. ICS, MK d. PB, ICS, MK e. ICS, MK
SLO 4	Professionally write a SOAP note for a patient in the inpatient internal medicine setting.	SOAP Note MPES PES	MK, CTS, CRPS, ICS
SLO 5	Demonstrate medical knowledge of Internal Medicine by completing PAEA Internal Medicine End of Rotation exam, which covers the content listed in this syllabus and the End of Rotation Exam Blueprint & Topic list.	End of Rotation Exam (EORE)	MK CTS CRPS
SLO 6	Demonstrate professional behaviors throughout the Internal Medicine rotation including: a) interprofessional teamwork, b) interpersonal skills and communication c) professionalism.	PES MPES	PB ICS
SLO 7	Demonstrate professional conduct, as documented in the PA Program Student Handbook, and complete course administrative responsibilities as outlined in the Internal Medicine syllabus.	Student Professional Behavior Evaluation (SPB)	PB ICS

{Program Competencies: Medical Knowledge (MK), Interpersonal communication skills (ICS), Clinical and technical skills (CTS), Professional behaviors (PB), Clinical reasoning and problem-solving (CRPS)}

Instructional Objectives
*All ( ) denotes corresponding course learning outcome
1. Elicit a **complete medical history** for patients seen in the inpatient internal medicine setting using information from the patient, medical record, outpatient evaluations, family members (as appropriate), and referring physician. (1a, 6b)
2. Perform a **complete physical examination** for inpatient internal medicine patients and differentiate between normal and abnormal findings. (1a)
3. Formulate a **differential diagnosis** based on the patient's history, physical exam findings, and results from pertinent diagnostic studies for hospitalized internal medicine patients. (1a)

4. Distinguish how to **order and interpret** appropriate diagnostic tests, procedures, and lab work as indicated during admission and throughout the hospital stay. (1b, 2a, e)
5. Discern how to **order and manage** therapeutic treatments including oxygen and IV fluids for internal medicine patients. (1b, c)
6. Evaluate, interpret, and document vital signs, laboratory and diagnostic test results, and patient status during daily rounding of hospitalized internal medicine patients. (2a, 4)
7. Formulate and present an accurate, concise oral case presentation to the internal medicine preceptor to include the following: (1a, c, 2a-c, e, 6a, b)
   a. History and physical exam findings
   b. Results of applicable diagnostic studies
   c. Pertinent changes in patient status
   d. Assessment
   e. Proposed plan for further testing, treatment, and evaluation
8. Differentiate between various types of anticoagulation therapies including their indications, contraindications, and recommendations for appropriate monitoring and adjustment for inpatients on chronic anticoagulation therapy. (2d)
9. Formulate patient-centered **clinical intervention plans** for patients hospitalized with exacerbations of existing chronic conditions seen in internal medicine. (2b-e)
10. Evaluate a hospitalized elderly patient for potential elder abuse. (3d)
11. Interpret how to correctly adjust **medications** for inpatient elderly patients. (3a)
12. Compare and contrast **medications** used in the inpatient internal medicine setting including dosage, indications, contraindications, interactions, and potential side effects. (1e, 2b, d, e, 3a, b)
13. Distinguish between the different types of medications needing monitoring and testing in internal medicine including anti-coagulants, thyroid, and anti-seizure. (2b-e)
14. Interpret how to assess an elderly patient for polypharmacy including patient education on side effects and interactions of medications and discontinue medications as appropriate. (3b)
15. Analyze how to evaluate an elderly patient seen in the inpatient internal medicine setting for fall risks, hearing impairment, and manage the conditions. (3c)
16. Differentiate between ADLs and IADLs when assessing an elderly internal medicine patient. (3c)
17. Analyze the various roles of members of the inpatient internal medicine **health care team** and effectively participate in **interprofessional collaboration** and coordination of patient care. (1d, 6a, b)
18. Summarize various **legal and ethical principles** to consider in caring for hospitalized internal medicine patients. (3d, e)
19. Analyze the importance of providing elderly patients with **education and counseling** on advance directives, including supplying resources to aid in completion of forms if needed, for patients seen in the inpatient internal medicine setting. (3e)
20. Discern and employ empathetic, **culturally sensitive interpersonal communication** skills that result in an accurate and effective exchange of information with hospitalized patients and their families. (1d, 3e, 6b, c)
21. Formulate a patient-centered discharge plan, anticipating and arranging for discharge medication prescriptions, **referral** for home therapy, other outpatient services, home and self-care instructions, and follow-up care plans. (1d)
22. Formulate a transition of care plan and coordinate communication with the patient's primary care provider and any specialty care providers upon hospital discharge. (1d, 6a, b)
23. Analyze the importance of providing detailed **patient education** upon discharge from the hospital to include medications, referral information, potential complications, and follow up care plans. (1d, 3c, e)

24. Discern the importance of clear, accurate, concise **written documentation** for patients seen in the inpatient internal medicine setting including admission notes, progress notes, and discharge summaries. (1a, d, 2a, c, 4)
25. Analyze the importance of **professionalism** in the inpatient internal medicine setting and demonstrate this type of behavior throughout the clinical rotation. (1a, e, 2d, 3d, 6c)
26. **Evaluate** medical literature and current practice guidelines and apply the principles of **evidence-based medicine** to the care of hospitalized internal medicine patients. (1b, c, e, 3b, c, e)
27. Synthesize anatomy, physiology, and pathophysiology principles along with medical and pharmacologic knowledge, and critical thinking skills to select an appropriate single best answer for a clinical vignette based EOR multiple choice question. (1a-e, 2a-e, 3a-e, 5)
    a. Create a self-study plan to prepare for the EOR based on the exam content outlined in Appendix A.
    b. Utilize course textbooks, resources, outcomes, and objectives to support direct patient care activities and self-study plans.
    c. Analyze areas of strength and improvement feedback to inform and focus future study efforts.
    d. Engage in key Internal Medicine topic discussions with the preceptor to enhance the acquisition of medical knowledge necessary for patient care and exam success.

Course Learning
Course learning will be achieved through a variety of methods including:
- Observation and participation at the clinical site,
- Independent reading,
- Lecture materials from the didactic phase,
- Participation in online activities developed to guide learning, and
- Supplemental learning materials as requested by preceptor.

Method of Evaluation
Student Evaluation by Preceptor (Mid-Rotation SEP): (0%)- SLO 1-4, 6
Formative evaluation at the mid-point of the SCPE completed by the preceptor regarding student performance. The designated score does not contribute to the final course grade. This evaluation is the same as the End-of-Rotation Preceptor Evaluation and addresses the learning outcomes SLO 1-4, 6. Any item rated 2 or below is reviewed by the DCE to determine if a deficiency exists and to help students identify areas of weakness so they may develop a plan for improvement with their preceptor. There is no remediation for the Mid-Rotation Evaluation.

Student Evaluation by Preceptor (End-of-Rotation SEP): (40%) – SLO 1-4, 6
The student's clinical preceptor will submit an End-of-Rotation (EOR) Evaluation for the SCPE. The preceptor evaluation addresses learning outcomes 1-4, 6 and its components at the end of the rotation using the End of Rotation Evaluation Rubric. Learning outcomes may have several components within them, all components must be completed to successfully achieve each learning outcome. Deficiencies in successfully achieving the learning outcomes or their components must be remediated in alignment with the program's Remediation Policy in the PA Program Student Handbook. NOTE: Regardless of the overall evaluation grade, any learning outcome, component, or professionalism evaluation that receives a 2 or below will be reviewed by the Director of Clinical Education (DCE). If a deficiency is found, the DCE may address it through remediation or refer the student to the Student Progress Committee (SPC) at their discretion.

Egregious professionalism violations are not eligible for remediation and result directly in a failure of the course and evaluation of the student's professional behavior by the program's SPC. Actions by this committee relate to lapses in professional behavior and may include recommendations of remediation, deceleration, or dismissal from the program. For further information on maintaining professionalism, please see the Student Handbook.

Written Exam: (40%) – SLO 5
Students will complete a standardized, 120-question multiple choice examination created by the Physician Assistant Education Association (PAEA) and based on the National Committee on Certification of Physician Assistants (NCCPA) blueprint for the Physician Assistant National Certification Exam (PANCE). Assess student medical knowledge of Internal Medicine conditions and PAEA Core Tasks and Objectives. The EOR exam will be administered electronically in a timed setting. Refer to the Clinical Year Handbook to review Drury PA Program's grading practices of the EOR exam.

SOAP Note Documentation: (10%) -SLO 4
Students are required to submit one SOAP note from a patient encounter to the course director at the end of the SCPE. This needs to be completed and submitted by 8 AM on the first return to campus day. See the late work policy regarding the accepting and grading of late work. The SOAP note should contain no patient identifiers per HIPAA laws.

Student Professional Behavior and Administrative Tasks Evaluation (SPB): (10%)- SLO 7
Learners will show proficiency in maintaining professional conduct and fulfilling administrative responsibilities. Administrative responsibilities include the timely and accurate completion of all forms, clinical and technical skills log, student evaluation of the clinical site, student evaluation of preceptor, patient case logging, hours logging, and student self-evaluations. Learners will also be evaluated on compliance with DUPA Program professionalism policies and communication. This is to ensure that learners in the DUPA program develop the necessary skills and attitudes required for successful clinical practice while meeting administrative expectations. Students will be given credit or no credit for administrative requirements. To gain credit all requirements must be complete and they constitute 10% of the course grade.
The faculty instructor of record completes this evaluation at the end of the clinical rotation using a standardized rubric to assess whether student professional behaviors aligned with the program's PA Professionalism Policy located in the PA Program Student Handbook and timely completion of required course administrative responsibilities. NOTE: Regardless of the overall Professional Behavioral Evaluation grade, any category receiving a score of '0 (zero) points' is reviewed by the DCE. If a deficiency is found, the DCE may address it through remediation or refer the student to the SPC at their discretion.
Required course administrative responsibilities:
- Professional conduct: compliance with the program's PA Professionalism Policy located in the PA Program Student Handbook.
- Pre-Rotation onboarding Requirements: Students must complete all onboarding requirements prior to the start of the SCPE. Instructions for completion and due dates are provided to the student by the Clinical administrative team and clinical site prior to the rotation.
- Patient Case and Procedure Logging: Students must log all patient encounters seen and procedures performed in the Clinical Learning Management System to ensure they have had appropriate exposure to patient populations. Patient logs should be submitted, at a minimum, weekly. Failure to submit patient encounters by the completion of each clinical rotation will

result in an incomplete (zero points) for administrative requirements and will be reviewed by the DCE for remediation or referral to SPC. To progress past the clinical year all minimum amounts of clinical procedure skills must be logged and confirmed by a preceptor per the Clinical Year Handbook.

- Clinical Hours Logging: Students must log all time spent in direct patient care and other onsite SCPE learning activities in the Clinical Learning Management System. Hours need to be monitored and submitted weekly by the student to make sure the minimum amount of hours will be met without going over 80 hours per week.
- Student Evaluation of Clinical Site and Preceptor: An evaluation of the clinical rotation and preceptor at the end of the rotation. This evaluates the effectiveness of the clinical curriculum, preceptors, and clinical sites in enabling the student to meet all components of course learning outcomes.
- Student self-evaluation: Formative evaluation at the middle and end of the SCPE completed by the student regarding their own performance and achievement of learning outcomes 1-6. This does not contribute to their final grade in the course.
- Professionalism will be graded on the following areas: interprofessional teamwork, interpersonal skills and communication, and professionalism. The professionalism grade is included in the End-of-rotation student evaluation by the preceptor along with the student professional behavior and administrative tasks rubric. The SPB rubric below will be completed by the course director of the rotation. The *Student Handbook* contains a complete outline of all expectations for each professionalism criteria including a grading rubric.

Professionalism Requirements	Meets Expectations	Needs Improvement	Unacceptable
Compliance and communication with DUPA Program	3 points	2 points	0 points

Administrative Requirements	Complete	Incomplete
• Pre-rotation onboarding requirements • Patient case logging • Hours logging • Clinical Procedure Skills log • Student self-evaluation mid-rotation • Student self-evaluation end-of-rotation • Student Evaluation of clinical site and preceptor	7 points	0 points

Course Assessment and Grading

To receive a passing grade, students must achieve a score of 75% or above.

Assessment	Percent of Final Grade
SOAP Note	10%
Preceptor End of Rotation Evaluation	40%
Multiple Choice End of Rotation Exam	40%
Professionalism/Administrative Tasks	10%

Grading Rubric

Grading Scale (%)	
90-100	Satisfactory
80 - 89	Satisfactory
75-79	Satisfactory
<75	Unsatisfactory

Mid-rotation Evaluation, *End of Rotation Evaluation*, and *Student Evaluation of Preceptor/Site* forms are included in the *Student Clinical Handbook*.

**Grade challenges must be submitted in writing within one week of grade distribution.

Students scoring < 75% on the internal medicine supervised clinical practice experience will require remediation. Students will be required to meet with the course director to develop a remediation plan.

Note: For further information regarding academic standing in the Drury University Physician Assistant Program, please refer to the *Student Handbook.*

Grade Dissemination

Graded materials in this course will be returned individually. Students may access their scores at any time using "Grades" in **Canvas.** Please note that scores returned mid-semester are unofficial grades.

Course Policies:

Grades

Late Work: Late work will not be accepted unless prior arrangements have been made or an unforeseen emergency arises preventing the student from completing their work. Any papers turned in late will be assessed one letter grade per day. Essays **will not** be accepted if overdue by three days.

Extra Credit: There will be no opportunities for extra credit in this course.

Incomplete Grade: The current university policy concerning incomplete grades will be followed. An "I" grade (incomplete) is assigned at the discretion of the faculty member, and only if illness or other unavoidable causes prevent the student from completing the course. The student must work with the faculty member to determine what must be done to remove the "I" grade. Coursework must be completed and the "I" grade replaced with a final grade by the end of the first week of the regular semester (fall, spring, or summer) immediately following the semester in which the incomplete was assigned. Graduating students receiving an incomplete in their final semester must complete the coursework and have a final grade assigned within two weeks following the end of that same semester. The faculty member granting the incomplete, or the department chair in his or her absence, is required to report to the registrar a grade for the permanent record by the end of the period indicated. A grad of "I" not removed within the time period allowed, will automatically be changed to an "F."

A request for extension to move the deadline for replacement of an incomplete to a final grade to the end of the current semester, may be requested by the faculty member who assigned the incomplete. No more than two extensions (two semesters) will be granted for an incomplete. Until the grade has

been formally recorded, the course will not be considered as hours attempted and thus will not be a part of the cumulative GPA.

Remediation: Please refer to the Drury University Physician Assistant Program *Student Handbook* for details on exam and course remediation plans.

Grade Appeal: Grade appeals are to only be utilized for final course grades. Students are entitled to a reasonable explanation of their performance in relation to the standards of the course. Students are also entitled to (1) a review of their grade by a responsible group of faculty members in cases where the student can establish a reasonable doubt that the grade was awarded fairly and (2) a reconsideration of the grade where prejudice or capriciousness is established. Please see page 42 of the *College of Graduate Studies Catalog* (GSC) for the steps to make a grade appeal.

University Honor Code

All students, faculty, and staff of Drury University are expected to know and abide by the Drury University Honor Code. This code applies to all members of the Drury Community regardless of location, as they are representatives of the University and the Drury Experience.

> *"As a member of the Drury University community, I vow to treat others with respect. I will not violate others' rights to learn and thrive in a safe, respectful environment, and by extension, I will not bully or intimidate others. Honesty will guide my every action. I will not condone any behavior compromising the Drury Honor Code."*

Academic Honesty

When completing course work, students may not use unauthorized aid or represent others' original work as their own. Instances of academic dishonesty will result in a failing grade for the assignment in question and notification of the Office of Academic Affairs but if the magnitude of the infraction merits it, the professor reserves the right to impose a more severe penalty, including failure of the course. Repeated instances of academic dishonesty will result in failure of the course and can lead to expulsion from the university. All students should be familiar with the university's Academic Integrity policies as published in the Drury University Academic Catalog (http://www.drury.edu/catalogs/).

This course may require electronic submission of assignments through the originality assessment service Turnitin which allows students to monitor their results. Submissions may also be subjected to review using other tools such as GPTZero.

You may not use generative AI tools on assignments in this course, unless the assignment specifically allows it. Well-known examples of such tools include but are not limited to ChatGPT and Claude for text, and DALL•E and Midjourney for images. This policy governs all such tools, including those released during this semester.

Be aware that generative AI tools are typically trained on limited datasets and sometimes provide inaccurate information. They have also been shown to reinforce stereotypes and generalizations, the opposite of our emphasis on critical thinking.

Academic honesty is extremely important for maintaining the integrity of our program. In keeping with the University Honor and Conduct Codes, as well as the standards of the PA profession, violations of academic honesty standards are considered serious breaches of professionalism. As future healthcare providers, your conduct and display of integrity is of paramount importance. Remain vigilant, in yourself and in classmates, against all forms of academic dishonesty in this course and in the program. Examples include, but are not limited to:

8. Copying on an examination, assignment or other work to be evaluated.

9. Making copies or generating facsimiles of exam questions or assignments for any purpose
10. Inappropriate collaboration on individual assignments.
11. The use of "cheat sheets," etc.
12. Buying/selling examinations, term papers, etc. or giving any assessment-related information or assignments to subsequent classes.
13. Use of "ringers": having another student take an examination; having another student write a term paper or assignment for which the student will receive credit.
14. Submitting work for which credit has already been received in another course without the express consent of the instructor.

Technology and Media
Email: Any communication outside of the classroom will be communicated through your university email account.

Canvas: This course will be offered via Drury University's learning management system (LMS), Canvas. If you need assistance, please either log into Canvas and Chat with Canvas Support or call 417-413-5865.

Prohibited Electronic Device Usage During Clinical Rotations: Professional behavior during clinical rotations is expected at all times. This includes refraining from use of personal electronic devices such as mobile phones, iPads, laptops, etc. during clinical hours if it is not required for completing your clinical duties. These devices should only be used during personal time.

If you need technical support, please contact any of the following resources:

- **Help desk**: 417-873-7300
- helpdeskticket@drury.edu
- **Tech Services website:** https://www.drury.edu/tech-services/

Technical support hours are Monday – Friday 8 am to 5 pm.

Student Expectations
Disability Access: Drury University makes every effort to provide inclusive learning environments for students. Therefore, if you experience a barrier to learning in this course, please contact the instructor as soon as possible to discuss how best to meet course objectives and your learning needs. If you have a documented disability requiring specific accommodations, contact Tara Friga, Director of Accessibility and Disability Services, at disability@drury.edu, 417-873-7267, in OEC 142.
If you are concerned you have a disability-related condition that is impacting your academic progress and have not yet established disability-related accommodations, contact Tara Friga, Director of Accessibility and Disability Services, disability@drury.edu, 417-873-7267, in OEC 142

Mental Health Support
Drury University has partnered with Burrell Behavioral Health to expand mental health services offered in our Drury Counseling Center for our Day School students. The Drury Counseling Center is located in the lower level of the Findlay Student Center. Students can be seen on a walk-in basis or via referral. Students now have access to a behavioral health consultant, sports psychology, and therapy sessions, in addition to on-campus Burrell mental health counselors. Students can also quickly and easily gain access to other services offered by Burrell Behavioral Health, including diagnostic testing services, psychiatry,

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and specialized mental health services. Should a student be referred for specialized mental health services, they will receive five free sessions via the Drury Student Assistance Program (SAP). For more information, questions, or to make an appointment, please contact Andrea Bench, MS, LPC at abench003@drury.edu; Ty Thornton, MS, LPC at tthornton003@drury.edu or David Johnson, PLPC at djohnson036@drury.edu.

Attendance: Due to the intense rigor and rapid pace of the program, attendance for all classes and curriculum related activities is mandatory. Students are expected to be on time for clinical rotations and should plan their schedules accordingly. Medical and personal appointments should be scheduled on evenings or weekends, as much as possible.

Requests for **excused absences** must be submitted to the director of clinical education using the Program's *Absence Request* form prior to the absence. All absences due to illness, accident, or other unexpected personal or family events must be reported via e-mail or telephone to the director of clinical education, program administrator, and clinical preceptor as soon as the student is aware that he/she may miss rotation time. All other absences that are not pre-approved by the director of clinical rotation will be considered **unexcused**.

An obligation for a professional organization responsibility may be considered for an excused absence. Requests for social events (early start to vacation, family reunion, etc.) will not be granted. Only urgent medical or emergent absences will be excused on exam days. For any absences where students will miss a written test or practical examination, students must follow the policy as detailed under "Assessment Policies." Unexcused absences, repeated absences, or repeated tardiness may be considered unprofessional behavior and can be grounds for disciplinary action.

Drury University Library

The Drury University Library is open from 7:45 am to 12 am daily and is available to help with research in any subject. Need help developing a research question? Finding and evaluating information? Citing sources? Ask! You can contact library services at the following:

- **Library hotline: 417-873-7483** if you have an **emergent need** from the library
- **Library email:** Holli Henslee at hhenslee@drury.edu.
- Difficulty accessing a library database, and it is the weekend, contact the circulation desk at 417-873-7338.

Course Evaluations
All students are expected to complete course evaluations in the week preceding final exams. These evaluations, which are delivered online, are an important part of Drury University's assessment program. Your cooperation in completing them is greatly appreciated. As the end of the semester or academic session draws near, you will receive information from the Office of Institutional Research and Assessment about how to complete the online evaluations.

IMPORTANT NOTE: All communications from the Office of Institutional Research and Assessment will be sent to your Drury University e-mail account. Please be sure to check and maintain your account regularly. **If you do not receive an email prior to the week of exams, please notify the PA office so we may correct the problem.**

Abbreviation Correspondence Key:
SLO: student learning outcomes
SCPE: supervised clinical practice experience
SEP: student evaluation by preceptor
EOR: End of rotation
MK: Medical Knowledge
ICS: Interpersonal communication skills
CTS: Clinical and technical skills
PB: Professional behaviors
CRPS: Clinical reasoning and problem-solving
SPC: Student progress committee
PAEA: Physician Assistant Education Association
NCCPA: National Committee on Certification of Physician Assistants
SPB: Student Professional Behavior
DUPA: Drury University Physician Assistant
DCE: Director of Clinical Education

PAEA INTERNAL MEDICINE END OF ROTATION BLUEPRINT & TOPIC LIST:

PAEA Internal Medicine End of Rotation™ Exam Blueprint

Internal Medicine 100-Question Exam		History & Physical	Diagnostic Studies	Diagnosis	Health Maintenance	Clinical Intervention	Clinical Therapeutics	Scientific Concepts	Totals
		(15%)	(10%)	(25%)	(10%)	(10%)	(20%)	(10%)	(100%)
Cardiovascular	(20%)	3	2	5	2	2	4	2	20
Pulmonology	(15%)	2	1	4	2	2	3	1	15
Gastrointestinal/nutritional	(12%)	2	1	3	1	2	2	1	12
Orthopedics/rheumatology	(12%)	2	1	3	1	2	2	1	12
Endocrinology	(8%)	1	1	2	1	0	2	1	8
Neurology	(8%)	1	1	2	1	0	2	1	8
Urology/renal	(8%)	1	1	2	0	1	2	1	8
Critical care	(7%)	1	1	2	0	1	1	1	7
Hematology	(5%)	1	1	1	1	0	1	0	5
Infectious diseases	(5%)	1	0	1	1	0	1	1	5
Totals:	(100%)	15	10	25	10	10	20	10	**100**

**Updates include style and spacing changes and organization in content area size order. No distribution changes were made.

Internal Medicine End of Rotation™
EXAM TOPIC LIST

CARDIOVASCULAR

Angina pectoris
Cardiac arrhythmias/conduction disorders
Cardiomyopathy
Congestive heart failure
Coronary vascular disease
Endocarditis
Heart murmurs
Hyperlipidemia
Hypertension

Myocardial infarction
Myocarditis
Pericarditis
Peripheral vascular disease
Rheumatic fever
Rheumatic heart disease
Valvular heart disease
Vascular disease

PULMONOLOGY

Acute/chronic bronchitis
Asthma
Bronchiectasis
Carcinoid tumor
Chronic obstructive pulmonary disease
Cor pulmonale
Hypoventilation syndrome
Idiopathic pulmonary fibrosis

Pneumoconiosis
Pneumonia (viral, bacterial, fungal, human immunodeficiency virus-related)
Pulmonary hypertension
Pulmonary neoplasm
Sarcoidosis
Solitary pulmonary nodule

GASTROINTESTINAL/NUTRITIONAL

Acute and chronic hepatitis
Acute/chronic pancreatitis
Anal fissure/fistula
Cancer of rectum, colon, esophagus, stomach
Celiac disease
Cholangitis
Cholecystitis
Cholelithiasis
Cirrhosis
Crohn disease
Diverticular disease
Esophageal strictures

Esophageal varices
Esophagitis
Gastritis
Gastroenteritis
Gastroesophageal reflux disease
Hemorrhoid
Hepatic cancer
Hiatal hernia
Irritable bowel syndrome
Mallory-Weiss tear
Peptic ulcer disease
Ulcerative colitis

ORTHOPEDICS/RHEUMATOLOGY

Fibromyalgia
Gout/pseudogout
Polyarteritis nodosa
Polymyalgia rheumatica
Polymyositis

Reactive arthritis
Rheumatoid arthritis
Sjögren syndrome
Systemic lupus erythematosus
Systemic sclerosis (scleroderma)

ENDOCRINOLOGY

Acromegaly
Addison's disease
Cushing disease
Diabetes insipidus
Diabetes mellitus (type I & type II)
Hypercalcemia
Hypernatremia
Hyperparathyroidism
Hyperthyroidism/thyroiditis

Hypocalcemia
Hyponatremia
Hypoparathyroidism
Hypothyroidism
Paget disease of the bone
Pheochromocytoma
Pituitary adenoma
Thyroid cancer

NEUROLOGY

Bell palsy
Cerebral aneurysm

Huntington disease
Intracranial tumors

Cerebral vascular accident

Cluster headaches

Coma

Complex regional pain syndrome

Concussion

Delirium

Dementia

Encephalitis

Essential tremor

Giant cell arteritis

Guillain-Barré syndrome

Meningitis

Migraine headaches

Multiple sclerosis

Myasthenia gravis

Parkinson disease

Peripheral neuropathies

Seizure disorders

Syncope

Tension headaches

Transient ischemic attacks

UROLOGY/RENAL

Acid base disturbances

Acute and chronic renal failure

Acute interstitial nephritis

Benign prostatic hyperplasia

Bladder cancer

Epididymitis

Erectile dysfunction

Glomerulonephritis

Hydrocele

Hydronephrosis

Hypervolemia

Hypovolemia

Nephritic syndrome

Nephritis

Polycystic kidney disease

Prostate cancer

Prostatitis

Pyelonephritis

Renal calculi

Renal cell carcinoma

Renal vascular disease

Testicular torsion

Urinary tract infection

Varicocele

CRITICAL CARE

Acute abdomen
Acute adrenal insufficiency
Acute gastrointestinal bleed
Acute glaucoma
Acute respiratory distress/failure
Angina pectoris
Cardiac arrest
Cardiac arrhythmias and blocks
Cardiac failure
Cardiac tamponade
Coma

Diabetic ketoacidosis/acute hypoglycemia
Hypertensive crisis
Myocardial infarction
Pericardial effusion
Pneumothorax
Pulmonary embolism
Seizures
Shock
Status epilepticus
Thyroid storm

HEMATOLOGY

Acute/chronic leukemia
Anemia of chronic disease
Clotting factor disorders G6PD
deficiency anemia
Hypercoagulable state
Idiopathic thrombocytopenic purpura
Iron deficiency anemia

Lymphoma
Multiple myeloma
Sickle cell anemia
Thalassemia
Thrombotic thrombocytopenic purpura
Vitamin B12 and folic acid deficiency anemia

PAEA

INFECTIOUS DISEASE

Botulism	Lyme disease
Candidiasis	Parasitic infections
Chlamydia	Pertussis
Cholera	Pneumocystis
Cryptococcus	Rabies
Cytomegalovirus	Rocky Mountain spotted fever
Diphtheria	Salmonellosis
Epstein-Barr infection	Shigellosis
Gonococcal infections	Syphilis
Herpes simplex infection	Tetanus
Histoplasmosis	Toxoplasmosis
Human immunodeficiency virus infection	Tuberculosis
Influenza	Varicella zoster

**Updates include style and spacing changes, organization in content area size order, and renaming the Urology/renal topic "benign prostatic hypertrophy" to the more current "benign prostatic hyperplasia."

DISCLAIMER

The End of Rotation Topic Lists, Blueprints, and Core Tasks and Objectives are resources used by PAEA to guide the development of exam content and construction of exam forms. Questions on the exam are considered only a sample of all that might be included for the clinical experience, they are not intended to be all-inclusive, and may not reflect all content identified in the Topic Lists.

These resources will be useful to faculty when determining which other supervised clinical education experience objectives may require additional assessment tools. These resources may also be useful to students when studying for the exam; however the Topic Lists are not a comprehensive list of all the exam question topics. PAEA's goal is not to provide a list of all the topics that might be on the exams, but rather to provide students with a resource when preparing for the exams. PAEA recommends that students review the Topic List, Blueprint, and Core Tasks and Objectives in conjunction when preparing for the exam.

<div align="center">

COURSE SYLLABUS
PAS 715: Pediatrics
Supervised Clinical Practice Experience
Physician Assistant Studies Program

</div>

Director:	Ashley VanZant, MSPAS, PA-C
Office:	TSC 208
Phone:	417-873-6981
E-Mail:	avanzant@drury.edu
Office hours:	Will vary for each PA Faculty

Course Prerequisites
Completion of the didactic year of the Drury University Physician Assistant Program.

Course Credits
4 credits

Required Texts and Course Materials
Bunik, M., Hay, W. W., Levin, M. J., & Abzug, M. J. (2022). *Current diagnosis & treatment: Pediatrics* (26th ed.). McGraw Hill.

Loscalzo, J., Fauci, A. S., Kasper, D.L., Hauser, S. L., Longo, D. L., & Jameson, J. L. (Eds.). (2022). *Harrison's principles of internal medicine* (21st ed.). McGraw Hill.

Papadakis, M. A., McPhee, S. J., Rabow, M. W., McQuaid, K. R., & Gandhi, M. (Eds.). (2024*. Current medical diagnosis and treatment* (63rd ed*.*). McGraw Hill.

*All required readings by preceptor.

Course Description
The five-week pediatric supervised clinical practice experience is designed to give students the opportunity to evaluate, diagnose, and manage pediatric patients from birth through age 18 in outpatient clinical settings. Students will have the opportunity to perform well-child screening and preventative examinations, perform problem-focused examinations, and develop and implement care management plans for acute and chronic medical conditions in pediatric patients. Students are expected to spend a minimum of 36 hours per week providing patient care at the clinical rotation site.

Course Goals
- To give each student the opportunity to provide hands-on medical care in a supervised pediatric care setting.
- To recognize acute and chronic diagnoses seen in pediatrics.
- To understand and recommend age-appropriate screening and preventative health care measures for the pediatric patient population.
- To apply best-practice medical knowledge and principles to the diagnosis and management of pediatric medical conditions.

Student Learning Outcomes

Course Student Learning Outcomes (SLOs)			
Learning Outcome	Upon successful completion of the Pediatric Medicine SCPE rotation, the clinical year PA student will achieve the following LO and Sub-LOs:	Assessment Tool	Competency Domains
SLO 1	Infant (birth- age 2) a. Perform a well-child exam on an infant and assess age-appropriate developmental milestones. b. Professionally recommend vaccinations to the parents of an infant according to CDC vaccination schedule. c. Provide the family of an infant with age-appropriate patient-centered anticipatory guidance education. d. Perform an exam on an infant with acute fever, formulate a differential diagnosis, and recommend appropriate diagnostic studies as indicated. e. Correctly calculate the pediatric medication dosages for an infant.	Student Evaluation by Preceptor (SEP) Mid-Rotation Performance evaluation of the student (MPES)	a. Clinical and Technical Skills (CTS), Medical Knowledge (MK b. MK, Professional behaviors (PB), Interpersonal communication skills (ICS) c. MK, ICS d. CTS, MK, Clinical reasoning and problem-solving (CRPS) e. MK, CTS
SLO 2	Child (age 2-12) a. Perform a well-child exam on a child and provide appropriate anticipatory guidance to child and family. b. Professionally plot and interpret age-appropriate growth charts including weight, height, head circumference, and BMI for a child as indicated. c. Elicit a patient-centered history, perform an otoscopic exam, and develop a treatment plan on child presenting with acute ear pain. d. Perform a rapid strep throat swab on a child with acute sore throat, interpret the results, and formulate a management plan. e. In a child presenting with acute diarrhea, obtain a patient-centered history and physical exam, formulate a differential diagnosis, develop a treatment plan including prescribed medication, and provide parental education.	SEP MPES	a. MK, CTS, ICS b. MK, CTS c. CTS, MK, CRPS d. CTS, CRPS, MK e. CTS, MK, CRPS, ICS

	f. In a child with a chronic illness, develop an individualized treatment plan, recommend appropriate monitoring labs and diagnostic studies, provide patient education to the patient and family, and integrate evidence-based practices.		
SLO 3	Adolescent (age 13-18) a. Elicit a patient-centered history, perform a physical examination, and assess for Tanner Staging on an adolescent. b. Screen an adolescent for depression and make recommendations for treatment and management if indicated. c. Recommend appropriate adolescent vaccinations as recommended by CDC vaccination schedule. d. Perform a patient-centered history and physical exam on an adolescent presenting with acute cough, develop differential diagnosis, and recommend appropriate tests and care management plan. e. Professionally screen adolescent for use of tobacco and vaping products and provide appropriate patient education. f. In an adolescent with a chronic illness, develop an individualized treatment plan, recommend appropriate monitoring labs and diagnostic studies, provide patient education to the patient and family, and integrate evidence-based practices.	SEP MPES	a. CTS, MK b. CTS, CRPS, MK c. MK, ICS d. CTS, MK, CRPS e. PB, MK, ICS f. MK, CRPS, ICS
SLO 4	Professionally write a SOAP note for a patient presenting with a pediatric medicine condition.	SOAP Note MPES SEP	MK, CTS, CRPS, ICS
SLO 5	Demonstrate medical knowledge of Pediatric Medicine by completing PAEA Pediatric End of Rotation exam, which covers the content listed in this syllabus and the End of Rotation Exam Blueprint & Topic list.	End of Rotation Exam (EORE)	MK CTS CRPS
SLO 6	Demonstrate professional behaviors throughout the Pediatric Medicine rotation including: a) interprofessional teamwork, b) interpersonal skills and communication c) professionalism.	PES MPES	PB ICS
SLO 7	Demonstrate professional conduct, as documented in	Student	PB

	the PA Program Student Handbook, and complete course administrative responsibilities as outlined in the Pediatric Medicine syllabus.	Professional Behavior Evaluation (SPB)	ICS

{Program Competencies: Medical Knowledge (MK), Interpersonal communication skills (ICS), Clinical and technical skills (CTS), Professional behaviors (PB), Clinical reasoning and problem-solving (CRPS)}

Instructional Objectives
*All ( ) denotes corresponding course learning outcome

1. Perform a problem-focused **history and physical exam** as appropriate for the patient's age and stated reason for the pediatric clinical visit and distinguish between normal and abnormal findings. (1a, d, 2a, c, e, 3a, b, d)
2. Differentiate between acute, emergent, chronic, and preventative reasons for the pediatric patient encounter. (1a, d, 2a, c, d, e, f, 3a, d, f)
3. Discern how to **order and interpret** diagnostic tests, procedures, and lab work as indicated by the clinical presentation of the pediatric patient. (1d, 2d, 3d)
4. Formulate a **differential diagnosis** based on history, physical exam findings, and any pertinent diagnostic test and study results for patients seen in the pediatric clinic. (1d, 2e, 3d)
5. Develop a patient-centered **clinical intervention plan** that is consistent with the working diagnosis and includes any recommended medication, **referral** plans if indicated, follow up care plans, and **patient education** for patients seen in the pediatric department. (1d, e, 2c-f, 3b, d, f)
6. Perform a **wellness examination** on infant, children, and adolescent patients and make age-appropriate **health maintenance and preventative care** recommendations. (1a - c, 2a, b, 3a, c)
7. Distinguish between normal and abnormal pediatric growth parameters. (2b)
8. Discern age-appropriate developmental milestones for infant, child, and adolescent patients. (1a, c, 2a, 3a)
9. Differentiate between normative and abnormal behaviors in infants, children, and adolescents. (1a, 2a, 3a, b), pediatric setting. (2c, d)
10. Analyze the importance of providing patient and family members with age-appropriate patient-centered **anticipatory guidance** including education on injury prevention, CDC immunization schedules, recommended health screenings, and healthy lifestyle recommendations. (1b, c, 2a, 3c)
11. Distinguish **culturally sensitive interpersonal communication** skills that result in an accurate and effective exchange of information with pediatric patients and their families. (1b, c, 2a, e, 3b, e, 6b)
12. Analyze the importance of **professionalism** in the pediatric care setting and demonstrate this type of behavior throughout the clinical rotation. (1b, 2b, 3e, 6c)
13. Analyze the roles of various members of the pediatric **health care team** and effectively participate in **interprofessional collaboration.** (1d, 2e, 3b, 6a)
14. Formulate and deliver an accurate, concise **oral case presentation** to the pediatric preceptor, ensuring clarity and appropriate organization throughout the case presentation. (1d, 2c-e, 3d)
15. Evaluate and interpret medical literature and current practice guidelines and apply the principles of **evidence-based medicine** to the care of pediatric patients. (1b-d, 2a, c - e, 3b-d)
16. Analyze **written documentation** of pediatric clinical encounters to ensure accuracy and clarity of information. (1a, d, 2a-e, 3a, d, 4)
17. Synthesize anatomy, physiology, and pathophysiology principles along with medical and pharmacologic knowledge, and critical thinking skills to select an appropriate single best answer for a clinical vignette based EOR multiple choice question. (1d, e, 2b - f, 3a, b, d, f)

    a. Create a self-study plan to prepare for the EOR based on the exam content outlined in Appendix A.
    b. Utilize course textbooks, resources, outcomes, and objectives to support direct patient care activities and self-study plans.

Analyze areas of strength and improvement feedback to inform and focus future study efforts.
Engage in key Family Medicine topic discussions with the preceptor to enhance the acquisition of medical knowledge necessary for patient care and exam success.

Issues Unique to the Adolescent
2. Summarize the sequence of physical changes associated with puberty (e.g., Tanner scale). (3a)
3. Distinguish various components of **health maintenance** recommendations for an adolescent including personal habits, pubertal development, immunizations, acne, scoliosis, sports participation, and indications for pelvic exam. (3a, c)
4. Distinguish risk-taking behaviors among adolescents including use of alcohol, drugs, tobacco and vaping products, sexual activity, and violence. (3b, e)
5. Summarize the contribution of unintentional injuries, homicide, suicide, and HIV and AIDS to the morbidity and mortality of adolescents. (3b)
6. Discern features of mental health problems seen in adolescence including school failure, attention deficit, body image, eating disorders, depression, and suicide. (3a, b, e, f)
7. Evaluate an adolescent patient for depression and make recommendations to the pediatric preceptor for treatment and management if indicated. (3b)
8. Analyze the importance of providing **counseling** to adolescent patients regarding sexual activity, substance abuse, and personal safety. (3a, b, e)
9. Summarize the characteristics of early, mid, and late adolescence in terms of cognitive and psychosocial development. (3a)
10. Analyze the importance of demonstrating respect for privacy and modesty by maintaining confidentiality, seeking consent, and employing a chaperone when appropriate during an adolescent physical examination. (3a, d)

Issues Unique to the Newborn
1. Distinguish what information from the mother's OB history, labor, and delivery has implications for the health of the newborn and obtain this information from the parents and the medical record. (1a, d)
2. Summarize various challenges parents and families face when adjusting to a new infant in the home. (1c)
3. Analyze the importance of providing families of newborns with appropriate newborn care **guidance and education.** (1c)
4. Discern how gestational age affects risks of morbidity and mortality in the newborn period including lung disease, hypothermia, and glucose homeostasis. (1a)

Acute Pediatric Illnesses
1. Discern how the physical manifestations of disease and the evaluation and management approach may vary with the age of the patient. (1d, 2c-e, 3d)
2. Distinguish various characteristics of the patient and the illness that must be considered when making the decision to manage the pediatric patient in the inpatient versus the outpatient setting. (1d, 2e, 3d)

Chronic Illnesses and Disability
1. Analyze how chronic illness can influence a child and adolescent's growth and development, educational achievement, and psychosocial functioning. (1a, 2a, f, 3a, f)
2. Summarize the impact that a child and adolescent's chronic illness has on the family's emotional, economic, and psychosocial functioning. (1a, 2a, f, 3a, f)
3. Analyze the impact of a pediatric patient's culture on the understanding, reaction to, and management of a chronic illness. (1a, 2a, f, 3a, f)

Therapeutics, Fluid and Electrolyte Management

1. Discern how to assess whether a drug is excreted in breast milk and is safe to use by a breast-feeding mother. (1e)
2. Distinguish medications that are contraindicated (e.g., absolute vs relative) and if used, must be used with extreme caution in specific pediatric populations. (1e)
3. Formulate a **clinical therapeutic plan** that considers the cost, efficacy, possible adverse reactions, contraindications, and drug interactions for medications selected for use during the pediatric rotation and provide appropriate **education** to patient and family. (1e, 2c-e, 3b, d)
4. Distinguish how to appropriately dose medications and fluids for pediatric patients. (1e, 2c-e, 3b, d)
5. Discern conditions in which fluid administration may need to be restricted (such as the syndrome of inappropriate ADH secretion and renal failure) versus increased (e.g., fever, diarrhea) in pediatric patients. (1d, e, 2e)
6. Analyze the importance of providing **education** to parents regarding the proper use of oral rehydration therapy for pediatric patients. (1e, 2e)

Child Abuse and Neglect
1. Summarize the medical, legal, and social implications of suspected abuse and recognize the role of the medical provider in preventing child abuse and family violence through routine assessment of family dynamics, early identification of children at risk, provision of family guidance and education, and cooperation with community services that support families. (1a, c, 2a, b, 3a, b)
2. Discern various signs and symptoms consistent with potential child abuse and neglect and distinguish appropriate medical and legal actions to take if this is suspected. (1a, 2a, b, 3a, b)

Course Learning
Course learning will be achieved through a variety of methods including:
- Observation and participation at the clinical site,
- Independent reading,
- Lecture materials from the didactic phase,
- Participation in online activities developed to guide learning, and
- Supplemental learning materials as requested by preceptor.

Method of Evaluation
Student Evaluation by Preceptor (Mid-Rotation SEP): (0%)- SLO 1-4, 6
Formative evaluation at the mid-point of the SCPE completed by the preceptor regarding student performance. The designated score does not contribute to the final course grade. This evaluation is the same as the End-of-Rotation Preceptor Evaluation and addresses the learning outcomes SLO 1-4, 6. Any item rated 2 or below is reviewed by the DCE to determine if a deficiency exists and to help students identify areas of weakness so they may develop a plan for improvement with their preceptor. There is no remediation for the Mid-Rotation Evaluation.

Student Evaluation by Preceptor (End-of-Rotation SEP): (40%) – SLO 1-4, 6
The student's clinical preceptor will submit an End-of-Rotation (EOR) Evaluation for the SCPE. The preceptor evaluation addresses learning outcomes 1-4, 6 and its components at the end of the rotation using the End of Rotation Evaluation Rubric. Learning outcomes may have several components within them, all components must be completed to successfully achieve each learning outcome. Deficiencies in successfully achieving the learning outcomes or their components must be remediated in alignment with the program's Remediation Policy in the PA Program Student Handbook. NOTE: Regardless of the overall evaluation grade, any learning outcome, component, or professionalism evaluation that receives a 2 or below will be reviewed by the Director of Clinical Education (DCE). If a deficiency is found, the DCE may address it through remediation or refer the student to the Student Progress Committee (SPC) at their

discretion.

Egregious professionalism violations are not eligible for remediation and result directly in a failure of the course and evaluation of the student's professional behavior by the program's SPC. Actions by this committee relate to lapses in professional behavior and may include recommendations of remediation, deceleration, or dismissal from the program. For further information on maintaining professionalism, please see the [Student Handbook](#).

Written Exam: (40%) – SLO 5
Students will complete a standardized, 120-question multiple choice examination created by the Physician Assistant Education Association (PAEA) and based on the National Committee on Certification of Physician Assistants (NCCPA) blueprint for the Physician Assistant National Certification Exam (PANCE). Assess student medical knowledge of Family Medicine conditions and PAEA Core Tasks and Objectives. The EOR exam will be administered electronically in a timed setting. Refer to the Clinical Year Handbook to review Drury PA Program's grading practices of the EOR exam.

SOAP Note Documentation: (10%) -SLO 4
Students are required to submit one SOAP note from a patient encounter to the course director at the end of the SCPE. This needs to be completed and submitted by 8 AM on the first return to campus day. See the late work policy regarding the accepting and grading of late work. The SOAP note should contain no patient identifiers per HIPAA laws.

Student Professional Behavior and Administrative Tasks Evaluation (SPB): (10%)- SLO 7
Learners will show proficiency in maintaining professional conduct and fulfilling administrative responsibilities. Administrative responsibilities include the timely and accurate completion of all forms, clinical and technical skills log, student evaluation of the clinical site, student evaluation of preceptor, patient case logging, hours logging, and student self-evaluations. Learners will also be evaluated on compliance with DUPA Program professionalism policies and communication. This is to ensure that learners in the DUPA program develop the necessary skills and attitudes required for successful clinical practice while meeting administrative expectations. Students will be given credit or no credit for administrative requirements. To gain credit all requirements must be complete and they constitute 10% of the course grade.
The faculty instructor of record completes this evaluation at the end of the clinical rotation using a standardized rubric to assess whether student professional behaviors aligned with the program's PA Professionalism Policy located in the PA Program [Student Handbook](#) and timely completion of required course administrative responsibilities. NOTE: Regardless of the overall Professional Behavioral Evaluation grade, any category receiving a score of '0 (zero) points' is reviewed by the DCE. If a deficiency is found, the DCE may address it through remediation or refer the student to the SPC at their discretion.
Required course administrative responsibilities:
- Professional conduct: compliance with the program's PA Professionalism Policy located in the PA Program [Student Handbook](#).
- Pre-Rotation onboarding Requirements: Students must complete all onboarding requirements prior to the start of the SCPE. Instructions for completion and due dates are provided to the student by the Clinical administrative team and clinical site prior to the rotation.

- Patient Case and Procedure Logging: Students must log all patient encounters seen and procedures performed in the Clinical Learning Management System to ensure they have had appropriate exposure to patient populations. Patient logs should be submitted, at a minimum, weekly. Failure to submit patient encounters by the completion of each clinical rotation will result in an incomplete (zero points) for administrative requirements and will be reviewed by the DCE for remediation or referral to SPC. To progress past the clinical year all minimum amounts of clinical procedure skills must be logged and confirmed by a preceptor per the Clinical Year Handbook.

- Clinical Hours Logging: Students must log all time spent in direct patient care and other onsite SCPE learning activities in the Clinical Learning Management System. Hours need to be monitored and submitted weekly by the student to make sure the minimum amount of hours will be met without going over 80 hours per week.

- Student Evaluation of Clinical Site and Preceptor: An evaluation of the clinical rotation and preceptor at the end of the rotation. This evaluates the effectiveness of the clinical curriculum, preceptors, and clinical sites in enabling the student to meet all components of course learning outcomes.

- Student self-evaluation: Formative evaluation at the middle and end of the SCPE completed by the student regarding their own performance and achievement of learning outcomes 1-6. This does not contribute to their final grade in the course.

- Professionalism will be graded on the following areas: interprofessional teamwork, interpersonal skills and communication, and professionalism. The professionalism grade is included in the End-of-rotation student evaluation by the preceptor along with the student professional behavior and administrative tasks rubric. The SPB rubric below will be completed by the course director of the rotation. The *Student Handbook* contains a complete outline of all expectations for each professionalism criteria including a grading rubric.

Professionalism Requirements	Meets Expectations	Needs Improvement	Unacceptable
Compliance and communication with DUPA Program	3 points	2 points	0 points

Administrative Requirements	Complete	Incomplete
• Pre-rotation onboarding requirements • Patient case logging • Hours logging • Clinical Procedure Skills log • Student self-evaluation mid-rotation • Student self-evaluation end-of-rotation • Student Evaluation of clinical site and preceptor	7 points	0 points

Course Assessment and Grading

To receive a passing grade, students must achieve a score of 75% or above.

Assessment	Percent of Final Grade
SOAP Note	10%
Preceptor End of Rotation Evaluation	40%
Multiple Choice End of Rotation Exam	40%
Professionalism/ Administrative Tasks	10%
	100%

Course Grading Rubric

Grading Scale (%)	
90-100	Satisfactory
80 - 89	Satisfactory
75-79	Satisfactory
<75	Unsatisfactory

Mid-rotation Evaluation, *End of Rotation Evaluation*, and *Student Evaluation of Preceptor/Site* forms are included in the *Student Clinical Handbook*.

**Grade challenges must be submitted in writing within one week of grade distribution.

Students scoring < 75% on the pediatric supervised clinical practice experience will require remediation. Students will be required to meet with the course director to develop a remediation plan.

Note: For further information regarding academic standing in the Drury University Physician Assistant Program, please refer to the *Student Handbook.*

Grade Dissemination
Graded materials in this course will be returned individually. Students may access their scores at any time using "Grades" in **Canvas.** Please note that scores returned mid-semester are unofficial grades.

Course Policies:
Grades
Late Work: Late work will not be accepted unless prior arrangements have been made or an unforeseen emergency arises preventing the student from completing their work. Any papers turned in late will be assessed one letter grade per day. Essays **will not** be accepted if overdue by three days.

Extra Credit: There will be no opportunities for extra credit in this course.

Incomplete Grade: The current university policy concerning incomplete grades will be followed. An "I" grade (incomplete) is assigned at the discretion of the faculty member, and only if illness or other unavoidable causes prevent the student from completing the course. The student must work with the faculty member to determine what must be done to remove the "I" grade. Coursework must be completed and the "I" grade replaced with a final grade by the end of the first week of the regular semester (fall, spring, or summer) immediately following the semester in which the incomplete was assigned. Graduating students receiving an incomplete in their final semester must complete the coursework and have a final grade assigned within two weeks following the end of that same semester. The faculty member granting the incomplete, or the department chair in his or her absence, is required to report to the registrar a grade for the permanent record by the end of the period indicated. A grad of

"I" not removed within the time period allowed, will automatically be changed to an "F."

A request for extension to move the deadline for replacement of an incomplete to a final grade to the end of the current semester, may be requested by the faculty member who assigned the incomplete. No more than two extensions (two semesters) will be granted for an incomplete. Until the grade has been formally recorded, the course will not be considered as hours attempted and thus will not be a part of the cumulative GPA.

Remediation: Please refer to the Drury University Physician Assistant Program *Student Handbook* for details on exam and course remediation plans.

Grade Appeal: Grade appeals are to only be utilized for final course grades. Students are entitled to a reasonable explanation of their performance in relation to the standards of the course. Students are also entitled to (1) a review of their grade by a responsible group of faculty members in cases where the student can establish a reasonable doubt that the grade was awarded fairly and (2) a reconsideration of the grade where prejudice or capriciousness is established. Please see page 42 of the *College of Graduate Studies Catalog* (GSC) for the steps to make a grade appeal.

University Honor Code

All students, faculty, and staff of Drury University are expected to know and abide by the Drury University Honor Code. This code applies to all members of the Drury Community regardless of location, as they are representatives of the University and the Drury Experience.

> *"As a member of the Drury University community, I vow to treat others with respect. I will not violate others' rights to learn and thrive in a safe, respectful environment, and by extension, I will not bully or intimidate others. Honesty will guide my every action. I will not condone any behavior compromising the Drury Honor Code."*

Academic Honesty

When completing course work, students may not use unauthorized aid or represent others' original work as their own. Instances of academic dishonesty will result in a failing grade for the assignment in question and notification of the Office of Academic Affairs but if the magnitude of the infraction merits it, the professor reserves the right to impose a more severe penalty, including failure of the course. Repeated instances of academic dishonesty will result in failure of the course and can lead to expulsion from the university. All students should be familiar with the university's Academic Integrity policies as published in the Drury University Academic Catalog (http://www.drury.edu/catalogs/).

This course may require electronic submission of assignments through the originality assessment service Turnitin which allows students to monitor their results. Submissions may also be subjected to review using other tools such as GPTZero.

You may not use generative AI tools on assignments in this course, unless the assignment specifically allows it. Well-known examples of such tools include but are not limited to ChatGPT and Claude for text, and DALL•E and Midjourney for images. This policy governs all such tools, including those released during this semester.

Be aware that generative AI tools are typically trained on limited datasets and sometimes provide inaccurate information. They have also been shown to reinforce stereotypes and generalizations, the opposite of our emphasis on critical thinking.

Academic honesty is extremely important for maintaining the integrity of our program. In keeping with the University Honor and Conduct Codes, as well as the standards of the PA profession, violations of academic honesty standards are considered serious breaches of professionalism. As future healthcare

providers, your conduct and display of integrity is of paramount importance. Remain vigilant, in yourself and in classmates, against all forms of academic dishonesty in this course and in the program. Examples include, but are not limited to:

15. Copying on an examination, assignment or other work to be evaluated.
16. Making copies or generating facsimiles of exam questions or assignments for any purpose
17. Inappropriate collaboration on individual assignments.
18. The use of "cheat sheets," etc.
19. Buying/selling examinations, term papers, etc. or giving any assessment-related information or assignments to subsequent classes.
20. Use of "ringers": having another student take an examination; having another student write a term paper or assignment for which the student will receive credit.
21. Submitting work for which credit has already been received in another course without the express consent of the instructor.

Technology and Media

Email: Any communication outside of the classroom will be communicated through your university email account.

Canvas: This course will be offered via Drury University's learning management system (LMS), Canvas. If you need assistance, please either log into Canvas and Chat with Canvas Support or call 417-413-5865.

Prohibited Electronic Device Usage During Clinical Rotations: Professional behavior during clinical rotations is expected at all times. This includes refraining from use of personal electronic devices such as mobile phones, iPads, laptops, etc. during clinical hours if it is not required for completing your clinical duties. These devices should only be used during personal time.

If you need technical support, please contact any of the following resources:

- **Help desk**: 417-873-7300
- helpdeskticket@drury.edu
- **Tech Services website:** https://www.drury.edu/tech-services/

Technical support hours are Monday – Friday 8 am to 5 pm.

Student Expectations

Disability Access: Drury University makes every effort to provide inclusive learning environments for students. Therefore, if you experience a barrier to learning in this course, please contact the instructor as soon as possible to discuss how best to meet course objectives and your learning needs. If you have a documented disability requiring specific accommodations, contact Tara Friga, Director of Accessibility and Disability Services, at disability@drury.edu, 417-873-7267, in OEC 142.

If you are concerned you have a disability-related condition that is impacting your academic progress and have not yet established disability-related accommodations, contact Tara Friga, Director of Accessibility and Disability Services, disability@drury.edu, 417-873-7267, in OEC 142

Mental Health Support

Drury University has partnered with Burrell Behavioral Health to expand mental health services offered in our Drury Counseling Center for our Day School students. The Drury Counseling Center is located in

the lower level of the Findlay Student Center. Students can be seen on a walk-in basis or via referral. Students now have access to a behavioral health consultant, sports psychology, and therapy sessions, in addition to on-campus Burrell mental health counselors. Students can also quickly and easily gain access to other services offered by Burrell Behavioral Health, including diagnostic testing services, psychiatry, and specialized mental health services. Should a student be referred for specialized mental health services, they will receive five free sessions via the Drury Student Assistance Program (SAP). For more information, questions, or to make an appointment, please contact Andrea Bench, MS, LPC at abench003@drury.edu; Ty Thornton, MS, LPC at tthornton003@drury.edu or David Johnson, PLPC at djohnson036@drury.edu.

Attendance: Due to the intense rigor and rapid pace of the program, attendance for all classes and curriculum related activities is mandatory. Students are expected to be on time for clinical rotations and should plan their schedules accordingly. Medical and personal appointments should be scheduled on evenings or weekends, as much as possible.

Requests for **excused absences** must be submitted to the director of clinical education using the Program's *Absence Request* form prior to the absence. All absences due to illness, accident, or other unexpected personal or family events must be reported via e-mail or telephone to the director of clinical education, program administrator, and clinical preceptor as soon as the student is aware that he/she may miss rotation time. All other absences that are not pre-approved by the director of clinical rotation will be considered **unexcused**.

An obligation for a professional organization responsibility may be considered for an excused absence. Requests for social events (early start to vacation, family reunion, etc.) will not be granted. Only urgent medical or emergent absences will be excused on exam days. For any absences where students will miss a written test or practical examination, students must follow the policy as detailed under "Assessment Policies." Unexcused absences, repeated absences, or repeated tardiness may be considered unprofessional behavior and can be grounds for disciplinary action.

Drury University Library

The Drury University Library is open from 7:45 am to 12 am daily and is available to help with research in any subject. Need help developing a research question? Finding and evaluating information? Citing sources? Ask! You can contact library services at the following:

- **Library hotline: 417-873-7483** if you have an **emergent need** from the library
- **Library email:** Holli Henslee at hhenslee@drury.edu.
- Difficulty accessing a library database, and it is the weekend, contact the circulation desk at 417-873-7338.

Course Evaluations
All students are expected to complete course evaluations in the week preceding final exams. These evaluations, which are delivered online, are an important part of Drury University's assessment program. Your cooperation in completing them is greatly appreciated. As the end of the semester or academic session draws near, you will receive information from the Office of Institutional Research and Assessment about how to complete the online evaluations.

IMPORTANT NOTE: All communications from the Office of Institutional Research and Assessment will be

sent to your Drury University e-mail account. Please be sure to check and maintain your account regularly. **If you do not receive an email prior to the week of exams, please notify the PA office so we may correct the problem.**

Abbreviation Correspondence Key:

SLO: student learning outcomes
SCPE: supervised clinical practice experience
SEP: student evaluation by preceptor
EOR: End of rotation
MK: Medical Knowledge
ICS: Interpersonal communication skills
CTS: Clinical and technical skills
PB: Professional behaviors
CRPS: Clinical reasoning and problem-solving
SPC: Student progress committee
PAEA: Physician Assistant Education Association
NCCPA: National Committee on Certification of Physician Assistants
SPB: Student Professional Behavior
DUPA: Drury University Physician Assistant
DCE: Director of Clinical Education

PAEA PEDIATRICS END OF ROTATION BLUEPRINT & TOPIC LIST:

Pediatrics End of Rotation™ Exam Blueprint

Pediatrics 100-Question Exam		History & Physical	Diagnostic Studies	Diagnosis	Health Maintenance	Clinical Intervention	Clinical Therapeutics	Scientific Concepts	Totals
		(15%)	(10%)	(25%)	(10%)	(10%)	(20%)	(10%)	(100%)
Dermatology	(15%)	2	1	4	1	2	4	1	15
ENOT/ophthalmology	(15%)	3	1	4	1	2	3	1	15
Infectious diseases	(12%)	2	1	3	1	1	2	2	12
Pulmonology	(12%)	2	1	3	1	1	3	1	12
Cardiovascular	(10%)	1	1	2	1	1	2	2	10
Gastrointestinal/nutritional	(10%)	1	1	3	1	1	2	1	10
Neurology/developmental	(6%)	1	1	1	1	0	1	1	6
Psychiatry/behavioral medicine	(6%)	1	0	1	1	1	1	1	6
Orthopedics/rheumatology	(5%)	1	1	1	1	1	0	0	5
Endocrinology	(3%)	0	1	1	0	0	1	0	3
Hematology	(3%)	0	1	1	1	0	0	0	3
Urology/renal	(3%)	1	0	1	0	0	1	0	3
Totals:	(100%)	15	10	25	10	10	20	10	**100**

**Updates include style and spacing changes and organization in content area size order. No distribution changes were made.

Pediatrics End of Rotation™
EXAM TOPIC LIST

DERMATOLOGY

Acne vulgaris
Androgenetic alopecia
Atopic dermatitis
Burns
Contact dermatitis
Dermatitis (diaper, perioral)
Drug eruptions
Erythema multiforme
Exanthems
Impetigo

Lice
Lichen planus
Pityriasis rosea
Scabies
Stevens-Johnson syndrome
Tinea
Toxic epidermal necrolysis
Urticaria
Verrucae

ENOT/OPHTHALMOLOGY

Acute otitis media
Acute pharyngotonsillitis
Allergic rhinitis
Conjunctivitis
Epiglottitis
Epistaxis
Hearing impairment

Mastoiditis
Oral candidiasis
Orbital cellulitis
Otitis externa
Peritonsillar abscess
Strabismus
Tympanic membrane perforation

INFECTIOUS DISEASE

Atypical mycobacterial disease
Epstein-Barr disease
Erythema infectiosum
Hand-foot-and-mouth disease
Herpes simplex
Influenza
Measles

Mumps
Pertussis
Pinworms
Roseola
Rubella
Varicella infection

PULMONOLOGY

Acute bronchiolitis

Asthma

Croup

Cystic fibrosis

Foreign body

Hyaline membrane disease

Pneumonia (bacterial, viral)

Respiratory syncytial virus

CARDIOVASCULAR

Acute rheumatic fever

Atrial septal defect

Coarctation of the aorta

Hypertrophic cardiomyopathy

Kawasaki disease

Patent ductus arteriosus

Syncope

Tetralogy of Fallot

Ventricular septal defect

GASTROINTESTINAL/NUTRIONAL SYSTEM

Appendicitis

Colic

Constipation

Dehydration

Duodenal atresia

Encopresis

Foreign body

Gastroenteritis

Gastroesophageal reflux disease

Hepatitis

Hirschsprung disease

Inguinal hernia

Intussusception

Jaundice

Lactose intolerance

Niacin deficiencies

Pyloric stenosis

Umbilical hernia

Vitamin A deficiency

Vitamin C deficiency

Vitamin D deficiency

NEUROLOGY/DEVELOPMENTAL

Anticipatory guidance

Down syndrome

Febrile seizure

Immunization guidelines

Meningitis

Normal growth and development

Seizure disorders

Teething

Turner syndrome

PSYCHIATRY/BEHAVIORAL MEDICINE

Anxiety disorders

Attention-deficit/hyperactivity disorder

Autism spectrum disorder

Child abuse and neglect

Disruptive, impulse-control, and conduct disorders

Feeding or eating disorders

Suicide

Depressive disorders

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ORTHOPEDICS/RHEUMATOLOGY

Avascular necrosis of the proximal femur

Congenital hip dysplasia

Juvenile rheumatoid arthritis

Neoplasia of the musculoskeletal system

Nursemaid elbow

Osgood-Schlatter disease

Scoliosis

Slipped capital femoral epiphysis

ENDOCRINOLOGY

Diabetes mellitus

Hypercalcemia

Hyperthyroidism

Hypothyroidism

Obesity

Short stature

HEMATOLOGY

Anemia

Bleeding disorders

Brain tumors

Hemophilia

Lead poisoning

Leukemia

Lymphoma

Neutropenia

UROLOGY/RENAL

Cryptorchidism

Cystitis

Enuresis

Glomerulonephritis

Hydrocele

Hypospadias

Paraphimosis

Phimosis

Testicular torsion

Vesicourethral reflux

**Updates include style and spacing changes and organization in content area size order. No content changes were made.

DISCLAIMER

The End of Rotation Topic Lists, Blueprints, and Core Tasks and Objectives are resources used by PAEA to guide the development of exam content and construction of exam forms. Questions on the exam are considered only a sample of all that might be included for the clinical experience, they are not intended to be all-inclusive, and may not reflect all content identified in the Topic Lists.

These resources will be useful to faculty when determining which other supervised clinical education experience objectives may require additional assessment tools. These resources may also be useful to students when studying for the exam; however the Topic Lists are not a comprehensive list of all the exam question topics. PAEA's goal is not to provide a list of all the topics that might be on the exams, but rather to provide students with a resource when preparing for the exams. PAEA recommends that students review the Topic List, Blueprint, and Core Tasks and Objectives in conjunction when preparing for the exam.

COURSE SYLLABUS
PAS 720: Emergency Medicine
Supervised Clinical Practice Experience
Physician Assistant Studies Program

Director:	Bethany Lemmon, PA-C
Office:	TSC 207
Phone:	417-873-7440
E-Mail:	blemmon002@drury.edu
Office hours:	Will vary for each PA Faculty

Course Prerequisites
Completion of the didactic year of the Drury University Physician Assistant Program.

Course Credits
4 credits

Required Texts and Course Materials
Tintinalli, J. E., Ma, O. J., Yealy, D. M., Meckler, G. D., Stapczynski, J. S., Cline, D. M., & Thomas, S. H. (2020). *Tintinalli's emergency medicine: A comprehensive study guide* (9th ed.). McGraw Hill.

Stone, C. K., & Humphries, R. L. (2017). *Current diagnosis & treatment: Emergency medicine* (8th ed.). McGraw Hill.

Supplemental
Olson, K. R., & Smollin, C. G. (Eds.). (2022). *Poisoning & drug overdose* (8th ed.). McGraw Hill.

Loscalzo, J., Fauci, A. S., Kasper, D.L., Hauser, S. L., Longo, D. L., & Jameson, J. L. (Eds.). (2022). *Harrison's principles of internal medicine* (21st ed.). McGraw Hill.

Papadakis, M. A., McPhee, S. J., Rabow, M. W., McQuaid, K. R., & Gandhi, M. (Eds.). (2024*). Current medical diagnosis and treatment* (63rd ed*.*). McGraw Hill.

*All required readings by preceptor.

Course Description

The five-week emergency medicine supervised clinical practice experience is designed to give students the opportunity to triage, evaluate, diagnose, and manage adult patients in an emergency medicine setting. Students will have the opportunity to practice prioritizing and triaging patient encounters, perform problem-focused examinations, perform skills and procedures required for stabilization and treatment, and implement care management plans for common medical conditions seen in the emergency department. Students are expected to spend a minimum of 36-hours per week providing patient care at the clinical rotation site.

Course Goals
- To provide hands-on medical care experience in a supervised emergency medicine care setting.
- To apply best-practice medical knowledge and principles to the diagnosis and management of medical conditions commonly seen in emergency medicine.
- To improve upon the clinical skills and procedures required for stabilization and treatment of patients in the emergency medicine setting.

Student Learning Outcomes

Course Student Learning Outcomes (SLOs)			
Learning Outcome	Upon successful completion of the Emergency Medicine SCPE rotation, the clinical year PA student will achieve the following LO and Sub-LOs:	Assessment Tool	Competency Domains
SLO 1	Emergent a. Professionally triage life-threatening emergent conditions from acute and non-emergent conditions based on recognition of abnormal vital signs, examination findings, and general observations. b. For an adult patient presenting with chest pain, perform a patient-centered problem-focused history and physical exam, formulate a differential diagnosis, and order and interpret appropriate diagnostic EKG and lab work. c. Evaluate a patient with dyspnea, order and interpret diagnostic tests including pulse oximetry and chest x-ray, formulate a differential diagnosis, and develop a management plan. d. Perform a patient-centered problem-focused history and physical exam, formulate a differential diagnosis, order and interpret appropriate diagnostic tests, and design a treatment plan for an adult patient with a headache. e. Evaluate a patient with a fracture, conduct a patient-centered history and physical exam, and appropriately interpret the radiograph.	Student Evaluation by Preceptor (SEP) Mid-Rotation Performance evaluation of the student (MPES)	a. Medical Knowledge (MK), Clinical and Technical Skills (CTS), Clinical reasoning and problem-solving (CRPS) b. MK, CTS, CRPS c. CTS, MK, CRPS d. CTS, Interpersonal communication skills (ICS), MK, CRPS, Professional behaviors (PB) e. CTS, ICS, MK
SLO 2	Acute a. Repair a laceration using the appropriate suture, adhesive, and staple technique as	SEP MPES SOAP Note	a. CTS, ICS, MK b. CTS, MK, ICS c. CTS, MK

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	indicated and provide appropriate wound-care education to patient. b. Appropriately perform an I&D on an abscess and provide patient education regarding post care. c. Appropriately insert an IV via venipuncture on a patient requiring IV medications. d. Evaluate an adult patient presenting with back pain, formulate a differential diagnosis, and recommend further evaluation and an appropriate care management plan as indicated. e. Perform a patient-centered problem-focused history and physical, formulate a differential diagnosis, and order and interpret appropriate diagnostic studies for a patient with abdominal pain. f. Professionally document an ED progress note and discharge summary while appropriately educating the patient.		d. CTS, MK, CRPS e. CTS, MK, ICS, CRPS f. PB, MK, ICS, CTS
SLO 3	Demonstrate medical knowledge of Emergency Medicine by completing PAEA Emergency Medicine End of Rotation exam, which covers the content listed in this syllabus and the End of Rotation Exam Blueprint & Topic list.	End of Rotation Exam (EORE)	MK CTS CRPS
SLO 4	Demonstrate professional behaviors throughout the Emergency Medicine rotation including: a) interprofessional teamwork, b) interpersonal skills and communication, c) professionalism.	PES MPES	PB ICS
SLO 5	Demonstrate professional conduct, as documented in the PA Program Student Handbook, and complete course administrative responsibilities as outlined in the Emergency Medicine syllabus.	Student Professional Behavior Evaluation (SPB)	PB ICS

{Program Competencies: Medical Knowledge (MK), Interpersonal communication skills (ICS), Clinical and technical skills (CTS), Professional behaviors (PB), Clinical reasoning and problem-solving (CRPS)}

Instructional Objectives

*All ( ) denotes corresponding course learning outcome

1. Differentiate between life-threatening emergent conditions and acute, non-emergent conditions based on recognition of abnormal vital signs, exam findings, and general observations. (1a)
2. Elicit a patient-centered **complete and problem-focused history** from the patient in the emergency department. (1b, d, e, 2e, 4b)
2. Perform a **problem-focused physical examination** for patients presenting to the emergency department. (1a-e, 2d, e)
3. Summarize how to perform a methodical, rapid, and comprehensive immediate assessment of patients presenting to the emergency department with life-threatening emergencies. (1a)

4. Evaluate the severity of the patient presenting to the emergency department in terms of need for medical and surgical referral, admission to the hospital, and other appropriate settings. (1a)
5. Discern how to **order and interpret** appropriate lab work, diagnostic studies, and diagnostic procedures for patients evaluated in the emergency department. (1b-e, 2d, e)
6. Analyze the importance of **professionally communicating** the patient's emergency status as soon as possible to the supervising physician. (1a, 4a, b, c)
7. Analyze indications for, and be able to apply, basic techniques of CPR in the emergency department. (1a-c)
8. Summarize ACLS protocols and be able to assist the medical team with cases in which advanced life support is required. (1a-c, 4a)
9. Differentiate between various types of environmental injuries encountered in the emergency department and indications for tetanus protocol and other immunizations. (1a, d, 2d, e)
10. Compare and contrast the indications, contraindications, interactions, dosage, and administration of emergency **medications** and appropriately recommend administration. (1c, d, 2c)
11. Distinguish various situations in which dosing regimens for emergency **medications** are modified based on individual patient characteristics including pediatric patients, geriatric patients, and women of reproductive age. (1c, d, 2e)
12. Differentiate between the types of IV fluids used in the emergency department in terms of indications, appropriate dosing, contraindications, risks vs benefits, and monitoring, and appropriately insert an IV via venipuncture on a patient. (1d, 2c)
13. Distinguish effective emergency triage procedures for mass casualty situations. (1a)
14. Compare and contrast the indications, contraindications, and risks vs benefits of **clinical tests and procedures** commonly performed in the emergency medicine setting. (1e, 2a, b)
15. Differentiate between the various stabilization and splinting techniques used for fractures and soft tissue injuries seen in the emergency setting. (1e)
16. Differentiate between the different types of needles, sutures, staple material, and local anesthesia used in emergency medicine. (2a, b)
17. Discern the following for the given radiologic studies used in the emergency department: (1b, c, e, 2d, e)
    a. AP and Lateral view of bone: fracture, dislocations, osteolytic and osteoblastic lesions, and degenerative changes
    b. Flat plate and upright of abdomen: free intraperitoneal air, air-fluid levels within the bowel, intra-abdominal calcification, psoas shadows, nonspecific abdomen, and dilated intestine
    c. Chest PA and Lateral views: pulmonary infiltrates, pulmonary nodules, atelectasis, cardiomegaly, rib fractures, widened mediastinum, pleural effusions, and normal chest x-ray.
18. Formulate a **differential diagnosis** based on patient history and physical exam findings as well as any pertinent laboratory and diagnostic study results for patients seen in the emergency department. (1a-d, 2d, e)
19. Differentiate between the types of toxicology conditions seen in emergency medicine and the treatment for each. (1a-d, 2e
20. Interpret the signs and symptoms of abuse and neglect that patients may exhibit in the emergency room. (1a, e, 2a, e)
21. Formulate a **clinical therapeutic plan** that considers the cost, efficacy, possible adverse reactions, contraindications, and drug interactions for medications selected for use during the emergency medicine rotation. (1c, d, 2d)
22. Analyze the importance of **patient counseling** regarding medication recommendations for treatment of conditions seen in the emergency department, including potential side effects and interactions of the selected medication(s). (2d, 4b)

23. Formulate a patient-centered **clinical intervention plan** that is consistent with the working diagnosis and includes the medication, medication monitoring, **patient education**, **referral coordination**, and follow up care plans as indicated for patients seen in the emergency department. (1c, d, 2a-c, e)
24. Discern if patient discharge versus transfer from the emergency department is appropriate and assist in coordination of required arrangements. (1a, 2e)
25. Synthesize the role of emergency medical technicians in the emergency medicine setting. (1a)
26. Formulate and deliver an accurate, concise **oral case presentation** to the emergency department preceptor to include the patient's history, physical exam findings, pertinent lab and test results, assessment, and recommendations for treatment. (1a-d, 2c-e, 4a, b, c)
27. Analyze **written documentation** of ED encounters, including progress notes and discharge summaries, to ensure accuracy and clarity of information. (2e)
28. Analyze the importance of providing **patient-centered education** to the patient and family upon ED discharge including the diagnosis, plan of care, prognosis, and any follow-up care plans. (2e, 4a)
29. Discern and employ empathetic, **culturally sensitive interpersonal communication** skills that result in an accurate and effective exchange of information with patients and their families in the ED. (1b, d, e, 2a-c, e, 4b)
30. Analyze the importance of **professionalism** in the emergency medicine setting and demonstrate this behavior throughout the clinical rotation. (1a, 2e, 4c)
31. Analyze the roles of various members of the emergency medicine **health care team** and effectively participate in **interprofessional collaboration** and coordination of patient care. (1a-d, 2d, 4a)
32. Evaluate medical literature and current practice guidelines and apply the principles of **evidence-based medicine** to the care of patients seen in the emergency department. (1a-e, 2c, 2d)
33. Analyze **ethical and legal considerations** as they relate to the care of patients in the emergency medicine setting. (1a, 2e)
34. Synthesize **anatomy, physiology, pathophysiology principles**, **medical and pharmacologic knowledge,** and **critical thinking skills** to formulate an appropriate single best answer for a clinical vignette based EOR multiple choice question.
    a. Create a self-study plan to prepare for the EOR based on the exam content outlined in Appendix A.
    b. Utilize course textbooks, resources, outcomes, and objectives to support direct patient care activities and self-study plans.
    c. Analyze areas of strength and improvement feedback to inform and focus future study efforts.
    d. Engage in key Emergency Medicine topic discussions with the preceptor to enhance the acquisition of medical knowledge necessary for patient care and exam success. (1a-e, 2a-d,3)

Course Learning

Course learning will be achieved through a variety of methods including:
- Observation and participation at the clinical site,
- Independent reading,
- Lecture materials from the didactic phase,
- Participation in online activities developed to guide learning, and
- Supplemental learning materials as requested by preceptor.

Method of Evaluation

Student Evaluation by Preceptor (Mid-Rotation SEP): (0%)- SLO 1, 2, 4

Formative evaluation at the mid-point of the SCPE completed by the preceptor regarding student performance. The designated score does not contribute to the final course grade. This evaluation is the same as the End-of-Rotation Preceptor Evaluation and addresses the learning outcomes SLO 1, 2, 4. Any item rated 2 or below is reviewed by the DCE to determine if a deficiency exists and to help students identify areas of weakness so they may develop a plan for improvement with their preceptor. There is no remediation for the Mid-Rotation Evaluation.

Student Evaluation by Preceptor (End-of-Rotation SEP): (40%) – SLO 1, 2, 4
The student's clinical preceptor will submit an End-of-Rotation (EOR) Evaluation for the SCPE. The preceptor evaluation addresses learning outcomes 1, 2, 4 and its components at the end of the rotation using the End of Rotation Evaluation Rubric. Learning outcomes may have several components within them, all components must be completed to successfully achieve each learning outcome. Deficiencies in successfully achieving the learning outcomes or their components must be remediated in alignment with the program's Remediation Policy in the PA Program Student Handbook. NOTE: Regardless of the overall evaluation grade, any learning outcome, component, or professionalism evaluation that receives a 2 or below will be reviewed by the Director of Clinical Education (DCE). If a deficiency is found, the DCE may address it through remediation or refer the student to the Student Progress Committee (SPC) at their discretion.

Egregious professionalism violations are not eligible for remediation and result directly in a failure of the course and evaluation of the student's professional behavior by the program's SPC. Actions by this committee relate to lapses in professional behavior and may include recommendations of remediation, deceleration, or dismissal from the program. For further information on maintaining professionalism, please see the Student Handbook.

Written Exam: (40%) – SLO 3
Students will complete a standardized, 120-question multiple choice examination created by the Physician Assistant Education Association (PAEA) and based on the National Committee on Certification of Physician Assistants (NCCPA) blueprint for the Physician Assistant National Certification Exam (PANCE). Assess student medical knowledge of Emergency Medicine conditions and PAEA Core Tasks and Objectives. The EOR exam will be administered electronically in a timed setting. Refer to the Clinical Year Handbook to review Drury PA Program's grading practices of the EOR exam.

SOAP Note Documentation: (10%) -SLO 2e
Students are required to submit one SOAP note from a patient encounter to the course director at the end of the SCPE. This needs to be completed and submitted by 8 AM on the first return to campus day. See the late work policy regarding the accepting and grading of late work. The SOAP note should contain no patient identifiers per HIPAA laws.

Student Professional Behavior and Administrative Tasks Evaluation (SPB): (10%)- SLO 6
Learners will show proficiency in maintaining professional conduct and fulfilling administrative responsibilities. Administrative responsibilities include the timely and accurate completion of all forms, clinical and technical skills log, student evaluation of the clinical site, student evaluation of preceptor, patient case logging, hours logging, and student self-evaluations. Learners will also be evaluated on compliance with DUPA Program professionalism policies and communication. This is to ensure that learners in the DUPA program develop the necessary skills and attitudes required for successful clinical practice while meeting administrative expectations. Students will be given credit or no credit for administrative requirements. To gain credit all requirements must be complete and they constitute 10% of the course grade.

The faculty instructor of record completes this evaluation at the end of the clinical rotation using a standardized rubric to assess whether student professional behaviors aligned with the program's PA Professionalism Policy located in the PA Program Student Handbook and timely completion of required course administrative responsibilities. NOTE: Regardless of the overall Professional Behavioral Evaluation grade, any category receiving a score of '0 (zero) points' is reviewed by the DCE. If a deficiency is found, the DCE may address it through remediation or refer the student to the SPC at their discretion.

Required course administrative responsibilities:

- Professional conduct: compliance with the program's PA Professionalism Policy located in the PA Program Student Handbook.
- Pre-Rotation onboarding Requirements: Students must complete all onboarding requirements prior to the start of the SCPE. Instructions for completion and due dates are provided to the student by the Clinical administrative team and clinical site prior to the rotation.
- Patient Case and Procedure Logging: Students must log all patient encounters seen and procedures performed in the Clinical Learning Management System to ensure they have had appropriate exposure to patient populations. Patient logs should be submitted, at a minimum, weekly. Failure to submit patient encounters by the completion of each clinical rotation will result in an incomplete (zero points) for administrative requirements and will be reviewed by the DCE for remediation or referral to SPC. To progress past the clinical year all minimum amounts of clinical procedure skills must be logged and confirmed by a preceptor per the Clinical Year Handbook.
- Clinical Hours Logging: Students must log all time spent in direct patient care and other onsite SCPE learning activities in the Clinical Learning Management System. Hours need to be monitored and submitted weekly by the student to make sure the minimum amount of hours will be met without going over 80 hours per week.
- Student Evaluation of Clinical Site and Preceptor: An evaluation of the clinical rotation and preceptor at the end of the rotation. This evaluates the effectiveness of the clinical curriculum, preceptors, and clinical sites in enabling the student to meet all components of course learning outcomes.
- Student self-evaluation: Formative evaluation at the middle and end of the SCPE completed by the student regarding their own performance and achievement of learning outcomes 1-6. This does not contribute to their final grade in the course.
- Professionalism will be graded on the following areas: interprofessional teamwork, interpersonal skills and communication, and professionalism. The professionalism grade is included in the End-of-rotation student evaluation by the preceptor along with the student professional behavior and administrative tasks rubric. The SPB rubric below will be completed by the course director of the rotation. The *Student Handbook* contains a complete outline of all expectations for each professionalism criteria including a grading rubric.

Professionalism Requirements	Meets Expectations	Needs Improvement	Unacceptable
Compliance and communication with DUPA Program	3 points	2 points	0 points

Administrative Requirements	Complete	Incomplete
• Pre-rotation onboarding requirements • Patient case logging • Hours logging • Clinical Procedure Skills log • Student self-evaluation mid-rotation • Student self-evaluation end-of-rotation • Student Evaluation of clinical site and preceptor	7 points	0 points

Course Assessment and Grading

To receive a passing grade, students must achieve a score of 75% or above.

Assessment	Percent of Final Grade
SOAP Note	10%
Preceptor End of Rotation Evaluation	40%
Multiple Choice End of Rotation Exam	40%
Professionalism/ Administrative tasks	10%
	100%

Course Grading Rubric

Grading Scale (%)	
90-100	Satisfactory
80 - 89	Satisfactory
75-79	Satisfactory
<75	Unsatisfactory

Mid-rotation Evaluation, *End of Rotation Evaluation*, and *Student Evaluation of Preceptor/Site* forms are included in the *Student Clinical Handbook*.

**Grade challenges must be submitted in writing within one week of grade distribution.

Students scoring < 75% on emergency medicine supervised clinical practice experience will require remediation. Students will be required to meet with the course director to develop a remediation plan.

Note: For further information regarding academic standing in the Drury University Physician Assistant Program, please refer to the *Student Handbook*.

Grade Dissemination

Graded materials in this course will be returned individually. Students may access their scores at any time using "Grades" in **Canvas.** Please note that scores returned mid-semester are unofficial grades.

Course Policies:

Grades

Late Work: Late work will not be accepted unless prior arrangements have been made or an unforeseen emergency arises preventing the student from completing their work. Any papers turned in late will be assessed one letter grade per day. Essays **will not** be accepted if overdue by three days.

Extra Credit: There will be no opportunities for extra credit in this course.

Incomplete Grade: The current university policy concerning incomplete grades will be followed. An "I" grade (incomplete) is assigned at the discretion of the faculty member, and only if illness or other unavoidable causes prevent the student from completing the course. The student must work with the faculty member to determine what must be done to remove the "I" grade. Coursework must be completed and the "I" grade replaced with a final grade by the end of the first week of the regular semester (fall, spring, or summer) immediately following the semester in which the incomplete was assigned. Graduating students receiving an incomplete in their final semester must complete the coursework and have a final grade assigned within two weeks following the end of that same semester. The faculty member granting the incomplete, or the department chair in his or her absence is required to report to the registrar a grade for the permanent record by the end of the period indicated. A grade of "I" not removed within the time period allowed, will automatically be changed to an "F."

A request for extension to move the deadline for replacement of an incomplete to a final grade to the end of the current semester, may be requested by the faculty member who assigned the incomplete. No more than two extensions (two semesters) will be granted for an incomplete. Until the grade has been formally recorded, the course will not be considered as hours attempted and thus will not be a part of the cumulative GPA.

Remediation: Please refer to the Drury University Physician Assistant Program *Student Handbook* for details on exam and course remediation plans.

Grade Appeal: Grade appeals are to only be utilized for final course grades. Students are entitled to a reasonable explanation of their performance in relation to the standards of the course. Students are also entitled to (1) a review of their grade by a responsible group of faculty members in cases where the student can establish a reasonable doubt that the grade was awarded fairly and (2) a reconsideration of the grade where prejudice or capriciousness is established. Please see page 42 of the *College of Graduate Studies Catalog* (GSC) for the steps to make a grade appeal.

University Honor Code

All students, faculty, and staff of Drury University are expected to know and abide by the Drury University Honor Code. This code applies to all members of the Drury Community regardless of location, as they are representatives of the University and the Drury Experience.

> *"As a member of the Drury University community, I vow to treat others with respect. I will not violate others' rights to learn and thrive in a safe, respectful environment, and by extension, I will not bully or intimidate others. Honesty will guide my every action. I will not condone any behavior compromising the Drury Honor Code."*

Academic Honesty

Academic honesty is extremely important for maintaining the integrity of our program. In keeping with

the University Honor and Conduct Codes, as well as the standards of the PA profession, violations of academic honesty standards are considered serious breaches of professionalism. As future healthcare providers, your conduct and display of integrity is of paramount importance. Remain vigilant, in yourself and in your classmates, against all forms of academic dishonesty in this course and in the program. When completing coursework, students may not use unauthorized aid or represent others' original work as their own. Instances of academic dishonesty will result in a failing grade for the assignment in question and notification of the Office of Academic Affairs but if the magnitude of the infraction merits it, the professor reserves the right to impose a more severe penalty, including failure of the course. Repeated instances of academic dishonesty will result in failure of the course and can lead to expulsion from the university. All students should be familiar with the university's Academic Integrity policies as published in the Drury University Academic Catalog (http://www.drury.edu/catalogs/).

This course may require electronic submission of assignments through the originality assessment service Turnitin which allows students to monitor their results. Submissions may also be subjected to review using other tools such as GPTZero.

You may not use generative AI tools on assignments in this course unless the assignment specifically allows it. Well-known examples of such tools include but are not limited to ChatGPT and Claude for text, and DALL•E and Midjourney for images. This policy governs all such tools, including those released during this semester.

Be aware that generative AI tools are typically trained on limited datasets and sometimes provide inaccurate information. They have also been shown to reinforce stereotypes and generalizations, the opposite of our emphasis on critical thinking.

Examples academic honesty include, but are not limited to:

1. Copying on an examination, assignment or other work to be evaluated.
2. Making copies or generating facsimiles of exam questions or assignments for any purpose
3. Inappropriate collaboration on individual assignments.
4. The use of "cheat sheets," etc.
5. Buying/selling examinations, term papers, etc. or giving any assessment-related information or assignments to subsequent classes.
6. Use of "ringers": having another student take an examination; having another student write a term paper or assignment for which the student will receive credit.
7. Submitting work for which credit has already been received in another course without the express consent of the instructor.

Technology and Media
Email: Any communication outside of the classroom will be communicated through your university email account.

Canvas: This course will be offered via Drury University's learning management system (LMS), Canvas. If you need assistance, please either log into Canvas and Chat with Canvas Support or call 417-413-5865.

Prohibited Electronic Device Usage During Clinical Rotations: Professional behavior during clinical rotations is expected at all times. This includes refraining from the use of personal electronic devices such as mobile phones, iPads, laptops, etc. during clinical hours if it is not required for completing your clinical duties. These devices should only be used during personal time.

If you need technical support, please contact any of the following resources:

- **Help desk**: 417-873-7300
- helpdeskticket@drury.edu
- **Tech Services website:** https://www.drury.edu/tech-services/

Technical support hours are Monday – Friday 8 am to 5 pm.

Student Expectations

Disability Access: If you have a disability or personal circumstance that will affect your learning in this course, please notify the instructor at the beginning of the semester to discuss how best to meet the course objectives and your learning needs. If you have a documented disability requiring specific accommodations, contact Tara Friga, Director of Accessibility and Disability Services, at disability@drury.edu, 417-873-7267, in OEC 142. If you are concerned you have a disability-related condition that is impacting your academic progress and have not yet established disability-related accommodations, contact Tara Friga, Director of Accessibility and Disability Services, disability@drury.edu, 417-873-7267, in OEC 142.

Mental Health Support: Drury University has partnered with Burrell Behavioral Health to expand mental health services offered in our Drury Counseling Center for our Day School students. The Drury Counseling Center is located in the lower level of the Findlay Student Center. Students can be seen on a walk-in basis or via referral. Students now have access to a behavioral health consultant, sports psychology, and therapy sessions, in addition to on-campus Burrell mental health counselors. Students can also quickly and easily gain access to other services offered by Burrell Behavioral Health, including diagnostic testing services, psychiatry, and specialized mental health services. Should a student be referred for specialized mental health services, they will receive five free sessions via the Drury Student Assistance Program (SAP). For more information, questions, or to make an appointment, please contact Andrea Bench, MS, LPC at abench003@drury.edu; Ty Thornton, MS, LPC at tthornton003@drury.edu or David Johnson, PLPC at djohnson036@drury.edu.

Attendance: Due to the intense rigor and rapid pace of the program, attendance for all classes and curriculum related activities is mandatory. Students are expected to be on time for clinical rotations and should plan their schedules accordingly. Medical and personal appointments should be scheduled on evenings or weekends, as much as possible.

Requests for **excused absences** must be submitted to the director of clinical education using the Program's *Absence Request* form prior to the absence. All absences due to illness, accident, or other unexpected personal or family events must be reported via e-mail or telephone to the director of clinical education, program administrator, and clinical preceptor as soon as the student is aware that he/she may miss rotation time. All other absences that are not pre-approved by the director of clinical rotation will be considered **unexcused**.

An obligation for a professional organization responsibility may be considered for an excused absence. Requests for social events (early start to vacation, family reunion, etc.) will not be granted. Only urgent medical or emergent absences will be excused on exam days. For any absences where students will miss a written test or practical examination, students must follow the policy as detailed under "Assessment Policies." Unexcused absences, repeated absences, or repeated tardiness may be considered unprofessional behavior and can be grounds for disciplinary action.

Drury University Library

The Drury University Library is open from 7:45 am to 12 am daily and is available to help with research in any subject. Need help developing a research question? Finding and evaluating information? Citing sources? Ask! You can contact library services at the following:

- **Library hotline: 417-873-7483** if you have an **emergent need** from the library
- **Library email:** Holli Henslee at hhenslee@drury.edu.
- Difficulty accessing a library database, and it is the weekend, contact the circulation desk at 417-873-7338.

Course Evaluations

All students are expected to complete course evaluations in the week preceding final exams. These evaluations, which are delivered online, are an important part of Drury University's assessment program. Your cooperation in completing them is greatly appreciated. As the end of the semester or academic session draws near, you will receive information from the Office of Institutional Research and Assessment about how to complete the online evaluations.

IMPORTANT NOTE: All communications from the Office of Institutional Research and Assessment will be sent to your Drury University e-mail account. Please be sure to check and maintain your account regularly. **If you do not receive an email prior to the week of exams, please notify the PA office so we may correct the problem.**

Abbreviation Correspondence Key:

SLO: student learning outcomes
SCPE: supervised clinical practice experience
SEP: student evaluation by preceptor
EOR: End of rotation
MK: Medical Knowledge
ICS: Interpersonal communication skills
CTS: Clinical and technical skills
PB: Professional behaviors
CRPS: Clinical reasoning and problem-solving
SPC: Student progress committee
PAEA: Physician Assistant Education Association
NCCPA: National Committee on Certification of Physician Assistants
Student Professional Behavior: SPB
DUPA: Drury University Physician Assistant
DCE: Director of Clinical Education

PAEA EMERGENCY MEDICINE END OF ROTATION BLUEPRINT & TOPIC LIST:

Emergency Medicine End of Rotation™ Exam Blueprint

Emergency Medicine 100-Question Exam		History & Physical	Diagnostic Studies	Diagnosis	Health Maintenance	Clinical Intervention	Clinical Therapeutics	Scientific Concepts	Totals
		(15%)	(10%)	(25%)	(10%)	(10%)	(20%)	(10%)	(100%)
Cardiovascular	(20%)	3	2	5	2	1	5	2	20
Orthopedics/rheumatology	(15%)	2	2	4	1	2	3	1	15
Gastrointestinal/nutritional	(10%)	1	1	2	1	1	2	2	10
Pulmonology	(10%)	2	1	2	1	1	2	1	10
Neurology	(8%)	1	1	2	0	1	2	1	8
ENOT/ophthalmology	(7%)	1	0	2	1	1	1	1	7
Urology/renal	(6%)	1	0	1	1	1	1	1	6
Dermatology	(5%)	1	0	2	1	0	1	0	5
Endocrinology	(5%)	1	1	1	0	0	2	0	5
Obstetrics/gynecology	(5%)	1	1	1	1	1	0	0	5
Psychiatry/behavioral medicine	(5%)	1	0	2	0	1	1	0	5
Hematology	(4%)	0	1	1	1	0	0	1	4
Totals:	(100%)	15	10	25	10	10	20	10	**100**

**Updates include style and spacing changes and organization in content area size order. No distribution changes were made.

Emergency Medicine End of Rotation™
EXAM TOPIC LIST

CARDIOVASCULAR

- Acute/subacute bacterial endocarditis
- Angina
- Arrhythmias
- Cardiac tamponade
- Chest pain
- Conduction disorders (atrial fibrillation/flutter, supraventricular tachycardia, bundle branch block, ventricular tachycardia/fibrillation, premature beats)
- Coronary heart disease (non-ST acute myocardial infarction, ST segment elevation acute myocardial infarction, angina pectoris, unstable angina, Prinzmetal/variant angina)
- Dyspnea on exertion
- Edema
- Heart failure
- Hypertensive emergencies
- Hypotension (cardiogenic shock, orthostatic hypotension)
- Orthopnea
- Palpitations
- Pericardial effusion
- Peripheral vascular disease
- Syncope
- Valvular disease (aortic stenosis, aortic regurgitation, mitral stenosis, mitral regurgitation)
- Vascular disease (aortic aneurysm/dissection, arterial occlusion/thrombosis, phlebitis)

ORTHOPEDICS/RHEUMATOLOGY

- Back strain/sprain
- Bursitis/tendonitis
- Cauda equine
- Costochondritis
- Ecchymosis/erythema
- Fractures/dislocations (shoulder, forearm/wrist/hand, hip, knee, ankle/foot)
- Gout
- Herniated disk
- Low back pain
- Osteomyelitis
- Pain
- Septic arthritis
- Soft tissue injuries
- Sprains/strains
- Swelling/deformity

GASTROINTESTINAL/NUTRITIONAL

Abdominal pain
Acute appendicitis
Acute cholecystitis
Acute hepatitis
Acute pancreatitis
Anal fissure/fistula/abscess
Anorexia
Change in bowel habits/diarrhea/constipation
Cholangitis
Cirrhosis
Diarrhea/constipation
Diverticular disease
Esophagitis
Gastritis
Gastroenteritis
Gastrointestinal bleeding
Giardiasis and other parasitic infections
Heartburn
Hematemesis
Hemorrhoids (thrombosed)
Hernia (incarcerated/strangulated)
Infectious diarrhea
Inflammatory bowel disease/toxic megacolon
Ischemic bowel disease
Jaundice
Mallory-Weiss tear
Melena; bleeding per rectum
Nausea/vomiting
Obstruction (small bowel, large bowel, volvulus)
Peptic ulcer disease

PULMONOLOGY

Acute bronchiolitis
Acute bronchitis
Acute epiglottitis
Acute respiratory distress syndrome
Asthma
Croup
Foreign body aspiration
Hemoptysis
Influenza
Lung cancer
Pertussis
Pleural effusion
Pleuritic chest pain
Pneumonia (bacterial, viral, fungal, human immunodeficiency virus-related)
Pneumothorax
Pulmonary embolism
Respiratory syncytial virus
Shortness of breath
Tuberculosis
Wheezing

NEUROLOGY

Altered level of consciousness/coma
Bell palsy
Encephalitis
Epidural/subdural hematoma
Guillain-Barré syndrome
Head trauma/concussion/contusion
Headache (migraine, cluster, tension)
Intracerebral hemorrhage
Loss of consciousness/change in mental status
Loss of coordination/ataxia
Loss of memory
Meningitis

Numbness/paresthesia
Seizure (symptom)
Seizure disorders
Spinal cord injury
Status epilepticus
Stroke
Subarachnoid hemorrhage/cerebral aneurysm
Syncope
Transient ischemic attack
Vertigo
Weakness/paralysis

ENOT/OPHTHALMOLOGY

Acute laryngitis
Acute otitis media
Acute pharyngitis (viral, bacterial)
Acute sinusitis
Allergic rhinitis
Barotrauma
Blepharitis
Blow-out fracture
Conjunctivitis
Corneal abrasion/ulcer
Dacryoadenitis
Dental abscess
Ear pain
Epiglottitis
Epistaxis
Foreign body (eye, ear, nose)
Glaucoma (acute angle closure)

Hyphema
Labyrinthitis
Macular degeneration (wet)
Mastoiditis
Nasal congestion
Optic neuritis
Orbital cellulitis
Otitis externa
Papilledema
Peritonsillar abscess
Retinal detachment
Retinal vein occlusion
Sore throat
Trauma/hematoma (external ear)
Tympanic membrane perforation
Vertigo
Vision loss

UROLOGY/RENAL

Acid/base disorders
Acute renal failure

Incontinence
Nephrolithiasis

Cystitis
Dysuria
Epididymitis
Fluid and electrolyte disorders
Glomerulonephritis
Hematuria
Hernias

Orchitis
Prostatitis
Pyelonephritis
Suprapubic/flank pain
Testicular torsion
Urethritis

DERMATOLOGY

Bullous pemphigoid
Burns
Cellulitis
Dermatitis (eczema, contact)
Discharge
Drug eruptions
Erysipelas
Herpes zoster
Impetigo
Itching

Lice
Pilonidal disease
Pressure sores
Rash
Scabies
Spider bites
Stevens-Johnson syndrome
Toxic epidermal necrolysis
Urticaria
Viral exanthems

ENDOCRINOLOGY

Adrenal insufficiency
Cushing disease
Diabetes insipidus
Diabetes mellitus
Diabetic ketoacidosis
Heat/cold intolerance
Hyperparathyroidism

Hyperthyroidism
Hypothyroidism
Nonketotic hyperglycemia
Palpitations
Thyroiditis
Tremors

OBSTETRICS/GYNECOLOGY

Amenorrhea

Dysfunctional uterine bleeding

Ectopic pregnancy

Endometriosis

Fetal distress

Pelvic inflammatory disease

Pelvic pain/dysmenorrhea

Placenta abruption

Placenta previa

Premature rupture of membranes

Intrauterine pregnancy

Spontaneous abortion

Mastitis/breast abscess

Vaginal discharge

Ovarian cysts

Vaginitis

PSYCHIATRY/BEHAVIORAL MEDICINE

Anxiety disorders

Schizophrenia spectrum and other psychotic disorders

Bipolar and related disorders

Depressive disorders

Spouse or partner neglect/violence

Neurocognitive disorders

Substance use disorders

Panic disorder

Suicide

Posttraumatic stress disorder

HEMATOLOGY

Acute leukemia

Hemolytic anemia

Anemia

Hypercoagulable states

Aplastic anemia

Lymphomas

Clotting factor disorders

Polycythemia

Easy bruising

Sickle cell anemia/crisis

Fatigue

Thrombocytopenia

**Updates include style and spacing changes and organization in content area size order. No content changes were made.

DISCLAIMER

The End of Rotation Topic Lists, Blueprints, and Core Tasks and Objectives are resources used by PAEA to guide the development of exam content and construction of exam forms. Questions on the exam are considered only a sample of all that might be included for the clinical experience, they are not intended to be all-inclusive, and may not reflect all content identified in the Topic Lists.

These resources will be useful to faculty when determining which other supervised clinical education experience objectives may require additional assessment tools. These resources may also be useful to students when studying for the exam; however the Topic Lists are not a comprehensive list of all the exam question topics. PAEA's goal is not to provide a list of all the topics that might be on the exams, but rather to provide students with a resource when preparing for the exams. PAEA recommends that students review the Topic List, Blueprint, and Core Tasks and Objectives in conjunction when preparing for the exam.

COURSE SYLLABUS
PAS 725: Women's Health
Supervised Clinical Practice Experience
Physician Assistant Studies Program

Director:	Bethany Lemmon, PA-C
Office:	TSC 207
Phone:	417-873-7440
E-Mail:	blemmon002@drury.edu
Office hours:	Will vary for each PA Faculty

Course Prerequisites
Completion of the didactic year of the Drury University Physician Assistant Program.

Course Credits
4 credits

Required Texts and Course Materials
DeCherney, A. H., Nathan, L., Laufer, N., & Roman, A. S. (2019). *Current diagnosis and treatment: Obstetrics and gynecology (*12th ed.). McGraw Hill.

Loscalzo, J., Fauci, A. S., Kasper, D.L., Hauser, S. L., Longo, D. L., & Jameson, J. L. (Eds.). (2022). *Harrison's principles of internal medicine* (21st ed.). McGraw Hill.

Papadakis, M. A., McPhee, S. J., Rabow, M. W., McQuaid, K. R., & Gandhi, M. (Eds.). (2024*). Current medical diagnosis and treatment* (63rd ed*.*). McGraw Hill.

*All required readings by preceptor.

Course Description
The five-week women's health supervised clinical practice experience is designed to give students the opportunity to evaluate, diagnose, and manage patients with common gynecologic disorders as well as provide preventive women's health services and obstetric care. Obstetric care will include routine prenatal and postpartum care and may include labor and delivery. Students are expected to spend a minimum of 36-hours per week providing patient care at the clinical rotation site.

Course Goals
4. To give each student the opportunity to provide hands-on medical care in a supervised women's health care setting.
5. To recognize common gynecologic diagnoses.
6. To understand routine prenatal and postpartum care.
7. To apply best-practice medical knowledge and principles to the prevention, diagnosis, and management of women's health conditions.

Student Learning Outcomes

Course Student Learning Outcomes (SLOs)			
Learning Outcome	Upon successful completion of the Women's Health SCPE rotation, the clinical year PA student will achieve the following LO and Sub-LOs:	Assessment Tool	Competency Domains
SLO 1	Gynecological care a. Perform a pelvic exam and obtain screening pap smear and cultures if indicated by clinical presentation and current guidelines. b. Perform a breast exam with a female patient and recommend mammography as indicated. c. Evaluate a patient presenting with vaginal discharge, formulate a differential diagnosis, obtain wet prep and cultures as indicated, and recommend appropriate care management plan. d. Perform a patient-centered history and physical exam of a patient with pelvic pain, formulate a differential diagnosis, and refer patient for appropriate diagnostic studies as indicated. e. Professionally counsel a patient regarding use of contraception, including various options, risks vs benefits, medication interactions, and correct use.	Student Evaluation by Preceptor (SEP) Mid-Rotation Performance evaluation of the student (MPES)	a. Clinical and technical skills (CTS), Medical Knowledge (MK), Clinical reasoning and problem-solving (CRPS) b. CTS, MK c. MK, CTS, CRPS d. Interpersonal communication skills (ICS), MK, CRPS, CTS e. Professional behaviors (PB), MK, ICS, CRPS
SLO 2	Prenatal care a. Provide appropriate patient-centered education on prenatal care. b. Calculate estimated date of confinement and gestational age using date of last menstrual period and abdominal ultrasound. c. Perform a prenatal exam on a pregnant female patient to include fetal heart tones & fundal height. d. Recommend appropriate prenatal screening including blood pressure check, urinalysis, and oral glucose tolerance test as indicated by the trimester. e. Professionally screen a prenatal patient for pregnancy complications and develop a management strategy if indicated.	SEP MPES	a. ICS, MK b. CTS, MK c. CTS, MK d. CRPS, MK e. CRPS, PB, ICS
SLO 3	Professionally write a SOAP note for a patient presenting with a women's health condition.	SOAP Note PES MPES	CTS MK CRPS ICS
SLO 4	Demonstrate medical knowledge of Women's Health by completing PAEA Women's Health End of Rotation exam, which covers the content listed	End of Rotation Exam (EORE)	MK CTS CRPS

	in this syllabus and the End of Rotation Exam Blueprint & Topic list.		
SLO 5	Demonstrate professional behaviors throughout the Women's Health rotation including: a) interprofessional teamwork, b) interpersonal skills and communication, c) professionalism.	PES MPES	PB ICS
SLO 6	Demonstrate professional conduct, as documented in the PA Program Student Handbook, and complete course administrative responsibilities as outlined in the Women's Health syllabus.	Student Professional Behavior Evaluation (SPB)	PB ICS

{Program Competencies: Medical Knowledge (MK), Interpersonal communication skills (ICS), Clinical and technical skills (CTS), Professional behaviors (PB), Clinical reasoning and problem-solving (CRPS)}

Instructional Objectives
*All ( ) denotes corresponding course learning outcome

1. Perform a complete **history and physical exam** as appropriate for the patient's age and presenting complaint and distinguish between normal and abnormal exam findings for the variety of gynecological and obstetric presentations. (1a-d, 2c)

2. Interpret components of a problem-oriented gynecological history to include menstrual history, sexual history, gravidity, parity, STIs, contraception, past medical history, family history, and social history. (1d)

3. Discern how to **order and interpret** lab work and diagnostic studies used in obstetrics and gynecology for further evaluation of patient concerns; considering patient presentation, risks vs benefits, and patient preference. (1a, c, d, 2d)

4. Summarize the indications for colposcopy cervical examination following an abnormal PAP smear. (1a)

5. Compare and contrast methods of contraception including the various options, risks vs benefits, medication interactions, correct use, **patient education**, cost, and cultural and religious considerations. (1e)

6. Discern the physiologic changes that occur during menopause, competently recommend therapies for the management of menopausal symptoms, and **counsel** patients on prevention of diseases that are more prevalent after menopause. (1a, b, e)

7. Formulate a **differential diagnosis** for patients seen in the women's health discipline based on the patient's history, physical exam findings, and results of any pertinent laboratory and diagnostic studies and develop an initial **care management plan** based on the most likely diagnosis. (1a-d)

8. Interpret the current screening guidelines and screening tests for the variety of patients encountered in gynecology and obstetrics and make appropriate patient recommendations as indicated. (1a, b)

9. Analyze current recommendations for clinical breast exam and perform exam as appropriate. (1b)

10. Compare and contrast the presentations of breast masses and describe the recommended evaluation and treatment. (1b)

11. Analyze the importance of obtaining informed consent prior to performing any OB/GYN **procedure and surgery.** (1a, b, d, e)
12. Compare and contrast the indications, contraindications, potential risks, benefits, and costs associated with various **clinical tests and procedures** utilized in the OB/GYN setting. (1a-d)
13. Discern the physiologic changes and signs of pregnancy. (2c, e)
14. Distinguish the components of a complete **prenatal examination** and perform appropriate exam. (2a-e)
15. Analyze appropriate **prenatal screening** including blood pressure check, urinalysis, and oral glucose tolerance test and recommend appropriate screening as indicated by the trimester. (2c-e)
16. Distinguish medical problems that may result in complications during pregnancy. (2e)
17. Evaluate a prenatal patient for pregnancy complications and develop management strategies when indicated. (2e)
18. Summarize normal embryonic and fetal development. (2b, c)
19. Analyze the impact of alcohol and drug use and folic acid deficiency on the fetus. (2a, d, e)
20. Compare and contrast **pharmacologic therapies** for gynecologic and obstetric patients including indications, contraindications, interactions, potential complications, dosage, and administration. (1c, e, 2e)
21. Differentiate between medications considered safe in pregnancy and those considered potentially teratogenic. (2a)
22. Distinguish first-line **therapeutic recommendations** for treating medical diagnoses and identifying life-threatening conditions when they occur in pregnant patients. (2e)
23. Analyze the importance of providing appropriate **patient-centered education** for prenatal patients including the following: (2a, d)
    a. Nutrition – including need for supplementation during pregnancy
    b. Genetic counseling
    c. Accident and violence prevention (e.g., seat belts, helmets, screening for domestic violence)
    d. Physical activity, exercise
    e. Pertinent risk factors including occupation, environment, tobacco, alcohol, other drugs, and genetic factors
    f. Warning signs and symptoms of disease
    g. Plans for age-appropriate screening and periodic health assessment
    h. Immunizations (HBV, rubella, Tdap)
24. Compare and contrast normal labor and delivery to include stages, duration, mechanism of delivery, and patient monitoring. (2c, e)
25. Discern among various gynecologic and obstetric emergencies and appropriately institute **care management** when indicated. (2e)
26. Develop patient-centered **care management plans** for patients seen in the women's health setting including pharmacologic and non-pharmacologic recommendations, **patient education**, **referral** plans if indicated, and follow-up care plans. (1c-e, 2a, d, e)
27. Discern and employ empathetic, **culturally sensitive interpersonal communication** skills that result in an accurate and effective exchange of information with patients and their families in the women's health discipline. (1e, 2a, 5, 6)

28. Formulate and deliver an accurate and concise **oral case presentation** to the women's health preceptor including the patients' history, physical exam findings, pertinent lab and test results, assessment, and the proposed **plan of care.** (1a-d, 2b-e)
29. Analyze the roles of various members of the women's **health care team** and effectively participate in **interprofessional collaboration** and coordination of patient care. (1c, d, 2d)
30. Analyze the importance of clear, concise, and relevant **written documentation** for OB/GYN patients. (1e, 2e, 3)
31. Analyze the importance of **professionalism** in the women's health care setting and demonstrate this behavior throughout the clinical rotation. (1e, 2e, 5)
32. Evaluate medical literature and current practice guidelines and apply the principles of **evidence-based medicine** to the care of OB/GYN patients. (1a-d, 2d, 2e)
33. Analyze **ethical and legal considerations** as they relate to women's health care. (1e, 2e)
34. Synthesize **anatomy, physiology, pathophysiology principles**, **medical and pharmacologic knowledge,** and **critical thinking skills** to formulate an appropriate single best answer for a clinical vignette based EOR multiple choice question.
    a. Create a self-study plan to prepare for the EOR based on the exam content outlined in Appendix A.
    b. Utilize course textbooks, resources, outcomes, and objectives to support direct patient care activities and self-study plans.
    c. Analyze areas of strength and improvement feedback to inform and focus future study efforts.
    d. Engage in key Women's Health topic discussions with the preceptor to enhance the acquisition of medical knowledge necessary for patient care and exam success. (1- 4, 6)

Course Learning

Course learning will be achieved through a variety of methods including:

- Observation and participation at the clinical site,
- Independent reading,
- Lecture materials from the didactic phase,
- Participation in online activities developed to guide learning, and
- Supplemental learning materials as requested by preceptor.

Method of Evaluation

Student Evaluation by Preceptor (Mid-Rotation SEP): (0%)- SLO 1, 2, 5
Formative evaluation at the mid-point of the SCPE completed by the preceptor regarding student performance. The designated score does not contribute to the final course grade. This evaluation is the same as the End-of-Rotation Preceptor Evaluation and addresses the learning outcomes SLO 1-SLO 5. Any item rated 2 or below is reviewed by the DCE to determine if a deficiency exists and to help students identify areas of weakness so they may develop a plan for improvement with their preceptor. There is no remediation for the Mid-Rotation Evaluation.

Student Evaluation by Preceptor (End-of-Rotation SEP): (40%) – SLO 1, 2, 5
The student's clinical preceptor will submit an End-of-Rotation (EOR) Evaluation for the SCPE. The preceptor evaluation addresses learning outcomes 1-5 and its components at the end of the rotation using the End of Rotation Evaluation Rubric. Learning outcomes may have several components within them, all components must be completed to successfully achieve each learning outcome. Deficiencies in successfully achieving the learning outcomes or their components must be remediated in alignment with the program's Remediation Policy in the PA Program Student Handbook. NOTE: Regardless of the overall evaluation grade, any learning outcome, component, or professionalism evaluation that receives a 2 or

below will be reviewed by the Director of Clinical Education (DCE). If a deficiency is found, the DCE may address it through remediation or refer the student to the Student Progress Committee (SPC) at their discretion.

Egregious professionalism violations are not eligible for remediation and result directly in a failure of the course and evaluation of the student's professional behavior by the program's SPC. Actions by this committee relate to lapses in professional behavior and may include recommendations of remediation, deceleration, or dismissal from the program. For further information on maintaining professionalism, please see the [Student Handbook](#).

Written Exam: (40%) – SLO 4
Students will complete a standardized, 120-question multiple choice examination created by the Physician Assistant Education Association (PAEA) and based on the National Committee on Certification of Physician Assistants (NCCPA) blueprint for the Physician Assistant National Certification Exam (PANCE). Assess student medical knowledge of Women's Health conditions and PAEA Core Tasks and Objectives. The EOR exam will be administered electronically in a timed setting. Refer to the Clinical Year Handbook to review Drury PA Program's grading practices of the EOR exam.

SOAP Note Documentation: (10%) -SLO 3
Students are required to submit one SOAP note from a patient encounter to the course director at the end of the SCPE. This needs to be completed and submitted by 8 AM on the first return to campus day. See the late work policy regarding the accepting and grading of late work. The SOAP note should contain no patient identifiers per HIPAA laws.

Student Professional Behavior and Administrative Tasks Evaluation (SPB): (10%)- SLO 6
Learners will show proficiency in maintaining professional conduct and fulfilling administrative responsibilities. Administrative responsibilities include the timely and accurate completion of all forms, clinical/technical skills log, student evaluation of the clinical site, student evaluation of preceptor, patient case logging, hours logging, and student self-evaluations. Learners will also be evaluated on compliance with DUPA Program professionalism policies and communication. This is to ensure that learners in the DUPA program develop the necessary skills and attitudes required for successful clinical practice while meeting administrative expectations. Students will be given credit or no credit for administrative requirements. To gain credit all requirements must be complete and they constitute 10% of the course grade.
The faculty instructor of record completes this evaluation at the end of the clinical rotation using a standardized rubric to assess whether student professional behaviors aligned with the program's PA Professionalism Policy located in the PA Program Student Handbook and timely completion of required course administrative responsibilities. NOTE: Regardless of the overall Professional Behavioral Evaluation grade, any category receiving a score of '0 (zero) points' is reviewed by the DCE. If a deficiency is found, the DCE may address it through remediation or refer the student to the SPC at their discretion.
Required course administrative responsibilities:
- Professional conduct: compliance with the program's PA Professionalism Policy located in the PA Program Student Handbook.
- Pre-Rotation onboarding Requirements: Students must complete all onboarding requirements prior to the start of the SCPE. Instructions for completion and due dates are provided to the student by the Clinical administrative team and clinical site prior to the rotation.

- Patient Case and Procedure Logging: Students must log all patient encounters seen and procedures performed in the Clinical Learning Management System to ensure they have had appropriate exposure to patient populations. Patient logs should be submitted, at a minimum, weekly. Failure to submit patient encounters by the completion of each clinical rotation will result in an incomplete (zero points) for administrative requirements and will be reviewed by the DCE for remediation or referral to SPC. To progress past the clinical year all minimum amounts of clinical procedure skills must be logged and confirmed by a preceptor per the Clinical Year Handbook.
- Clinical Hours Logging: Students must log all time spent in direct patient care and other onsite SCPE learning activities in the Clinical Learning Management System. Hours need to be monitored and submitted weekly by the student to make sure the minimum amount of hours will be met without going over 80 hours per week.
- Student Evaluation of Clinical Site and Preceptor: An evaluation of the clinical rotation and preceptor at the end of the rotation. This evaluates the effectiveness of the clinical curriculum, preceptors, and clinical sites in enabling the student to meet all components of course learning outcomes.
- Student self-evaluation: Formative evaluation at the middle and end of the SCPE completed by the student regarding their own performance and achievement of learning outcomes 1-6. This does not contribute to their final grade in the course.
- Professionalism will be graded on the following areas: interprofessional teamwork, interpersonal skills and communication, and professionalism. The professionalism grade is included in the End-of-rotation student evaluation by the preceptor along with the student professional behavior and administrative tasks rubric. The SPB rubric below will be completed by the course director of the rotation. The *Student Handbook* contains a complete outline of all expectations for each professionalism criteria including a grading rubric.

Professionalism Requirements	Meets Expectations	Needs Improvement	Unacceptable
Compliance and communication with DUPA Program	3 points	2 points	0 points

Administrative Requirements	Complete	Incomplete
- Pre-rotation onboarding requirements - Patient case logging - Hours logging - Clinical Procedure Skills log - Student self-evaluation mid-rotation - Student self-evaluation end-of-rotation - Student Evaluation of clinical site and preceptor	7 points	0 points

Course Assessment and Grading

To receive a passing grade, students must achieve a score of 75% or above.

Assessment	Percent of Final Grade
SOAP Note	10%
Preceptor End of Rotation Evaluation	40%
Multiple Choice End of Rotation Exam	40%
Professionalism/ Administrative Tasks	10%
	100%

Course Grading Rubric

Grading Scale (%)	
90-100	Satisfactory
80 - 89	Satisfactory
75-79	Satisfactory
<75	Unsatisfactory

Mid-rotation Evaluation, *End of Rotation Evaluation*, and *Student Evaluation of Preceptor/Site* forms are included in the *Student Clinical Handbook*.
**Grade challenges must be submitted in writing within one week of grade distribution.

Students scoring < 75% on the women's health supervised clinical practice experience will require remediation. Students will be required to meet with the course director to develop a remediation plan.

Note: For further information regarding academic standing in the Drury University Physician Assistant Program, please refer to the [Student Handbook](#).

Grade Dissemination

Graded materials in this course will be returned individually. Students may access their scores at any time using "Grades" in **Canvas.** Please note that scores returned mid-semester are unofficial grades.

Course Policies:

Grades

Late Work: Late work will not be accepted unless prior arrangements have been made or an unforeseen emergency arises preventing the student from completing their work. Any papers turned in late will be assessed one letter grade per day. Essays **will not** be accepted if overdue by three days.

Extra Credit: There will be no opportunities for extra credit in this course.

Incomplete Grade: The current university policy concerning incomplete grades will be followed. An "I" grade (incomplete) is assigned at the discretion of the faculty member, and only if illness or other unavoidable causes prevent the student from completing the course. The student must work with the faculty member to determine what must be done to remove the "I" grade. Coursework must be completed and the "I" grade replaced with a final grade by the end of the first week of the regular semester (fall, spring, or summer) immediately following the semester in which the incomplete was assigned. Graduating students receiving an incomplete in their final semester must complete the coursework and have a final grade assigned within two weeks following the end of that same semester. The faculty member granting the incomplete, or the department chair in his or her absence, is required

to report to the registrar a grade for the permanent record by the end of the period indicated. A grad of "I" not removed within the time period allowed, will automatically be changed to an "F."

A request for extension to move the deadline for replacement of an incomplete to a final grade to the end of the current semester, may be requested by the faculty member who assigned the incomplete. No more than two extensions (two semesters) will be granted for an incomplete. Until the grade has been formally recorded, the course will not be considered as hours attempted and thus will not be a part of the cumulative GPA.

Remediation: Please refer to the Drury University Physician Assistant Program *Student Handbook* for details on exam and course remediation plans.

Grade Appeal: Grade appeals are to only be utilized for final course grades. Students are entitled to a reasonable explanation of their performance in relation to the standards of the course. Students are also entitled to (1) a review of their grade by a responsible group of faculty members in cases where the student can establish a reasonable doubt that the grade was awarded fairly and (2) a reconsideration of the grade where prejudice or capriciousness is established. Please see page 42 of the *College of Graduate Studies Catalog* (GSC) for the steps to make a grade appeal.

University Honor Code
All students, faculty, and staff of Drury University are expected to know and abide by the Drury University Honor Code. This code applies to all members of the Drury Community regardless of location, as they are representatives of the University and the Drury Experience.

> *"As a member of the Drury University community, I vow to treat others with respect. I will not violate others' rights to learn and thrive in a safe, respectful environment, and by extension, I will not bully or intimidate others. Honesty will guide my every action. I will not condone any behavior compromising the Drury Honor Code."*

Academic Honesty
Academic honesty is extremely important for maintaining the integrity of our program. In keeping with the University Honor and Conduct Codes, as well as the standards of the PA profession, violations of academic honesty standards are considered serious breaches of professionalism. As future healthcare providers, your conduct and display of integrity is of paramount importance. Remain vigilant, in yourself and in your classmates, against all forms of academic dishonesty in this course and in the program. When completing coursework, students may not use unauthorized aid or represent others' original work as their own. Instances of academic dishonesty will result in a failing grade for the assignment in question and notification of the Office of Academic Affairs but if the magnitude of the infraction merits it, the professor reserves the right to impose a more severe penalty, including failure of the course. Repeated instances of academic dishonesty will result in failure of the course and can lead to expulsion from the university. All students should be familiar with the university's Academic Integrity policies as published in the Drury University Academic Catalog (http://www.drury.edu/catalogs/).

This course may require electronic submission of assignments through the originality assessment service Turnitin which allows students to monitor their results. Submissions may also be subjected to review using other tools such as GPTZero.

You may not use generative AI tools on assignments in this course unless the assignment specifically allows it. Well-known examples of such tools include but are not limited to ChatGPT and Claude for text,

and DALL•E and Midjourney for images. This policy governs all such tools, including those released during this semester.

Be aware that generative AI tools are typically trained on limited datasets and sometimes provide inaccurate information. They have also been shown to reinforce stereotypes and generalizations, the opposite of our emphasis on critical thinking.

Examples academic honesty include, but are not limited to:

22. Copying on an examination, assignment or other work to be evaluated.
23. Making copies or generating facsimiles of exam questions or assignments for any purpose
24. Inappropriate collaboration on individual assignments.
25. The use of "cheat sheets," etc.
26. Buying/selling examinations, term papers, etc. or giving any assessment-related information or assignments to subsequent classes.
27. Use of "ringers": having another student take an examination; having another student write a term paper or assignment for which the student will receive credit.
28. Submitting work for which credit has already been received in another course without the express consent of the instructor.

Technology and Media
Email: Any communication outside of the classroom will be communicated through your university email account.

Canvas: This course will be offered via Drury University's learning management system (LMS), Canvas. If you need assistance, please either log into Canvas and Chat with Canvas Support or call 417-413-5865.

Prohibited Electronic Device Usage During Clinical Rotations: Professional behavior during clinical rotations is expected at all times. This includes refraining from use of personal electronic devices such as mobile phones, iPads, laptops, etc. during clinical hours if it is not required for completing your clinical duties. These devices should only be used during personal time.

If you need technical support, please contact any of the following resources:

- **Help desk**: 417-873-7300
- helpdeskticket@drury.edu
- **Tech Services website:** https://www.drury.edu/tech-services/

Technical support hours are Monday – Friday 8 am to 5 pm.

Student Expectations
Disability Access: If you have a disability or personal circumstance that will affect your learning in this course, please notify the instructor at the beginning of the semester to discuss how best to meet the course objectives and your learning needs. If you have a documented disability requiring specific accommodations, contact Tara Friga, Director of Accessibility and Disability Services, at disability@drury.edu, 417-873-7267, in OEC 142. If you are concerned you have a disability-related condition that is impacting your academic progress and have not yet established disability-related accommodations, contact Tara Friga, Director of Accessibility and Disability Services, disability@drury.edu, 417-873-7267, in OEC 142.

Mental Health Support: Drury University has partnered with Burrell Behavioral Health to expand mental health services offered in our Drury Counseling Center for our Day School students. The Drury Counseling Center is located in the lower level of the Findlay Student Center. Students can be seen on a walk-in basis or via referral. Students now have access to a behavioral health consultant, sports psychology, and therapy sessions, in addition to on-campus Burrell mental health counselors. Students can also quickly and easily gain access to other services offered by Burrell Behavioral Health, including diagnostic testing services, psychiatry, and specialized mental health services. Should a student be referred for specialized mental health services, they will receive five free sessions via the Drury Student Assistance Program (SAP). For more information, questions, or to make an appointment, please contact Andrea Bench, MS, LPC at abench003@drury.edu; Ty Thornton, MS, LPC at tthornton003@drury.edu or David Johnson, PLPC at djohnson036@drury.edu.

Attendance: Due to the intense rigor and rapid pace of the program, attendance for all classes and curriculum related activities is mandatory. Students are expected to be on time for clinical rotations and should plan their schedules accordingly. Medical and personal appointments should be scheduled on evenings or weekends, as much as possible.

Requests for **excused absences** must be submitted to the director of clinical education using the Program's *Absence Request* form prior to the absence. All absences due to illness, accident, or other unexpected personal or family events must be reported via e-mail or telephone to the director of clinical education, program administrator, and clinical preceptor as soon as the student is aware that he/she may miss rotation time. All other absences that are not pre-approved by the director of clinical rotation will be considered **unexcused**.

An obligation for a professional organization responsibility may be considered for an excused absence. Requests for social events (early start to vacation, family reunion, etc.) will not be granted. Only urgent medical or emergent absences will be excused on exam days. For any absences where students will miss a written test or practical examination, students must follow the policy as detailed under "Assessment Policies." Unexcused absences, repeated absences, or repeated tardiness may be considered unprofessional behavior and can be grounds for disciplinary action.

Drury University Library

The Drury University Library is open from 7:45 am to 12 am daily and is available to help with research in any subject. Need help developing a research question? Finding and evaluating information? Citing sources? Ask! You can contact library services at the following:

- **Library hotline: 417-873-7483** if you have an **emergent need** from the library
- **Library email:** Holli Henslee at hhenslee@drury.edu.
- Difficulty accessing a library database, and it is the weekend, contact the circulation desk at 417-873-7338.

Course Evaluations
All students are expected to complete course evaluations in the week preceding final exams. These evaluations, which are delivered online, are an important part of Drury University's assessment program.

Your cooperation in completing them is greatly appreciated. As the end of the semester or academic session draws near, you will receive information from the Office of Institutional Research and Assessment about how to complete the online evaluations.

IMPORTANT NOTE: All communications from the Office of Institutional Research and Assessment will be sent to your Drury University e-mail account. Please be sure to check and maintain your account regularly. **If you do not receive an email prior to the week of exams, please notify the PA office so we may correct the problem.**

Abbreviation Correspondence Key:
SLO: student learning outcomes
SCPE: supervised clinical practice experience
SEP: student evaluation by preceptor
EOR: End of rotation
MK: Medical Knowledge
ICS: Interpersonal communication skills
CTS: Clinical and technical skills
PB: Professional behaviors
CRPS: Clinical reasoning and problem-solving
SPC: Student progress committee
PAEA: Physician Assistant Education Association
NCCPA: National Committee on Certification of Physician Assistants
Student Professional Behavior: SPB
DUPA: Drury University Physician Assistant
DCE: Director of Clinical Education

PAEA WOMEN'S HEALTH END OF ROTATION EXAM BLUEPRINT & TOPIC LIST:

PAEA Women's Health End of Rotation™ Exam Blueprint

Women's Health 100-Question Exam		History & Physical	Diagnostic Studies	Diagnosis	Health Maintenance	Clinical Intervention	Clinical Therapeutics	Scientific Concepts	Totals
		(15%)	(10%)	(25%)	(10%)	(10%)	(20%)	(10%)	(100%)
GYNECOLOGY									
Menstruation	(15%)	2	2	4	1	1	3	2	15
Infections	(12%)	2	1	3	1	1	3	1	12
Neoplasms	(10%)	1	1	3	1	1	2	1	10
Disorders of the breast	(8%)	1	1	2	1	1	1	1	8
Structural abnormalities	(5%)	1	0	1	1	1	1	0	5
Other	(5%)	1	0	1	0	1	1	1	5
OBSTETRICS									
Prenatal care/normal pregnancy	(16%)	2	2	4	2	2	3	1	16
Pregnancy complications	(15%)	3	2	4	1	1	3	1	15
Labor & delivery complications	(8%)	1	0	2	1	1	2	1	8
Postpartum care	(6%)	1	1	1	1	0	1	1	6
Totals:	(100%)	15	10	25	10	10	20	10	**100**

**Updates include style and spacing changes and organization in content area size order. No distribution changes were made.

Women's Health End of Rotation™
EXAM TOPIC LIST

GYNECOLOGY

MENSTRUATION

Amenorrhea
Dysfunctional uterine bleeding
Dysmenorrhea
Menopause

Normal physiology
Premenstrual dysphoric disorder
Premenstrual syndrome

INFECTIONS

Cervicitis (gonorrhea, chlamydia, herpes simplex, human papilloma virus)
Chancroid
Lymphogranuloma venereum

Pelvic Inflammatory disease
Syphilis
Vaginitis (trichomoniasis, bacterial vaginosis, atrophic vaginitis, candidiasis)

NEOPLASMS

Breast cancer
Cervical carcinoma
Cervical dysplasia

Endometrial cancer
Ovarian neoplasms
Vaginal/vulvar neoplasms

DISORDERS OF THE BREAST

Breast abscess
Breast fibroadenoma

Fibrocystic disease
Mastitis

STRUCTURAL ABNORMALITIES

Cystocele
Ovarian torsion

Rectocele
Uterine prolapse

OTHER

Contraceptive methods
Endometriosis
Infertility
Leiomyoma

Ovarian cyst
Sexual assault
Spouse or partner neglect/violence
Urinary incontinence

OBSTETRICS

PRENATAL CARE/NORMAL PREGNANCY

Apgar score
Fetal position
Multiple gestation

Normal labor and delivery (stages, duration, mechanism of delivery, monitoring)
Physiology of pregnancy
Prenatal diagnosis/care

PREGNANCY COMPLICATIONS

Abortion
Ectopic pregnancy
Gestational diabetes
Gestational trophoblastic disease (molar pregnancy, choriocarcinoma)
Incompetent cervix

Placenta abruption
Placenta previa
Preeclampsia/eclampsia
Pregnancy induced hypertension
Rh incompatibility

LABOR AND DELIVERY COMPLICATIONS

Breech presentation
Dystocia
Fetal distress

Premature rupture of membranes
Preterm labor
Prolapsed umbilical cord

POSTPARTUM CARE

Endometritis
Normal physiology changes of puerperium

Perineal laceration/episiotomy care
Postpartum hemorrhage

*Updates include style and spacing changes, and organization in content area size order.

COURSE SYLLABUS
PAS 730: Surgery
Supervised Clinical Practice Experience
Physician Assistant Studies Program

Director:	Bethany Lemmon, PA-C
Office:	TSC 207
Phone:	417-873-7440
E-Mail:	blemmon002@drury.edu
Office hours:	Will vary for each PA Faculty

Course Prerequisites
Completion of the didactic year of the Drury University Physician Assistant Program.

Course Credits
4 credits

Required Texts and Course Materials
Lawrence, P.F. (2019). *Essentials of general surgery and surgical specialties* (6th ed.). Wolters Kluwer.

Loscalzo, J., Fauci, A. S., Kasper, D.L., Hauser, S. L., Longo, D. L., & Jameson, J. L. (Eds.). (2022). *Harrison's principles of internal medicine* (21st ed.). McGraw Hill.

Papadakis, M. A., McPhee, S. J., Rabow, M. W., McQuaid, K. R., & Gandhi, M. (Eds.). (2024*). Current medical diagnosis and treatment* (63rd ed*.*). McGraw Hill.

*All required readings by preceptor.

Course Description
The five-week surgical supervised clinical practice experience is designed to give students hands-on practical experience in surgical medicine. Students will gain experience in the operating room as well as in pre- and postoperative patient care. Upon completion of the surgical rotation, PA students are

expected to know how to conduct themselves appropriately in the operating room and to have gained practice in procedural skills required for care of the surgical patient including intravenous access, suturing, and other procedures as required by the preceptor. Students are expected to spend a minimum of 36-hours per week providing patient care at the clinical rotation site.

Course Goals
- To give each student hands-on practical experience in the evaluation and management of patients with health conditions requiring surgical care in a supervised surgical clinical setting.
- To develop and improve upon procedural skills required for care of the surgical patient.
- To apply best-practice medical knowledge and principles to the evaluation and management of commonly encountered health conditions requiring surgical care.

Student Learning Outcomes

Course Student Learning Outcomes (SLOs)			
Learning Outcome	Upon successful completion of the Surgery SCPE rotation, the clinical year PA student will achieve the following LO and Sub-LOs:	Assessment Tool	Competency Domains
SLO 1	Pre-Op a. Elicit appropriate patient-centered pre-op history from an adult patient and assist in obtaining informed consent. b. Perform problem-based pre-op physical exam and recommend proper diagnostic studies as indicated. c. Appropriately screen an adult surgical patient for procedural risk factors. d. Provide an adult surgical patient with pre-procedural patient-centered education. e. Professionally document pre-op SOAP note for surgical patient.	Student Evaluation by Preceptor (SEP) Mid-Rotation Performance evaluation of the student (MPES)	a. Interpersonal communication skills (ICS), Professional Behaviors (PB) b. Clinical and Technical Skills (CTS), Clinical reasoning and problem-solving (CRPS), Medical Knowledge (MK) c. MK, CRPS, CTS d. MK, CRPS, ICS e. PB, MK, CTS
SLO 2	Intra-op a. Perform proper scrubbing, gowning, and gloving techniques before entering the operating room. b. Use sterile technique and maintain sterile field throughout surgical procedure.	SEP MPES	a. CTS b. CTS, MK c. CTS, MK d. MK e. ICS, PB, CTS

	c. Close a surgical wound using appropriate suture, adhesive, and staple technique as indicated. d. Appropriately identify surgical instruments used during a surgical procedure. e. Professionally use interprofessional communication skills with physicians, nursing staff, and other healthcare members while assisting the surgeon with a surgical case.		
SLO 3	Post-Op a. Instruct an adult patient in appropriate post-op patient-centered education including proper wound care. b. Professionally recommend pain management for an adult post-op surgical patient. c. Screen post-op patients for fever and formulate a differential diagnosis and management strategy if indicated. d. Perform an adult post-op physical examination and accurately document findings in a SOAP note. e. Write a discharge summary note for a surgical patient and educate the patient regarding discharge instructions.	SEP MPES SOAP Note	a. ICS, MK, CRPS b. MK, PB, CRPS c. CRPS, MK d. CTS, MK e. CTS, MK, ICS, PB
SLO 4	Demonstrate medical knowledge of Surgery by completing PAEA Surgery End of Rotation exam, which covers the content listed in this syllabus and the End of Rotation Exam Blueprint & Topic list.	End of Rotation Exam (EORE)	MK CTS CRPS
SLO 5	Demonstrate professional behaviors throughout the Surgery rotation including: a) interprofessional teamwork, b) interpersonal skills and communication, c) professionalism.	PES MPES	PB ICS
SLO 6	Demonstrate professional conduct, as documented in the PA Program Student Handbook, and complete course administrative responsibilities as outlined in	Student Professional Behavior Evaluation	PB ICS

the Surgery syllabus.	(SPB)	

{Program Competencies: Medical Knowledge (MK), Interpersonal communication skills (ICS), Clinical and technical skills (CTS), Professional behaviors (PB), Clinical reasoning and problem-solving (CRPS)}

Instructional Objectives
*All ( ) denotes corresponding course learning outcome

1. Distinguish between a pre-operative and a post-operative **history and physical exam**. (1a, b, 3c, d)
2. Analyze the importance of obtaining informed consent for pre-operative clearance. (1a)
3. Discern how to **order and interpret** appropriate lab work and diagnostic studies as indicated for the pre-operative patient. (1b, c)
4. Compare and contrast indications, contraindications, risks, benefits, and costs associated with various tests used in the diagnosis and management of conditions seen in the surgical setting. (1b, 3c)
5. Differentiate between various types of **surgical procedures** including indications, contraindications, potential adverse effects, and patient preparation. (1c, d)
6. Compare and contrast the indications, contraindications, and routes of collection for routine specimens collected in the surgical setting including bacteriologic samples, venous and arterial blood, sputum, and urine. (1b, 3c)
7. Formulate a **differential diagnosis** for patients seen in the surgical setting based on the patient's history, physical exam findings, and results of any pertinent laboratory and diagnostic studies and develop an initial **care management plan** based on the most likely diagnosis. (1a-d)
8. Evaluate pre-op patients for potential procedural risk factors. (1c)
9. Analyze the importance of providing the surgical patient with pre-procedural **patient-centered education.** (1d)
10. Compare and contrast **medications** used in the surgical setting including dosage, administration, indications, contraindications, interactions, side effects, metabolism, and excretion in the following settings: (1c, d, 3b)
    a. Pain management
    b. Perioperative antibiotic usage
    c. Chemotherapy
    d. Inpatient considerations (e.g., sleep medications, anti-emetics, laxatives)
11. Compare and contrast various anesthetics used in the surgical setting including their indications, modes of action, contraindications, complications, and combinations for use in the following areas: (1c, d)
    a. General anesthesia
    b. Spinal and regional anesthesia
    c. Regional anesthesia and field blocks
12. Discern the composition of fluids that are frequently lost from the body during surgery, including urine, gastric secretions, diarrhea, third-spaced fluids, and hemorrhage, and be able to compensate for the loss of these fluids through the proper recommendation of IV fluids, blood, and blood product therapy. (2e)

13. Differentiate the clinical manifestations of hypovolemia versus hypervolemia and institute appropriate corrective measures as indicated for patients in the surgical setting. (3d, 2a)
14. Distinguish how to perform proper scrubbing, gowning, and gloving technique before entering the operating room. (2a)
15. Summarize the pre-surgical "time out" process. (2a, e)
16. Analyze the importance of sterile technique and maintaining a sterile field throughout the surgical procedure. (2b)
17. Differentiate how to properly position a patient for various types of surgical procedures. (2a, b, e)
18. Summarize how to transfer a patient to and from the O.R. table. (2e)
19. Compare and contrast various methods of closing a surgical wound including suture, adhesive, and staple technique and distinguish appropriate uses for each type of closure. (2c, d)
20. Differentiate between the different types of suture materials and their indicated uses including silk, gut, chromic, nylon, dacron, and vicryl. (2c)
21. Distinguish among various surgical instruments used in the operating room by their name and use. (2d)
22. Summarize how to set up a sterile field outside the O.R. (for office procedures). (2a, b)
23. Distinguish the clinical presentations of surgical emergencies and initiate appropriate action to sustain life to include the following: (2b-e)
    a. Apply basic techniques of CPR.
    b. Assist with other techniques frequently indicated in life-threatening situations (e.g., endotracheal and nasogastric intubation, defibrillation and cardioversion, central line insertion, and central venous pressure monitoring).
    c. Initiate hemostasis in a patient with hemorrhage.
    d. Assess and treat hemorrhagic shock.
    e. Assess patients with multiple trauma, skull, and spinal injuries.
24. Formulate and deliver an accurate, concise **oral case presentation** to the surgical preceptor to include the patients' history, physical exam findings, pertinent lab and test results, assessment, and the proposed **plan of care.** (2e)
25. Analyze the roles of various members of the pre-op, intra-op, and post-op **health care team** and effectively participate in **interprofessional collaboration** and coordination of patient care. (2e, 5a)
26. Analyze the importance of post-operative pain management and recommend appropriate pain control plans. (3b)
27. Discern post-surgical complications including fever, DVT, PE, atelectasis, and infection and identify clinical presentation, methods of prevention, and management recommendations for each. (3c, d)
28. Analyze the importance of clear, concise, and accurate **written documentation** of surgical patient encounters including pre-op notes, intra-op notes, post-op progress notes, and discharge summaries. (1e, 3d, e)
29. Formulate a patient-centered post-operative discharge plan, anticipating and arranging for discharge medication prescriptions, **referral** for home therapy and other services, home and self-care instructions, and scheduling follow-up care. (3a, e, 5a)
30. Develop a transition of care plan by coordinating communication with the patient's referring physician. (3a, e, 5a)

31. Analyze the importance of providing detailed post-operative **patient education** to patients and family members including discharge instructions, possible side effects, proper wound care, and follow-up care plans. (3a, e)

32. Distinguish empathetic, **culturally sensitive interpersonal communication** skills that result in an accurate and effective exchange of information with surgical patients and their families. (1a, 3a, e, 5b)

33. Analyze the importance of **professionalism** in the surgical care setting and demonstrate this type of behavior throughout the clinical rotation. (1a, e, 2e, 3b, d, 5c, 6)

34. Evaluate and interpret medical literature and current practice guidelines and apply the principles of **evidence-based medicine** to the care of surgical patients. (1b, c, 3b, c)

35. Analyze **ethical and legal considerations** as they relate to surgical care. (1a, 2e)

36. Synthesize **anatomy, physiology, pathophysiology principles**, **medical and pharmacologic knowledge,** and **critical thinking skills** to formulate an appropriate single best answer for a clinical vignette-based EOR multiple choice question.

    a. Create a self-study plan to prepare for the EOR based on the exam content outlined in Appendix A.
    b. Utilize course textbooks, resources, outcomes, and objectives to support direct patient care activities and self-study plans.
    c. Analyze areas of strength and improvement feedback to inform and focus future study efforts.
    d. Engage in key Surgery topic discussions with the preceptor to enhance the acquisition of medical knowledge necessary for patient care and exam success. (1b, c, 3b, c, 4, 5b)

Course Learning
Course learning will be achieved through a variety of methods including:
- Observation and participation at the clinical site,
- Independent reading,
- Lecture materials from the didactic phase,
- Participation in online activities developed to guide learning, and
- Supplemental learning materials as requested by preceptor.

Method of Evaluation
Student Evaluation by Preceptor (Mid-Rotation SEP): **(0%)-** SLO 1-3, 5
Formative evaluation at the mid-point of the SCPE completed by the preceptor regarding student performance. The designated score does not contribute to the final course grade. This evaluation is the same as the End-of-Rotation Preceptor Evaluation and addresses the learning outcomes SLO 1-3, 5. Any item rated 2 or below is reviewed by the DCE to determine if a deficiency exists and to help students identify areas of weakness so they may develop a plan for improvement with their preceptor. There is no remediation for the Mid-Rotation Evaluation.

Student Evaluation by Preceptor (End-of-Rotation SEP): (40%) – SLO 1- 3, 5
The student's clinical preceptor will submit an End-of-Rotation (EOR) Evaluation for the SCPE. The preceptor evaluation addresses learning outcomes 1-3, 5 and its components at the end of the rotation using the End of Rotation Evaluation Rubric. Learning outcomes may have several components within them, all components must be completed to successfully achieve each learning outcome. Deficiencies in successfully achieving the learning outcomes or their components must be remediated in alignment with the program's Remediation Policy in the PA Program Student Handbook. NOTE: Regardless of the overall

evaluation grade, any learning outcome, component, or professionalism evaluation that receives a 2 or below will be reviewed by the Director of Clinical Education (DCE). If a deficiency is found, the DCE may address it through remediation or refer the student to the Student Progress Committee (SPC) at their discretion.

Egregious professionalism violations are not eligible for remediation and result directly in a failure of the course and evaluation of the student's professional behavior by the program's SPC. Actions by this committee relate to lapses in professional behavior and may include recommendations of remediation, deceleration, or dismissal from the program. For further information on maintaining professionalism, please see the Student Handbook.

Written Exam: (40%) – SLO 4
Students will complete a standardized, 120-question multiple choice examination created by the Physician Assistant Education Association (PAEA) and based on the National Committee on Certification of Physician Assistants (NCCPA) blueprint for the Physician Assistant National Certification Exam (PANCE). Assess student medical knowledge of Surgery conditions and PAEA Core Tasks and Objectives. The EOR exam will be administered electronically in a timed setting. Refer to the Clinical Year Handbook to review Drury PA Program's grading practices of the EOR exam.

SOAP Note Documentation: (10%) -SLO 1e, 3e
Students are required to submit one SOAP note from a patient encounter to the course director at the end of the SCPE. This needs to be completed and submitted by 8 AM on the first return to campus day. See the late work policy regarding the accepting and grading of late work. The SOAP note should contain no patient identifiers per HIPAA laws.

Student Professional Behavior and Administrative Tasks Evaluation (SPB): (10%)- SLO 6
Learners will show proficiency in maintaining professional conduct and fulfilling administrative responsibilities. Administrative responsibilities include the timely and accurate completion of all forms, clinical/technical skills log, student evaluation of the clinical site, student evaluation of preceptor, patient case logging, hours logging, and student self-evaluations. Learners will also be evaluated on compliance with DUPA Program professionalism policies and communication. This is to ensure that learners in the DUPA program develop the necessary skills and attitudes required for successful clinical practice while meeting administrative expectations. Students will be given credit or no credit for administrative requirements. To gain credit all requirements must be complete and they constitute 10% of the course grade.
The faculty instructor of record completes this evaluation at the end of the clinical rotation using a standardized rubric to assess whether student professional behaviors aligned with the program's PA Professionalism Policy located in the PA Program Student Handbook and timely completion of required course administrative responsibilities. NOTE: Regardless of the overall Professional Behavioral Evaluation grade, any category receiving a score of '0 (zero) points' is reviewed by the DCE. If a deficiency is found, the DCE may address it through remediation or refer the student to the SPC at their discretion.
Required course administrative responsibilities:
- Professional conduct: compliance with the program's PA Professionalism Policy located in the PA Program Student Handbook.
- Pre-Rotation onboarding Requirements: Students must complete all onboarding requirements prior to the start of the SCPE. Instructions for completion and due

dates are provided to the student by the Clinical administrative team and clinical site prior to the rotation.

- Patient Case and Procedure Logging: Students must log all patient encounters seen and procedures performed in the Clinical Learning Management System to ensure they have had appropriate exposure to patient populations. Patient logs should be submitted, at a minimum, weekly. Failure to submit patient encounters by the completion of each clinical rotation will result in an incomplete (zero points) for administrative requirements and will be reviewed by the DCE for remediation or referral to SPC. To progress past the clinical year all minimum amounts of clinical procedure skills must be logged and confirmed by a preceptor per the Clinical Year Handbook.
- Clinical Hours Logging: Students must log all time spent in direct patient care and other onsite SCPE learning activities in the Clinical Learning Management System. Hours need to be monitored and submitted weekly by the student to make sure the minimum amount of hours will be met without going over 80 hours per week.
- Student Evaluation of Clinical Site and Preceptor: An evaluation of the clinical rotation and preceptor at the end of the rotation. This evaluates the effectiveness of the clinical curriculum, preceptors, and clinical sites in enabling the student to meet all components of course learning outcomes.
- Student self-evaluation: Formative evaluation at the middle and end of the SCPE completed by the student regarding their own performance and achievement of learning outcomes 1-6. This does not contribute to their final grade in the course.
- Professionalism will be graded on the following areas: interprofessional teamwork, interpersonal skills and communication, and professionalism. The professionalism grade is included in the End-of-rotation student evaluation by the preceptor along with the student professional behavior and administrative tasks rubric. The SPB rubric below will be completed by the course director of the rotation. The *Student Handbook* contains a complete outline of all expectations for each professionalism criteria including a grading rubric.

Professionalism Requirements	Meets Expectations	Needs Improvement	Unacceptable
Compliance and communication with DUPA Program	3 points	2 points	0 points

Administrative Requirements	Complete	Incomplete
• Pre-rotation onboarding requirements • Patient case logging • Hours logging • Clinical Procedure Skills log	7 points	0 points

• Student self-evaluation mid-rotation • Student self-evaluation end-of-rotation • Student Evaluation of clinical site and preceptor		

Course Assessment and Grading

To receive a passing grade, students must achieve a score of 75% or above.

Assessment	Percent of Final Grade
SOAP Note	10%
Preceptor End of Rotation Evaluation	40%
Multiple Choice End of Rotation Exam	40%
Professionalism/Administrative Tasks	10%
	100%

Course Grading Rubric

Grading Scale (%)	
90-100	Satisfactory
80 - 89	Satisfactory
75-79	Satisfactory
<75	Unsatisfactory

Mid-rotation Evaluation, *End of Rotation Evaluation*, and *Student Evaluation of Preceptor/Site* forms are included in the *Student Clinical Handbook*.

**Grade challenges must be submitted in writing within one week of grade distribution.

Students scoring < 75% on the surgery supervised clinical practice experience will require remediation. Students will be required to meet with the course director to develop a remediation plan.

Note: For further information regarding academic standing in the Drury University Physician Assistant Program, please refer to the *Student Handbook*.

Grade Dissemination

Graded materials in this course will be returned individually. Students may access their scores at any time using "Grades" in **Canvas.** Please note that scores returned mid-semester are unofficial grades.

Course Policies:

Grades

Late Work: Late work will not be accepted unless prior arrangements have been made or an unforeseen emergency arises preventing the student from completing their work. Any papers turned in late will be

assessed one letter grade per day. Essays **will not** be accepted if overdue by three days.

Extra Credit: There will be no opportunities for extra credit in this course.

Incomplete Grade: The current university policy concerning incomplete grades will be followed. An "I" grade (incomplete) is assigned at the discretion of the faculty member, and only if illness or other unavoidable causes prevent the student from completing the course. The student must work with the faculty member to determine what must be done to remove the "I" grade. Coursework must be completed and the "I" grade replaced with a final grade by the end of the first week of the regular semester (fall, spring, or summer) immediately following the semester in which the incomplete was assigned. Graduating students receiving an incomplete in their final semester must complete the coursework and have a final grade assigned within two weeks following the end of that same semester. The faculty member granting the incomplete, or the department chair in his or her absence, is required to report to the registrar a grade for the permanent record by the end of the period indicated. A grad of "I" not removed within the time period allowed, will automatically be changed to an "F."

A request for extension to move the deadline for replacement of an incomplete to a final grade to the end of the current semester, may be requested by the faculty member who assigned the incomplete. No more than two extensions (two semesters) will be granted for an incomplete. Until the grade has been formally recorded, the course will not be considered as hours attempted and thus will not be a part of the cumulative GPA.

Remediation: Please refer to the Drury University Physician Assistant Program *Student Handbook* for details on exam and course remediation plans.

Grade Appeal: Grade appeals are to only be utilized for final course grades. Students are entitled to a reasonable explanation of their performance in relation to the standards of the course. Students are also entitled to (1) a review of their grade by a responsible group of faculty members in cases where the student can establish a reasonable doubt that the grade was awarded fairly and (2) a reconsideration of the grade where prejudice or capriciousness is established. Please see page 42 of the *College of Graduate Studies Catalog* (GSC) for the steps to make a grade appeal.

University Honor Code
All students, faculty, and staff of Drury University are expected to know and abide by the Drury University Honor Code. This code applies to all members of the Drury Community regardless of location, as they are representatives of the University and the Drury Experience.

> *"As a member of the Drury University community, I vow to treat others with respect. I will not violate others' rights to learn and thrive in a safe, respectful environment, and by extension, I will not bully or intimidate others. Honesty will guide my every action. I will not condone any behavior compromising the Drury Honor Code."*

Academic Honesty
Academic honesty is extremely important for maintaining the integrity of our program. In keeping with the University Honor and Conduct Codes, as well as the standards of the PA profession, violations of academic honesty standards are considered serious breaches of professionalism. As future healthcare providers, your conduct and display of integrity is of paramount importance. Remain vigilant, in yourself and in your classmates, against all forms of academic dishonesty in this course and in the program. When completing coursework, students may not use unauthorized aid or represent others' original work

as their own. Instances of academic dishonesty will result in a failing grade for the assignment in question and notification of the Office of Academic Affairs but if the magnitude of the infraction merits it, the professor reserves the right to impose a more severe penalty, including failure of the course. Repeated instances of academic dishonesty will result in failure of the course and can lead to expulsion from the university. All students should be familiar with the university's Academic Integrity policies as published in the Drury University Academic Catalog (http://www.drury.edu/catalogs/).

This course may require electronic submission of assignments through the originality assessment service Turnitin which allows students to monitor their results. Submissions may also be subjected to review using other tools such as GPTZero.

You may not use generative AI tools on assignments in this course unless the assignment specifically allows it. Well-known examples of such tools include but are not limited to ChatGPT and Claude for text, and DALL•E and Midjourney for images. This policy governs all such tools, including those released during this semester.

Be aware that generative AI tools are typically trained on limited datasets and sometimes provide inaccurate information. They have also been shown to reinforce stereotypes and generalizations, the opposite of our emphasis on critical thinking.

Examples academic honesty include, but are not limited to:

29. Copying on an examination, assignment or other work to be evaluated.
30. Making copies or generating facsimiles of exam questions or assignments for any purpose
31. Inappropriate collaboration on individual assignments.
32. The use of "cheat sheets," etc.
33. Buying/selling examinations, term papers, etc. or giving any assessment-related information or assignments to subsequent classes.
34. Use of "ringers": having another student take an examination; having another student write a term paper or assignment for which the student will receive credit.
35. Submitting work for which credit has already been received in another course without the express consent of the instructor.

Technology and Media
Email: Any communication outside of the classroom will be communicated through your university email account.

Canvas: This course will be offered via Drury University's learning management system (LMS), Canvas. If you need assistance, please either log into Canvas and Chat with Canvas Support or call 417-413-5865.

Prohibited Electronic Device Usage During Clinical Rotations: Professional behavior during clinical rotations is expected at all times. This includes refraining from use of personal electronic devices such as mobile phones, iPads, laptops, etc. during clinical hours if it is not required for completing your clinical duties. These devices should only be used during personal time.

If you need technical support, please contact any of the following resources:

- **Help desk**: 417-873-7300
- helpdeskticket@drury.edu

- **Tech Services website:** https://www.drury.edu/tech-services/

Technical support hours are Monday – Friday 8 am to 5 pm.

Student Expectations

Disability Access: If you have a disability or personal circumstance that will affect your learning in this course, please notify the instructor at the beginning of the semester to discuss how best to meet the course objectives and your learning needs. If you have a documented disability requiring specific accommodations, contact Tara Friga, Director of Accessibility and Disability Services, at disability@drury.edu, 417-873-7267, in OEC 142. If you are concerned you have a disability-related condition that is impacting your academic progress and have not yet established disability-related accommodations, contact Tara Friga, Director of Accessibility and Disability Services, disability@drury.edu, 417-873-7267, in OEC 142.

Mental Health Support: Drury University has partnered with Burrell Behavioral Health to expand mental health services offered in our Drury Counseling Center for our Day School students. The Drury Counseling Center is located in the lower level of the Findlay Student Center. Students can be seen on a walk-in basis or via referral. Students now have access to a behavioral health consultant, sports psychology, and therapy sessions, in addition to on-campus Burrell mental health counselors. Students can also quickly and easily gain access to other services offered by Burrell Behavioral Health, including diagnostic testing services, psychiatry, and specialized mental health services. Should a student be referred for specialized mental health services, they will receive five free sessions via the Drury Student Assistance Program (SAP). For more information, questions, or to make an appointment, please contact Andrea Bench, MS, LPC at abench003@drury.edu; Ty Thornton, MS, LPC at tthornton003@drury.edu or David Johnson, PLPC at djohnson036@drury.edu.

Attendance: Due to the intense rigor and rapid pace of the program, attendance for all classes and curriculum related activities is mandatory. Students are expected to be on time for clinical rotations and should plan their schedules accordingly. Medical and personal appointments should be scheduled on evenings or weekends, as much as possible.

Requests for **excused absences** must be submitted to the director of clinical education using the Program's *Absence Request* form prior to the absence. All absences due to illness, accident, or other unexpected personal or family events must be reported via e-mail or telephone to the director of clinical education, program administrator, and clinical preceptor as soon as the student is aware that he/she may miss rotation time. All other absences that are not pre-approved by the director of clinical rotation will be considered **unexcused**.

An obligation for a professional organization responsibility may be considered for an excused absence. Requests for social events (early start to vacation, family reunion, etc.) will not be granted. Only urgent medical or emergent absences will be excused on exam days. For any absences where students will miss a written test or practical examination, students must follow the policy as detailed under "Assessment Policies." Unexcused absences, repeated absences, or repeated tardiness may be considered unprofessional behavior and can be grounds for disciplinary action.

Drury University Library

The Drury University Library is open from 7:45 am to 12 am daily and is available to help with research in any subject. Need help developing a research question? Finding and evaluating information? Citing sources? Ask! You can contact library services at the following:

- **Library hotline: 417-873-7483** if you have an **<u>emergent need</u>** from the library
- **Library email:** Holli Henslee at <u>hhenslee@drury.edu</u>.
- Difficulty accessing a library database, and it is the weekend, contact the circulation desk at 417-873-7338.

Course Evaluations

All students are expected to complete course evaluations in the week preceding final exams. These evaluations, which are delivered online, are an important part of Drury University's assessment program. Your cooperation in completing them is greatly appreciated. As the end of the semester or academic session draws near, you will receive information from the Office of Institutional Research and Assessment about how to complete the online evaluations.

IMPORTANT NOTE: All communications from the Office of Institutional Research and Assessment will be sent to your Drury University e-mail account. Please be sure to check and maintain your account regularly. **If you do not receive an email prior to the week of exams, please notify the PA office so we may correct the problem.**

Abbreviation Correspondence Key:

SLO: student learning outcomes
SCPE: supervised clinical practice experience
SEP: student evaluation by preceptor
EOR: End of rotation
MK: Medical Knowledge
ICS: Interpersonal communication skills
CTS: Clinical and technical skills
PB: Professional behaviors
CRPS: Clinical reasoning and problem-solving
SPC: Student progress committee
PAEA: Physician Assistant Education Association
NCCPA: National Committee on Certification of Physician Assistants
Student Professional Behavior: SPB
DUPA: Drury University Physician Assistant
DCE: Director of Clinical Education

PAEA SURGERY END OF ROTATION BLUEPRINT & TOPIC LIST:

PAEA — Surgery End of Rotation™ Exam Blueprint

Surgery 100-Question Exam		History & Physical	Diagnostic Studies	Diagnosis	Clinical Intervention	Clinical Therapeutics	Scientific Concepts	Professional Practice	Totals
		(15%)	(10%)	(25%)	(10%)	(10%)	(20%)	(10%)	(100%)
Gastrointestinal	(17%)	3	3	3	4	2	1	1	17
Cardiovascular	(15%)	2	3	4	3	1	1	1	15
Pulmonary/thoracic surgery	(13%)	2	2	3	2	1	1	2	13
Breast surgery	(10%)	2	2	2	2	1	1	0	10
Dermatologic	(10%)	2	2	2	2	1	1	0	10
Renal/genitourinary	(8%)	1	1	2	2	1	1	0	8
Trauma/acute care	(8%)	1	2	1	1	1	1	1	8
Neurologic/neurosurgery	(7%)	1	1	1	2	1	0	1	7
Pain medicine/anesthesia	(7%)	2	0	1	1	1	0	2	7
Endocrine	(5%)	1	1	1	1	1	0	0	5
Totals:	(100%)	17	17	20	20	11	7	8	**100**

The Surgery End of Rotation™ Exam is developed with perioperative setting targets to ensure the exam is inclusive of the types of cases PAs may see. The table below represents targets set for the entire exam, across the content and task areas:

Perioperative Setting	Percent
Preoperative	35%
Intraoperative	25%
Postoperative	40%

Surgery End of Rotation™
EXAM TOPIC LIST

GASTROINTESTINAL

Gastrointestinal diagnoses
Anal disorders
Appendicitis
Bowel obstruction
Cholecystitis/cholelithiasis
Diverticulitis
Gastrointestinal bleeding
Hiatal hernia
Ileus
Inflammatory bowel disease
Malignancy of the gastrointestinal tract
Obesity
Pancreatitis
Peritonitis
Toxic megacolon

Perioperative gastrointestinal risk assessment and complications

Gastrointestinal procedures
Abdominal drains
Colonoscopy
Endoscopic retrograde cholangiopancreatography
Endoscopy
Ileostomy
Nasogastric tubes
Parenteral nutrition
Percutaneous endoscopic gastronomy tube

CARDIOVASCULAR

<u>Cardiovascular diagnoses</u>
Acute arterial occlusion
Aortic aneurysm
Aortic dissection
Chronic arterial insufficiency
Chronic venous insufficiency
Compartment syndrome
Coronary artery disease
Carotid artery stenosis
Intestinal ischemia
Renal vascular disease
Valvular heart disease
Varicose veins

<u>Perioperative cardiovascular risk assessment and complications</u>

<u>Cardiovascular procedures</u>
Advanced cardiac life support
Arteriovenous fistula placement
Central line placement
Permacath/port placement
Vascular access

PAEA

PULMONARY/THORACIC SURGERY

Pulmonary/thoracic surgery diagnoses
Chylothorax
Empyema
Hemothorax
Lung malignancy
Mediastinal disorders
Pleural effusion
Pneumothorax
Pulmonary nodule

Perioperative pulmonary/thoracic surgery risk assessment and complications

Pulmonary/thoracic surgery procedures
Chest tube
Thoracentesis

BREAST SURGERY

Breast surgery diagnoses
Breast abscess
Benign breast disease
Carcinoma of the female breast
Carcinoma of the male breast
Disorders of the augmented breast
Fat necrosis
Mastitis
Phyllodes tumor

Perioperative breast surgery risk assessment and complications

Breast surgery procedures
Biopsy

DERMATOLOGIC

Dermatologic diagnoses
Burns
Cellulitis
Dermatologic neoplasms
Epidermal inclusion cyst
Hidradenitis suppurativa
Lipoma
Pressure ulcer

Perioperative dermatologic risk assessment and complications

Dermatologic procedures
Aspiration of seroma/hematoma
Incision and drainage of abscess
Skin biopsy
Skin graft and flap
Suturing

RENAL/GENITOURINARY

Renal/genitourinary diagnoses
Benign prostatic hyperplasia
Nephrolithiasis
Paraphimosis/phimosis
Testicular torsion
Urethral stricture
Urologic/renal neoplasms

Perioperative renal/genitourinary risk assessment and complications

Renal/genitourinary procedures
Lithotripsy
Urinary catheterization
Vasectomy

TRAUMA/ACUTE CARE

Trauma/acute care diagnoses
Acute abdomen
Alteration in consciousness
Compound fractures
Shock

Perioperative trauma/acute care risk assessment and complications

Trauma/acute care procedures
Transfusion

NEUROLOGIC/NEUROSURGERY

Neurologic/neurosurgery diagnoses
Carpal tunnel syndrome
Epidural hematoma
Neurologic neoplasms
Subarachnoid hemorrhage

Perioperative neurologic/neurosurgery risk assessment and complications

Neurologic/neurosurgery procedures
Lumbar puncture

PAIN MEDICINE/ANESTHESIA

Pain medicine/anesthesia diagnoses
Acute pain
Chronic pain
Substance use disorder

Perioperative pain medicine/anesthesia risk assessment and complications

Pain medicine/anesthesia procedures
Endotracheal intubation
Intravenous line placement
Local and regional anesthesia

ENDOCRINE

Endocrine diagnoses
Adrenal disorders
Endocrine neoplasms
Parathyroid disorders
Pituitary disorders
Thyroid disorders

Perioperative endocrine risk assessment and complications

Endocrine procedures
Fine needle biopsy

DISCLAIMER

The End of Rotation Topic Lists, Blueprints, and Core Tasks and Objectives are resources used by PAEA to guide the development of exam content and construction of exam forms. Questions on the exam are considered only a sample of all that might be included for the clinical experience, they are not intended to be all-inclusive, and may not reflect all content identified in the Topic Lists.

These resources will be useful to faculty when determining which other supervised clinical education experience objectives may require additional assessment tools. These resources may also be useful to students when studying for the exam; however the Topic Lists are not a comprehensive list of all the exam question topics. PAEA's goal is not to provide a list of all the topics that might be on the exams, but rather to provide students with a resource when preparing for the exams. PAEA recommends that students review the Topic List, Blueprint, and Core Tasks and Objectives in conjunction when preparing for the exam.

COURSE SYLLABUS
PAS 735: Behavioral and Mental Health
Supervised Clinical Practice Experience
Physician Assistant Studies Program

Director:	Ashley VanZant, MSPAS, PA-C
Office:	TSC 208
Phone:	417-873-6981
E-Mail:	avanzant@drury.edu
Office hours:	Will vary for each PA Faculty

Course Prerequisites
Completion of the didactic year of the Drury University Physician Assistant Program.

Course Credits
4 credits

Required Texts and Course Materials

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Publishing.

Murphy, M. J., & Cowan, R. L. (2019). *Blueprints psychiatry* (6th ed.). Wolters Kluwer.

Ebert, M. H., Luckman, J. F., & Petrakis, I. L. (2019). *Current diagnosis and treatment: Psychiatry* (3rd ed.). McGraw Hill.

Smith, R. C., Osborn, G. G., Dwamena, F. C., D'Mello, D., Freilich, L., & Laird-Fick, H. (2019). *Essentials of psychiatry in primary care: Behavioral health in the medical setting*. McGraw Hill.

Loscalzo, J., Fauci, A. S., Kasper, D.L., Hauser, S. L., Longo, D. L., & Jameson, J. L. (Eds.). (2022). *Harrison's principles of internal medicine* (21st ed.). McGraw Hill.

Papadakis, M. A., McPhee, S. J., Rabow, M. W., McQuaid, K. R., & Gandhi, M. (Eds.). (2024*). Current medical diagnosis and treatment* (63rd ed*.*). McGraw Hill.

* All required readings by preceptor.

Course Description

The five-week behavioral and mental health supervised clinical practice experience is designed to give students the opportunity to evaluate, diagnose, and manage patients with psychiatric concerns in outpatient and/or inpatient clinical settings. Students will perform psychiatric interviews, develop working diagnoses, and implement care management plans pertaining to patients' behavioral and mental health care. Students are expected to spend a minimum of 36 hours per week providing patient care at the clinical rotation site.

Course Goals

8. To give each student the opportunity to provide hands-on medical care in a supervised behavioral health setting.
9. To recognize psychiatric diagnoses and their impact on a patient's well-being.
10. To apply best-practice medical knowledge and principles to the diagnoses and management of psychiatric medical conditions.

Student Learning Outcomes

Course Student Learning Outcomes (SLOs)			
Learning Outcome	Upon successful completion of the Behavioral and Mental Health SCPE rotation, the clinical year PA student will achieve the following LO and Sub-LOs:	Assessment Tool	Competency Domains

SLO 1	Evaluate the patient for depression using the appropriate criteria and recommend a patient-centered management plan to include pharmacological treatment.	Student Evaluation by Preceptor (SEP) Mid-Rotation Performance evaluation of the student (MPES)	Medical Knowledge (MK) Clinical reasoning and problem-solving (CRPS)
SLO 2	In a patient presenting with anxiety symptoms, develop a differential diagnosis and recommend a management plan.	SEP MPES	CRPS MK
SLO 3	Professionally perform an appropriate screening exam with a patient for suicidal ideation.	SEP MPES	Clinical and technical skills (CTS) MK
SLO 4	Counsel a patient regarding the side effects of medications used in the treatment of behavioral health conditions.	SEP MPES	Interpersonal communication skills (ICS) MK
SLO 5	Obtain a patient-centered psychiatric history from the patient and family member.	SEP MPES SOAP Note	ICS MK Professional Behaviors (PB)
SLO 6	Administer a MMSE to a patient presenting with cognitive impairment.	SEP MPES	CTS MK PB
SLO 7	Screen a patient for substance abuse and recommend initial patient-centered management if indicated.	SEP MPES	CTS MK PB
SLO 8	Appropriately use the DSM-V to assist in the diagnosis of psychiatric conditions.	SEP MPES	MK CRPS
SLO 9	Recommends a behavioral health patient for appropriate follow-up consultation with a member of the mental health interprofessional team.	SEP MPES	CRPS PB ICS
SLO 10	Professionally write a SOAP note for a patient presenting with a behavioral health condition.	SOAP Note SEP MPES	CTS CRPS MK ICS
SLO 11	Demonstrate medical knowledge of Behavioral and Mental Health by completing PAEA Psychiatry and Behavioral Health End of Rotation exam, which covers the content listed in this syllabus and the End of Rotation Exam Blueprint & Topic list.	End of Rotation Exam (EORE)	MK CTS CRPS
SLO 12	Demonstrate professional behaviors throughout the Behavioral and Mental Health rotation including: a) interprofessional teamwork, b) interpersonal skills and communication,	PES MPES	PB ICS

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	c) professionalism.		
SLO 13	Demonstrate professional conduct, as documented in the PA Program Student Handbook, and complete course administrative responsibilities as outlined in the Behavioral and Mental Health syllabus.	Student Professional Behavior Evaluation (SPB)	PB ICS

{Program Competencies: Medical Knowledge (MK), Interpersonal communication skills (ICS), Clinical and technical skills (CTS), Professional behaviors (PB), Clinical reasoning and problem-solving (CRPS)}

Instructional Objectives
*All ( ) denotes the corresponding course learning outcome

1. Perform a problem-focused **history and physical examination** for patients presenting with behavioral and mental health concerns and distinguish between normal and abnormal findings. (1, 2, 5, 6, 12, 13)
2. Interpret how to employ patient-centered **counseling** techniques when eliciting a psychiatric history. (1, 3, 5, 7, 12)
3. Discern how to **order and interpret** diagnostic tests, procedures, and lab work as indicated by the clinical presentation of the behavioral health patient. (1, 2, 6, 7, 11)
4. Formulate a **differential diagnosis** based upon historical information, physical examination findings, and any pertinent laboratory or diagnostic study findings for a patient presenting with behavioral or mental health concerns. (1, 2, 5, 6, 11)
5. Differentiate between the various psychological tests and inventories used in evaluating behavioral health patients. (1, 2, 3, 6, 7, 11)
6. Distinguish effective methods of screening behavioral health patients for substance use and abuse, eating disorders, suicidal ideation, homicidal ideation, and other harmful behaviors. (3, 7, 12, 13)
7. Analyze the results of a **mental status examination** that includes the following criteria: (6, 12, 13)
    a. Appearance and behavior.
    b. Thought process and perceptions:
        i.   Coherency and relevance
        ii. Thought content
        iii. Perception
    c. Cognitive factors:
        iv.   Orientation
        v.   Attention and concentration
        vi.   Memory
        vii. Information and vocabulary
        viii. Abstract reasoning
        ix.   Judgment
        x.   Perception and coordination
8. Interpret the transference reactions and defense mechanisms used by mental health patients. (1, 2, 3, 5, 11)
9. Analyze how to evaluate patients for abuse and neglect including screening, prevention, and management in the behavioral health setting. (5, 9)
10. Analyze how to classify psychiatric disorders using the **DSM-V** and corresponding diagnostic axes. (8, 11)
11. Discern between emergent and non-emergent behavioral and mental health patient presentations and implement appropriate initial **patient care management plan** as indicated. (1, 2, 3, 5, 7, 8, 11)
12. Analyze and interpret **ethical principles and legal considerations** as they relate to the care of behavioral health patients. (3, 5, 9, 11, 12)
13. Analyze public health issues related to behavioral and mental health conditions including the following: (1, 2, 3, 7, 9, 11)
    a. Epidemiology of mental health problems

b. Mental health problems of the homeless
c. Access to care
d. Rural versus urban location
e. Cultural influences
f. Socioeconomic factors
g. Risk-taking behaviors (e.g., substance abuse)
h. Spouse, child, elder abuse
i. Epidemiology of adolescent suicide

14. Compare and contrast the indications, contraindications, interactions, complications, dosage, metabolism, and excretion for **medications** used in the treatment of behavioral health conditions. (1, 2, 4, 7, 11)
15. Analyze the importance of **patient counseling** regarding medication recommendations for treating behavioral health conditions including potential side effects, interactions, and monitoring. (4)
16. Differentiate between the different types of psychological therapy including behavioral, cognitive, group, family, and marital therapy. (1, 2, 7, 9)
17. Formulate a **patient-centered** behavioral health **clinical intervention plan** that is consistent with the working diagnosis including medication, medication monitoring, patient education, **referral coordination**, and follow up care plans as indicated. (1, 2, 4, 7, 9, 11)
18. Analyze **written documentation** of behavioral health clinical encounters to ensure accuracy and clarity of information. (4, 5, 10)
19. Analyze the importance of providing **patient-centered education** to behavioral health patients that includes the patient's diagnosis, treatment plan, and follow-up plans. (1, 2, 4, 7, 9)
20. Discern and employ empathetic, **culturally sensitive awareness and interpersonal communication** skills that result in an accurate and effective exchange of information with behavioral health patients and their families. (4, 5, 12,13)
21. Evaluate the importance of **professionalism** in the behavioral health care setting and demonstrate this type of behavior throughout the clinical rotation. (3, 4, 10, 12, 13)
22. Analyze the roles of various members of the behavioral **health care team** and effectively participate in **interprofessional collaboration.** (9, 12)
23. Formulate and deliver an accurate, concise **oral case presentation** to the behavioral health clinical preceptor ensuring clarity and appropriate organization throughout the case presentation. (1, 2, 7)
24. Evaluate medical literature and current practice guidelines and apply the principles of **evidence-based medicine** to the care of patients with behavioral health conditions. (1, 2, 3, 4, 8, 11)
25. Synthesize anatomy, physiology, and pathophysiology principles along with medical and pharmacologic knowledge, and critical thinking skills to select an appropriate single best answer for a clinical vignette based EOR multiple choice question.
    a. Create a self-study plan to prepare for the EOR based on the exam content outlined in Appendix A.
    b. Utilize course textbooks, resources, outcomes, and objectives to support direct patient care activities and self-study plans.
    c. Analyze areas of strength and improvement feedback to inform and focus future study efforts.
    d. Engage in key Behavioral and Mental Health topic discussions with the preceptor to enhance the acquisition of medical knowledge necessary for patient care and exam success. (1- 9, 11)

Course Learning
Course learning will be achieved through a variety of methods including:
- Observation and participation at the clinical site,
- Independent reading,
- Lecture materials from the didactic phase,
- Participation in online activities developed to guide learning, and

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- Supplemental learning materials as requested by preceptor.

Method of Evaluation

Student Evaluation by Preceptor (Mid-Rotation SEP): (0%)- SLO 1-13

Formative evaluation at the mid-point of the SCPE completed by the preceptor regarding student performance. The designated score does not contribute to the final course grade. This evaluation is the same as the End-of-Rotation Preceptor Evaluation and addresses the learning outcomes SLO 1- SLO 13. Any item rated 2 or below is reviewed by the DCE to determine if a deficiency exists and to help students identify areas of weakness so they may develop a plan for improvement with their preceptor. There is no remediation for the Mid-Rotation Evaluation.

Student Evaluation by Preceptor (End-of-Rotation SEP): (40%) – SLO 1-10, 12

The student's clinical preceptor will submit an End-of-Rotation (EOR) Evaluation for the SCPE. The preceptor evaluation addresses learning outcomes 1-13 and its components at the end of the rotation using the End of Rotation Evaluation Rubric. Learning outcomes may have several components within them, all components must be completed to successfully achieve each learning outcome. Deficiencies in successfully achieving the learning outcomes or their components must be remediated in alignment with the program's Remediation Policy in the PA Program Student Handbook. NOTE: Regardless of the overall evaluation grade, any learning outcome, component, or professionalism evaluation that receives a 2 or below will be reviewed by the Director of Clinical Education (DCE). If a deficiency is found, the DCE may address it through remediation or refer the student to the Student Progress Committee at their discretion.

Egregious professionalism violations are not eligible for remediation and result directly in a **failure of the course** and evaluation of the student's professional behavior by the program's *Student Progress Committee (SPC)*. Actions by this committee relate to lapses in professional behavior and may include recommendations of remediation, deceleration, or dismissal from the program. For further information on maintaining professionalism, please see the *Student Handbook*.

Written Exam: (40%)- SLO 11

Students will complete a standardized, 120-question multiple-choice examination created by the Physician Assistant Education Association (PAEA) and based on the National Committee on Certification of Physician Assistants (NCCPA) blueprint for the Physician Assistant National Certification Exam (PANCE). Assess student medical knowledge of Behavioral and Mental Health conditions and PAEA Core Tasks and Objectives. The EOR exam will be administered electronically in a timed setting. Refer to the Clinical Year Handbook to review Drury PA Program's grading practices of the EOR exam.

SOAP Note Documentation: (10%)- SLO 10

Students are required to submit one SOAP note from a patient encounter to the course director at the end of the SCPE. This needs to be completed and submitted by 8 AM on the first return to campus day. See the late work policy regarding the accepting and grading of late work. The SOAP note should contain no patient identifiers per HIPAA laws.

Student Professional Behavior and Administrative Tasks Evaluation (SPB): (10%)- SLO 13

Learners will show proficiency in maintaining professional conduct and fulfilling administrative responsibilities. Administrative responsibilities include the timely and accurate completion of all forms, clinical/technical skills log, student evaluation of the clinical site, student evaluation of preceptor, patient case logging, hours logging, and student self-evaluations. Learners will also be evaluated on compliance

with DUPA Program professionalism policies and communication. This is to ensure that learners in the DUPA program develop the necessary skills and attitudes required for successful clinical practice while meeting administrative expectations. Students will be given credit or no credit for administrative requirements. To gain credit all requirements must be complete and they constitute 10% of the course grade.

The faculty instructor of record completes this evaluation at the end of the clinical rotation using a standardized rubric to assess whether student professional behaviors aligned with the program's PA Professionalism Policy located in the PA Program Student Handbook and timely completion of required course administrative responsibilities. NOTE: Regardless of the overall Professional Behavioral Evaluation grade, any category receiving a score of '0 (zero) points' is reviewed by the DCE. If a deficiency is found, the DCE may address it through remediation or refer the student to the SPC at their discretion.

Required course administrative responsibilities:

- Professional conduct: compliance with the program's PA Professionalism Policy located in the PA Program Student Handbook.
- Pre-Rotation onboarding Requirements: Students must complete all onboarding requirements prior to the start of the SCPE. Instructions for completion and due dates are provided to the student by the Clinical administrative team and/or clinical site prior to the rotation.
- Patient Case and Procedure Logging: Students must log all patient encounters seen and procedures performed in the Clinical Learning Management System to ensure they have had appropriate exposure to patient populations. Patient logs should be submitted, at a minimum, weekly. Failure to submit patient encounters by the completion of each clinical rotation will result in an incomplete (zero points) for administrative requirements and will be reviewed by the DCE for remediation or referral to SPC. To progress past the clinical year all minimum amounts of clinical procedure skills must be logged and confirmed by a preceptor per the Clinical Year Handbook.
- Clinical Hours Logging: Students must log all time spent in direct patient care and other onsite SCPE learning activities in the Clinical Learning Management System. Hours need to be monitored and submitted weekly by the student to make sure the minimum amount of hours will be met without going over 80 hours per week.
- Student Evaluation of Clinical Site and Preceptor: An evaluation of the clinical rotation and preceptor at the end of the rotation. This evaluates the effectiveness of the clinical curriculum, preceptors, and clinical sites in enabling the student to meet all components of course learning outcomes.
- Student self-evaluation: Formative evaluation at the middle and end of the SCPE completed by the student regarding their own performance and achievement of learning outcomes 1-13. This does not contribute to their final grade in the course.
- Professionalism will be graded on the following areas: interprofessional teamwork, interpersonal skills and communication, and professionalism. The professionalism grade is included in the End-of-rotation student evaluation by the preceptor along with the student professional behavior and administrative tasks rubric. The SPB rubric below will be completed by the course director of the rotation. The *Student Handbook* contains a complete outline of all expectations for each professionalism criteria including a grading rubric.

Professionalism Requirements	Meets Expectations	Needs Improvement	Unacceptable
Compliance and communication with DUPA Program	3 points	2 points	0 points

Administrative Requirements	Complete	Incomplete
✓ Pre-rotation onboarding requirements ✓ Patient case logging ✓ Hours logging ✓ Clinical Procedure Skills log ✓ Student self-evaluation mid-rotation ✓ Student self-evaluation end-of-rotation ✓ Student Evaluation of clinical site and preceptor	7 points	0 points

Course Assessment and Grading

To receive a passing grade, students must achieve a score of 75% or above.

Assessment	Percent of Final Grade	
SOAP Note	10%	**Course**
Preceptor End of Rotation Evaluation	40%	**Grading**
Multiple Choice End of Rotation Exam	40%	**Rubric**
Professionalism/Administrative Tasks	10%	
	100%	

Grading Scale (%)	
90-100	Satisfactory
80 - 89	Satisfactory
75-79	Satisfactory
<75	Unsatisfactory

Mid-rotation Evaluation, *End of Rotation Evaluation*, and *Student Evaluation of Preceptor/Site* forms are included in the Student Clinical Year Handbook.

**Grade challenges must be submitted in writing within one week of grade distribution.

Students scoring < 75% on the behavioral and mental health supervised clinical practice experience will require remediation. Students will be required to meet with the course director to develop a remediation plan.

Note: For further information regarding academic standing in the Drury University Physician Assistant Program, please refer to the *Student Handbook*.

Grade Dissemination

Graded materials in this course will be returned individually. Students may access their scores at any time using "Grades" in **Canvas.** Please note that scores returned mid-semester are unofficial grades.

Course Policies:

Grades

Late Work: Late work will not be accepted unless prior arrangements have been made or an unforeseen emergency arises preventing the student from completing their work. Any papers turned in late will be assessed one letter grade per day. Essays **will not** be accepted if overdue by three days.

Extra Credit: There will be no opportunities for extra credit in this course.

Incomplete Grade: The current university policy concerning incomplete grades will be followed. An "I" grade (incomplete) is assigned at the discretion of the faculty member, and only if illness or other unavoidable causes prevent the student from completing the course. The student must work with the faculty member to determine what must be done to remove the "I" grade. Coursework must be completed and the "I" grade replaced with a final grade by the end of the first week of the regular semester (fall, spring, or summer) immediately following the semester in which the incomplete was assigned. Graduating students receiving an incomplete in their final semester must complete the coursework and have a final grade assigned within two weeks following the end of that same semester. The faculty member granting the incomplete, or the department chair in his or her absence, is required to report to the registrar a grade for the permanent record by the end of the period indicated. A grad of "I" not removed within the time period allowed, will automatically be changed to an "F."

A request for extension to move the deadline for replacement of an incomplete to a final grade to the end of the current semester, may be requested by the faculty member who assigned the incomplete. No more than two extensions (two semesters) will be granted for an incomplete. Until the grade has been formally recorded, the course will not be considered as hours attempted and thus will not be a part of the cumulative GPA.

Remediation: Please refer to the Drury University Physician Assistant Program *Student Handbook* for details on exam and course remediation plans.

Grade Appeal: Grade appeals are to only be utilized for final course grades. Students are entitled to a reasonable explanation of their performance in relation to the standards of the course. Students are also entitled to (1) a review of their grade by a responsible group of faculty members in cases where the student can establish a reasonable doubt that the grade was awarded fairly and (2) a reconsideration of the grade where prejudice or capriciousness is established. Please see page 42 of the *College of Graduate Studies Catalog* (GSC) for the steps to make a grade appeal.

University Honor Code

All students, faculty, and staff of Drury University are expected to know and abide by the Drury University Honor Code. This code applies to all members of the Drury Community regardless of location, as they are representatives of the University and the Drury Experience.

> *"As a member of the Drury University community, I vow to treat others with respect. I will not violate others' rights to learn and thrive in a safe, respectful environment, and by extension, I will*

not bully or intimidate others. Honesty will guide my every action. I will not condone any behavior compromising the Drury Honor Code."

Academic Honesty

When completing course work, students may not use unauthorized aid or represent others' original work as their own. Instances of academic dishonesty will result in a failing grade for the assignment in question and notification of the Office of Academic Affairs but if the magnitude of the infraction merits it, the professor reserves the right to impose a more severe penalty, including failure of the course. Repeated instances of academic dishonesty will result in failure of the course and can lead to expulsion from the university. All students should be familiar with the university's Academic Integrity policies as published in the [Drury University Academic Catalog](#).

This course may require electronic submission of assignments through the originality assessment service Turnitin which allows students to monitor their results. Submissions may also be subjected to review using other tools such as GPTZero.

You may not use generative AI tools on assignments in this course, unless the assignment specifically allows it. Well-known examples of such tools include but are not limited to ChatGPT and Claude for text, and DALL•E and Midjourney for images. This policy governs all such tools, including those released during this semester.

Be aware that generative AI tools are typically trained on limited datasets and sometimes provide inaccurate information. They have also been shown to reinforce stereotypes and generalizations, the opposite of our emphasis on critical thinking.

Academic honesty is extremely important for maintaining the integrity of our program. In keeping with the University Honor and Conduct Codes, as well as the standards of the PA profession, violations of academic honesty standards are considered serious breaches of professionalism. As future healthcare providers, your conduct and display of integrity is of paramount importance. Remain vigilant, in yourself and in classmates, against all forms of academic dishonesty in this course and in the program. Examples include, but are not limited to:

36. Copying on an examination, assignment or other work to be evaluated.
37. Making copies or generating facsimiles of exam questions or assignments for any purpose
38. Inappropriate collaboration on individual assignments.
39. The use of "cheat sheets," etc.
40. Buying/selling examinations, term papers, etc. or giving any assessment-related information or assignments to subsequent classes.
41. Use of "ringers": having another student take an examination; having another student write a term paper or assignment for which the student will receive credit.
42. Submitting work for which credit has already been received in another course without the express consent of the instructor.

Technology and Media

Email: Any communication outside of the classroom will be communicated through your university email account.

Canvas: This course will be offered via Drury University's learning management system (LMS), Canvas. If you need assistance, please either log into Canvas and Chat with Canvas Support or call 417-413-5865.

Prohibited Electronic Device Usage During Clinical Rotations: Professional behavior during clinical rotations is expected at all times. This includes refraining from use of personal electronic devices such as mobile phones, iPads, laptops, etc. during clinical hours if it is not required for completing your clinical

duties. These devices should only be used during personal time.

If you need technical support, please contact any of the following resources:

- **Help desk**: 417-873-7300
- helpdeskticket@drury.edu
- **Tech Services website:** https://www.drury.edu/tech-services/

Technical support hours are Monday – Friday 8 am to 5 pm.

Student Expectations
Disability Access: Drury University makes every effort to provide inclusive learning environments for students. Therefore, if you experience a barrier to learning in this course, please contact the instructor as soon as possible to discuss how best to meet course objectives and your learning needs. If you have a documented disability requiring specific accommodations, contact Tara Friga, Director of Accessibility and Disability Services, at disability@drury.edu, 417-873-7267, in OEC 142.
If you are concerned you have a disability-related condition that is impacting your academic progress and have not yet established disability-related accommodations, contact Tara Friga, Director of Accessibility and Disability Services, disability@drury.edu, 417-873-7267, in OEC 142

Mental Health Support
Drury University has partnered with Burrell Behavioral Health to expand mental health services offered in our Drury Counseling Center for our Day School students. The Drury Counseling Center is located in the lower level of the Findlay Student Center. Students can be seen on a walk-in basis or via referral. Students now have access to a behavioral health consultant, sports psychology, and therapy sessions, in addition to on-campus Burrell mental health counselors. Students can also quickly and easily gain access to other services offered by Burrell Behavioral Health, including diagnostic testing services, psychiatry, and specialized mental health services. Should a student be referred for specialized mental health services, they will receive five free sessions via the Drury Student Assistance Program (SAP). For more information, questions, or to make an appointment, please contact Andrea Bench, MS, LPC at abench003@drury.edu; Ty Thornton, MS, LPC at tthornton003@drury.edu or David Johnson, PLPC at djohnson036@drury.edu.

Attendance: Due to the intense rigor and rapid pace of the program, attendance for all classes and curriculum related activities is mandatory. Students are expected to be on time for clinical rotations and should plan their schedules accordingly. Medical and personal appointments should be scheduled on evenings or weekends, as much as possible.

Requests for **excused absences** must be submitted to the director of clinical education using the Program's *Absence Request* form prior to the absence. All absences due to illness, accident, or other unexpected personal or family events must be reported via e-mail or telephone to the director of clinical education, program administrator, and clinical preceptor as soon as the student is aware that he/she may miss rotation time. All other absences that are not pre-approved by the director of clinical rotation will be considered **unexcused**.

An obligation for a professional organization responsibility may be considered for an excused absence. Requests for social events (early start to vacation, family reunion, etc.) will not be granted. Only urgent medical or emergent absences will be excused on exam days. For any absences where students will miss a written test or practical examination, students must follow the policy as detailed under "Assessment

Policies." Unexcused absences, repeated absences, or repeated tardiness may be considered unprofessional behavior and can be grounds for disciplinary action.

Drury University Library

The Drury University Library is open from 7:45 am to 12 am daily and is available to help with research in any subject. Need help developing a research question? Finding and evaluating information? Citing sources? Ask! You can contact library services at the following:

- **Library hotline: 417-873-7483** if you have an **emergent need** from the library
- **Library email:** Holli Henslee at hhenslee@drury.edu.
- Difficulty accessing a library database, and it is the weekend, contact the circulation desk at 417-873-7338.

Course Evaluations
All students are expected to complete course evaluations in the week preceding final exams. These evaluations, which are delivered online, are an important part of Drury University's assessment program. Your cooperation in completing them is greatly appreciated. As the end of the semester or academic session draws near, you will receive information from the Office of Institutional Research and Assessment about how to complete the online evaluations.

IMPORTANT NOTE: All communications from the Office of Institutional Research and Assessment will be sent to your Drury University e-mail account. Please be sure to check and maintain your account regularly. **If you do not receive an email prior to the week of exams, please notify the PA office so we may correct the problem.**

Abbreviation Correspondence Key:
SLO: student learning outcomes
SCPE: supervised clinical practice experience
SEP: student evaluation by preceptor
EOR: End of rotation
MK: Medical Knowledge
ICS: Interpersonal communication skills
CTS: Clinical and technical skills
PB: Professional behaviors
CRPS: Clinical reasoning and problem-solving
SPC: Student progress committee
PAEA: Physician Assistant Education Association
NCCPA: National Committee on Certification of Physician Assistants
Student Professional Behavior: SPB
DUPA: Drury University Physician Assistant
DCE: Director of Clinical Education
SPC: Student progress committee

PAEA END OF ROTATION BLUEPRINT and TOPIC LIST

PAEA Psychiatry & Behavioral Health End of Rotation™ Exam Blueprint

Psychiatry & Behavioral Health 100-Question Exam		History & Physical	Diagnostic Studies	Diagnosis	Health Maintenance	Clinical Intervention	Clinical Therapeutics	Scientific Concepts	Totals
		(15%)	(10%)	(25%)	(10%)	(10%)	(20%)	(10%)	(100%)
Depressive disorders; Bipolar and related disorders	(18%)	3	2	4	2	2	3	2	18
Anxiety disorders; Trauma-and stress-related disorders	(18%)	3	2	4	2	2	3	2	18
Substance-related disorders	(14%)	2	1	4	1	1	3	2	14
Schizophrenia spectrum and other psychotic disorders	(12%)	2	1	4	1	1	2	1	12
Disruptive, impulse-control and conduct disorders; neurodevelopmental disorders	(10%)	1	1	2	1	1	3	1	10
Personality disorders; Obsessive-compulsive and related disorders	(8%)	1	1	2	1	1	2	0	8
Somatic symptom and related disorders; Nonadherence to medical treatment	(8%)	1	1	2	1	1	2	0	8
Feeding or eating disorders	(8%)	1	1	2	1	1	1	1	8
Paraphilic disorders; Sexual dysfunctions	(4%)	1	0	1	0	0	1	1	4
Totals:	(100%)	15	10	25	10	10	20	10	**100**

**Updates include style and spacing changes and organization in content area size order. No distribution changes were made.

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Psychiatry & Behavioral Health End of Rotation™
EXAM TOPIC LIST

DEPRESSIVE DISORDERS; BIPOLAR AND RELATED DISORDERS

Bipolar I disorder

Bipolar II disorder

Cyclothymic disorder

Major depressive disorder

Persistent depressive disorder (dysthymia)

ANXIETY DISORDERS; TRAUMA- AND STRESS-RELATED DISORDERS

Generalized anxiety disorder

Panic disorder

Phobic disorders

Post-traumatic stress disorder

Specific phobias

SUBSTANCE-RELATED DISORDERS

Alcohol-related disorders

Cannabis-related disorders

Hallucinogen-related disorders

Inhalant-related disorders

Opioid-related disorders

Sedative-, hypnotic-, or anxiolytic-related disorders

Stimulant-related disorders

Tobacco-related disorders

SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDERS

Delusional disorder

Schizoaffective disorder

Schizophrenia

Schizophreniform disorder

DISRUPTIVE, IMPULSE-CONTROL AND CONDUCT DISORDERS; NEURODEVELOPMENTAL DISORDERS

Attention-deficit/hyperactivity disorder

Autism spectrum disorder

Conduct disorder

Oppositional defiant disorder

PERSONALITY DISORDERS; OBSESSIVE-COMPULSIVE AND RELATED DISORDERS

Antisocial personality disorder

Narcissistic personality disorder

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Avoidant personality disorder	Obsessive-compulsive disorder
Body dysmorphic disorder	Obsessive-compulsive personality disorder
Borderline personality disorder	Paranoid personality disorder
Dependent personality disorder	Schizoid personality disorder
Histrionic personality disorder	Schizotypal personality disorder

SOMATIC SYMPTOM AND RELATED DISORDERS; NONADHERENCE TO MEDICAL TREAMENT

Factitious disorder	Somatic symptom disorder
Illness anxiety disorder	

FEEDING OR EATING DISORDERS

Anorexia nervosa	Bulimia nervosa

PARAPHILIC DISORDERS; SEXUAL DYSFUNCTIONS

Exhibitionistic disorder	Pedophilic disorder
Female sexual interest/arousal disorder	Sexual masochism disorder
Fetishistic disorder	Voyeuristic disorder
Male hypoactive sexual desire disorder	

*Updates include style and spacing changes, and organization in content area size order.

DISCLAIMER

The End of Rotation Topic Lists, Blueprints, and Core Tasks and Objectives are resources used by PAEA to guide the development of exam content and construction of exam forms. Questions on the exam are considered only a sample of all that might be included for the clinical experience, they are not intended to be all-inclusive, and may not reflect all content identified in the Topic Lists.

These resources will be useful to faculty when determining which other supervised clinical education experience objectives may require additional assessment tools. These resources may also be useful to students when studying for the exam; however the Topic Lists are not a comprehensive list of all the exam question topics. PAEA's goal is not to provide a list of all the topics that might be on the exams, but rather to provide students with a resource when preparing for the exams. PAEA recommends that students review the Topic List, Blueprint, and Core Tasks and Objectives in conjunction when preparing for the exam.

COURSE SYLLABUS
PAS 741 Elective Rotation
Supervised Clinical Practice Experience
Physician Assistant Studies Program

Director:	Ashley VanZant, MSPAS, PA-C
Office:	TSC 208
Phone:	417-873-6981
E-Mail:	avanzant@drury.edu
Office hours:	Will vary for each PA Faculty

Course Prerequisites
Completion of the didactic year of the Drury University Physician Assistant Program.

Course Credits
4 credits

Required Texts and Course Materials
All first year required textbooks as needed for the elective rotation.

*All required readings by preceptor.

Course Description
The five-week elective supervised clinical practice experience is designed to give students the opportunity to gain clinical experience in a specific area of interest. Areas of interest are chosen from a variety of disciplines. Students will develop and implement care management plans for medical conditions treatable by the chosen medical discipline. Students are expected to spend a minimum of 36-hours per week providing patient care at the clinical rotation site.

Course Goals
- To provide hands-on medical care in a supervised clinical care setting of the student's choice.
- To apply evidence-based medicine and critical thinking skills to the diagnosis and management of medical conditions seen in the clinical area selected for the elective rotation.

Student Learning Outcomes

Course Student Learning Outcomes (SLOs)			
Learning Outcome	Upon successful completion of the Elective SCPE rotation, the clinical year PA student will achieve the following LO and Sub-LOs:	Assessment Tool	Competency Domains

SLO 1	Perform patient-centered history and physical examinations on patients seen in the elective discipline.	Student Evaluation by Preceptor (SEP) Mid-Rotation Performance evaluation of the student (MPES)	Medical Knowledge (MK), Clinical reasoning and problem-solving (CRPS), Clinical and technical skills (CTS)
SLO 2	Order and interpret diagnostic tests, procedures, and lab work as indicated by the patient's clinical presentation in the elective discipline.	SEP MPES	CRPS MK CTS
SLO 3	Formulate a differential diagnosis based on history and physical exam findings as well as any pertinent lab work and diagnostic study results.	SEP MPES	MK CRPS
SLO 4	Develop and implement patient-centered care management plans for medical conditions encountered in the elective discipline, including pharmacologic and non-pharmacologic therapies.	SEP MPES	CRPS MK
SLO 5	Display empathetic, interpersonal communication skills that result in an accurate and effective exchange of information with elective rotation patients and their families.	SEP MPES	Interprofessional communication (ICS) Professional behaviors (PB)
SLO 6	Accurately and concisely communicate medical encounters in oral form to members of the elective clinical rotation health care team.	SEP MPES	CTS MK ICS
SLO 7	Develop understanding of the role of the PA in the interprofessional team for the elective discipline.	SEP MPES	ICS PB
SLO 8	Display professionalism during the elective rotation through responsible, ethical, and legal behaviors and practices.	SEP MPES	PB
SLO 9	Critically evaluate medical literature and current practice guidelines specific to the elective discipline to employ the principles of evidence-based medicine in patient care.	SEP MPES	MK CRPS
SLO 10	Professionally write a SOAP note for a patient presenting with a medical condition treated in the elective rotation.	SOAP Note SEP MPES	CTS
SLO 11	Demonstrate professional behaviors throughout the Elective rotation including: a) interprofessional teamwork, b) interpersonal skills and communication, c) professionalism.	PES MPES	PB ICS
SLO 12	Demonstrate professional conduct, as documented in	Student	PB

	the PA Program Student Handbook, and complete course administrative responsibilities as outlined in the Elective syllabus.	Professional Behavior Evaluation (SPB)	ICS

{Program Competencies: Medical Knowledge (MK), Interpersonal communication skills (ICS), Clinical and technical skills (CTS), Professional behaviors (PB), Clinical reasoning and problem-solving (CRPS)}

Topic List and Instructional Objectives
*All ( ) denotes corresponding course learning outcome
A. History and Physical Exam
1. Perform a **complete and problem-focused history and physical exam** as indicated by patient presentation in the rotation of choice. (1)
2. Differentiate between normal and abnormal physical examination findings for patients seen in the discipline of choice. (1, 3)

B. Diagnostic tests, procedures, and lab work
3. Distinguish how to **order, interpret, and manage** diagnostic laboratory work, tests, procedures, and imaging studies as indicated by clinical presentation for patients seen in the chosen clinical setting. (2)

C. Differential diagnosis
4. Formulate a **differential diagnosis** based on history and physical exam findings as well as any applicable diagnostic study results for patients seen during the elective rotation. (3)

D. Patient-centered care management plans
5. Compare and contrast **clinical and surgical procedures** performed in the chosen medical discipline including indications, contraindication, potential adverse effects, and costs. (2, 4)
6. Evaluate medical conditions and their potential complications for conditions seen in the discipline of choice. (1, 2, 3, 4)
7. Formulate and implement **patient-centered, culturally sensitive care management plans** that are consistent with the working diagnosis, including medication, medication monitoring, patient education, **referral coordination**, and follow up care plans for patients seen during the elective rotation. (4, 5)
8. Compare and contrast **pharmacologic entities** used in the chosen medical discipline, including indications, contraindications, interactions, side effects, cost, metabolism, and excretion. (4)

E. Interpersonal communication skills
9. Analyze the importance of **patient education and counseling** regarding medication recommendations including indications, contraindications, dosing schedule, expected outcomes, monitoring, and potential adverse effects for patients seen in the elective clinical rotation. (4, 5)
10. Discern available community resources specific to the needs of individual patients within the chosen elective discipline and direct patients to these resources as indicated. (4, 5)
11. Discern the importance of providing patient-centered care management **education and counseling** regarding the diagnosis, treatment, and follow-up plans for patients seen in the chosen clinical rotation. (4, 5, 8)
12. Distinguish **culturally sensitive,** empathetic**, patient-centered interpersonal communication** skills with patients and their families in the elective setting. (5, 8)

F. Communicate medical encounters
13. Analyze the **written documentation** to ensure accuracy and clarity of information for elective clinical encounters. (6)
14. Formulate and deliver an accurate, concise **oral case presentation** to the elective clinical preceptor, ensuring clarity and appropriate organization of the information presented. (6)

G. Role of the PA
15. Analyze the roles of various members of the **health care team** and effectively and efficiently communicate patient information with members of the **interprofessional team.** (6, 7, 8)

H. Professionalism
16. Analyze **ethical and legal considerations** related to the care of patients in the chosen clinical discipline. (8)
17. Analyze the importance of providing **patient-centered education** regarding **health promotion and disease prevention** as it applies to the discipline chosen for the elective rotation. (4, 5, 8)
18. Analyze the importance of **professionalism** in the elective rotation of choice and demonstrate such behavior throughout the rotation. (8)

I. Evaluate medical literature
19. Evaluate current medical literature and practice guidelines and apply the principles of **evidence-based medicine** to the care of patients within clinical discipline of choice. (9)

Course Learning
Course learning will be achieved through a variety of methods including:
- Observation and participation at the clinical site,
- Independent reading,
- Lecture materials from the didactic phase,
- Participation in online activities developed to guide learning, and
- Supplemental learning materials as requested by preceptor.

Method of Evaluation
Student Evaluation by Preceptor (Mid-Rotation SEP): (0%)- SLO 1-11
Formative evaluation at the mid-point of the SCPE completed by the preceptor regarding student performance. The designated score does not contribute to the final course grade. This evaluation is the same as the End-of-Rotation Preceptor Evaluation and addresses the learning outcomes SLO 1-11. Any item rated 2 or below is reviewed by the DCE to determine if a deficiency exists and to help students identify areas of weakness so they may develop a plan for improvement with their preceptor. There is no remediation for the Mid-Rotation Evaluation.

Student Evaluation by Preceptor (End-of-Rotation SEP): (40%) – SLO 1-11
The student's clinical preceptor will submit an End-of-Rotation (EOR) Evaluation for the SCPE. The preceptor evaluation addresses learning outcomes 1-11 and its components at the end of the rotation using the End of Rotation Evaluation Rubric. Learning outcomes may have several components within them, all components must be completed to successfully achieve each learning outcome. Deficiencies in successfully achieving the learning outcomes or their components must be remediated in alignment with the program's Remediation Policy in the PA Program Student Handbook. NOTE: Regardless of the overall evaluation grade, any learning outcome, component, or professionalism evaluation that receives a 2 or

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below will be reviewed by the Director of Clinical Education (DCE). If a deficiency is found, the DCE may address it through remediation or refer the student to the Student Progress Committee (SPC) at their discretion.

Egregious professionalism violations are not eligible for remediation and result directly in a failure of the course and evaluation of the student's professional behavior by the program's SPC. Actions by this committee relate to lapses in professional behavior and may include recommendations of remediation, deceleration, or dismissal from the program. For further information on maintaining professionalism, please see the Student Handbook.

SOAP Note Documentation: (25%) -SLO 6, 10
Students are required to submit two SOAP notes from patient encounters to the course director at the end of the SCPE. This needs to be completed and submitted by 8 AM on the first return to campus day. See the late work policy regarding the accepting and grading of late work. The SOAP notes should contain no patient identifiers per HIPAA laws.

SCPE Presentation: (25%) Students are required to give a 10-minute presentation to the class during the return to campus days regarding their experience during the clinical rotation. The presentation needs to include what a typical day entailed, the types of patients seen, and an interesting case presentation.

Student Professional Behavior and Administrative Tasks Evaluation (SPB): (10%)- SLO 5, 7, 8, 11
Learners will show proficiency in maintaining professional conduct and fulfilling administrative responsibilities. Administrative responsibilities include the timely and accurate completion of all forms, clinical and technical skills log, student evaluation of the clinical site, student evaluation of preceptor, patient case logging, hours logging, and student self-evaluations. Learners will also be evaluated on compliance with DUPA Program professionalism policies and communication. This is to ensure that learners in the DUPA program develop the necessary skills and attitudes required for successful clinical practice while meeting administrative expectations. Students will be given credit or no credit for administrative requirements. To gain credit all requirements must be complete and they constitute 10% of the course grade.
The faculty instructor of record completes this evaluation at the end of the clinical rotation using a standardized rubric to assess whether student professional behaviors aligned with the program's PA Professionalism Policy located in the PA Program Student Handbook and timely completion of required course administrative responsibilities. NOTE: Regardless of the overall Professional Behavioral Evaluation grade, any category receiving a score of '0 (zero) points' is reviewed by the DCE. If a deficiency is found, the DCE may address it through remediation or refer the student to the SPC at their discretion.
Required course administrative responsibilities:
- Professional conduct: compliance with the program's PA Professionalism Policy located in the PA Program Student Handbook.
- Pre-Rotation onboarding Requirements: Students must complete all onboarding requirements prior to the start of the SCPE. Instructions for completion and due dates are provided to the student by the Clinical administrative team and clinical site prior to the rotation.
- Patient Case and Procedure Logging: Students must log all patient encounters seen and procedures performed in the Clinical Learning Management System to ensure they have had appropriate exposure to patient populations. Patient logs should be submitted, at a minimum, weekly. Failure to submit patient encounters by the completion of each clinical rotation will

result in an incomplete (zero points) for administrative requirements and will be reviewed by the DCE for remediation or referral to SPC. To progress past the clinical year all minimum amounts of clinical procedure skills must be logged and confirmed by a preceptor per the Clinical Year Handbook.

- Clinical Hours Logging: Students must log all time spent in direct patient care and other onsite SCPE learning activities in the Clinical Learning Management System. Hours need to be monitored and submitted weekly by the student to make sure the minimum amount of hours will be met without going over 80 hours per week.
- Student Evaluation of Clinical Site and Preceptor: An evaluation of the clinical rotation and preceptor at the end of the rotation. This evaluates the effectiveness of the clinical curriculum, preceptors, and clinical sites in enabling the student to meet all components of course learning outcomes.
- Student self-evaluation: Formative evaluation at the middle and end of the SCPE completed by the student regarding their own performance and achievement of learning outcomes 1-6. This does not contribute to their final grade in the course.
- Professionalism will be graded on the following areas: interprofessional teamwork, interpersonal skills and communication, and professionalism. The professionalism grade is included in the End-of-rotation student evaluation by the preceptor along with the student professional behavior and administrative tasks rubric. The SPB rubric below will be completed by the course director of the rotation. The *Student Handbook* contains a complete outline of all expectations for each professionalism criteria including a grading rubric.

Professionalism Requirements	Meets Expectations	Needs Improvement	Unacceptable
Compliance and communication with DUPA Program	3 points	2 points	0 points

Administrative Requirements	Complete	Incomplete
- Pre-rotation onboarding requirements - Patient case logging - Hours logging - Clinical Procedure Skills log - Student self-evaluation mid-rotation - Student self-evaluation end-of-rotation - Student Evaluation of clinical site and preceptor	7 points	0 points

Course Assessment and Grading
To receive a passing grade, students must achieve a score of 75% or above.

Assessment	Percent of Final Grade
SOAP Note (x2)	25%
Preceptor End of Rotation Evaluation	40%

Professionalism/Administrative Tasks	10%	
SCPE Presentation	25%	
	100%	**Course Grading**

Rubric

Grading Scale (%)	
90-100	Satisfactory
80 - 89	Satisfactory
75-79	Satisfactory
<75	Unsatisfactory

Mid-rotation Evaluation, *End of Rotation Evaluation*, and *Student Evaluation of Preceptor/Site* forms are included in the Student Clinical Year Handbook.

**Grade challenges must be submitted in writing within one week of grade distribution.

Students scoring < 75% on the elective supervised clinical practice experience will require remediation. Students will be required to meet with the course director to develop a remediation plan.
Note: For further information regarding academic standing in the Drury University Physician Assistant Program, please refer to the *Student Handbook.*

Grade Dissemination
Graded materials in this course will be returned individually. Students may access their scores at any time using "Grades" in **Canvas.** Please note that scores returned mid-semester are unofficial grades.

Course Policies:
Grades
Late Work: Late work will not be accepted unless prior arrangements have been made or an unforeseen emergency arises preventing the student from completing their work. Any papers turned in late will be assessed one letter grade per day. Essays **will not** be accepted if overdue by three days.

Extra Credit: There will be no opportunities for extra credit in this course.

Incomplete Grade: The current university policy concerning incomplete grades will be followed. An "I" grade (incomplete) is assigned at the discretion of the faculty member, and only if illness or other unavoidable causes prevent the student from completing the course. The student must work with the faculty member to determine what must be done to remove the "I" grade. Coursework must be completed and the "I" grade replaced with a final grade by the end of the first week of the regular semester (fall, spring, or summer) immediately following the semester in which the incomplete was assigned. Graduating students receiving an incomplete in their final semester must complete the coursework and have a final grade assigned within two weeks following the end of that same semester. The faculty member granting the incomplete, or the department chair in his or her absence, is required to report to the registrar a grade for the permanent record by the end of the period indicated. A grad of "I" not removed within the time period allowed, will automatically be changed to an "F."

A request for extension to move the deadline for replacement of an incomplete to a final grade to the

end of the current semester, may be requested by the faculty member who assigned the incomplete. No more than two extensions (two semesters) will be granted for an incomplete. Until the grade has been formally recorded, the course will not be considered as hours attempted and thus will not be a part of the cumulative GPA.

Remediation: Please refer to the Drury University Physician Assistant Program *Student Handbook* for details on exam and course remediation plans.

Grade Appeal: Grade appeals are to only be utilized for final course grades. Students are entitled to a reasonable explanation of their performance in relation to the standards of the course. Students are also entitled to (1) a review of their grade by a responsible group of faculty members in cases where the student can establish a reasonable doubt that the grade was awarded fairly and (2) a reconsideration of the grade where prejudice or capriciousness is established. Please see page 42 of the *College of Graduate Studies Catalog* (GSC) for the steps to make a grade appeal.

University Honor Code
All students, faculty, and staff of Drury University are expected to know and abide by the Drury University Honor Code. This code applies to all members of the Drury Community regardless of location, as they are representatives of the University and the Drury Experience.

> *"As a member of the Drury University community, I vow to treat others with respect. I will not violate others' rights to learn and thrive in a safe, respectful environment, and by extension, I will not bully or intimidate others. Honesty will guide my every action. I will not condone any behavior compromising the Drury Honor Code."*

Academic Honesty
When completing course work, students may not use unauthorized aid or represent others' original work as their own. Instances of academic dishonesty will result in a failing grade for the assignment in question and notification of the Office of Academic Affairs but if the magnitude of the infraction merits it, the professor reserves the right to impose a more severe penalty, including failure of the course. Repeated instances of academic dishonesty will result in failure of the course and can lead to expulsion from the university. All students should be familiar with the university's Academic Integrity policies as published in the Drury University Academic Catalog (http://www.drury.edu/catalogs/).
This course may require electronic submission of assignments through the originality assessment service Turnitin which allows students to monitor their results. Submissions may also be subjected to review using other tools such as GPTZero.
You may not use generative AI tools on assignments in this course, unless the assignment specifically allows it. Well-known examples of such tools include but are not limited to ChatGPT and Claude for text, and DALL•E and Midjourney for images. This policy governs all such tools, including those released during this semester.
Be aware that generative AI tools are typically trained on limited datasets and sometimes provide inaccurate information. They have also been shown to reinforce stereotypes and generalizations, the opposite of our emphasis on critical thinking.
Academic honesty is extremely important for maintaining the integrity of our program. In keeping with the University Honor and Conduct Codes, as well as the standards of the PA profession, violations of academic honesty standards are considered serious breaches of professionalism. As future healthcare providers, your conduct and display of integrity is of paramount importance. Remain vigilant, in yourself and in classmates, against all forms of academic dishonesty in this course and in the program. Examples include, but are not limited to:

43. Copying on an examination, assignment or other work to be evaluated.
44. Making copies or generating facsimiles of exam questions or assignments for any purpose
45. Inappropriate collaboration on individual assignments.
46. The use of "cheat sheets," etc.
47. Buying/selling examinations, term papers, etc. or giving any assessment-related information or assignments to subsequent classes.
48. Use of "ringers": having another student take an examination; having another student write a term paper or assignment for which the student will receive credit.
49. Submitting work for which credit has already been received in another course without the express consent of the instructor.

Technology and Media

Email: Any communication outside of the classroom will be communicated through your university email account.

Canvas: This course will be offered via Drury University's learning management system (LMS), Canvas. If you need assistance, please either log into Canvas and Chat with Canvas Support or call 417-413-5865.

Prohibited Electronic Device Usage During Clinical Rotations: Professional behavior during clinical rotations is expected at all times. This includes refraining from use of personal electronic devices such as mobile phones, iPads, laptops, etc. during clinical hours unless required to complete clinical duties. These devices should only be used during personal time.

If you need technical support, please contact any of the following resources:

- **Help desk**: 417-873-7300
- helpdeskticket@drury.edu
- **Tech Services website:** https://www.drury.edu/tech-services/

Technical support hours are Monday – Friday 8 am to 5 pm.

Student Expectations

Disability Access: Drury University makes every effort to provide inclusive learning environments for students. Therefore, if you experience a barrier to learning in this course, please contact the instructor as soon as possible to discuss how best to meet course objectives and your learning needs. If you have a documented disability requiring specific accommodations, contact Tara Friga, Director of Accessibility and Disability Services, at disability@drury.edu, 417-873-7267, in OEC 142.
If you are concerned you have a disability-related condition that is impacting your academic progress and have not yet established disability-related accommodations, contact Tara Friga, Director of Accessibility and Disability Services, disability@drury.edu, 417-873-7267, in OEC 142.

Mental Health Support
Drury University has partnered with Burrell Behavioral Health to expand mental health services offered in our Drury Counseling Center for our Day School students. The Drury Counseling Center is located in the lower level of the Findlay Student Center. Students can be seen on a walk-in basis or via referral. Students now have access to a behavioral health consultant, sports psychology, and therapy sessions, in addition to on-campus Burrell mental health counselors. Students can also quickly and easily gain access to other services offered by Burrell Behavioral Health, including diagnostic testing services, psychiatry,

and specialized mental health services. Should a student be referred for specialized mental health services, they will receive five free sessions via the Drury Student Assistance Program (SAP). For more information, questions, or to make an appointment, please contact Andrea Bench, MS, LPC at abench003@drury.edu; Ty Thornton, MS, LPC at tthornton003@drury.edu or David Johnson, PLPC at djohnson036@drury.edu.

Attendance: Due to the intense rigor and rapid pace of the program, attendance for all classes and curriculum related activities is mandatory. Students are expected to be on time for clinical rotations and should plan their schedules accordingly. Medical and personal appointments should be scheduled on evenings or weekends, as much as possible.

Requests for **excused absences** must be submitted to the director of clinical education using the Program's *Absence Request* form prior to the absence. All absences due to illness, accident, or other unexpected personal or family events must be reported via e-mail or telephone to the director of clinical education, program administrator, and clinical preceptor as soon as the student is aware that he/she may miss rotation time. All other absences that are not pre-approved by the director of clinical rotation will be considered **unexcused**.

An obligation for a professional organization responsibility may be considered for an excused absence. Requests for social events (early start to vacation, family reunion, etc.) will not be granted. Only urgent medical or emergent absences will be excused on exam days. For any absences where students will miss a written test or practical examination, students must follow the policy as detailed under "Assessment Policies." Unexcused absences, repeated absences, or repeated tardiness may be considered unprofessional behavior and can be grounds for disciplinary action.

Drury University Library

The Drury University Library is open from 7:45 am to 12 am daily and is available to help with research in any subject. Need help developing a research question? Finding and evaluating information? Citing sources? Ask! You can contact library services at the following:

- **Library hotline: 417-873-7483** if you have an **emergent need** from the library
- **Library email:** Holli Henslee at hhenslee@drury.edu.
- Difficulty accessing a library database, and it is the weekend, contact the circulation desk at 417-873-7338.

Course Evaluations
All students are expected to complete course evaluations in the week preceding final exams. These evaluations, which are delivered online, are an important part of Drury University's assessment program. Your cooperation in completing them is greatly appreciated. As the end of the semester or academic session draws near, you will receive information from the Office of Institutional Research and Assessment about how to complete the online evaluations.

IMPORTANT NOTE: All communications from the Office of Institutional Research and Assessment will be sent to your Drury University e-mail account. Please be sure to check and maintain your account regularly. **If you do not receive an email prior to the week of exams, please notify the PA office so we may correct the problem.**

Abbreviation Correspondence Key:
SLO: student learning outcomes
SCPE: supervised clinical practice experience
SEP: student evaluation by preceptor
EOR: End of rotation
MK: Medical Knowledge
ICS: Interpersonal communication skills
CTS: Clinical and technical skills
PB: Professional behaviors
CRPS: Clinical reasoning and problem-solving
SPC: Student progress committee
PAEA: Physician Assistant Education Association
NCCPA: National Committee on Certification of Physician Assistants
SPB: Student Professional Behavior
DUPA: Drury University Physician Assistant
DCE: Director of Clinical Education

COURSE SYLLABUS
PAS 742 Elective Rotation
Supervised Clinical Practice Experience
Physician Assistant Studies Program

Director:	Bethany Lemmon, PA-C
Office:	TSC 207
Phone:	417-873-7440
E-Mail:	blemmon002@drury.edu
Office hours:	Will vary for each PA Faculty

Course Prerequisites
Completion of the didactic year of the Drury University Physician Assistant Program.

Course Credits
4 credits

Required Texts and Course Materials
All first year required textbooks as needed for the elective rotation.

*All required readings by preceptor.

Course Description
The five-week elective supervised clinical practice experience is designed to give students the opportunity to gain clinical experience in a specific area of interest. Areas of interest are chosen from a variety of disciplines. Students will develop and implement care management plans for medical conditions treatable by the chosen medical discipline. Students are expected to spend a minimum of 36-hours per week providing patient care at the clinical rotation site.

Course Goals
- To provide hands-on medical care in a supervised clinical care setting of the student's choice.
- To apply evidence-based medicine and critical thinking skills to the diagnosis and management of medical conditions seen in the clinical area selected for the elective rotation.

Student Learning Outcomes

	Course Student Learning Outcomes (SLOs)		
Learning Outcome	Upon successful completion of the Elective SCPE rotation, the clinical year PA student will achieve the following LO and Sub-LOs:	Assessment Tool	Competency Domains
SLO 1	Perform patient-centered history and physical examinations on patients seen in the elective discipline.	Student Evaluation by Preceptor (SEP) Mid-Rotation Performance evaluation of the student (MPES)	Medical Knowledge (MK), Clinical reasoning and problem-solving (CRPS), Clinical and technical skills (CTS)
SLO 2	Order and interpret diagnostic tests, procedures, and lab work as indicated by the patient's clinical presentation in the elective discipline.	SEP MPES	CRPS MK CTS
SLO 3	Formulate a differential diagnosis based on history and physical exam findings as well as any pertinent lab work and diagnostic study results.	SEP MPES	MK CRPS
SLO 4	Develop and implement patient-centered care management plans for medical conditions encountered in the elective discipline, including pharmacologic and non-pharmacologic therapies.	SEP MPES	CRPS MK
SLO 5	Display empathetic, interpersonal communication skills that result in an accurate and effective exchange of information with elective rotation patients and their families.	SEP MPES	Interprofessional communication (ICS) Professional behaviors (PB)
SLO 6	Accurately and concisely communicate medical encounters in oral form to members of the elective clinical rotation health care team.	SEP MPES	CTS MK ICS
SLO 7	Develop understanding of the role of the PA in the interprofessional team for the elective discipline.	SEP MPES	ICS PB
SLO 8	Display professionalism during the elective rotation through responsible, ethical, and legal behaviors and practices.	SEP MPES	PB
SLO 9	Critically evaluate medical literature and current practice guidelines specific to the elective discipline to employ the principles of evidence-based medicine in patient care.	SEP MPES	MK CRPS
SLO 10	Professionally write a SOAP note for a patient presenting with a medical condition treated in the elective rotation.	SOAP Note SEP MPES	CTS

SLO 11	Demonstrate professional behaviors throughout the Elective rotation including: a) interprofessional teamwork, b) interpersonal skills and communication, c) professionalism.	PES MPES	PB ICS
SLO 12	Demonstrate professional conduct, as documented in the PA Program Student Handbook, and complete course administrative responsibilities as outlined in the Elective syllabus.	Student Professional Behavior Evaluation (SPB)	PB ICS

{Program Competencies: Medical Knowledge (MK), Interpersonal communication skills (ICS), Clinical and technical skills (CTS), Professional behaviors (PB), Clinical reasoning and problem-solving (CRPS)}

Topic List and Instructional Objectives

***All ( ) denotes corresponding course learning outcome**

A. History and Physical Exam

1. Perform a **complete and problem-focused history and physical exam** as indicated by patient presentation in the rotation of choice. (1)
2. Differentiate between normal and abnormal physical examination findings for patients seen in the discipline of choice. (1, 3)

B. Diagnostic tests, procedures, and lab work

3. Distinguish how to **order, interpret, and manage** diagnostic laboratory work, tests, procedures, and imaging studies as indicated by clinical presentation for patients seen in the chosen clinical setting. (2)

C. Differential diagnosis

4. Formulate a **differential diagnosis** based on history and physical exam findings as well as any applicable diagnostic study results for patients seen during the elective rotation. (3)

D. Patient-centered care management plans

5. Compare and contrast **clinical and surgical procedures** performed in the chosen medical discipline including indications, contraindication, potential adverse effects, and costs. (2, 4)
6. Evaluate medical conditions and their potential complications for conditions seen in the discipline of choice. (1, 2, 3, 4)
7. Formulate and implement **patient-centered, culturally sensitive care management plans** that are consistent with the working diagnosis, including medication, medication monitoring, patient education, **referral coordination**, and follow up care plans for patients seen during the elective rotation. (4, 5)
8. Compare and contrast **pharmacologic entities** used in the chosen medical discipline, including indications, contraindications, interactions, side effects, cost, metabolism, and excretion. (4)

E. Interpersonal communication skills

9. Analyze the importance of **patient education and counseling** regarding medication recommendations including indications, contraindications, dosing schedule, expected outcomes, monitoring, and potential adverse effects for patients seen in the elective clinical rotation. (4, 5)
10. Discern available community resources specific to the needs of individual patients within the chosen elective discipline and direct patients to these resources as indicated. (4, 5)

11. Discern the importance of providing patient-centered care management **education and counseling** regarding the diagnosis, treatment, and follow-up plans for patients seen in the chosen clinical rotation. (4, 5, 8)
12. Distinguish **culturally sensitive,** empathetic**, patient-centered interpersonal communication** skills with patients and their families in the elective setting. (5, 8)

F. Communicate medical encounters
13. Analyze the **written documentation** to ensure accuracy and clarity of information for elective clinical encounters. (6)
14. Formulate and deliver an accurate, concise **oral case presentation** to the elective clinical preceptor, ensuring clarity and appropriate organization of the information presented. (6)

G. Role of the PA
15. Analyze the roles of various members of the **health care team** and effectively and efficiently communicate patient information with members of the **interprofessional team.** (6, 7, 8)

H. Professionalism
16. Analyze **ethical and legal considerations** related to the care of patients in the chosen clinical discipline. (8)
17. Analyze the importance of providing **patient-centered education** regarding **health promotion and disease prevention** as it applies to the discipline chosen for the elective rotation. (4, 5, 8)
18. Analyze the importance of **professionalism** in the elective rotation of choice and demonstrate such behavior throughout the rotation. (8)

I. Evaluate medical literature
19. Evaluate current medical literature and practice guidelines and apply the principles of **evidence-based medicine** to the care of patients within clinical discipline of choice. (9)

Course Learning
Course learning will be achieved through a variety of methods including:
- Observation and participation at the clinical site,
- Independent reading,
- Lecture materials from the didactic phase,
- Participation in online activities developed to guide learning, and
- Supplemental learning materials as requested by preceptor.

Method of Evaluation
Student Evaluation by Preceptor (Mid-Rotation SEP): (0%)- SLO 1-11
Formative evaluation at the mid-point of the SCPE completed by the preceptor regarding student performance. The designated score does not contribute to the final course grade. This evaluation is the same as the End-of-Rotation Preceptor Evaluation and addresses the learning outcomes SLO 1-11. Any item rated 2 or below is reviewed by the DCE to determine if a deficiency exists and to help students identify areas of weakness so they may develop a plan for improvement with their preceptor. There is no remediation for the Mid-Rotation Evaluation.

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The student's clinical preceptor will submit an End-of-Rotation (EOR) Evaluation for the SCPE. The

preceptor evaluation addresses learning outcomes 1-11 and its components at the end of the rotation using the End of Rotation Evaluation Rubric. Learning outcomes may have several components within them, all components must be completed to successfully achieve each learning outcome. Deficiencies in successfully achieving the learning outcomes or their components must be remediated in alignment with the program's Remediation Policy in the PA Program Student Handbook. NOTE: Regardless of the overall evaluation grade, any learning outcome, component, or professionalism evaluation that receives a 2 or below will be reviewed by the Director of Clinical Education (DCE). If a deficiency is found, the DCE may address it through remediation or refer the student to the Student Progress Committee (SPC) at their discretion.

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Learners will show proficiency in maintaining professional conduct and fulfilling administrative responsibilities. Administrative responsibilities include the timely and accurate completion of all forms, clinical and technical skills log, student evaluation of the clinical site, student evaluation of preceptor, patient case logging, hours logging, and student self-evaluations. Learners will also be evaluated on compliance with DUPA Program professionalism policies and communication. This is to ensure that learners in the DUPA program develop the necessary skills and attitudes required for successful clinical practice while meeting administrative expectations. Students will be given credit or no credit for administrative requirements. To gain credit all requirements must be complete and they constitute 10% of the course grade.
The faculty instructor of record completes this evaluation at the end of the clinical rotation using a standardized rubric to assess whether student professional behaviors aligned with the program's PA Professionalism Policy located in the PA Program Student Handbook and timely completion of required course administrative responsibilities. NOTE: Regardless of the overall Professional Behavioral Evaluation grade, any category receiving a score of '0 (zero) points' is reviewed by the DCE. If a deficiency is found, the DCE may address it through remediation or refer the student to the SPC at their discretion.
Required course administrative responsibilities:
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- Clinical Hours Logging: Students must log all time spent in direct patient care and other onsite SCPE learning activities in the Clinical Learning Management System. Hours need to be monitored and submitted weekly by the student to make sure the minimum amount of hours will be met without going over 80 hours per week.
- Student Evaluation of Clinical Site and Preceptor: An evaluation of the clinical rotation and preceptor at the end of the rotation. This evaluates the effectiveness of the clinical curriculum, preceptors, and clinical sites in enabling the student to meet all components of course learning outcomes.
- Student self-evaluation: Formative evaluation at the middle and end of the SCPE completed by the student regarding their own performance and achievement of learning outcomes 1-6. This does not contribute to their final grade in the course.
- Professionalism will be graded on the following areas: interprofessional teamwork, interpersonal skills and communication, and professionalism. The professionalism grade is included in the End-of-rotation student evaluation by the preceptor along with the student professional behavior and administrative tasks rubric. The SPB rubric below will be completed by the course director of the rotation. The *Student Handbook* contains a complete outline of all expectations for each professionalism criteria including a grading rubric.

Professionalism Requirements	Meets Expectations	Needs Improvement	Unacceptable
Compliance and communication with DUPA Program	3 points	2 points	0 points

Administrative Requirements	Complete	Incomplete
• Pre-rotation onboarding requirements • Patient case logging • Hours logging • Clinical Procedure Skills log	7 points	0 points

• Student self-evaluation mid-rotation • Student self-evaluation end-of-rotation • Student Evaluation of clinical site and preceptor		

Course Assessment and Grading

To receive a passing grade, students must achieve a score of 75% or above.

Assessment	Percent of Final Grade
SOAP Note (x2)	25%
Preceptor End of Rotation Evaluation	40%
Professionalism/Administrative Tasks	10%
SCPE Presentation	25%
	100%

Course Grading Rubric

Grading Scale (%)	
90-100	Satisfactory
80 - 89	Satisfactory
75-79	Satisfactory
<75	Unsatisfactory

Mid-rotation Evaluation, *End of Rotation Evaluation*, and *Student Evaluation of Preceptor/Site* forms are included in the Student Clinical Year Handbook.

**Grade challenges must be submitted in writing within one week of grade distribution.

Students scoring < 75% on the elective supervised clinical practice experience will require remediation. Students will be required to meet with the course director to develop a remediation plan.
Note: For further information regarding academic standing in the Drury University Physician Assistant Program, please refer to the *Student Handbook.*

Grade Dissemination

Graded materials in this course will be returned individually. Students may access their scores at any time using "Grades" in **Canvas.** Please note that scores returned mid-semester are unofficial grades.

Course Policies:

Grades

Late Work: Late work will not be accepted unless prior arrangements have been made or an unforeseen emergency arises preventing the student from completing their work. Any papers turned in late will be

assessed one letter grade per day. Essays **will not** be accepted if overdue by three days.

Extra Credit: There will be no opportunities for extra credit in this course.

Incomplete Grade: The current university policy concerning incomplete grades will be followed. An "I" grade (incomplete) is assigned at the discretion of the faculty member, and only if illness or other unavoidable causes prevent the student from completing the course. The student must work with the faculty member to determine what must be done to remove the "I" grade. Coursework must be completed and the "I" grade replaced with a final grade by the end of the first week of the regular semester (fall, spring, or summer) immediately following the semester in which the incomplete was assigned. Graduating students receiving an incomplete in their final semester must complete the coursework and have a final grade assigned within two weeks following the end of that same semester. The faculty member granting the incomplete, or the department chair in his or her absence, is required to report to the registrar a grade for the permanent record by the end of the period indicated. A grad of "I" not removed within the time period allowed, will automatically be changed to an "F."

A request for extension to move the deadline for replacement of an incomplete to a final grade to the end of the current semester, may be requested by the faculty member who assigned the incomplete. No more than two extensions (two semesters) will be granted for an incomplete. Until the grade has been formally recorded, the course will not be considered as hours attempted and thus will not be a part of the cumulative GPA.

Remediation: Please refer to the Drury University Physician Assistant Program *Student Handbook* for details on exam and course remediation plans.

Grade Appeal: Grade appeals are to only be utilized for final course grades. Students are entitled to a reasonable explanation of their performance in relation to the standards of the course. Students are also entitled to (1) a review of their grade by a responsible group of faculty members in cases where the student can establish a reasonable doubt that the grade was awarded fairly and (2) a reconsideration of the grade where prejudice or capriciousness is established. Please see page 42 of the *College of Graduate Studies Catalog* (GSC) for the steps to make a grade appeal.

University Honor Code
All students, faculty, and staff of Drury University are expected to know and abide by the Drury University Honor Code. This code applies to all members of the Drury Community regardless of location, as they are representatives of the University and the Drury Experience.

> *"As a member of the Drury University community, I vow to treat others with respect. I will not violate others' rights to learn and thrive in a safe, respectful environment, and by extension, I will not bully or intimidate others. Honesty will guide my every action. I will not condone any behavior compromising the Drury Honor Code."*

Academic Honesty
Academic honesty is extremely important for maintaining the integrity of our program. In keeping with the University Honor and Conduct Codes, as well as the standards of the PA profession, violations of academic honesty standards are considered serious breaches of professionalism. As future healthcare providers, your conduct and display of integrity is of paramount importance. Remain vigilant, in yourself and in your classmates, against all forms of academic dishonesty in this course and in the program. When completing coursework, students may not use unauthorized aid or represent others' original work

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as their own. Instances of academic dishonesty will result in a failing grade for the assignment in question and notification of the Office of Academic Affairs but if the magnitude of the infraction merits it, the professor reserves the right to impose a more severe penalty, including failure of the course. Repeated instances of academic dishonesty will result in failure of the course and can lead to expulsion from the university. All students should be familiar with the university's Academic Integrity policies as published in the Drury University Academic Catalog (http://www.drury.edu/catalogs/).

This course may require electronic submission of assignments through the originality assessment service Turnitin which allows students to monitor their results. Submissions may also be subjected to review using other tools such as GPTZero.

You may not use generative AI tools on assignments in this course unless the assignment specifically allows it. Well-known examples of such tools include but are not limited to ChatGPT and Claude for text, and DALL•E and Midjourney for images. This policy governs all such tools, including those released during this semester.

Be aware that generative AI tools are typically trained on limited datasets and sometimes provide inaccurate information. They have also been shown to reinforce stereotypes and generalizations, the opposite of our emphasis on critical thinking.

Examples academic honesty include, but are not limited to:

50. Copying on an examination, assignment or other work to be evaluated.
51. Making copies or generating facsimiles of exam questions or assignments for any purpose
52. Inappropriate collaboration on individual assignments.
53. The use of "cheat sheets," etc.
54. Buying/selling examinations, term papers, etc. or giving any assessment-related information or assignments to subsequent classes.
55. Use of "ringers": having another student take an examination; having another student write a term paper or assignment for which the student will receive credit.
56. Submitting work for which credit has already been received in another course without the express consent of the instructor.

Technology and Media
Email: Any communication outside of the classroom will be communicated through your university email account.

Canvas: This course will be offered via Drury University's learning management system (LMS), Canvas. If you need assistance, please either log into Canvas and Chat with Canvas Support or call 417-413-5865.

Prohibited Electronic Device Usage During Clinical Rotations: Professional behavior during clinical rotations is expected at all times. This includes refraining from use of personal electronic devices such as mobile phones, iPads, laptops, etc. during clinical hours unless required to complete clinical duties. These devices should only be used during personal time.

If you need technical support, please contact any of the following resources:

- **Help desk**: 417-873-7300
- helpdeskticket@drury.edu

- **Tech Services website:** https://www.drury.edu/tech-services/

Technical support hours are Monday – Friday 8 am to 5 pm.

Student Expectations

Disability Access: If you have a disability or personal circumstance that will affect your learning in this course, please notify the instructor at the beginning of the semester to discuss how best to meet the course objectives and your learning needs. If you have a documented disability requiring specific accommodations, contact Tara Friga, Director of Accessibility and Disability Services, at disability@drury.edu, 417-873-7267, in OEC 142. If you are concerned you have a disability-related condition that is impacting your academic progress and have not yet established disability-related accommodations, contact Tara Friga, Director of Accessibility and Disability Services, disability@drury.edu, 417-873-7267, in OEC 142.

Mental Health Support: Drury University has partnered with Burrell Behavioral Health to expand mental health services offered in our Drury Counseling Center for our Day School students. The Drury Counseling Center is located in the lower level of the Findlay Student Center. Students can be seen on a walk-in basis or via referral. Students now have access to a behavioral health consultant, sports psychology, and therapy sessions, in addition to on-campus Burrell mental health counselors. Students can also quickly and easily gain access to other services offered by Burrell Behavioral Health, including diagnostic testing services, psychiatry, and specialized mental health services. Should a student be referred for specialized mental health services, they will receive five free sessions via the Drury Student Assistance Program (SAP). For more information, questions, or to make an appointment, please contact Andrea Bench, MS, LPC at abench003@drury.edu; Ty Thornton, MS, LPC at tthornton003@drury.edu or David Johnson, PLPC at djohnson036@drury.edu.

Attendance: Due to the intense rigor and rapid pace of the program, attendance for all classes and curriculum related activities is mandatory. Students are expected to be on time for clinical rotations and should plan their schedules accordingly. Medical and personal appointments should be scheduled on evenings or weekends, as much as possible.

Requests for **excused absences** must be submitted to the director of clinical education using the Program's *Absence Request* form prior to the absence. All absences due to illness, accident, or other unexpected personal or family events must be reported via e-mail or telephone to the director of clinical education, program administrator, and clinical preceptor as soon as the student is aware that he/she may miss rotation time. All other absences that are not pre-approved by the director of clinical rotation will be considered **unexcused**.

An obligation for a professional organization responsibility may be considered for an excused absence. Requests for social events (early start to vacation, family reunion, etc.) will not be granted. Only urgent medical or emergent absences will be excused on exam days. For any absences where students will miss a written test or practical examination, students must follow the policy as detailed under "Assessment Policies." Unexcused absences, repeated absences, or repeated tardiness may be considered unprofessional behavior and can be grounds for disciplinary action.

Drury University Library

The Drury University Library is open from 7:45 am to 12 am daily and is available to help with research in any subject. Need help developing a research question? Finding and evaluating information? Citing sources? Ask! You can contact library services at the following:

- **Library hotline: 417-873-7483** if you have an **emergent need** from the library
- **Library email:** Holli Henslee at hhenslee@drury.edu.
- Difficulty accessing a library database, and it is the weekend, contact the circulation desk at 417-873-7338.

Course Evaluations

All students are expected to complete course evaluations in the week preceding final exams. These evaluations, which are delivered online, are an important part of Drury University's assessment program. Your cooperation in completing them is greatly appreciated. As the end of the semester or academic session draws near, you will receive information from the Office of Institutional Research and Assessment about how to complete the online evaluations.

IMPORTANT NOTE: All communications from the Office of Institutional Research and Assessment will be sent to your Drury University e-mail account. Please be sure to check and maintain your account regularly. **If you do not receive an email prior to the week of exams, please notify the PA office so we may correct the problem.**

Abbreviation Correspondence Key:

SLO: student learning outcomes

SCPE: supervised clinical practice experience

SEP: student evaluation by preceptor

EOR: End of rotation

MK: Medical Knowledge

ICS: Interpersonal communication skills

CTS: Clinical and technical skills

PB: Professional behaviors

CRPS: Clinical reasoning and problem-solving

SPC: Student progress committee

PAEA: Physician Assistant Education Association

NCCPA: National Committee on Certification of Physician Assistants

SPB: Student Professional Behavior

DUPA: Drury University Physician Assistant

DCE: Director of Clinical Education

Drury University Physician Assistant Program
Mid-Rotation Student Performance Evaluation: Behavioral and Mental Health

Student Name: _____   Dates: _____
Preceptor Name: _____   Rotation: _____

Learning Outcomes

Preceptor Instructions: Please assess the student's achievement of **learning outcomes** specific to the behavioral and mental health clinical rotation based on expectations **for this point in the student's training** using the following scale:

5 = High Achievement 4 = Above Achievement 3 = Achieved 2 = Below Achievement 1 = Poor Achievement
0 = Not Observed
< 2 needs improvement plan with preceptor

Learning Outcomes	5	4	3	2	1	0
Evaluate the patient for depression using the appropriate criteria and recommend a patient-centered management plan to include pharmacological treatment.						
In a patient presenting with anxiety symptoms, develop a differential diagnosis and recommend a management plan.						
Professionally perform an appropriate screening exam with a patient for suicidal ideation.						
Counsel a patient regarding the side effects of medications used in the treatment of behavioral health conditions.						
Obtain a patient-centered psychiatric history from the patient and family member.						
Administer a MMSE to a patient presenting with cognitive impairment.						
Screen a patient for substance abuse and recommend initial patient-centered management if indicated.						
Appropriately use the DSM-V to assist in the diagnosis of psychiatric conditions.						
Recommends a behavioral health patient for appropriate follow-up consultation with a member of the mental health interprofessional team.						
Professionally **write a SOAP note** for a patient presenting with a behavioral health condition.						
Demonstrate professional behaviors throughout the Behavioral and Mental Health rotation including: a) interprofessional teamwork,						
b) interpersonal skills and communication,						
c) professionalism						

* Each learning outcome has several areas and components, and students are required to complete all of the components to successfully achieve a score of 3 or higher for each learning outcome by the end of the clinical rotation. If a student receives a 2 or below on a learning outcome, the student will be required to remediate the individual learning outcome with the program.

If a student received a 2 or below on a learning outcome, please indicate which area and component of

the learning outcome was not met:

_____
_____

Additional Comments:

_____
_____
_____
_____

Preceptor Name: _____ Preceptor Signature: _____Date: _____

Please return completed evaluations to avanzant@drury.edu or fax back to 417-873-7278.
Thank you for taking an active role in the education of our PA students!

Drury University Physician Assistant Program
Mid-Rotation Student Performance Evaluation: Emergency Medicine

Student Name: _____   **Dates: _____**
Preceptor Name: _____   **Rotation: _____**

Learning Outcomes
Preceptor Instructions: Please assess the student's achievement of **learning outcomes** specific to the Internal Medicine clinical rotation based on expectations **for this point in the student's training** using the following scale:
5 = High Achievement 4 = Above Achievement 3 = Achieved 2 = Below Achievement 1 = Poor Achievement
0 = Not Observed
< 2 needs improvement plan with preceptor

Emergent Learning Outcomes	5	4	3	2	1	0
Professionally triage life-threatening emergent conditions from acute and non-emergent conditions based on recognition of abnormal vital signs, examination findings, and general observations.						
For an adult patient presenting with chest pain, perform a patient-centered problem-focused history and physical exam, formulate a differential diagnosis, and order and interpret appropriate diagnostic EKG and lab work.						
Evaluate a patient with dyspnea, order and interpret diagnostic tests						

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	5	4	3	2	1	0
including pulse oximetry and chest x-ray, formulate a differential diagnosis, and develop a management plan.						
Perform a patient-centered problem-focused history and physical exam, formulate a differential diagnosis, order and interpret appropriate diagnostic tests, and design a treatment plan for an adult patient with a headache.						
Evaluate a patient with a fracture, conduct a patient-centered history and physical exam, and appropriately interpret the radiograph.						
Acute Learning Outcomes	**5**	**4**	**3**	**2**	**1**	**0**
Repair a laceration using the appropriate suture, adhesive, and staple technique as indicated and provide appropriate wound-care education to patient.						
Appropriately perform an I&D on an abscess and provide patient education regarding post care.						
Appropriately insert an IV via venipuncture on a patient requiring IV medications.						
Evaluate an adult patient presenting with back pain, formulate a differential diagnosis, and recommend further evaluation and an appropriate care management plan as indicated.						
Perform a patient-centered problem-focused history and physical, formulate a differential diagnosis, and order and interpret appropriate diagnostic studies for a patient with abdominal pain.						
Professionally document an ED progress note and discharge summary while appropriately educating the patient.						
Learning Outcomes	**5**	**4**	**3**	**2**	**1**	**0**
Demonstrate professional behaviors throughout the Emergency Medicine rotation including: a) interprofessional teamwork,						
b) interpersonal skills and communication,						
c) professionalism						

* Each learning outcome has several areas and components, and students are required to complete all of the components to successfully achieve a score of 3 or higher for each learning outcome by the end of the clinical rotation. If a student receives a 2 or below on a learning outcome, the student will be required to remediate the individual learning outcome with the program.

If a student received a 2 or below on a learning outcome, please indicate which area and component of the learning outcome was not met:

_____
_____

Additional Comments:

_____
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_____
_____

Preceptor Name: _____ Preceptor Signature: _____Date: _____

Please return completed evaluations to avanzant@drury.edu or fax back to 417-873-7278.
Thank you for taking an active role in the education of our PA students!

Drury University Physician Assistant Program
Mid-Rotation Student Performance Evaluation: Family Medicine

Student Name: _____   **Dates: _____**
Preceptor Name: _____   **Rotation: _____**

Learning Outcomes
Preceptor Instructions: Please assess the student's achievement of **learning outcomes** specific to the Family Medicine clinical rotation based on expectations **for this point in the student's training** using the following scale:

 5 = High Achievement 4 = Above Achievement 3 = Achieved 2 = Below Achievement 1 = Poor Achievement
0 = Not Observed
< 2 needs improvement plan with preceptor

Acute Learning Outcomes	5	4	3	2	1	0
Perform a patient-centered problem-focused history and exam on a patient presenting with URI symptoms, formulate a differential diagnosis, and develop an appropriate care management plan.						
Professionally evaluate an adult patient presenting with dysuria, order and interpret urinalysis, and design a treatment strategy.						
For an adult patient with heartburn symptoms, perform a patient-centered H&P, formulate a differential diagnosis, create a management plan, and educate the patient.						
Appropriately perform a problem-focused history and physical exam on a patient with a musculoskeletal injury, order and interpret laboratory tests and diagnostic imaging to include an x-ray, and accurately immobilize the extremity if necessary.						
Evaluate a patient presenting with a rash, develop a differential diagnosis, and recommend an appropriate care management plan.						
Chronic Learning Outcomes	5	4	3	2	1	0
In an adult patient presenting for follow-up of hypertension, create a management plan to include ordering and interpreting appropriate diagnostic and laboratory testing and adjusting medication if indicated.						
Conduct a patient-centered problem-based history and physical exam, order and interpret appropriate diagnostic studies, and formulate a						

treatment plan for a patient with existing thyroid disease.						
For a patient with COPD, evaluate the status of the current illness and adherence to the treatment plan, perform a physical examination, and make appropriate patient-centered care recommendations.						
Professionally evaluate an adult patient for follow-up of dyslipidemia, order and interpret appropriate follow-up lab work, and make appropriate care recommendations to include patient education, lifestyle modification, and pharmacological treatment.						
Perform an appropriate physical exam, review laboratory results, including a HgbA1c, appropriately adjust medications, and recommend appropriate glucose monitoring and lifestyle modifications for an adult patient presenting for follow-up of diabetes mellitus.						
Preventive Learning Outcomes	5	4	3	2	1	0
Professionally screen an adult patient for colon cancer and refer the patient for a screening colonoscopy as indicated						
Perform a well-exam on an adult, order and interpret appropriate screening tests, and provide appropriate patient-centered health maintenance education, including immunizations.						
Perform osteoporosis screening with a patient and order a bone density test if indicated by guidelines.						
Counsel an adult patient regarding smoking cessation and management strategies.						
Screen an adult patient for cardiovascular risk factors and make recommendations for lifestyle changes.						
Learning Outcomes	5	4	3	2	1	0
Professionally **write a SOAP note** for a patient presenting with a family medicine condition.						
Demonstrate professional behaviors throughout the Family Medicine rotation including: a) interprofessional teamwork,						
b) interpersonal skills and communication,						
c) professionalism						

* Each learning outcome has several areas and components, and students are required to complete all of the components to successfully achieve a score of 3 or higher for each learning outcome by the end of the clinical rotation. If a student receives a 2 or below on a learning outcome, the student will be required to remediate the individual learning outcome with the program.

If a student received a 2 or below on a learning outcome, please indicate which area and component of the learning outcome was not met:

_____
_____

Additional Comments:
_____
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_____
_____

Preceptor Name: _____ Preceptor Signature: _____Date: _____

Drury University Physician Assistant Program
Mid-Rotation Student Performance Evaluation: Internal Medicine

Student Name: _____   Dates: _____
Preceptor Name: _____   Rotation: _____

Learning Outcomes
Preceptor Instructions: Please assess the student's achievement of **learning outcomes** specific to the Internal Medicine clinical rotation based on expectations **for this point in the student's training** using the following scale:

  5 = High Achievement 4 = Above Achievement 3 = Achieved 2 = Below Achievement 1 = Poor Achievement
0 = Not Observed
< 2 needs improvement plan with preceptor

Acute Learning Outcomes	5	4	3	2	1	0
Perform a patient-centered admission H&P on an adult hospital patient and accurately document the admission note and orders.						
Appropriately order and manage oxygen therapy for an adult inpatient.						
For an adult patient in the hospital setting, recommend the appropriate intravenous fluid and electrolyte management.						
Perform appropriate documentation of a hospital discharge summary and plan and educate the patient regarding discharge instructions.						
Professionally calculate and manage the intravenous medication of an adult hospital patient.						
Chronic Learning Outcomes	**5**	**4**	**3**	**2**	**1**	**0**
Appropriately round on adult patient daily by assessing vital signs, laboratory and diagnostic test results, patient status and disposition, and accurately document findings in a progress note.						
Monitor an adult inpatient with chronic diabetes mellitus and develop a patient-centered management plan to include glucose monitoring and medication management.						
In an adult hospitalized patient with existing COPD, recommend appropriate continued management and document plan of care.						
Professionally monitor and correctly adjust medication of an adult patient on chronic anticoagulation therapy.						
Evaluate and manage a patient with existing CHF, order appropriate labs, adjust medication as warranted, and make appropriate patient-centered care management recommendations.						
Elderly Learning Outcomes	**5**	**4**	**3**	**2**	**1**	**0**
Appropriately dose the medication of an elderly patient, considering age-related dose-adjustment guidelines.						
Assess an elderly patient for polypharmacy and consider if medication						

	5	4	3	2	1	0
adjustment is indicated.						
Screen an elderly patient for fall risk and provide appropriate patient-centered education regarding fall prevention.						
Professionally screen an elderly patient for elder abuse.						
Educate an elderly patient on the importance of an advanced health care directive under the guidance of the supervising provider.						
Learning Outcomes	**5**	**4**	**3**	**2**	**1**	**0**
Professionally **write a SOAP note** for a patient in the inpatient internal medicine setting.						
Demonstrate professional behaviors throughout the Internal Medicine rotation including: a) interprofessional teamwork,						
b) interpersonal skills and communication,						
c) professionalism						

* Each learning outcome has several areas and components, and students are required to complete all of the components to successfully achieve a score of 3 or higher for each learning outcome by the end of the clinical rotation. If a student receives a 2 or below on a learning outcome, the student will be required to remediate the individual learning outcome with the program.

If a student received a 2 or below on a learning outcome, please indicate which area and component of the learning outcome was not met:
_____
_____

Additional Comments:
_____
_____
_____
_____

Preceptor Name: _____ Preceptor Signature: _____Date: _____

Please return completed evaluations to avanzant@drury.edu or fax back to 417-873-7278.
Thank you for taking an active role in the education of our PA students!

Drury University Physician Assistant Program
Mid-Rotation Student Performance Evaluation: Pediatrics

Student Name: _____   Dates: _____
Preceptor Name: _____   Rotation: _____

Learning Outcomes

Preceptor Instructions: Please assess the student's achievement of **learning outcomes** specific to the pediatric clinical rotation based on expectations **for this point in the student's training** using the following scale:

5 = High Achievement 4 = Above Achievement 3 = Achieved 2 = Below Achievement 1 = Poor Achievement
0 = Not Observed
< 2 needs improvement plan with preceptor

Infant Learning Outcomes (birth – age 2)	5	4	3	2	1	0
Perform a **well-child exam** on an **infant** and assess age-appropriate **developmental milestones**.						
Professionally recommend **vaccinations** to the parents of an infant according to CDC vaccination schedule.						
Provide the family of an infant with age-appropriate patient-centered **anticipatory guidance** education.						
Perform an exam on an infant with acute **fever,** formulate a differential diagnosis, and recommend appropriate diagnostic studies as indicated.						
Correctly calculate the **pediatric medication dosages** for an infant.						
Child Learning Outcomes (age 2 – 12)	5	4	3	2	1	0
Perform a **well-child exam** on a child and provide appropriate **anticipatory guidance** to child and family.						
Professionally plot and interpret age-appropriate **growth charts** including weight, height, head circumference, and BMI for a child as indicated.						
Elicit a patient-centered history, perform an otoscopic exam, and develop a treatment plan on child presenting with acute **ear pain**.						
Perform a rapid strep throat swab on a child with acute **sore throat,** interpret the results, and formulate a management plan.						
In a child presenting with acute **diarrhea**, obtain a patient-centered history and physical exam, formulate a differential diagnosis, develop a treatment plan including prescribed medication, and provide parental education.						
In a child with a chronic illness, develop an individualized treatment plan, recommend appropriate monitoring labs and diagnostic studies, provide patient education to the patient and family, and integrate evidence-based practices.						
Adolescent Learning Outcomes (age 13 – 18)	5	4	3	2	1	0
Elicit a patient-centered history, perform a **physical examination**, and assess for **Tanner Staging on an adolescent.**						
Screen an adolescent for depression and make recommendations for treatment and management if indicated.						

	5	4	3	2	1	0
Recommend appropriate **adolescent vaccinations** as recommended by CDC vaccination schedule.						
Perform a patient-centered history and physical exam on an adolescent presenting with acute **cough,** develop differential diagnosis, and recommend appropriate tests and care management plan.						
Professionally screen adolescent for use of **tobacco and vaping products** and provide appropriate patient education.						
In an adolescent with a chronic illness, develop an individualized treatment plan, recommend appropriate monitoring labs and diagnostic studies, provide patient education to the patient and family, and integrate evidence-based practices.						
Learning Outcomes	5	4	3	2	1	0
Professionally write a SOAP note for a patient presenting with a pediatric medicine condition.						
Demonstrate professional behaviors throughout the Pediatric Medicine rotation including: a) interprofessional teamwork,						
b) interpersonal skills and communication						
c) professionalism.						

* Each learning outcome has several areas and components, and students are required to complete all of the components to successfully achieve a score of 3 or higher for each learning outcome by the end of the clinical rotation. If a student receives a 2 or below on a learning outcome, the student will be required to remediate the individual learning outcome with the program.

If a student received a 2 or below on a learning outcome, please indicate which area and component of the learning outcome was not met:
_____
_____
_____

Additional Comments:
_____
_____
_____
_____

Preceptor Name: _____ Preceptor Signature: _____ Date: _____

Please return completed evaluations to avanzant@drury.edu or fax back to 417-873-6981.
Thank you for taking an active role in the education of our PA students!

Drury University Physician Assistant Program
Mid-Rotation Student Performance Evaluation: Surgery

Student Name: _____   Dates: _____
Preceptor Name: _____   Rotation: _____

Learning Outcomes
Preceptor Instructions: Please assess the student's achievement of **learning outcomes** specific to the Internal Medicine clinical rotation based on expectations **for this point in the student's training** using the following scale:

 5 = High Achievement 4 = Above Achievement 3 = Achieved 2 = Below Achievement 1 = Poor Achievement
0 = Not Observed
≤ 2 needs improvement plan with preceptor

Pre-Op Learning Outcomes	5	4	3	2	1	0
Elicit appropriate patient-centered pre-op history from an adult patient and assist in obtaining informed consent.						
Perform problem-based pre-op physical exam and recommend proper diagnostic studies as indicated.						
Appropriately screen an adult surgical patient for procedural risk factors.						
Provide an adult surgical patient with pre-procedural patient-centered education.						
Professionally document pre-op SOAP note for surgical patient.						
Intra-Op Learning Outcomes	**5**	**4**	**3**	**2**	**1**	**0**
Perform proper scrubbing, gowning, and gloving techniques before entering the operating room.						
Use sterile technique and maintain sterile field throughout surgical procedure.						
Close a surgical wound using appropriate suture, adhesive, and staple technique as indicated.						
Appropriately identify surgical instruments used during a surgical procedure.						
Professionally use interprofessional communication skills with physicians, nursing staff, and other healthcare members while assisting the surgeon with a surgical case.						
Post-Op Learning Outcomes	**5**	**4**	**3**	**2**	**1**	**0**
Instruct an adult patient in appropriate post-op patient-centered education including proper wound care.						
Professionally recommend pain management for an adult post-op surgical patient.						
Screen post-op patients for fever and formulate a differential diagnosis and management strategy if indicated.						
Perform an adult post-op physical examination and accurately						

	5	4	3	2	1	0
document findings in a SOAP note.						
Write a discharge summary note for a surgical patient and educate the patient regarding discharge instructions.						
Learning Outcomes	5	4	3	2	1	0
Demonstrate professional behaviors throughout the Surgery rotation including: a) interprofessional teamwork,						
b) interpersonal skills and communication,						
c) professionalism						

* Each learning outcome has several areas and components, and students are required to complete all of the components to successfully achieve a score of 3 or higher for each learning outcome by the end of the clinical rotation. If a student receives a 2 or below on a learning outcome, the student will be required to remediate the individual learning outcome with the program.

If a student received a 2 or below on a learning outcome, please indicate which area and component of the learning outcome was not met:

_____
_____

Additional Comments:

_____
_____
_____
_____

Preceptor Name: _____ Preceptor Signature: _____Date: _____

Please return completed evaluations to avanzant@drury.edu or fax back to 417-873-7278.
Thank you for taking an active role in the education of our PA students!

Drury University Physician Assistant Program
Mid-Rotation Student Performance Evaluation: Women's Health

Student Name: _____ **Dates: _____**
Preceptor Name: _____ **Rotation: _____**

Learning Outcomes
Preceptor Instructions: Please assess the student's achievement of **learning outcomes** specific to the women's health clinical rotation based on expectations **for this point in the student's training** using the following scale:
 5 = High Achievement 4 = Above Achievement 3 = Achieved 2 = Below Achievement 1 = Poor Achievement
0 = Not Observed
< 2 needs improvement plan with preceptor

Gynecologic Care Learning Outcomes	5	4	3	2	1	0
Perform a pelvic exam and obtain screening pap smear and cultures if indicated by clinical presentation and current guidelines.						
Perform a breast exam with a female patient and recommend mammography as indicated.						
Evaluate a patient presenting with vaginal discharge, formulate a differential diagnosis, obtain wet prep and cultures as indicated, and recommend appropriate care management plan.						
Perform a patient-centered history and physical exam of a patient with pelvic pain, formulate a differential diagnosis, and refer patient for appropriate diagnostic studies as indicated.						
Professionally counsel a patient regarding use of contraception, including various options, risks vs benefits, medication interactions, and correct use.						
Prenatal Care Learning Outcomes	5	4	3	2	1	0
Provide appropriate patient-centered education on prenatal care.						
Calculate estimated date of confinement and gestational age using date of last menstrual period and abdominal ultrasound.						
Perform a prenatal exam on a pregnant female patient to include fetal heart tones & fundal height.						
Recommend appropriate prenatal screening including blood pressure check, urinalysis, and oral glucose tolerance test as indicated by the trimester.						
Professionally screen a prenatal patient for pregnancy complications and develop a management strategy if indicated.						
Learning Outcomes	5	4	3	2	1	0
Professionally write a SOAP note for a patient presenting with a women's health condition.						
Demonstrate professional behaviors throughout the Women's Health rotation including: a) interprofessional teamwork,						
b) interpersonal skills and communication						
c) professionalism.						

* * Each learning outcome has several areas and components, and students are required to complete all of the components to successfully achieve a score of 3 or higher for each learning outcome by the end of the clinical rotation. If a student receives a 2 or below on a learning outcome, the student will be required to remediate the individual learning outcome with the program.

If a student received a 2 or below on a learning outcome, please indicate which area and component of the learning outcome was not met:

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Additional Comments:

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Preceptor Name: _____ Preceptor Signature: _____Date: _____

Drury University Physician Assistant Program
Mid-Rotation Student Performance Evaluation: Elective

Student Name: _____   **Dates: _____**
Preceptor Name: _____   **Rotation: _____**

Learning Outcomes

Preceptor Instructions: Please assess the student's achievement of **learning outcomes** specific to the behavioral and mental health clinical rotation based on expectations **for this point in the student's training** using the following scale:

 5 = High Achievement 4 = Above Achievement 3 = Achieved 2 = Below Achievement 1 = Poor Achievement
0 = Not Observed
< 2 needs improvement plan with preceptor

Learning Outcomes	5	4	3	2	1	0
Perform patient-centered history and physical examinations on patients seen in the elective discipline.						
Order and interpret diagnostic tests, procedures, and lab work as indicated by the patient's clinical presentation in the elective discipline.						
Formulate a differential diagnosis based on history and physical exam findings as well as any pertinent lab work and diagnostic study results.						
Develop and implement patient-centered care management plans for medical conditions encountered in the elective discipline, including pharmacologic and non-pharmacologic therapies.						
Display empathetic, interpersonal communication skills that result in an accurate and effective exchange of information with elective rotation patients and their families.						
Accurately and concisely communicate medical encounters in oral form to members of the elective clinical rotation health care team.						
Develop understanding of the role of the PA in the interprofessional team for the elective discipline.						
Display professionalism during the elective rotation through responsible, ethical, and legal behaviors and practices.						
Critically evaluate medical literature and current practice guidelines specific to the elective discipline to employ the principles of evidence-based medicine in patient care.						
Professionally write a SOAP note for a patient presenting with a medical						

condition treated in the elective rotation.					
Demonstrate professional behaviors throughout the Elective rotation including:					
a) interprofessional teamwork,					
b) interpersonal skills and communication,					
c) professionalism					

* Each learning outcome has several areas and components, and students are required to complete all of the components to successfully achieve a score of 3 or higher for each learning outcome by the end of the clinical rotation. If a student receives a 2 or below on a learning outcome, the student will be required to remediate the individual learning outcome with the program.

If a student received a 2 or below on a learning outcome, please indicate which area and component of the learning outcome was not met:

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Additional Comments:

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Preceptor Name: _____ Preceptor Signature: _____Date: _____

Please return completed evaluations to avanzant@drury.edu or fax back to 417-873-7278.
Thank you for taking an active role in the education of our PA students!

Drury University Physician Assistant Program
End-of-Rotation Student Performance Evaluation: Behavioral and Mental Health

Student Name: _____   **Dates: _____**
Preceptor Name: _____   **Rotation: _____**

Learning Outcomes
Preceptor Instructions: Please assess the student's achievement of **learning outcomes** specific to the behavioral and mental health clinical rotation based on the following scale:

5 = High Achievement 4 = Above Achievement 3 = Achieved 2 = Below Achievement 1 = Poor Achievement
0 = Not Observed
≤ 2 must be remediated

Learning Outcomes	5	4	3	2	1	0
Evaluate the patient for depression using the appropriate criteria and recommend a patient-centered management plan to include pharmacological treatment.						
In a patient presenting with anxiety symptoms, develop a differential diagnosis and recommend a management plan.						
Professionally perform an appropriate screening exam with a patient for suicidal ideation.						
Counsel a patient regarding the side effects of medications used in the treatment of behavioral health conditions.						
Obtain a patient-centered psychiatric history from the patient and family member.						
Administer a MMSE to a patient presenting with cognitive impairment.						
Screen a patient for substance abuse and recommend initial patient-centered management if indicated.						
Appropriately use the DSM-V to assist in the diagnosis of psychiatric conditions.						
Recommends a behavioral health patient for appropriate follow-up consultation with a member of the mental health interprofessional team.						
Professionally **write a SOAP note** for a patient presenting with a behavioral health condition.						
Demonstrate professional behaviors throughout the Behavioral and Mental Health rotation including: a) interprofessional teamwork,						
b) interpersonal skills and communication,						
c) professionalism						

* Each learning outcome has several areas and components, and students are required to complete all of the components to successfully achieve a score of 3 or higher for each learning outcome. If a student receives a 2 or below on a learning outcome, the student will be required to remediate the individual learning outcome with the program.

If a student received a 2 or below on a learning outcome, please indicate which area and component of the learning outcome was not met:
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Additional Comments:
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Preceptor Name: _____ Preceptor Signature: _____Date: _____

Drury University Physician Assistant Program
End-of-Rotation Student Performance Evaluation: Emergency Medicine

Student Name: _____   Dates: _____
Preceptor Name: _____   Rotation: _____

Learning Outcomes

Preceptor Instructions: Please assess the student's achievement of **learning outcomes** specific to the emergency medicine clinical rotation based on the following scale:

5 = High Achievement 4 = Above Achievement 3 = Achieved 2 = Below Achievement 1 = Poor Achievement
0 = Not Observed
< 2 must be remediated

Emergent Learning Outcomes	5	4	3	2	1	0
Professionally triage life-threatening emergent conditions from acute and non-emergent conditions based on recognition of abnormal vital signs, examination findings, and general observations.						
For an adult patient presenting with chest pain, perform a patient-centered problem-focused history and physical exam, formulate a differential diagnosis, and order and interpret appropriate diagnostic EKG and lab work.						
Evaluate a patient with dyspnea, order and interpret diagnostic tests including pulse oximetry and chest x-ray, formulate a differential diagnosis, and develop a management plan.						
Perform a patient-centered problem-focused history and physical exam, formulate a differential diagnosis, order and interpret appropriate diagnostic tests, and design a treatment plan for an adult patient with a headache.						
Evaluate a patient with a fracture, conduct a patient-centered history and physical exam, and appropriately interpret the radiograph.						
Acute Learning Outcomes	**5**	**4**	**3**	**2**	**1**	**0**
Repair a laceration using the appropriate suture, adhesive, and staple technique as indicated and provide appropriate wound-care education to patient.						
Appropriately perform an I&D on an abscess and provide patient education regarding post care.						

	5	4	3	2	1	0
Appropriately insert an IV via venipuncture on a patient requiring IV medications.						
Evaluate an adult patient presenting with back pain, formulate a differential diagnosis, and recommend further evaluation and an appropriate care management plan as indicated.						
Perform a patient-centered problem-focused history and physical, formulate a differential diagnosis, and order and interpret appropriate diagnostic studies for a patient with abdominal pain.						
Professionally document an ED progress note and discharge summary while appropriately educating the patient.						
Learning Outcomes	5	4	3	2	1	0
Demonstrate professional behaviors throughout the Emergency Medicine rotation including: a) interprofessional teamwork,						
b) interpersonal skills and communication,						
c) professionalism						

* Each learning outcome has several areas and components, and students are required to complete all of the components to successfully achieve a score of 3 or higher for each learning outcome. If a student receives a 2 or below on a learning outcome, the student will be required to remediate the individual learning outcome with the program.

If a student received a 2 or below on a learning outcome, please indicate which area and component of the learning outcome was not met:

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Additional Comments:

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Preceptor Name: _____ Preceptor Signature: _____ Date: _____

Please return completed evaluations to avanzant@drury.edu or fax back to 417-873-7278.
Thank you for taking an active role in the education of our PA students!

Drury University Physician Assistant Program
End-of-Rotation Student Performance Evaluation: Family Medicine

Student Name: _____   **Dates:** _____
Preceptor Name: _____   **Rotation:** _____

Learning Outcomes

Preceptor Instructions: Please assess the student's achievement of **learning outcomes** specific to the family medicine clinical rotation based on the following scale:

5 = High Achievement 4 = Above Achievement 3 = Achieved 2 = Below Achievement 1 = Poor Achievement
0 = Not Observed
≤ 2 must be remediated

Acute Learning Outcomes	5	4	3	2	1	0
Perform a patient-centered problem-focused history and exam on a patient presenting with URI symptoms, formulate a differential diagnosis, and develop an appropriate care management plan.						
Professionally evaluate an adult patient presenting with dysuria, order and interpret urinalysis, and design a treatment strategy.						
For an adult patient with heartburn symptoms, perform a patient-centered H&P, formulate a differential diagnosis, create a management plan, and educate the patient.						
Appropriately perform a problem-focused history and physical exam on a patient with a musculoskeletal injury, order and interpret laboratory tests and diagnostic imaging to include an x-ray, and accurately immobilize the extremity if necessary.						
Evaluate a patient presenting with a rash, develop a differential diagnosis, and recommend an appropriate care management plan.						
Chronic Learning Outcomes	5	4	3	2	1	0
In an adult patient presenting for follow-up of hypertension, create a management plan to include ordering and interpreting appropriate diagnostic and laboratory testing and adjusting medication if indicated.						
Conduct a patient-centered problem-based history and physical exam, order and interpret appropriate diagnostic studies, and formulate a treatment plan for a patient with existing thyroid disease.						
For a patient with COPD, evaluate the status of the current illness and adherence to the treatment plan, perform a physical examination, and make appropriate patient-centered care recommendations.						
Professionally evaluate an adult patient for follow-up of dyslipidemia, order and interpret appropriate follow-up lab work, and make appropriate care recommendations to include patient education, lifestyle modification, and pharmacological treatment.						
Perform an appropriate physical exam, review laboratory results, including a HgbA1c, appropriately adjust medications, and recommend appropriate glucose monitoring and lifestyle modifications for an adult patient presenting for follow-up of diabetes mellitus.						
Preventive Learning Outcomes	5	4	3	2	1	0
Professionally screen an adult patient for colon cancer and refer the patient for a screening colonoscopy as indicated						
Perform a well-exam on an adult, order and interpret appropriate screening tests, and provide appropriate patient-centered health maintenance education, including immunizations.						
Perform osteoporosis screening with a patient and order a bone density						

	5	4	3	2	1	0
test if indicated by guidelines.						
Counsel an adult patient regarding smoking cessation and management strategies.						
Screen an adult patient for cardiovascular risk factors and make recommendations for lifestyle changes.						
Learning Outcomes	**5**	**4**	**3**	**2**	**1**	**0**
Professionally **write a SOAP note** for a patient presenting with a family medicine condition.						
Demonstrate professional behaviors throughout the Family Medicine rotation including:						
a) interprofessional teamwork,						
b) interpersonal skills and communication,						
c) professionalism						

* Each learning outcome has several areas and components, and students are required to complete all of the components to successfully achieve a score of 3 or higher for each learning outcome. If a student receives a 2 or below on a learning outcome, the student will be required to remediate the individual learning outcome with the program.

If a student received a 2 or below on a learning outcome, please indicate which area and component of the learning outcome was not met:

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Additional Comments:

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Preceptor Name: _____ Preceptor Signature: _____Date: _____

Please return completed evaluations to avanzant@drury.edu or fax back to 417-873-7278.
Thank you for taking an active role in the education of our PA students!

Drury University Physician Assistant Program
End-of-Rotation Student Performance Evaluation: Internal Medicine

Student Name: _____   **Dates: _____**
Preceptor Name: _____   **Rotation: _____**

Learning Outcomes

Preceptor Instructions: Please assess the student's achievement of **learning outcomes** specific to the internal medicine clinical rotation based on the following scale:

5 = High Achievement 4 = Above Achievement 3 = Achieved 2 = Below Achievement 1 = Poor Achievement
0 = Not Observed
< 2 must be remediated

Acute Learning Outcomes	5	4	3	2	1	0
Perform a patient-centered admission H&P on an adult hospital patient and accurately document the admission note and orders.						
Appropriately order and manage oxygen therapy for an adult inpatient.						
For an adult patient in the hospital setting, recommend the appropriate intravenous fluid and electrolyte management.						
Perform appropriate documentation of a hospital discharge summary and plan and educate the patient regarding discharge instructions.						
Professionally calculate and manage the intravenous medication of an adult hospital patient.						
Chronic Learning Outcomes	5	4	3	2	1	0
Appropriately round on adult patient daily by assessing vital signs, laboratory and diagnostic test results, patient status and disposition, and accurately document findings in a progress note.						
Monitor an adult inpatient with chronic diabetes mellitus and develop a patient-centered management plan to include glucose monitoring and medication management.						
In an adult hospitalized patient with existing COPD, recommend appropriate continued management and document plan of care.						
Professionally monitor and correctly adjust medication of an adult patient on chronic anticoagulation therapy.						
Evaluate and manage a patient with existing CHF, order appropriate labs, adjust medication as warranted, and make appropriate patient-centered care management recommendations.						
Elderly Learning Outcomes	5	4	3	2	1	0
Appropriately dose the medication of an elderly patient, considering age-related dose-adjustment guidelines.						
Assess an elderly patient for polypharmacy and consider if medication adjustment is indicated.						
Screen an elderly patient for fall risk and provide appropriate patient-centered education regarding fall prevention.						
Professionally screen an elderly patient for elder abuse.						
Educate an elderly patient on the importance of an advanced health care directive under the guidance of the supervising provider.						
Learning Outcomes	5	4	3	2	1	0
Professionally **write a SOAP note** for a patient in the inpatient internal medicine setting.						

Demonstrate professional behaviors throughout the Internal Medicine rotation including:						
a) interprofessional teamwork,						
b) interpersonal skills and communication,						
c) professionalism						

* Each learning outcome has several areas and components, and students are required to complete all of the components to successfully achieve a score of 3 or higher for each learning outcome. If a student receives a 2 or below on a learning outcome, the student will be required to remediate the individual learning outcome with the program.

If a student received a 2 or below on a learning outcome, please indicate which area and component of the learning outcome was not met:

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Additional Comments:

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Preceptor Name: _____ Preceptor Signature: _____Date: _____

Drury University Physician Assistant Program
End-of-Rotation Student Performance Evaluation: Pediatrics

Student Name: _____   **Dates: _____**
Preceptor Name: _____   **Rotation: _____**

Learning Outcomes

Preceptor Instructions: Please assess the student's achievement of **learning outcomes** specific to the pediatric clinical rotation based on the following scale:

5 = High Achievement 4 = Above Achievement 3 = Achieved 2 = Below Achievement 1 = Poor Achievement
0 = Not Observed
≤ 2 must be remediated

Infant Learning Outcomes (birth – age 2)	5	4	3	2	1	0
Perform a **well-child exam** on an **infant** and assess age-appropriate **developmental milestones**.						
Professionally recommend **vaccinations** to the parents of an infant according to CDC vaccination schedule.						
Provide the family of an infant with age-appropriate patient-centered **anticipatory guidance** education.						
Perform an exam on an infant with acute **fever,** formulate a differential diagnosis, and recommend appropriate diagnostic studies as indicated.						
Correctly calculate the **pediatric medication dosages** for an infant.						
Child Learning Outcomes (age 2 – 12)	5	4	3	2	1	0
Perform a **well-child exam** on a child and provide appropriate **anticipatory guidance** to child and family.						
Professionally plot and interpret age-appropriate **growth charts** including weight, height, head circumference, and BMI for a child as indicated.						
Elicit a patient-centered history, perform an otoscopic exam, and develop a treatment plan on child presenting with acute **ear pain**.						
Perform a rapid strep throat swab on a child with acute **sore throat,** interpret the results, and formulate a management plan.						
In a child presenting with acute **diarrhea**, obtain a patient-centered history and physical exam, formulate a differential diagnosis, develop a treatment plan including prescribed medication, and provide parental education.						
In a child with a chronic illness, develop an individualized treatment plan, recommend appropriate monitoring labs and diagnostic studies, provide patient education to the patient and family, and integrate evidence-based practices.						
Adolescent Learning Outcomes (age 13 – 18)	5	4	3	2	1	0
Elicit a patient-centered history, perform a **physical examination**, and assess for **Tanner Staging on an adolescent.**						
Screen an adolescent for depression and make recommendations for treatment and management if indicated.						
Recommend appropriate **adolescent vaccinations** as recommended by CDC vaccination schedule.						
Perform a patient-centered history and physical exam on an adolescent presenting with acute **cough,** develop differential diagnosis, and recommend appropriate tests and care management plan.						
Professionally screen adolescent for use of **tobacco and vaping products** and provide appropriate patient education.						
In an adolescent with a chronic illness, develop an individualized						

Learning Outcomes	5	4	3	2	1	0
treatment plan, recommend appropriate monitoring labs and diagnostic studies, provide patient education to the patient and family, and integrate evidence-based practices.						
Learning Outcomes	5	4	3	2	1	0
Professionally write a SOAP note for a patient presenting with a pediatric medicine condition.						
Demonstrate professional behaviors throughout the Pediatric Medicine rotation including: a) interprofessional teamwork,						
b) interpersonal skills and communication						
c) professionalism.						

* Each learning outcome has several areas and components, and students are required to complete all of the components to successfully achieve a score of 3 or higher for each learning outcome. If a student receives a 2 or below on a learning outcome, the student will be required to remediate the individual learning outcome with the program.

If a student received a 2 or below on a learning outcome, please indicate which area and component of the learning outcome was not met:

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Additional Comments:

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Preceptor Name: _____ Preceptor Signature: _____ Date: _____

Please return completed evaluations to avanzant@drury.edu or fax back to 417-873-6981.
Thank you for taking an active role in the education of our PA students!

Drury University Physician Assistant Program
End-of-Rotation Student Performance Evaluation: Surgery

Student Name: _____   Dates: _____
Preceptor Name: _____   Rotation: _____

Learning Outcomes

Preceptor Instructions: Please assess the student's achievement of **learning outcomes** specific to the Surgery clinical rotation based on the following scale:

5 = High Achievement 4 = Above Achievement 3 = Achieved 2 = Below Achievement 1 = Poor Achievement
0 = Not Observed
< 2 must be remediated

Pre-Op Learning Outcomes	5	4	3	2	1	0
Elicit appropriate patient-centered pre-op history from an adult patient and assist in obtaining informed consent.						
Perform problem-based pre-op physical exam and recommend proper diagnostic studies as indicated.						
Appropriately screen an adult surgical patient for procedural risk factors.						
Provide an adult surgical patient with pre-procedural patient-centered education.						
Professionally document pre-op SOAP note for surgical patient.						
Intra-Op Learning Outcomes	**5**	**4**	**3**	**2**	**1**	**0**
Perform proper scrubbing, gowning, and gloving techniques before entering the operating room.						
Use sterile technique and maintain sterile field throughout surgical procedure.						
Close a surgical wound using appropriate suture, adhesive, and staple technique as indicated.						
Appropriately identify surgical instruments used during a surgical procedure.						
Professionally use interprofessional communication skills with physicians, nursing staff, and other healthcare members while assisting the surgeon with a surgical case.						
Post-Op Learning Outcomes	**5**	**4**	**3**	**2**	**1**	**0**
Instruct an adult patient in appropriate post-op patient-centered education including proper wound care.						
Professionally recommend pain management for an adult post-op surgical patient.						
Screen post-op patients for fever and formulate a differential diagnosis and management strategy if indicated.						
Perform an adult post-op physical examination and accurately document findings in a SOAP note.						
Write a discharge summary note for a surgical patient and educate the patient regarding discharge instructions.						
Learning Outcomes	**5**	**4**	**3**	**2**	**1**	**0**
Demonstrate professional behaviors throughout the Surgery rotation including: a) interprofessional teamwork,						

	5	4	3	2	1	0
b) interpersonal skills and communication,						
c) professionalism						

* Each learning outcome has several areas and components, and students are required to complete all of the components to successfully achieve a score of 3 or higher for each learning outcome. If a student receives a 2 or below on a learning outcome, the student will be required to remediate the individual learning outcome with the program.

If a student received a 2 or below on a learning outcome, please indicate which area and component of the learning outcome was not met:

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_____

Additional Comments:

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Preceptor Name: _____ Preceptor Signature: _____Date: _____

Please return completed evaluations to avanzant@drury.edu or fax back to 417-873-7278.
Thank you for taking an active role in the education of our PA students!

Drury University Physician Assistant Program
End-of-Rotation Student Performance Evaluation: Women's Health

Student Name: _____   **Dates: _____**
Preceptor Name: _____   **Rotation: _____**

Learning Outcomes
Preceptor Instructions: Please assess the student's achievement of **learning outcomes** specific to the women's health clinical rotation based on the following scale:
5 = High Achievement 4 = Above Achievement 3 = Achieved 2 = Below Achievement 1 = Poor Achievement
0 = Not Observed
≤ 2 must be remediated

Gynecologic Care Learning Outcomes	5	4	3	2	1	0
Perform a pelvic exam and obtain screening pap smear and cultures if indicated by clinical presentation and current guidelines. .						
Perform a breast exam with a female patient and recommend mammography as indicated.						

	5	4	3	2	1	0
Evaluate a patient presenting with vaginal discharge, formulate a differential diagnosis, obtain wet prep and cultures as indicated, and recommend appropriate care management plan.						
Perform a patient-centered history and physical exam of a patient with pelvic pain, formulate a differential diagnosis, and refer patient for appropriate diagnostic studies as indicated.						
Professionally counsel a patient regarding use of contraception, including various options, risks vs benefits, medication interactions, and correct use.						
Prenatal Care Learning Outcomes	5	4	3	2	1	0
Provide appropriate patient-centered education on prenatal care.						
Calculate estimated date of confinement and gestational age using date of last menstrual period and abdominal ultrasound.						
Perform a prenatal exam on a pregnant female patient to include fetal heart tones & fundal height.						
Recommend appropriate prenatal screening including blood pressure check, urinalysis, and oral glucose tolerance test as indicated by the trimester.						
Professionally screen a prenatal patient for pregnancy complications and develop a management strategy if indicated.						
Learning Outcomes	5	4	3	2	1	0
Professionally write a SOAP note for a patient presenting with a women's health condition.						
Demonstrate professional behaviors throughout the Women's Health rotation including: a) interprofessional teamwork,						
b) interpersonal skills and communication						
c) professionalism.						

* Each learning outcome has several areas and components, and students are required to complete all of the components to successfully achieve a score of 3 or higher for each learning outcome. If a student receives a 2 or below on a learning outcome, the student will be required to remediate the individual learning outcome with the program.

If a student received a 2 or below on a learning outcome, please indicate which area and component of the learning outcome was not met:

_____
_____
_____

Additional Comments:

_____
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Preceptor Name: _____ Preceptor Signature: _____ Date: _____

Please return completed evaluations to avanzant@drury.edu or fax back to 417-873-6981.

Thank you for taking an active role in the education of our PA students!

Drury University Physician Assistant Program
End-of-Rotation Student Performance Evaluation: Elective

Student Name: _____   Dates: _____
Preceptor Name: _____   Rotation: _____

Learning Outcomes
Preceptor Instructions: Please assess the student's achievement of **learning outcomes** specific to the behavioral and mental health clinical rotation based on the following scale:

5 = High Achievement 4 = Above Achievement 3 = Achieved 2 = Below Achievement 1 = Poor Achievement
0 = Not Observed
≤ 2 must be remediated

Learning Outcomes	5	4	3	2	1	0
Perform patient-centered history and physical examinations on patients seen in the elective discipline.						
Order and interpret diagnostic tests, procedures, and lab work as indicated by the patient's clinical presentation in the elective discipline.						
Formulate a differential diagnosis based on history and physical exam findings as well as any pertinent lab work and diagnostic study results.						
Develop and implement patient-centered care management plans for medical conditions encountered in the elective discipline, including pharmacologic and non-pharmacologic therapies.						
Display empathetic, interpersonal communication skills that result in an accurate and effective exchange of information with elective rotation patients and their families.						
Accurately and concisely communicate medical encounters in oral form to members of the elective clinical rotation health care team.						
Develop understanding of the role of the PA in the interprofessional team for the elective discipline.						
Display professionalism during the elective rotation through responsible, ethical, and legal behaviors and practices.						
Critically evaluate medical literature and current practice guidelines specific to the elective discipline to employ the principles of evidence-based medicine in patient care.						
Professionally write a SOAP note for a patient presenting with a medical condition treated in the elective rotation.						
Demonstrate professional behaviors throughout the Elective rotation including: a) interprofessional teamwork,						
b) interpersonal skills and communication,						
c) professionalism						

* Each learning outcome has several areas and components, and students are required to complete all of the components to successfully achieve a score of 3 or higher for each learning outcome. If a student receives a 2 or below on a learning outcome, the student will be required to remediate the individual learning outcome with the program.

If a student received a 2 or below on a learning outcome, please indicate which area and component of the learning outcome was not met:
_____
_____

Additional Comments:
_____
_____
_____
_____

Preceptor Name: _____ Preceptor Signature: _____ Date: _____

Drury University Physician Assistant Program
Student Self-Evaluation: Behavioral and Mental Health

Student Name: _____   **Dates: _____**
Preceptor Name: _____   **Rotation: _____**

Learning Outcomes
Student Instructions: This evaluation is used for the mid-rotation and end-of-rotation self-evaluations. Please assess your achievement of **learning outcomes** specific to the behavioral and mental health clinical rotation based on expectations **for this point in your training** using the following scale:
 5 = High Achievement 4 = Above Achievement 3 = Achieved 2 = Below Achievement 1 = Poor Achievement
0 = Not Observed
< 2 needs improvement plan with preceptor

Learning Outcomes	5	4	3	2	1	0
I evaluated a patient for **depression** using the appropriate criteria and recommended a patient-centered management plan to include pharmacological treatment.						
In a patient presenting with **anxiety symptoms**, I developed a differential diagnosis and recommended a management plan.						
I professionally performed an appropriate screening exam with a patient **for suicidal ideation**.						
I **counseled** a patient regarding **side effects of medications** used in the treatment of behavioral health conditions.						
I obtained a patient-centered **psychiatric history** from patient and						

family member.						
I **administered a MMSE** to a patient presenting with cognitive impairment.						
I screened a patient for **substance abuse** and recommended initial patient-centered management if indicated.						
I appropriately **use the DSM-V** to assist in the diagnosis of psychiatric conditions.						
I **recommended** a behavioral health patient for appropriate follow-up consultation with a member of the mental health interprofessional team.						
I can professionally **write a SOAP note** for a patient presenting with a behavioral health condition.						
I demonstrate professional behaviors related to SCPE interactions and activities on the Behavioral and Mental Health rotation including: a) interprofessional teamwork,						
b) interpersonal skills and communication,						
c) professionalism						

I have concerns about this site or preceptor regarding my physical or emotional safety. If yes, specify in the comment section below.	
Yes	No
I am able to meet the required hours, see the correct patient populations, and meet the learning objectives for this SCPE at this site with this preceptor. If no, specify in comment section below.	
Yes	No

If you gave yourself a 2 or below on a learning outcome, please indicate which area and component of the learning outcome has not been met and what you can do to improve:

_____
_____

Additional Comments:

_____
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_____

Student Name: _____   Student Signature: _____   Date: _____

Please return completed evaluations to avanzant@drury.edu or fax back to 417-873-7278.

Drury University Physician Assistant Program
Student Self- Evaluation: Emergency Medicine

Student Name: _____   **Dates: _____**
Preceptor Name: _____   **Rotation: _____**

Learning Outcomes

Student Instructions: This evaluation is used for the mid-rotation and end-of-rotation self-evaluations. Please assess your achievement of **learning outcomes** specific to the behavioral and mental health clinical rotation based on expectations **for this point in your training** using the following scale:

5 = High Achievement 4 = Above Achievement 3 = Achieved 2 = Below Achievement 1 = Poor Achievement
0 = Not Observed
< 2 needs improvement plan with preceptor

Emergent Learning Outcomes	5	4	3	2	1	0
I professionally triage life-threatening emergent conditions from acute and non-emergent conditions based on recognition of abnormal vital signs, examination findings, and general observations.						
For an adult patient presenting with chest pain, I can perform a patient-centered problem-focused history and physical exam, formulate a differential diagnosis, and order and interpret appropriate diagnostic EKG and lab work.						
I can evaluate a patient with dyspnea, order and interpret diagnostic tests including pulse oximetry and chest x-ray, formulate a differential diagnosis, and develop a management plan.						
I can perform a patient-centered problem-focused history and physical exam, formulate a differential diagnosis, order and interpret appropriate diagnostic tests, and design a treatment plan for an adult patient with a headache.						
I can evaluate a patient with a fracture, conduct a patient-centered history and physical exam, and appropriately interpret the radiograph.						
Acute Learning Outcomes	**5**	**4**	**3**	**2**	**1**	**0**
I can repair a laceration using the appropriate suture, adhesive, and staple technique as indicated and provide appropriate wound-care education to patient.						
I appropriately perform an I&D on an abscess and provide patient education regarding post care.						
Appropriately insert an IV via venipuncture on a patient requiring IV medications.						
I can evaluate an adult patient presenting with back pain, formulate a differential diagnosis, and recommend further evaluation and an appropriate care management plan as indicated.						
I can perform a patient-centered problem-focused history and physical, formulate a differential diagnosis, and order and interpret appropriate diagnostic studies for a patient with abdominal pain.						
I professionally document an ED progress note and discharge summary while appropriately educating the patient.						
Learning Outcomes	**5**	**4**	**3**	**2**	**1**	**0**
I demonstrate professional behaviors throughout the Emergency Medicine rotation including: a) interprofessional teamwork,						
b) interpersonal skills and communication,						

c) professionalism						

I have concerns about this site or preceptor regarding my physical or emotional safety. If yes, specify in the comment section below.	
Yes	No

I am able to meet the required hours, see the correct patient populations, and meet the learning objectives for this SCPE at this site with this preceptor. If no, specify in comment section below.	
Yes	No

If you gave yourself a 2 or below on a learning outcome, please indicate which area and component of the learning outcome has not been met and what you can do to improve:

_____
_____

Additional Comments:

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_____

Student Name: _____ Student Signature: _____ Date: _____

Please return completed evaluations to avanzant@drury.edu or fax back to 417-873-7278.

Drury University Physician Assistant Program
Student Self- Evaluation: Family Medicine

Student Name: _____   **Dates: _____**
Preceptor Name: _____   **Rotation: _____**

Learning Outcomes
Student Instructions: This evaluation is used for the mid-rotation and end-of-rotation self-evaluations. Please assess your achievement of **learning outcomes** specific to the behavioral and mental health clinical rotation based on expectations **for this point in your training** using the following scale:
 5 = High Achievement 4 = Above Achievement 3 = Achieved 2 = Below Achievement 1 = Poor Achievement
0 = Not Observed
< 2 needs improvement plan with preceptor

Acute Learning Outcomes	5	4	3	2	1	0
I can perform a patient-centered problem-focused history and exam on a patient presenting with URI symptoms, formulate a differential diagnosis, and develop an appropriate care management plan.						
I can professionally evaluate an adult patient presenting with dysuria, order and interpret urinalysis, and design a treatment strategy.						

For an adult patient with heartburn symptoms, I can perform a patient-centered H&P, formulate a differential diagnosis, create a management plan, and educate the patient.						
I can appropriately perform a problem-focused history and physical exam on a patient with a musculoskeletal injury, order and interpret laboratory tests and diagnostic imaging to include an x-ray, and accurately immobilize the extremity if necessary.						
I can evaluate a patient presenting with a rash, develop a differential diagnosis, and recommend an appropriate care management plan.						
Chronic Learning Outcomes	**5**	**4**	**3**	**2**	**1**	**0**
In an adult patient presenting for follow-up of hypertension, I can create a management plan to include ordering and interpreting appropriate diagnostic and laboratory testing and adjusting medication if indicated.						
I can conduct a patient-centered problem-based history and physical exam, order and interpret appropriate diagnostic studies, and formulate a treatment plan for a patient with existing thyroid disease.						
For a patient with COPD, I can evaluate the status of the current illness and adherence to the treatment plan, perform a physical examination, and make appropriate patient-centered care recommendations.						
I can professionally evaluate an adult patient for follow-up of dyslipidemia, order and interpret appropriate follow-up lab work, and make appropriate care recommendations to include patient education, lifestyle modification, and pharmacological treatment.						
I can perform an appropriate physical exam, review laboratory results, including a HgbA1c, appropriately adjust medications, and recommend appropriate glucose monitoring and lifestyle modifications for an adult patient presenting for follow-up of diabetes mellitus.						
Preventive Learning Outcomes	**5**	**4**	**3**	**2**	**1**	**0**
I can professionally screen an adult patient for colon cancer and refer the patient for a screening colonoscopy as indicated						
I can perform a well-exam on an adult, order and interpret appropriate screening tests, and provide appropriate patient-centered health maintenance education, including immunizations.						
I can perform osteoporosis screening with a patient and order a bone density test if indicated by guidelines.						
I can counsel an adult patient regarding smoking cessation and management strategies.						
I can screen an adult patient for cardiovascular risk factors and make recommendations for lifestyle changes.						
Learning Outcomes	**5**	**4**	**3**	**2**	**1**	**0**
I can professionally **write a SOAP note** for a patient presenting with a family medicine condition.						
I demonstrate professional behaviors throughout the Family Medicine rotation including:						

a) interprofessional teamwork,						
b) interpersonal skills and communication,						
c) professionalism						

I have concerns about this site or preceptor regarding my physical or emotional safety. If yes, specify in the comment section below.	
Yes	No

I am able to meet the required hours, see the correct patient populations, and meet the learning objectives for this SCPE at this site with this preceptor. If no, specify in comment section below.	
Yes	No

If you gave yourself a 2 or below on a learning outcome, please indicate which area and component of the learning outcome has not been met and what you can do to improve:

_____
_____

Additional Comments:
_____
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Student Name: _____ Student Signature: _____ Date: _____

Please return completed evaluations to avanzant@drury.edu or fax back to 417-873-7278.

Drury University Physician Assistant Program
Student Self- Evaluation: Internal Medicine

Student Name: _____   **Dates: _____**
Preceptor Name: _____   **Rotation: _____**

Learning Outcomes
Student Instructions: This evaluation is used for the mid-rotation and end-of-rotation self-evaluations. Please assess your achievement of **learning outcomes** specific to the behavioral and mental health clinical rotation based on expectations **for this point in your training** using the following scale:
 5 = High Achievement 4 = Above Achievement 3 = Achieved 2 = Below Achievement 1 = Poor Achievement
0 = Not Observed
< 2 needs improvement plan with preceptor

Acute Learning Outcomes	5	4	3	2	1	0
I can perform a patient-centered admission H&P on an adult hospital patient and accurately document the admission note and orders.						
I appropriately order and manage oxygen therapy for an adult inpatient.						
For an adult patient in the hospital setting, I can recommend the appropriate intravenous fluid and electrolyte management.						
I can perform appropriate documentation of a hospital discharge						

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	5	4	3	2	1	0
summary and plan and educate the patient regarding discharge instructions.						
I professionally calculate and manage the intravenous medication of an adult hospital patient.						
Chronic Learning Outcomes	**5**	**4**	**3**	**2**	**1**	**0**
I appropriately round on adult patient daily by assessing vital signs, laboratory and diagnostic test results, patient status and disposition, and accurately document findings in a progress note.						
I can monitor an adult inpatient with chronic diabetes mellitus and develop a patient-centered management plan to include glucose monitoring and medication management.						
In an adult hospitalized patient with existing COPD, I can recommend appropriate continued management and document plan of care.						
I professionally monitor and correctly adjust medication of an adult patient on chronic anticoagulation therapy.						
I can evaluate and manage a patient with existing CHF, order appropriate labs, adjust medication as warranted, and make appropriate patient-centered care management recommendations.						
Elderly Learning Outcomes	**5**	**4**	**3**	**2**	**1**	**0**
I appropriately dose the medication of an elderly patient, considering age-related dose-adjustment guidelines.						
I can assess an elderly patient for polypharmacy and consider if medication adjustment is indicated.						
I can screen an elderly patient for fall risk and provide appropriate patient-centered education regarding fall prevention.						
I can professionally screen an elderly patient for elder abuse.						
I can educate an elderly patient on the importance of an advanced health care directive under the guidance of the supervising provider.						
Learning Outcomes	**5**	**4**	**3**	**2**	**1**	**0**
I can professionally **write a SOAP note** for a patient in the inpatient internal medicine setting.						
I demonstrate professional behaviors throughout the Internal Medicine rotation including: a) interprofessional teamwork,						
b) interpersonal skills and communication,						
c) professionalism						

I have concerns about this site or preceptor regarding my physical or emotional safety. If yes, specify in the comment section below.

Yes	No

I am able to meet the required hours, see the correct patient populations, and meet the learning objectives for this SCPE at this site with this preceptor. If no, specify in comment section below.

Yes	No

* Each learning outcome has several areas and components, and students are required to complete all of the components to successfully achieve a score of 3 or higher for each learning outcome by the end of the clinical rotation. If a student receives a 2 or below on a learning outcome, the student will be required to remediate the

individual learning outcome with the program.

If you gave yourself a 2 or below on a learning outcome, please indicate which area and component of the learning outcome has not been met and what you can do to improve:

_____

_____

Additional Comments:

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Student Name: _____   Student Signature: _____   Date: _____

Please return completed evaluations to avanzant@drury.edu or fax back to 417-873-7278.

Drury University Physician Assistant Program
Student Self-Evaluation: Pediatrics

Student Name: _____   **Dates: _____**
Preceptor Name: _____   **Rotation: _____**

Learning Outcomes

Student Instructions: This evaluation is used for the mid-rotation and end-of-rotation self-evaluations. Please assess your achievement of **learning outcomes** specific to the behavioral and mental health clinical rotation based on expectations **for this point in your training** using the following scale:

 5 = High Achievement 4 = Above Achievement 3 = Achieved 2 = Below Achievement 1 = Poor Achievement
0 = Not Observed
< 2 needs improvement plan with preceptor

Infant Learning Outcomes (birth – age 2)	5	4	3	2	1	0
I performed a **well-child exam** on an **infant** and assessed age-appropriate **developmental milestones**.						
I professionally recommended **vaccinations** to the parents of an infant according to CDC vaccination schedule.						
I provided the family of an infant with age-appropriate patient-centered **anticipatory guidance** education.						
I performed an exam on an infant with acute **fever,** formulated a differential diagnosis, and recommended appropriate diagnostic studies as indicated.						
I correctly calculated the **pediatric medication dosages** for an infant.						
Child Learning Outcomes (age 2 – 12)	5	4	3	2	1	0
I performed a **well-child exam** on a child and provided appropriate						

anticipatory guidance to child and family.						
I professionally plotted and interpreted age-appropriate **growth charts** including weight, height, head circumference, and BMI for a child as indicated.						
I elicited a patient-centered history, performed an otoscopic exam, and developed a treatment plan on child presenting with acute **ear pain**.						
I performed a rapid strep throat swab on a child with acute **sore throat,** interpreted the results, and formulated a management plan.						
In a child presenting with acute **diarrhea**, I obtained a patient-centered history and physical exam, formulated a differential diagnosis, developed a treatment plan including prescribed medication, and provided parental education.						
In a child with a chronic illness, I developed an individualized treatment plan, recommended appropriate monitoring labs and diagnostic studies, provided patient education to the patient and family, and integrated evidence-based practices.						
Adolescent Learning Outcomes (age 13 – 18)	5	4	3	2	1	0
I elicited a patient-centered history, performed a **physical examination**, and assessed for **Tanner Staging on an adolescent.**						
I screened an adolescent for depression and made recommendations for treatment and management if indicated.						
I recommended appropriate **adolescent vaccinations** as recommended by CDC vaccination schedule.						
I performed a patient-centered history and physical exam on an adolescent presenting with acute **cough,** developed differential diagnosis, and recommended appropriate tests and care management plan.						
I professionally screened adolescent for use of **tobacco and vaping products** and provided appropriate patient education.						
In an adolescent with a chronic illness, I developed an individualized treatment plan, recommended appropriate monitoring labs and diagnostic studies, provided patient education to the patient and family, and integrated evidence-based practices.						
Learning Outcomes	5	4	3	2	1	0
I professionally wrote a SOAP note for a patient presenting with a pediatric medicine condition.						
I demonstrated professional behaviors throughout the Pediatric Medicine rotation including: a) interprofessional teamwork,						
b) interpersonal skills and communication						
c) professionalism.						

I have concerns about this site or preceptor regarding my physical or emotional safety. If yes, specify in the comment section below.	
Yes	No

I am able to meet the required hours, see the correct patient populations, and meet the learning objectives for this SCPE at this site with this preceptor. If no, specify in comment section below.	
Yes	No

If you gave yourself a 2 or below on a learning outcome, please indicate which area and component of

the learning outcome has not been met and what you can do to improve:

_____
_____
_____

Additional Comments:

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Student Name: _____   Student Signature: _____   Date: _____

Please return completed evaluations to avanzant@drury.edu or fax back to 417-873-6981.

Drury University Physician Assistant Program
Student Self- Evaluation: Surgery

Student Name: _____   **Dates: _____**
Preceptor Name: _____   **Rotation: _____**

Learning Outcomes

Student Instructions: This evaluation is used for the mid-rotation and end-of-rotation self-evaluations. Please assess your achievement of **learning outcomes** specific to the behavioral and mental health clinical rotation based on expectations **for this point in your training** using the following scale:

5 = High Achievement 4 = Above Achievement 3 = Achieved 2 = Below Achievement 1 = Poor Achievement
0 = Not Observed
< 2 needs improvement plan with preceptor

Pre-Op Learning Outcomes	5	4	3	2	1	0
I can elicit appropriate patient-centered pre-op history from an adult patient and assist in obtaining informed consent.						
I can perform problem-based pre-op physical exam and recommend proper diagnostic studies as indicated.						
I appropriately screen an adult surgical patient for procedural risk factors.						
I can provide an adult surgical patient with pre-procedural patient-centered education.						
I professionally document pre-op SOAP note for surgical patient.						
Intra-Op Learning Outcomes	5	4	3	2	1	0
I can perform proper scrubbing, gowning, and gloving techniques before entering the operating room.						
I use sterile technique and maintain sterile field throughout surgical procedure.						
I can close a surgical wound using appropriate suture, adhesive, and staple technique as indicated.						

	5	4	3	2	1	0
I appropriately identify surgical instruments used during a surgical procedure.						
I professionally use interprofessional communication skills with physicians, nursing staff, and other healthcare members while assisting the surgeon with a surgical case.						
Post-Op Learning Outcomes	**5**	**4**	**3**	**2**	**1**	**0**
I can instruct an adult patient in appropriate post-op patient-centered education including proper wound care.						
I can professionally recommend pain management for an adult post-op surgical patient.						
I can screen post-op patients for fever and formulate a differential diagnosis and management strategy if indicated.						
I can perform an adult post-op physical examination and accurately document findings in a SOAP note.						
I can write a discharge summary note for a surgical patient and educate the patient regarding discharge instructions.						
Learning Outcomes	**5**	**4**	**3**	**2**	**1**	**0**
I demonstrate professional behaviors throughout the Surgery rotation including:						
a) interprofessional teamwork,						
b) interpersonal skills and communication,						
c) professionalism						
I have concerns about this site or preceptor regarding my physical or emotional safety. If yes, specify in the comment section below.						
Yes			No			
I am able to meet the required hours, see the correct patient populations, and meet the learning objectives for this SCPE at this site with this preceptor. If no, specify in comment section below.						
Yes			No			

If you gave yourself a 2 or below on a learning outcome, please indicate which area and component of the learning outcome has not been met and what you can do to improve:

_____
_____

Additional Comments:

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Student Name: _____   Student Signature: _____   Date: _____

Please return completed evaluations to avanzant@drury.edu or fax back to 417-873-7278.

Drury University Physician Assistant Program
Student Self-Evaluation: Women's Health

Student Name: _____   Dates: _____
Preceptor Name: _____   Rotation: _____

Learning Outcomes
Student Instructions: This evaluation is used for the mid-rotation and end-of-rotation self-evaluations. Please assess your achievement of **learning outcomes** specific to the behavioral and mental health clinical rotation based on expectations **for this point in your training** using the following scale:
 5 = High Achievement 4 = Above Achievement 3 = Achieved 2 = Below Achievement 1 = Poor Achievement
0 = Not Observed
<u>< 2</u> needs improvement plan with preceptor

Gynecologic Care Learning Outcomes	5	4	3	2	1	0
I can perform a pelvic exam and obtain screening pap smear and cultures if indicated by clinical presentation and current guidelines.						
I can perform a breast exam with a female patient and recommend mammography as indicated.						
I can evaluate a patient presenting with vaginal discharge, formulate a differential diagnosis, obtain wet prep and cultures as indicated, and recommend appropriate care management plan.						
I can perform a patient-centered history and physical exam of a patient with pelvic pain, formulate a differential diagnosis, and refer patient for appropriate diagnostic studies as indicated.						
I can professionally counsel a patient regarding use of contraception, including various options, risks vs benefits, medication interactions, and correct use.						
Prenatal Care Learning Outcomes	5	4	3	2	1	0
I can provide appropriate patient-centered education on prenatal care.						
I can calculate estimated date of confinement and gestational age using date of last menstrual period and abdominal ultrasound.						
I can perform a prenatal exam on a pregnant female patient to include fetal heart tones & fundal height.						
I can recommend appropriate prenatal screening including blood pressure check, urinalysis, and oral glucose tolerance test as indicated by the trimester.						
I can professionally screen a prenatal patient for pregnancy complications and develop a management strategy if indicated.						
Learning Outcomes	5	4	3	2	1	0
I can professionally write a SOAP note for a patient presenting with a women's health condition.						
I demonstrate professional behaviors throughout the Women's Health rotation including: a) interprofessional teamwork,						
b) interpersonal skills and communication						
c) professionalism.						
I have concerns about this site or preceptor regarding my physical or emotional safety. If yes, specify in the comment section below.						

Yes	No
I am able to meet the required hours, see the correct patient populations, and meet the learning objectives for this SCPE at this site with this preceptor. If no, specify in comment section below.	
Yes	No

If you gave yourself a 2 or below on a learning outcome, please indicate which area and component of the learning outcome has not been met and what you can do to improve:

_____
_____
_____

Additional Comments:

_____
_____
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_____

Student Name: _____ Student Signature: _____ Date: _____

Please return completed evaluations to avanzant@drury.edu or fax back to 417-873-6981.

Drury University Physician Assistant Program
Student Self- Evaluation: Elective

Student Name: _____   **Dates: _____**
Preceptor Name: _____   **Rotation: _____**

Learning Outcomes
Student Instructions: This evaluation is used for the mid-rotation and end-of-rotation self-evaluations. Please assess your achievement of **learning outcomes** specific to the behavioral and mental health clinical rotation based on expectations **for this point in your training** using the following scale:
 5 = High Achievement 4 = Above Achievement 3 = Achieved 2 = Below Achievement 1 = Poor Achievement
0 = Not Observed
< 2 needs improvement plan with preceptor

Learning Outcomes	5	4	3	2	1	0
I can perform patient-centered history and physical examinations on patients seen in the elective discipline.						
I can order and interpret diagnostic tests, procedures, and lab work as indicated by the patient's clinical presentation in the elective discipline.						
I formulated a differential diagnosis based on history and physical exam findings as well as any pertinent lab work and diagnostic study results.						
I can develop and implement patient-centered care management plans for medical conditions encountered in the elective discipline, including						

pharmacologic and non-pharmacologic therapies.						
I displayed empathetic, interpersonal communication skills that resulted in an accurate and effective exchange of information with elective rotation patients and their families.						
I accurately and concisely communicate medical encounters in oral form to members of the elective clinical rotation health care team.						
I developed understanding of the role of the PA in the interprofessional team for the elective discipline.						
I displayed professionalism during the elective rotation through responsible, ethical, and legal behaviors and practices.						
I can critically evaluate medical literature and current practice guidelines specific to the elective discipline to employ the principles of evidence-based medicine in patient care.						
I can professionally write a SOAP note for a patient presenting with a medical condition treated in the elective rotation.						
I demonstrate professional behaviors throughout the Elective rotation including: a) interprofessional teamwork,						
b) interpersonal skills and communication,						
c) professionalism						
I have concerns about this site or preceptor regarding my physical or emotional safety. If yes, specify in the comment section below.						

Yes	No

I am able to meet the required hours, see the correct patient populations, and meet the learning objectives for this SCPE at this site with this preceptor. If no, specify in comment section below.	
Yes	No

If you gave yourself a 2 or below on a learning outcome, please indicate which area and component of the learning outcome has not been met and what you can do to improve:

_____
_____

Additional Comments:

_____
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_____
_____

Student Name: _____   Student Signature: _____   Date: _____

Please return completed evaluations to avanzant@drury.edu or fax back to 417-873-7278.

Drury University Department of PA Medicine
Clinical Instructor and Site Evaluation

Student: _____ **Rotation:** _____ **Dates:** _____

Preceptor: _____ **Facility:** _____

Preceptor Evaluation

The preceptor evaluation is to be completed by the student at the end of the clinical rotation. Please be honest and fair in your assessment of the preceptor and the quality of the rotation.

Key: (1) Strongly Disagree (2) Disagree (3) Neutral (4) Agree (5) Strongly Agree

This form must be completed for each preceptor in the rotation.	5	4	3	2	1
1. The preceptor clearly explained his/her expectations of me during this rotation.					
2. The preceptor provided a safe environment in caring for assigned patients.					
3. The preceptor encouraged questions.					
4. The preceptor was well prepared for a student in his/her practice.					
5. The preceptor exhibited professional communication skills that facilitate learning.					
6. The preceptor was accessible and engaged.					
7. The preceptor created an environment conducive to learning.					
8. The preceptor role modeled strong clinical reasoning and effective problem-solving skills.					
9. The preceptor utilized constructive criticism to help improve the student's clinical skills.					
10. The preceptor facilitated achievement of the learning outcomes for this rotation.					
11. The preceptor provided information that was helpful for taking the End-of-Rotation exam.					
12. The preceptor seemed to enjoy teaching students.					
13. The preceptor made me feel welcome in the clinical setting.					
14. The preceptor allowed me to assume increasing levels of responsibility.					
15. The preceptor provided ongoing feedback concerning my performance.					
16. The preceptor demonstrated a high level of responsibility, ethical practice, respect, and sensitivity to a diverse patient population.					
17. The clinical rotation increased my ability to critically evaluate patients.					
18. The clinical rotation challenged me to think.					
19. I discussed ideas about assessing, diagnosing, and treating patients with the preceptor.					

Clinical Rotation Site Evaluation

The clinical site/rotation	5	4	3	2	1
1. I was oriented to the facility and the staff appropriately					
2. There was a place for me to keep my personal belongings securely.					
3. There was adequate space for me to evaluate patients.					
4. There was adequate space for me to complete documentation and research answers to clinical questions.					
5. I felt welcomed at this site.					
6. The clinical site provided reasonable security and personal safety measures.					
7. I had access to learning experiences such as lectures, conferences, and teaching rounds.					
8. I had access to other educational resources such as a medical library or online resources while on this clinical rotation.					
9. Provided access to diverse patient populations and relevant clinical experiences.					
10. I was delegated an excessive number of administrative, clerical, or unrelated tasks.					
11. Allowed reasonable access to site facilities and resources.					
12. Did not require me to substitute for clinical or administrative staff.					
13. Onsite providers and support staff were helpful and fostered an environment for learning.					
14. The patient load and type were adequate for my learning experience.					

Overall Rating of This Clinical Site (check one of the following):

Exceptional _____   Satisfactory _____   Good _____   Below Expectations _____   Poor _____

I would recommend this rotation for other PA Students: Yes ___   No ___
Please explain any negative responses above:

General Comments about Clinical site:

What advice would you give other students that might do a rotation at this site in the future (ie, credentialing, parking, preceptor expectations, call duties, hours, etc.)?

20. What changes in strategy or performance could you have made to enhance your learning in this clinical rotation?

21. Please outline your preceptor's strengths and weaknesses (e.g. teaching style).

22. What advice do I have for my preceptor to help improve the experience for future students?

23. What did I most appreciate about how my preceptor interacted me?

24. What was the most beneficial part of this clinical rotation?