



CLINICAL YEAR HANDBOOK

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Introduction

Congratulations on progressing to the clinical clerkships! It is an accomplishment to complete the didactic phase of training and to advance to the clinical year. The goal of the clinical year is to provide the skills necessary for graduation and ultimately for practice as a physician assistant. This manual is designed to provide the information necessary to complete the requirements for each clerkship. The Clinical Handbook will be useful throughout the clinical year; keep it in an accessible place.

The faculty and staff are available to support and guide you through this year. Please feel free to contact any of us with questions or concerns. The clinical coordinator will be the key person with whom you will interact this year.

Objectives of the Clinical Year

The goal of the clinical year is to further educate physician assistant students to become competent practitioners of medicine, develop lifelong learning skills and employ creative and critical thinking skills in the analysis and treatment of medical problems. Students are further expected to promote and provide accessible, high quality and culturally sensitive health care.

Objectives to meet this goal include:

- Elicit a detailed and accurate medical history; perform a complete physical examination and record all pertinent data.
- Perform and/or interpret diagnostic studies, including routine laboratory procedures, common radiological studies, electrocardiograms and pap smears.
- Counsel patients regarding physical and mental health, including diet, disease prevention, normal growth/development and family planning.
- Work as a member of the health care team by performing patient rounds, recording patient progress notes, determining and implementing therapeutic plans.
- Assist in the delivery of services to patients requiring continuing care in settings such as skilled nursing care facilities, at home and at other extended care facilities.
- Perform life-saving maneuvers such as cardiopulmonary resuscitation
- Facilitate the appropriate referral of patients and maintain awareness of existing health delivery systems and social welfare resources.

Making the Transition to Clinical Practice

The clinical year varies from the academic year in many ways. A chief difference is that the security found in the company of fellow students will be absent in many cases. The familiar routine of the classroom will similarly be absent. Self-reliance and self-motivation will play a more important role in succeeding in the clinical year than it had in the didactic phase of the program. A key feature of the experience this year will be the ability to integrate book knowledge with practical experience. This does

not occur automatically and will depend on the ability to continue to study physiology, pharmacology and clinical medicine in the evenings and when not on-site.

While each clerkship will provide the opportunity to meet each objective, you will find that with some effort, you will find additional opportunities that will yield added enrichment. Take advantage of these opportunities. Making the most of the clinical year depends on the amount of effort, work and dedication you are willing to expend. Some clerkships will be more enjoyable than others. While some clerkships may not meet all your expectations, remember that learning to navigate the clinical world in all circumstances is important to success in the clinical year. Learning to find the resources and individuals to help meet the objectives will optimize your clinical experiences.

Structure of the Clinical Year

The clinical year is made up of eight required rotations and one elective clerkship. The required clerkships include: Family Medicine, internal medicine, surgery, psychiatry, Ob/Gyn, emergency medicine, pediatrics, and long term care. Each clerkship is five or six weeks in duration, concluding with a day-long ‘call back’ session on campus. The elective clerkship allows students to experience a sub-discipline of medicine of particular interest or to repeat a required rotation in another setting.

The objectives for each rotation are found in the back of this handbook. Students are responsible for the objectives regardless of the types of patient care experiences they encounter in their rotation. The objectives also contain a list of references which students are expected to access during the rotation.

Preparation for Clerkships

There are several factors to consider before beginning each clerkship. They include:

- *Identification of Gaps in Knowledge:* The ability to identify areas of weakness and finding ways to address them is a lifelong process that begins in the clinical year. Before presenting to your clinical site for the first time, review the learning objectives for that discipline (found at the end of the Handbook). Some areas of weakness will be apparent before beginning the clerkship; others may present during the course of the rotation. Early identification allows for timely self remediation.
- *Communication with Preceptor:* Meet with the preceptor on the first day of each rotation and discuss the objectives for that rotation. Preceptors do not necessarily have precise knowledge of the program’s expectations or what each student will be responsible for by the end of the rotation. Reviewing the objectives with the preceptor may be a good way to plan how to use the time allotted for the clerkship most effectively. Have your preceptor sign off on the “Student-Preceptor Review of Clinical Objectives Form.”
- *Personal Preparation:* Some rotations require a student to take call or to stay at the site late into the evening or overnight; others may require early morning or late evening hours. Anticipate long, irregular hours and prepare by engaging baby-sitters, dog-walkers or helpers in the care for others who rely on you. Students are required to be at the site at all times designated by the preceptor. Students may not be excused from any scheduled hours without contacting the program and obtaining permission from the clinical coordinator.
- *Transportation:* A car in good working order will be required for most rotation sites. Many rotations will require a drive of many miles during off-hours. It is not acceptable to miss time

from a rotation because of car trouble. A back up plan should your car fail should be arranged at the beginning of the clinical year. While it is possible to complete the clinical year without a car, it will require much more time travelling, as well as familiarity with the public transportation system. For rotations at sites that are far away or inaccessible via public transport, it may be necessary to find short-term accommodations. Students are responsible for all expenses related to the clinical rotations. These include but are not limited to parking, tolls, gasoline and car maintenance.

- *PDA or other data gathering device.* Consider the purchase of a PDA, and download pertinent information such as textbooks, PDRs, and EKG and radiology references. In addition to its use as a reference, a PDA can be used to take notes, to keep study lists or to log patients. Should the purchase of a PDA not be possible, determine how to quickly access information, to keep track of patients and take notes.
- *Oral Presentations:* Most every rotation will require each student to formally and informally present patient cases to preceptors, fellow students, and other health care team members. Discomfort with public speaking can be remedied with practice at home, in front of a mirror, to friends, and to classmates. Practice of the presentation beforehand will aid in the appearance of confidence and being well informed.
- *Emotions:* Many students feel inadequate when beginning the clinical year due to an awareness of the responsibility associated with patient care. Acknowledgment of this feeling may prevent becoming crippled by it. No one will expect a student to know everything, and most preceptors and staff are sympathetic to student nervousness. It is important to ask questions, listen, and learn. Preparing for the clerkship by reading and reviewing clinical medicine may help in developing confidence.
- *Getting Help:* Problems sometimes arise on a clinical site or with student personal problems. The clinical coordinator and program director are available for advice and support. Call them as soon as a problem arises. Do not wait until the situation spirals out of control.
- *Involvement in Clinical Training:* Learning and enjoyment of the clerkship are directly proportional to the effort extended in most cases. Reading each day about disease states encountered, especially topics that are new, is essential. Volunteer for presentations. Spend as much time as possible at the site. Many find that the best teaching is “after hours.” Others find that helping out with “scut” work such as retrieving lab results may make the preceptor more inclined to teach and mentor.
- *First impressions count:* Preceptors often form opinions of students early in the rotation. It is important therefore that punctuality, physical appearance and demonstration of initiative are maintained throughout the clerkship. In the first days of each rotation, learning the layout of the facility, vital phone numbers, and procedures for ordering labs, diagnostic studies, and consults will aid in making a good impression.
- *Interpersonal Communication:* One key to a successful clerkship experience is the ability to get along with patients, preceptors and other medical staff and personnel at the site. Being respectful and courteous includes the self-awareness of tone of voice, body language and attitude. Yet, it may also be necessary to be assertive at times. The clerkship experience is not designed for any student to be taken advantage of or excluded from important learning experiences. Striking a balance between being courteous and a responsible learner may prove challenging. Program

faculty may prove a helpful resource if advice is needed on how to address an interpersonal problem during a rotation.

- *Seek out teachers:* In addition to your preceptor, other staff such as other physicians, social workers and nurses may be willing to teach. Seek them out. It is especially important to attend whatever teaching rounds that are offered. If medical students rotate in your site, approach them to see if you can participate in their teaching rounds. Likewise following patients not specifically assigned to your team may present with unique learning opportunities.
- *Be assertive:* Many sites will have a variety of students from other PA programs or other medical disciplines rotating in the service at the same time. All will compete for the attention of preceptors and for opportunities such as to perform procedures or to present cases on rounds. The lack of assertion may result in missing important learning opportunities.
- *Expect Frustrations:* Students may become frustrated when a patient completely changes his/her story when re-interviewed or re-examined by another provider. This may be due to any number of factors, some not directly related to the student. Should this occur, a discussion with the preceptor may help determine if there are interview techniques that need to be modified.

Clerkship Assignment Policy

Students are assigned to clerkship sites by the clinical coordinator. Assignment sites are not negotiable. The clinical schedule may change due to situations beyond the program's control. It is necessary that students remain flexible when these situations arise.

Personal considerations will be respected when possible. Yet the primary focus of clerkship assignments is to give each student a well-rounded clinical exposure throughout the year including experiences in academic medical centers, community hospitals and private medical offices. Therefore, students are required to attend clerkships where they are assigned. Students may be assigned to locations requiring travel into any of New York City's boroughs or on Long Island. The cost of possible temporary housing, meals and transportation is the responsibility of the student. All clerkship schedule decisions rest with the clinical coordinator. Once the final clerkship schedule is completed, student requests for changes will not be considered.

Cultural Issues

The range of clinical experiences will include working with patients of varied racial, ethnic, economic, geographic and cultural backgrounds. Students will be assigned to sites in neighborhoods they may never have visited before, or work with a patient population with which they are unfamiliar. Providing care to all populations is a central part of the mission of our profession, and of the mission of our program. Students are expected to rotate to all sites to which they are assigned, regardless of neighborhood or patient population.

Student Initiated Clerkships

At no time are students required to obtain their own clinical sites. Yet students occasionally want to study in a clinical site that is not affiliated with the program. A student can initiate a clerkship, as long as he/she is in good academic standing and follows this protocol:

1. All outside rotations must be approved prior to the start of that rotation. Requests for clerkships outside of the university's normal affiliation must meet all requirements as outlined by the clerkship description and affiliation agreement contract.
2. The student may make the initial contact with the site and to secure an appropriate preceptor. A minimum of three students per year is strongly recommended of all student initiated clerkships. The student may participate in securing all necessary paperwork to execute an affiliation agreement. In hospital settings, this process can take several months, therefore, the initial affiliation process should be initiated in the didactic year, if possible.
3. Lastly, the clinical coordinator must approve all student initiated clerkships and cannot guarantee all student initiated clerkships. Please be advised that the use of family members or personal acquaintances as preceptors is prohibited.

Registration for Clinical Courses:

Students must register each semester for their clinical rotations. Since the clinical year does not follow the academic calendar, students must take responsibility for registering each semester. The following is a schedule of registration.

Spring Session	Rotations 1-4
Summer I	Rotation 5
Summer II	Rotation 6
Fall Session	Rotations 7-9

Clerkships are considered courses. The codes for the clerkships are:

Family Medicine	PHA 250
Internal Medicine	PHA 255
Ob/Gyn	PHA 260
Surgery	PHA 265
Emergency Med	PHA 270
Long Term Care	PHA 275
Pediatrics	PHA 280
Psychiatry	PHA 285
Elective	PHA 290

Clerkships must be registered in the order in which they are taken. The designation "R" before the course number refers to the sequence of the clerkship. For example, each student will register for the first rotation under "R-1"; the second "R-2" etc. Grades cannot be entered unless the correct clerkships appear in Banner in the proper semester and in the proper order.

Policies Regarding Clinical Rotations

Health Insurance

Health insurance is mandatory for the clinical year, as it is for the didactic year. Students must show proof of medical insurance before beginning the clinical year. The insurance policy must cover students in the event of illness or injury that may result from patient care.

Health Clearance

All students must provide the Program with evidence of fitness to perform physician assistant student functions by a health care provider. This verification must be provided twice, once at the beginning of the didactic and again at the beginning of the clinical year. Fitness includes proof of immunization requirements in accordance with the Centers for Disease Control (CDC) recommendations for health care professionals. Students are required to keep their own medical information and present it at the beginning of each clinical clerkship.

Student health records are confidential and are not accessible to program faculty or staff. Yet, immunization and tuberculosis screening must be verified by the program to clinical clerkship sites in some circumstances. Only these results are maintained by the program and only released to a clerkship site with written permission of the student.

Identification

Students must display their Hofstra University photo identification in an easily visible location while on clinical rotations. All students must identify themselves as “physician assistant student” to patients and medical staff. Under no circumstance should a student encourage or fail to correct the misconception that he/she is a physician or a medical student. Students answering pages or phone calls for clinical preceptors must use their title when answering.

Patient Rights and Confidentiality

All information regarding a patient’s health is privileged information. All students must strictly adhere to each institution’s policy governing patient rights and confidentiality and to all federal, state and local regulations. Students must not discuss any information regarding a patient in a manner or location that might reveal the identification of the patient to individuals not directly involved in that patient’s care.

Patient charts, inclusive of progress notes or lab reports, must not be removed from the clinical site by the physician assistant student. If photocopies of a patient’s record are needed for site evaluation, all information that might identify the patient must be removed, omitted or deleted to protect patient confidentiality.

Social Media Policy

While on clinical rotations the taking of pictures, diagnostic images and patient data that is acquired during any patient encounter (including the operating room) even if the patient is not identified is strictly prohibited. Any transmission of confidential patient data on any social media platform such as but not limited to: You Tube, Face Book, iTunes, LinkedIn, Twitter and Blogs is also strictly prohibited.

Violation of this policy is inappropriate and will result in a meeting with the Academic Standing Committee and possible dismissal from the program will be discussed. Any violation of this policy should be immediately reported to the clinical coordinator or program director.

Universal Precautions

All PA students must complete a training session for healthcare professionals in infection control/universal precautions provided by the Medical Society of the State of New York and New York State Department of Health before entering the hospital setting. A certificate of completion must be kept by the student and provided to any clinical site requesting a copy. For additional information on universal precautions, please refer to www.cdc.gov.

The principle of universal precautions has been adopted to protect clinicians from exposure to infectious disease because any patient may harbor microorganisms that could cause infection if transmitted. Although blood-borne pathogens are of particular concern, all body fluids, secretions, and excretions are included in universal precautions. Since infected patients may be asymptomatic, it becomes necessary to use basic precautions with every patient. Observance of universal precautions will help to provide better protection for every staff member. Students should also familiarize themselves with the hospital/clinical sites specific policies regarding universal precautions. The material below reviews guidelines and preventative techniques.

Universal Precautions Guidelines and Prevention Methods:

1. Avoid direct contact with: blood, body fluids, secretions, excretions, mucous membranes, non-intact skin, and lesions.
2. Avoid injuries from all sharp objects such as needles or scalpels.
3. Avoid direct contact with items, objects, and surfaces contaminated with blood, body fluids, secretions, and excretions.
4. Dispose of all sharp objects promptly in special puncture resistant containers.
5. Dispose of all contaminated articles and materials in a safe manner prescribed by law.

In practice, using Universal Precautions also requires:

1. Wash hands frequently and thoroughly, especially if they become contaminated with blood, body fluids, secretions, and excretions.
2. Depending on job duties and risk of exposure, use appropriate barriers, which can include: gloves, gowns, aprons, caps, shoe covers, leggings, masks, goggles, face shields, equipment such as resuscitation devices.

These barriers are to be used to protect:

- a. Skin, especially non-intact skin (where there are cuts, chapping, abrasions, or any other break in the skin).
- b. Mucous membranes, especially eyes, nose and mouth.
- c. All specimens are bagged before transport to the laboratory.

NOTE: *The items of protective apparel, including gloves, are to be removed after each use and are to be PROPERLY disposed of. Gloves, etc. are NOT to be worn from one patient or activity to another.*

Exposure Policy and Incident Reporting

Should a student be exposed to a foreign body fluid during a clerkship, he/she will immediately report the incident to the clerkship preceptor, other site supervisor or if on campus, to a faculty member. The student will follow institutional infectious and environmental hazard policy, including completing all necessary documentation as required by the institution. Students should be aware that an infectious or environmental hazard exposure can adversely affect student overall health and performance in the Physician Assistant Studies Program.

If completing clinical clerkships, the student must also contact the clinical coordinator or program director directly via voice mail or e-mail, within 24 hours of the incident. The student is required to complete and return an incident form (see appendix) to the clinical coordinator, program director and university within 48 hours of the incident. Health information of the student or patient **should not** be included when filling out the exposure form to protect the privacy of both parties. Additionally, the form **should not** contain the name or other identification of the patient involved in the exposure. Following an exposure, the student must follow-up with his/her private Family Medicine provider for further evaluation and/or treatment.

Should any expense be incurred as a result of an exposure, the student is responsible for all costs related to the incident.

Student & Preceptor Review of Clinical Objectives

When beginning each clerkship, all students are required to review the clinical objectives with their preceptors. Once reviewed the Objective form must be faxed to the program office (516-463-5177) by the Friday of the first week of each clinical rotation. Failure to send in your reviewed and signed objective form will result in a (3) three point reduction off your overall rotation grade (See appendix).

Clerkship Work Schedule

All students are required to fax to the program a completed clerkship work schedule form (See appendix) by Friday of the first week of **each** clinical rotation (Fax: 516-463-5177). If the schedule changes for any reason, a new clerkship schedule must be faxed. All absences must be listed on the bottom of the clerkship work schedule, as well as time used to make up absences. The form must be signed by the designated preceptor. Failure to fax in a clerkship work schedule will result in a grade of “incomplete” until all forms are received.

Work Policy

Students who choose to volunteer or be paid employees during the course of their physician assistant training cannot use their affiliation with the program in any aspect of that employment. Any activity undertaken by the student, independent of the program, is not covered by the liability insurance offered for clinical work associated with physician assistant training. Furthermore, students may not be required to perform clerical or administrative work for the Program.

Students may not substitute for regular clinical or administrative staff during the clinical year. Should such a request be made of a student, it should be reported to the program director immediately.

Preceptor Review and Countersignature

It is the responsibility of the student to insure that each patient that he/she sees is examined by the supervising preceptor. The supervising preceptor must review, and countersign all notes written by the student. The student must sign each note with “PA-student” and **not** “PA-S” to prevent confusion. The supervising preceptor must countersign the note immediately.

The student is **not authorized** to initiate any orders for a patient without the consultation and the signature of the supervising preceptor. Students are **not permitted** to sign any prescriptions. Failure to adhere to these policies will result in a disciplinary hearing before the Academic Standing Committee.

Assignments and Academic Performance

On-Site Evaluation

During some clinical clerkships, students will be visited by the clinical coordinator for an on-site evaluation within the last two weeks of the clerkship. The site evaluation is a means to assess the student’s command of clinical knowledge of the medical discipline practiced at the site. Notification for a visit can vary from one week to 24 hours beforehand. In the unlikely event that a student is unable to attend the site visit, the clinical coordinator must be notified at least 24 hours prior to the visit. All unexcused absences will result in a failure of this component of the clerkship grade.

The site evaluation will be comprised of the following:

- 1) One H&P or SOAP note as designated for the specific rotation.
- 2) Three (3) pharmaceuticals to be presented as “drug cards”.
- 3) Depending upon the requirements of each rotation, the student will be responsible for one of the following:
 - a. Interesting Patient Case Assignment
 - b. Continuing Medical Education Project
 - c. Health Promotion Project
 - d. Continuing Medical Education Project

Should the rotation not include an on-site evaluation, each student is required to present each of the required assignments listed above on call back day.

Call Back Day

Students return to campus on the last day of the clerkship for a day of activities. During call back days, students take an end-of-rotation exam and attend lectures. Additionally, during the elective rotation, each student presents a patient education project before the entire class as well as taking an oral examination of clinical reasoning. Attendance during the call back day is mandatory for all students. Should an absence be unavoidable, the clinical coordinator must be contacted prior to the date to discuss the nature and legitimacy of the absence. **Unexcused absence from a call back will result in a grade of ‘F’ for the end-of-rotation exam.** A 5-point deduction will be taken off the end-of-rotation exam grade for any student who leaves call back day early without notifying the clinical coordinator.

Lecturers during call back days cover topics of special interest. All lectures are mandatory. Students are required to fill out a Call Back Day Lecturer Evaluation on Typhon within one week of the call back day. Failure to do so will result in a three-point deduction from the overall rotation grade.

Clerkship Grades

Each clinical clerkship must be passed in order to graduate from the program. The minimum passing grade for each clerkships is a “C.”

Grades for the required clerkships are based on the following components:

End of Clerkship Examination	35%
On-Site Visit or Interesting Patient Case Assignment or Rotation Specific Project (as designated for specific rotation)	25%
Preceptor Evaluation	25%
Clinical Documentation (1 H&P or SOAP note as designated for specific rotation) & 3 Drug Cards	15%

Grades for elective clerkships are based on the following components:

Preceptor Evaluation	25%
Oral Reasoning Examination	35%
Patient Education Project	30%
Elective PRE and POST Essay	10%

End-of-Rotation Exam

In order to determine comprehensive knowledge of each clerkship discipline, a 50 question multiple choice online examination will be given at the end of each rotation. The exam questions will be derived from the clerkship minimum learning objectives and the assigned readings. As students are expected to read throughout the course of the clerkship, concentrating on the signs, symptoms, pathophysiology, physical findings, diagnostic tests and management of the disease states found in the learning objectives, many find that learning to study for the end-of-rotation exams is good preparation to successfully passing the Physician Assistant National Certification Examination (PANCE) upon graduation. End-of-rotation examinations have the same format as the PANCE exam, in that case-based, broad issues are emphasized over esoteric clinical facts.

In order to pass the examinations, a student must receive a grade of no less than 70% . In most cases, scores will appear immediately upon completion of the on-line exam. **There will be no further review of examinations after their administration.** Should a student require clarification of a medical topic, a meeting with the clinical coordinator should be arranged.

End-of-Rotation Examination Failure

Should a student fail the end-of-rotation exam, he/she will be given the opportunity to take a make-up exam. A grade of 70% or better must be achieved on the make-up exam. A grade of 70% will be

entered for this portion of the final grade, regardless of the grade earned for the exam. Only one make up examination will be offered in any clerkship. A failure of the make- up examination will result in failure of the clerkship.

Failure to take the make-up end-of-rotation exam on the scheduled date will result in a grade of zero for the exam portion of the grade. A second opportunity to take the examination will not be given unless the absence is approved by both the clinical coordinator and program director.

Students are permitted to take no more than two (2) make-up exams for the entire clinical year. Failing a third end-of-rotation exam will result in appearance before the Academic Standing Committee and possible dismissal from the program.

Submission of Medical Notes

Each student will submit one complete history and physical or SOAP note for each clerkship. The table below outlines the requirements for each clerkship.

Family Medicine	1 Complete H&P
Long Term Care	1 Complete H&P
Elective	N/A
Surgery	1 SOAP Note
Obstetrics and Gynecology	1 SOAP Note
Psychiatry	1 Complete H&P
Internal Medicine	1 Complete H&P
Pediatrics	1 SOAP Note
Emergency Medicine	1 SOAP Note

- SOAP notes are not the same as progress notes. Progress notes will not meet this requirement.
- SOAP notes are to be a maximum of (2) pages in length.
- H&P notes are to be a maximum of (5) five pages in length.
- Notes cannot be typed and have to be in original handwriting. Photocopies are not acceptable.
- SOAP and H&P notes are not acceptable on hospital forms.
- SOAP and H&P notes cannot be on the same patient as the interesting case patient.
- All notes must not include ANY identifying information, as this is a violation of HIPAA regulations. Notes submitted with identifying information will earn a grade of zero for that particular note. All notes must be turned in to the clinical coordinator on call back day (see submitting call back day materials). Failure to do this will result in a 5 point deduction from the note grade for each day it is tardy.

If a passing grade is not achieved, the clinical coordinator will either ask the student to fax a clinical note to the PA program office every day of the following clerkship, or he/she will be asked for additional notes to be submitted on the succeeding call back day.

Drug Cards

Students are required to research three (3) pharmaceutical agents used for each clerkship and make flash cards indicating **the class, mechanism of action, indications, contraindications, side effects and cost of medication**. The student is required to present these cards on the day of the site visit, and be prepared to be questioned regarding the drugs selected. Students should bring drug cards to each call back day.

Please make sure that your name, date and rotation number is listed on each drug card. Should a student fail to produce these cards when asked, a grade of zero will be given for this portion of the site visit grade.

Project Requirements

Emergency Medicine	Interesting Patient Case Assignment
Family Medicine	Health Promotion Project
Pediatrics	Interesting Patient Case Assignment
Ob/Gyn	Interesting Patient Case Assignment
Surgery	Interesting Patient Case Assignment
Elective	Patient Education Project & Pre and Post Essay
Psychiatry	Interesting Patient Case Assignment
Internal Medicine	Continuing Medical Education Project
Long Term Care	Interesting Patient Case Assignment

Interesting Patient Case Assignments

The formal presentation of an interesting patient seen during the clerkship is a part of the site visit grade for the emergency medicine, pediatrics, Ob/Gyn, surgery, psychiatry and long term care rotations. For clerkships that do not include a site visit, the presentation may be done on call back day. The student leads a discussion of the course of illness and treatment of the patient before fellow classmates as well as the faculty member. This discussion should include the rationale for the choice of treatment, and a literature search of the illness or treatment of the patient. The literature search should only contain references from academic, peer-reviewed medical journals, less than 5 years old. Students are highly encouraged to provide hand-outs and copies of especially pertinent journal articles. While notes or an outline may be referred to during the presentation, verbatim reading of a medical note is not appropriate (see appendix). A H & P note or Power Point presentation in the same format as a H & P note will be submitted at the conclusion of the presentation regardless of where it is given. **The required SOAP or H&P notes cannot be the same patient as the interesting case patient.**

Continuing Medical Education Project

During the internal medicine rotation, students will be assigned a CME project. This project may be either web-based or found in a peer-review journal article. Students must submit proof of completion of the CME project either during a site visit or on call back day if a visit has not occurred. A 100% will be awarded to students who complete the project and display a good understanding of the CME topic. If you have a CME project and you are scheduled for a site visit be prepared to discuss your assignment during your site visit. If the student is unable to show proof of completion, a grade of zero will be submitted for this portion of the clerkship grade.

Health Promotion Project

The objective of the health promotion project is to find ways to enable patients to increase control over risk factors and improve their health. An important element of Family Medicine is to promote healthy lifestyles, identify risky behavior and prevent complications from chronic illness. This project provides

a vehicle for students to counsel, teach and support patients about preventive measures for their disease states and to evaluate the effectiveness of their efforts.

The student will choose a patient with chronic illness or lifestyle risk factors and provide counseling. Afterward, the questionnaire found in the appendix is completed. Question number 4 requires that the student follow-up with the patient. This can be accomplished via a follow-up visit or by telephone conversation. Should a telephone conversation be chosen, permission must be obtained from the patient, and the site preceptor. Question 5 requires that the student read and submit an academic article, not more than five years old that discusses the health promotion issues related to the patient. A one-paged, typed, double-spaced paper summarizing the article and discussing how to implement the recommendations is submitted and/or presented during the site visit or on call back day should a site visit not occur.

Patient Education Project

During the elective clerkship, the student will be assigned a patient education topic to research and present to the class during call back day. The patient education project requires the student to create a unique plan to educate patients on their assigned topic. This may include but is not limited to: poster, pamphlet, creating a lesson plan or small group discussion. The student is then required to present on call back day to their fellow classmates his/her education plan and educate classmates on how to teach patients about the topic. Presentations should be no longer than **10 minutes** in length (See appendix). In the unlikely event that a student is not prepared for this assignment, a zero will be given for this portion of the grade.

PRE and POST Essay

As the elective rotation gives the student a chance to explore a special interest, the pre and post essay evaluates how that choice was made and the level of success of the clerkship experience. The “pre” portion of the essay will discuss the reasons for choosing the elective, the expectations for skills gained, types of patients seen etc and the personal goals and objectives for the clerkship experience (See appendix).

The “post” portion of this essay will discuss what was enjoyed and disliked about the specialty, if it met expectations, how it differed from expectations and if it may become a career choice. It will also discuss the degree to which goals and objectives were met, and how adjustments were made to optimize learning. This portion must be completed near the end of the clerkship.

This exercise is not an evaluation of the site. Therefore, all comments must be specific to the specialty, not the clerkship location. The final essay should be from 1.5 – 2 pages in length, typed, and double-spaced. Please note that this is a professional document and should discuss the above issues in a respectful manner. Failure to follow these instructions will result in a grade of zero.

Oral Clinical Reasoning

During the elective rotation, students are required to pass an oral clinical reasoning examination. This exam takes the place of an end-of-rotation exam. For this examination the student will be presented with a case scenario by a proctor. Students will have 15 minutes to complete this exam. In order to demonstrate comprehensive clinical knowledge, the student begins by asking questions in the manner of a medical interview, for which information about the patient will be given. The student will verbally describe a focused physical examination, develop a differential diagnosis, and recommend treatment

options, follow-up care and patient education. Although the physical exam should be focused, ***you must always be thorough***. The student is graded using a checklist (see appendix). Students must receive a 70% or greater to successfully complete this component.

The Oral Clinical Reasoning Examination is very similar in format to that of patient presentation that occurs in bedside teaching rounds. Please note that attitude and bedside manner are evaluated as well as raw knowledge. Approaching this exercise with the personal demeanor needed for patient care is vital to performing well during the clinical skills test.

Preceptor Evaluation

The preceptor evaluation is an indicator of a student's ability to adapt to the team and to the expectations of the individual preceptor. While these attributes are important, it is not necessarily a measure of medical competence. A good preceptor evaluation does not predict good performance on the other types of clerkship evaluation. On the other hand, failure to integrate into the team and to perform within team expectations is a serious problem. Failing the preceptor evaluation is cause for failing the clerkship.

Preceptors evaluate students using an evaluation form (See appendix). This form should be returned directly to the Program office in a sealed envelope with the preceptor's signature and stamp across the seal. A faxed copy will be accepted only if the preceptor speaks directly to one of the staff beforehand. The program fax number is 516-463-5177. All preceptor evaluations must be turned in upon completion of the clerkship. Grades for the clerkship will not be posted until the evaluation form is received.

Typhon Tracking System

Patient Logging

Typhon Group Physician Assistant Tracking System is an electronic tracking system to log patient encounters and procedures. Students are required to log this information daily. Every Monday at 9am, patient logs in the Typhon tracking system from the previous week's encounters will be reviewed. Weekly logs during the final week of the clerkship must be logged by 9am of the call back day. All patient logs must be signed, dated and stamped by the preceptor. A copy of the signed Typhon log "graphical" must be included in your call back day packet. More than one failure to log patient encounters on time will result in a three (3) point deduction from the overall rotation grade. Each additional failure will result in a three (3) point deduction as well.

Procedure Logging

Students are required to complete a set number of required procedures by the end of the clinical year. These procedures will be tracked through the Typhon System, and periodically reviewed by the clinical coordinator. It is the student's responsibility to monitor logging. The clinical coordinator will review logs every three months. Students will receive reports regarding which procedure requirements are missing. All procedure requirements must be completed by graduation. Difficulty in meeting these requirements should be brought to the attention of the clinical coordinator. Failure to complete any procedure requirement by the end of the year may affect the ability to graduate. Below are the list of required procedures a student must complete:

Procedure	Required Amount
ABG	4
Abscess I &D	2
Blood Cultures	2
Cardiopulmonary Resuscitation	3

Foley Catheter Placement	4
IM/SC/ID-injections	10
IV Placement	10
NG Tube Placement	2
Well Woman Pelvic Exam	5
Obstetrical Pelvic Exam	5
Splinting	5
Suturing	5
Venipuncture	10
Assist in Operating Room	10
Wound Care/Debridement	10
Rectal Examinations	10

Submitting Call Back Day Materials

All materials need to be submitted to the clinical coordinator prior to the end-of- rotation examination. Failure to do this will result in a three (3) point deduction from your overall final rotation grade. The following materials must be submitted to the clinical coordinator along with the call back checklist (See appendix) attached to the outside portion of the envelope:

- Clinical Documentation (H&P or SOAP as designated for specific rotation)
- Preceptor End of Rotation Evaluation (in sealed envelope with preceptor name and stamp across the seal)
- Print out of completed Student Evaluation of Program Clinical Site from Typhon EASI
- Signed and stamped Typhon Log
- CME Project (if applicable)
- Patient Education Project (if applicable)
- Interesting Patient Case Assignment (if applicable)
- Peer reviewed journal article relating to your interesting patient case assignment. Please make sure to staple the journal article to the assignment and to write your name on the article (if applicable).
- Elective Pre and Post Essay (if applicable)
- Three (3) Pharmaceutical “Drug Cards.” (Please write your name on all of the “drug cards”).

Clinical Clerkship Failure

A student will fail a clinical clerkship if:

1. A failure is obtained on the Preceptor Evaluation Form.
2. The site evaluation is failed due to inadequate interesting patient case presentation or assignment. Failure is defined as receiving a grade of “F” on both the initial assignment and the make-up.
3. Failing the end-of-rotation examination. Failure is defined as receiving a grade of less than 70% on both the examination and the make-up.

Should a student fail a clerkship, the rotation will be repeated at the end of the research semester, thereby extending the length of the curriculum. The student will be responsible for any and all associated costs of repeating the failed clerkship. A failed rotation will result in the student appearing

before the Academic Standing Committee and placement of the student on academic probation for the duration of study in the Hofstra University Program in Physician Assistant Studies.

Two failed clerkships will result in reappearance before the Academic Standing Committee. All extenuating circumstances will be considered. Dismissal from the program will be considered at that time.

Student Evaluation of Clinical Rotations

Student evaluations of clinical rotations will be entered into the Typhon System (See appendix). Student feedback and comments are vital to the growth and continued improvement of the program. Students must submit their evaluation of each clerkship by call back day. Three (3) points will be deducted from the final grade for the course if it is late.

Procedure for submitting and printing student evaluation of clinical sites:

- Enter the Typhon ESAI system
- Click on Student Evaluation of Clerkship Site
- Designate clinical site and enter date
- Fill out the evaluation
- Click on “submit evaluation”
- Click on “print my responses” and then click “print”. This evaluation provides us with your name, clerkship and all responses.

Mid-Clerkship Evaluation

Mid-clerkship evaluations are to be completed via the Typhon System by the end of the second week of each clerkship (See appendix). This evaluation instrument is designed for students to reflect upon their strengths and weaknesses at a point in their clerkship where the opportunity exists to correct deficiencies before the clerkship ends. This tool also provides the program with feedback regarding clerkship quality. Lastly, it allows the clinical coordinator to identify problems with a clinical site or with an individual student and provide early intervention should it be necessary. If the mid-clerkship evaluation is not submitted on time, three (3) points will be deducted from your final grade for the course.

Professionalism

Adherence to standards of professional behavior is required of all students at all times. These standards are the ethical foundation of medical practice and of our integrity as physician assistants. Should the Academic Standing Committee (ASC) find that a student has behaved unprofessionally, he/she will be placed on professional probation. Professional probation is a status designated by the ASC when a student violates one of the tenets of professional conduct or of the Hofstra University Bulletin. The possibility of dismissal will be considered by the ASC, even if all other elements of training are completed satisfactorily. The student will remain on professional probation for the duration of the program. Examples of unprofessional behavior include:

- Failure to comply with program rules and regulations, including but not limited to:
 - attendance,
 - punctuality,
 - preparedness,
 - conduct,

- performance in the classroom and clinical setting
- More than one unexcused absences during the clinical year
- Excessive excused absences during the clinical year
- Excessive lateness during the clinical year
- Unauthorized departure from the clinical setting
- Failure to perform all or part of assigned tasks and responsibilities
- Failure to follow protocol, or directions of supervising physician, physician assistant or program faculty
- Immature demeanor
- Unacceptable dress in the clinical arena
- Academic or personal dishonesty
- Failure to accept constructive criticism
- Performing unauthorized procedures or administering services not permitted by the supervisor, the facility, or the physician assistant program
- Violation of the Health Insurance Portability and Accountability Act (HIPAA)
- Failure to identify oneself as a physician assistant student, especially after being addressed as “Doctor”
- Failure to report all observed unethical conduct by other members of the health profession, including other students
- Insensitivity to patients; lack of respect for the rights of patients to competent, confidential service
- Endangering the health and welfare of any patient
- Failure to submit an incident report both to the program and the clinical site

Clinical Year Attendance

Clinical year students are required to follow the schedule set by their preceptor. Students should arrive at the facility before their scheduled shift, and remain on the site until excused by the preceptor. Students are expected to take call as designated by the preceptor. Students are expected to work weekends and holidays with their team. **University holidays do not pertain to the clinical year. Snow days do not pertain to the clinical year.** Students may not take vacations apart from those scheduled by the clinical coordinator.

Absence from Clinical Rotations

If a student is unable to report to the clinical site for any reason, he/she is required to

1. Call and e-mail the clinical preceptor **before** the day of the absence.
2. Call and e-mail the clinical coordinator at (516) 463-4233 by 9 AM that day.
3. It is unacceptable to leave a message with the program administrative assistant
4. It is unacceptable for a student to call on behalf of another student.

Any absence, for any reason, must be made up at the site. There are no personal days.

Failure to report an absence in the correct manner and obtain approval from the clinical coordinator will mean that the absence will be considered unexcused. More than one unexcused absences or excessive excused absences will result in the student being placed on professional probation. The student will remain on professional probation for the duration of the program.

Tardiness

Students are expected to arrive at the clinical site on-time. If delayed, the clinical coordinator and site preceptor must be informed. For in-patient rotations, it is especially important to arrive early each day to visit patients and to prepare for rounds. Physician assistant students can be questioned about features of the disease state and the course of care during rounds. Anticipate being “put on the spot” and to be prepared for any questions that may arise.

Should a student be physically present on a site but away from the team he/she will be considered absent. It is not acceptable to go to the library to study or to be away from the team without the preceptor’s knowledge and permission.

Dress Requirements

Dress requirements are strict in the clinical year. One reason is safety – dress can increase or decrease the potential for injury. The second is that clinical year students represent the physician assistant profession and the reputation of Hofstra University. Specific guidelines for dress must be met.

Both men and women should wear business attire while on clinical rotations. Men should wear a dress shirt with tie. Closed toed shoes with socks or stockings as well as a short white uniform jacket must be worn by men and women, at all times. Each student should wear a watch with a second hand. Bracelets are not permitted on clinical rotations. Students should avoid wearing insignia, buttons or decals of a political nature while on clinical rotation.

Unacceptable clothing includes:

- Low cut, revealing blouses for women
- Sandals
- Short skirts
- Stirrup pants or leggings
- T-shirts, sweatshirts or sweatpants
- Any clothing made of denim
- Clothing that exposes the mid-abdomen
- Clothing that is soiled, in poor repair, or not well maintained

Students may wear scrubs **only** while in the operating room, emergency room or in the delivery room. Students may wear sneakers **only** while wearing scrubs as listed above. Students may not wear scrubs while outside the hospital, or while traveling to or from the hospital.

Hair must be pulled back away from the face if it is longer than shoulder length. Fingernails must be less than ¼“long. Nail polish should not be worn while on rotations that requires the student to scrub. No artificial nails, wraps, multi-colored or designer nail polish or nail paintings are permitted.

Some patients may be particularly sensitive to fragrances when ill. Students should be sensitive to the needs of patients and avoid wearing fragrances while in the health care setting. Only post earrings are permitted. All tattoos should be concealed. Other body piercings should not be worn during rotations.

Sexual Misconduct

Sexual relations between a PA student and a patient are unethical, regardless of who initiated the relationship. Reasonable proof of a sexual relationship between a student and patient will result in dismissal from the program. Sexual relations between a PA student and clinical staff at a site are unacceptable.

Sexual harassment of a physician assistant student by a preceptor or other rotation site employee is a serious matter and must be reported to the clinical coordinator immediately. All good faith reports of inappropriate behavior will be supported. Students should not attempt to handle this problem alone, as sexual harassment involves issues of unequal power. Should a student feel you he/she has been sexually harassed, assistance from the program faculty should be sought immediately.

Academic Honesty

Cheating and plagiarism are grave infractions of academic and professional ethical behavior and are contrary to the purpose of any educational institution. They must be addressed seriously for student scholarship to have validity. Faculty are required to report all suspicions of academic dishonesty. Faculty may require students suspected of cheating or plagiarizing to confirm the originality of their work. Student breaches of academic standards may be subject to disciplinary or academic action. Please refer to URL: http://www.hofstra.edu/pdf/Senate/Senate_FPS_11G.pdf

Final Evaluation

Packrat Examination

The PACKRAT (Physician Assistant Clinical Knowledge Rating and Assessment Tool) examination is a self-assessment tool administered during the clinical year. While the results of the PACKRAT examination do not count toward a grade or requirements for graduation, the results provide students with a report of their areas of strength and areas for improvement. This report may be utilized in formulating study plans for success in the PANCE exam, as the correlation between the scores on the PACKRAT and the PANCE exam is high. The exam report also allows the Program to compare student performance with national scores.

Summative Evaluation

Students will have two summative examinations, the first at the end of the didactic year and the second at the end of the program. These examinations will combine multiple choice tests with OSCE or interactive, case-based testing. The final summative exam must be successfully passed in order to graduate. If a student fails the summative exam, a make-up will be given. Should a student fail the makeup, the Academic Standing Committee will review the case, and action, including possible dismissal, will be taken.

Clinical Year Objectives



PHA 250 FAMILY MEDICINE CLERKSHIP

Clinical Coordinator: Shannan Ricoy, M.S., RPA-C

Email: Shannan.Ricoy@hofstra.edu

Tele: 516-463-4233

3 s.h.

COURSE DESCRIPTION:

Family Medicine Clerkship provides students with a working knowledge of the principles of family medicine and the biopsychosocial model of health care. Working with board-certified family physicians, students will evaluate patients in all age groups with a wide variety of illness in the outpatient setting. Health promotion and preventive medicine are incorporated in this clerkship as well.

COURSE GOALS AND OBJECTIVES:

Upon completion of this clerkship students will be able to:

1. Describe the principles of the medical home.
2. Perform complete physical assessments on patients throughout the life span.
3. Develop differential diagnoses and treatment plan.
4. Perform procedures as specified by the clerkship objectives.
5. Integrate knowledge of counseling techniques and patient education.
6. Participate in all rounds, conferences, lectures, and call as specified by the site.
7. Provide coordination of care with members of the health care team, with a system-based approach.

COURSE REQUIREMENTS & EVALUATION CRITERIA:

The grade for this clerkship is based on the following components:

End of Clerkship Examination	35%
On-Site Visit or Health Promotion Project	25%
Preceptor Evaluation	25%
One complete history and physical note Three drug cards	15%

CLERKSHIP BIBLIOGRAPHY:

- Goroll, et al, Primary Care Medicine, Office Evaluation and Management of the Adult Patient, 6th edition, J.B Lippincott Company, 2008.
- Fishbach, Frances and Dunning, Marshall B.. A Manual of Laboratory and Diagnostic Tests, 8th edition, J.B. Lippincott Company, 2008.
- Dehn, Richard and David Asprey. Essential Clinical Procedures for Physician Assistants. W.B. Saunders, 2007.
- Fitzpatrick, Johnson, Wolff. Color Atlas and Synopsis of Clinical Dermatology. 5th edition, 2005.

ALTERNATIVE REFERENCE MATERIALS:

- Rakel, David. Textbook of Family Medicine. 7th edition. Saunders Elsevier, 2007.

USEFUL WEBSITES:

- American Academy of Family Physicians: <http://www.aafp.org/online/en/home.html>
- Center for Disease Control and Prevention: <http://www.cdc.gov/>
- Medscape: <http://www.medscape.com/>
- World Health organization: <http://www.who.int/en/>
- Diabetes: <https://diabetesmanagement.joslin.org>
- US Preventative Services Task Force. Guide to clinical preventative services: <http://www.ahrq.gov/clinic/uspstfix.htm>

ACADEMIC HONESTY:

Plagiarism is a serious ethical and professional infraction. Hofstra's policy on academic honesty reads: "The academic community assumes that work of any kind [...] is done, entirely, and without assistance, by and only for the individual(s) whose name(s) it bears." Please refer to the "Procedure for Handling Violations of Academic Honesty by Graduate Students at Hofstra University" to be found at http://www.hofstra.edu/PDF/Senate_FPS_11.pdf, for details about what constitutes plagiarism, and Hofstra's procedures for handling violations.

ATTENDANCE POLICY:

Students are required to follow the schedule set by their preceptor. Students should arrive at the facility before their scheduled shift, and remain on the site until excused by the preceptor. Students are expected to take call as designated by the preceptor. Students are expected to work weekends and holidays with their team. **University holidays do not pertain to the clinical year. Snow days do not pertain to the clinical year.** Students may not take days off during this rotation. Please refer to the Clinical Year Handbook for further discussion.

LEARNING OBJECTIVES:

The learning objectives for the Family Medicine clerkship are in three parts: clinical knowledge, procedures and patient education. The specific competencies students are to demonstrate upon completion of this clerkship are listed below.

CLINICAL KNOWLEDGE:

Integrate the pathophysiology, epidemiology and genetic factors with historical and physical exam findings to formulate a differential diagnosis and treatment plan for the following disorders (Prognosis and potential complications must be described as well):

SYSTEMIC DISORDERS

- Generalized lymphadenopathy
- Fever of unknown origin
- Significant weight change
- Tobacco use/dependence
- Nutritional deficiencies
 - Niacin
 - Thiamine
 - Vitamin A
 - Riboflavin
 - Vitamin C
 - Vitamin D
 - Vitamin K

DERMATOLOGICAL DISORDERS

Eczematous Eruptions

- Dermatitis
- Atopic
- Contact
- Diaper
- Nummular eczematous
- Perioral
- Seborrheic
- Stasis
- Dyshidrosis
- Lichen simplex chronicus

Papulosquamous Diseases

- Dermatophyte infections
- Tinea versicolor
- Tinea corporis/pedis
- Drug eruptions

- Lichen planus
- Pityriasis rosea
- Psoriasis

- Vesicular Bullae
- Bullous pemphigoid
- Acneiform Lesions
- Acne vulgaris
- Rosacea
- Folliculitis

Verrucous Lesions

- Seborrheic keratosis
- Actinic keratosis

Insects/Parasites

- Lice
- Scabies

Neoplasms

- Basal cell carcinoma
- Melanoma
- Squamous cell carcinoma

Hair and Nails

- Alopecia areata
- Androgenetic alopecia
- Onychomycosis
- Paronychia

Viral Diseases

- Condyloma acuminatum
- Exanthems
- Pityriasis rosea
- Herpes simplex
- Molluscum contagiosum
- Verrucae
- Varicella-zoster virus

Bacterial Infections

- Cellulitis/vasculitis
- Impetigo

Other Dermatologic Conditions

- Acanthosis nigricans
- Burns
- Decubitus ulcers/leg ulcers
- Hidradenitis suppurativa
- Lipomas/epithelial inclusion cysts
- Melasma
- Urticaria
- Vitiligo
- Drug eruptions
- Bites/stings
- Abscess
- Decubitus ulcers
- Erythema multiforme

OPHTHALMOLOGIC DISORDERS

- Blepharitis
- Cataract
- Chalazion
- Conjunctivitis
- Corneal abrasion
- Dacryoadenitis
- Ectropion
- Entropion
- Glaucoma
- Hordeolum
- Macular degeneration
- Orbital cellulitis
- Pterygium
- Diabetic retinopathy
- Hypertensive retinopathy
- Strabismus
- Amblyopia
- Herpetic keratitis
- Optic neuritis
- Papilledema

HEMATOLOGIC DISORDERS

Anemias

- B12 & Folate deficiency
- Iron Deficiency

- Sickle cell anemia

Coagulation Disorders

Malignancies

- Acute and Chronic lymphocytic leukemia
- Acute and Chronic myelogenous leukemia
- Lymphoma
- Hodgkin's disease
- Polycythemia

ENDOCRINOLOGIC DISORDERS

- Adrenal insufficiency
- Cushing's Disease
- Diabetes Type 1 & 2
- Hypoglycemia
- Hyperthyroidism
- Hypothyroidism
- Graves' disease
- Hashimoto's thyroiditis
- Thyroid storm
- Neoplastic Disease

GI DISORDERS

Esophagus

- Esophagitis
- Neoplasms

Stomach

- Gastroesophageal reflux disease
- Gastritis
- Neoplasms
- Peptic ulcer disease

Gallbladder

- Acute/chronic cholecystitis
- Cholelithiasis

Liver

- Acute/chronic hepatitis
- Cirrhosis

- Neoplasms

Pancreas

- Acute/chronic pancreatitis
- Neoplasms

Small Intestine/Colon

- Appendicitis
- Diarrhea/Constipation
- Gastroenteritis
- Diverticular disease
- Inflammatory bowel disease
- Irritable bowel disease
- Ischemic bowel disease
- Neoplasm
- Obstruction
- GI Bleed
- Polyps

Rectum

- Anal fissure
- Anorectal abscess/fistula
- Fecal impaction
- Hemorrhoids
- Neoplasms
- Pilonidal disease
- Polyps

Hernia

- Hiatal
- Incisional
- Inguinal
- Umbilical
- Ventral

Infectious Diarrhea

Metabolic Disorders

- Lactose intolerance

ENT DISORDERS

Ear Disorders

- Acute/chronic otitis media
- Cerumen impaction
- Mastoiditis
- Meniere's disease
- Labyrinthitis

- Otitis externa
- Tympanic membrane perforation
- Vertigo

Nose/Sinus Disorders

- Acute/chronic sinusitis
- Allergic rhinitis
- Nasal polyps

Mouth/Throat Disorders

- Acute pharyngitis
- Acute tonsillitis
- Aphthous ulcers
- Dental abscess
- Laryngitis
- Oral candidiasis
- Oral herpes simplex
- Oral leukoplakia
- Peritonsillar abscess
- Parotitis
- Sialadenitis
- Hearing loss
 - Sensorineural: (presbycusis, noise, drug induced)
 - Conductive: (cerumen, otosclerosis, infection)
- Bacterial / fungal / viral infections
- Lymphadenopathy
- Neck masses

GENITOURINARY DISORDERS

Benign Conditions of the GU Tract

- Benign prostatic hyperplasia
- Erectile dysfunction
- Incontinence
- Nephro/urolithiasis
- Paraphimosis/phimosis

Infectious/Inflammatory Conditions

- Cystitis
- Epididymitis
- Prostatitis
- Pyelonephritis
- Urethritis

- Sexually transmitted diseases

Other GU Problems

- Prostatic cancer
- Testicular cancer

RESPIRATORY DISORDERS

Infectious Disorders

- Acute bronchitis
- Influenza
- Pneumonias
 - Bacterial
 - Viral
 - Fungal
 - HIV-related
- Tuberculosis/PPD converters

Neoplastic Disease

- Bronchogenic carcinoma
- Carcinoid tumors
- Metastatic tumors
- Pulmonary nodules

Obstructive Pulmonary Disease

- Asthma
- Chronic bronchitis
- Emphysema

Pleural Diseases

- Pleural effusion

Pulmonary Circulation

- Pulmonary embolism

Other Pulmonary Disease

- Foreign body aspiration
- Sleep Apnea
- Respiratory arrest or failure
- Allergic reaction/anaphylaxis

CARDIOVASCULAR DISORDERS

Conduction Disorders

- Atrial fibrillation/flutter
- Atrioventricular block
- Bundle branch block

- Paroxysmal supraventricular tachycardia
- Premature beats
- Ventricular tachycardia
- Ventricular fibrillation/flutter

Cardiomyopathy

- Dilated
- Hypertrophic
- Restrictive

Congestive Heart Failure

Hypertension

- Essential
- Secondary
- Malignant

Hypotension

- Orthostasis/postural

Ischemic Heart Disease

- Acute myocardial infarction
- Angina pectoris
- Stable
- Unstable
- Prinzmetal's/variant

Vascular Disease

- Acute rheumatic fever
- Aortic aneurysm/dissection
- Arterial embolism/thrombosis
- Chronic/acute arterial occlusion
- Giant cell arteritis
- Peripheral vascular disease
- Phlebitis/thrombophlebitis
- Venous thrombosis
- Varicose veins

Lipid Disorders

- Hypercholesterolemia
- Hypertriglyceridemia

Coronary Artery Disease/Atherosclerosis

Valvular Disease

- Aortic stenosis/insufficiency
- Mitral stenosis/insufficiency

- Mitral valve prolapse
- Tricuspid stenosis/insufficiency
- Pulmonary stenosis/insufficiency

INFECTIOUS DISORDERS

Fungal Disease

- Candidiasis

Bacterial Disease

- Chlamydia
- Gonococcal Infections

Mycobacterial Disease

- Tuberculosis
- Atypical mycobacterial disease

Parasitic Disease

- Pin worms

Spirochetal Disease

- Lyme Borreliosis
- Lyme disease
- Syphilis
- Viral Diseases
- Epstein-Barr virus infections
- Herpes simplex
- HIV infection
- Human papillomavirus infections
- Influenza
- Varicella-zoster virus
- Infections
- Mononucleosis
- Lyme disease
- Meningitis
- Chronic fatigue syndrome

OB/GYN DISORDERS

- Dysmenorrhea/irregular menses
- Vaginitis (candidal, bacterial, trichomonal)
- Premenstrual syndrome
- Pelvic inflammatory disease
- Breast

- Abscess
- Carcinoma
- Fibroadenoma
- Fibrocystic disease
- Mastitis

- Menopause
- Intrauterine pregnancy
- Ectopic pregnancy
- Uncomplicated pregnancy
- Spontaneous abortion
- Contraception methods
- Ovarian cyst

PSYCHIATRIC DISORDERS

- ADD / ADHD
- Anxiety Disorders
 - Panic
 - Generalized
 - Posttraumatic stress
 - Phobias
- Eating Disorders
 - Anorexia nervosa
 - Bulimia nervosa
 - Obesity
- Insomnia
- Mood Disorders
 - Adjustment
 - Depressive
 - Bipolar
- Acute psychosis

Substance Use Disorders

- Alcohol abuse/dependence
- Drug abuse/dependence
- Tobacco use/dependence

Other Behavioral and Emotional Disorders

- Acute reaction to stress
- Child/elder abuse
- Domestic violence
- Uncomplicated bereavement

NEUROLOGICAL DISORDERS

Headache

- Cluster

- Migraine
- Tension

Diseases of Peripheral Nerves

- Bell's palsy
- Diabetic peripheral neuropathy
- Guillain-Barre syndrome
- Tic douloureux

Movement Disorders

- Essential tremor
- Parkinson's disease

Multiple Sclerosis

Seizure Disorders

- Generalized convulsive disorder
- Generalized nonconvulsive disorder
- Status epilepticus

- Over use syndromes
- Plantar fascitis
- Sprains/strains
- Systemic lupus erythematosus
- Scleroderma
- Sjogren's syndrome

Vascular Diseases

- Stroke
- Transient ischemic attack
- Parkinson's disease

Delirium / Dementia

Alzheimer's disease

MUSCULOSKELETAL DISORDERS

- Neck / low back pain (lumbrosacral strain, degenerative disc disease)
- Bursitis/tendinitis
- Costochondritis
- Osteoarthritis/Rheumatoid Arthritis
- Osteoporosis
- Fibromyalgia
- Ganglion cyst
- Gout
- Minor orthopedic trauma

PROCEDURES:

The student will be able to demonstrate competence to the preceptor, and/or to describe the indications for, risk/benefit ratio and interpretation of results for the following:

- KOH preparation
- Wood's lamp
- Fungal, bacterial and viral cultures
- Serologic titers
- Tissue biopsy
- Tzank smear
- Gram stain
- Slit lamp exam
- Tonometry
- Fluorescein stain
- Office and home spirometry
- Skin testing
- Echocardiogram
- Electrocardiogram (ECG)
- Physical therapy

- Occupational therapy
- Vaccinations
- Medication administration

PATIENT EDUCATION:

The student will describe the elements and indications of patient education, preventative care and family dynamics concerning the following:

- Contraception
- Nutrition
- Heart Disease
- Hypertension
- Pregnancy
- Smoking cessation
- Osteoporosis
- Screening- cholesterol, pap, mammogram, fecal occult blood, etc ...
- Substance and alcohol use
- Immunizations
- Exercise
- Injury prevention
- Sexual risk prevention



PHA 255 INTERNAL MEDICINE CLERKSHIP

Clinical Coordinator: Shannan Ricoy, M.S., RPA-C

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3 s.h.

COURSE DESCRIPTION:

The Internal Medicine Clerkship provides clinical experience in the in-hospital diagnosis and management of medical disorders in adult patients. Working with board-certified internists, students will evaluate and formulate treatment plans for patients with a wide variety of illnesses. Accurate data analysis, synthesis of pertinent clinical information, the presentation of problem-oriented patient data, indications for and interpretation of laboratory studies and competence in clinical procedures will be emphasized.

COURSE GOALS AND OBJECTIVES:

Upon completion of this clerkship students will be able to:

1. Elicit an accurate, detailed medical history relevant to the diagnosis of the presenting problem or to the comprehensive evaluation of the patient.
2. Perform complete physical assessments.
3. Develop differential diagnoses and treatment plans.
4. State an orderly, succinct case presentation focusing on relevant positive and negative findings elicited in the history, physical and laboratory/diagnostic studies.
5. Perform procedures as specified by the clerkship objectives.
6. Participate in all rounds, conferences, lectures, and call as specified by the site.
7. Identify the relationship between socio-economic problems and disease.
8. Identify the members of the "health care team" and the roles that they play in the delivery of health care.
9. Demonstrate the ability to provide patient education at an acceptable level of patient comprehension.

COURSE REQUIREMENTS & EVALUATION CRITERIA:

The grade for this clerkship is based on the following components:

End of Clerkship Examination	35%
On-Site Visit or Continuing Medical Education Project	25%
Preceptor Evaluation	25%
One complete history and physical note Three drug cards	15%

CLERKSHIP BIBLIOGRAPHY:

- Fauci, A., Braunwald, E. et al. *Harrison's Principles of Internal Medicine*, 17th edition, McGraw Hill Professional, March 2008.
- Pagana & Pagana, *Manual of Diagnostic & Laboratory Tests*, 4th edition, Mosby, 2010.
- Dehn, R.W. & Asprey, D.P. *Clinical Procedures for the Physician Assistants*, Elsevier Health Sciences, 2003.
- Novelline, R.A. *Squire's Fundamentals of Radiology*, 6th edition, Harvard University Press, 2004.
- Dubin, Dale. *Rapid Interpretation of EKG's*, 6th edition, Cover Publishing, 2000.
- Howland, R. *Lippincott's Illustrated Reviews: Pharmacology*, Lippincott, 2005.
- Fitzpatrick, TB et al., *Color Atlas and Synopsis of Clinical Dermatology*, 5th edition, McGraw-Hill, 2005.

ALTERNATIVE REFERENCE MATERIALS:

- Kwoh, C. et al. *The Washington Manual General Internal Medicine Consult*, Lippincott, 2008.
- Haist, S.A. and Gomella, L.G. *Internal Medicine On-Call*. 4th edition, Mc-Graw Hill, 2005.

USEFUL WEBSITES:

- Center for Disease Control: www.cdc.gov
- UpToDate: <https://www.uptodate.com/online/login.do>
- Pharmacology: www.rxlist.com
- Radiology: <http://www.learningradiology.com/medstudents/medstudtoc.htm>
- Internal Medicine Cases: <http://info.med.yale.edu/casebook/intmed/index.html>
- Links to additional resources: <http://www.e-meducation.org/links/internal-medicine/>
- Arterial Blood Gas Interpretation:
http://www.anaesthesiamcq.com/AcidBaseBook/ab9_6.php#Cases
- Infectious Disease: http://emedicine.medscape.com/infectious_diseases
- Case Studies – EKG: <http://www.hrt.org/ecghome.html>

ACADEMIC HONESTY:

Plagiarism is a serious ethical and professional infraction. Hofstra's policy on academic honesty reads: "The academic community assumes that work of any kind [...] is done, entirely, and without assistance, by and only for the individual(s) whose name(s) it bears." Please refer to the "Procedure for Handling Violations of Academic Honesty by Graduate Students at Hofstra University" to be found at http://www.hofstra.edu/PDF/Senate_FPS_11.pdf, for details about what constitutes plagiarism, and Hofstra's procedures for handling violations.

ATTENDANCE POLICY:

Students are required to follow the schedule set by their preceptor. Students should arrive at the facility before their scheduled shift, and remain on the site until excused by the preceptor. Students are expected to take call as designated by the preceptor. Students are expected to work weekends and holidays with their team. **University holidays do not pertain to the clinical year. Snow days do not pertain to the clinical year.** Students may not take days off during this rotation. Please refer to the Clinical Year Handbook for further discussion.

LEARNING OBJECTIVES:

The learning objectives for the Internal Medicine clerkship are in three parts: clinical knowledge, procedures and patient education. The specific competencies students are to demonstrate upon completion of this clerkship are listed below.

CLINICAL KNOWLEDGE:

Integrate the pathophysiology, epidemiology and genetic factors with historical and physical exam findings to formulate a differential diagnosis and treatment plan for the following disorders (Prognosis and potential complications must be described as well):

- Vertigo

EYE DISORDERS

- Glaucoma
- Macular degeneration
- Orbital cellulitis
- Retinal detachment
- Retinal vascular occlusion
- Diabetic Retinopathy
- Hypertensive Retinopathy
- Strabismus
- Amaurosis fugax

EAR DISORDERS

- Mastoiditis
- Meniere's disease
- Tympanic membrane perforation

NOSE/SINUS DISORDERS

- Acute/chronic sinusitis
- Allergic rhinitis

MOUTH/THROAT DISORDERS

- Peritonsillar abscess
- Parotitis

PULMONARY DISORDERS

Infectious Disorders

- Acute bronchitis
- Influenza

- Pneumonias
 - Bacterial
 - Viral
 - Fungal
 - HIV-related
- Tuberculosis

Neoplastic Disease

- Bronchogenic carcinoma
- Carcinoid tumors
- Metastatic tumors
- Pulmonary nodules

Obstructive Pulmonary Disease

- Asthma
- Chronic bronchitis
- Cystic fibrosis
- Emphysema
- Bronchiectasis

Pleural Diseases

- Pleural effusion
- Pneumothorax

Pulmonary Circulation

- Pulmonary embolism
- Pulmonary hypertension
- Cor pulmonale

Restrictive Pulmonary Disease

- Idiopathic pulmonary fibrosis
- Pneumoconiosis
- Sarcoidosis

Other Pulmonary Disease

- Acute respiratory distress syndrome
- Hyaline membrane disease
- Foreign body aspiration

CARDIOVASCULAR DISORDERS

Cardiomyopathy

- Dilated

- Hypertrophic
- Restrictive

Conduction Disorders

- Atrial fibrillation/flutter
- Atrioventricular block
- Bundle branch block
- Paroxysmal supraventricular tachycardia
- Premature beats
- Ventricular tachycardia
- Ventricular fibrillation/flutter

Congestive Heart Failure

Hypertension

- Essential
- Secondary
- Malignant

Hypotension

- Orthostasis/postural

Ischemic Heart Disease

- Acute myocardial infarction
- Angina pectoris
 - Stable
 - Unstable
 - Prinzmetal's/variant

Vascular Disease

- Acute rheumatic fever
- Aortic aneurysm/dissection
- Arterial embolism/thrombosis
- Chronic/acute arterial occlusion
- Giant cell arteritis
- Peripheral vascular disease
- Phlebitis/thrombophlebitis
- Venous thrombosis
- Varicose veins

Valvular Disease

- Aortic stenosis/insufficiency
- Mitral stenosis/insufficiency

- Mitral valve prolapse
- Tricuspid stenosis/insufficiency
- Pulmonary stenosis/insufficiency

Other Forms of Heart Disease

- Acute and subacute bacterial endocarditis
- Acute pericarditis
- Cardiac tamponade

GI DISORDERS

Esophagus

- Esophagitis
- Motor disorders
- Mallory-Weiss tear
- Neoplasms
- Strictures
- Portal Hypertension/Varices

Stomach

- Gastroesophageal reflux disease
- Gastritis
- Neoplasms
- Peptic ulcer disease

Gallbladder

- Acute/chronic cholecystitis
- Cholelithiasis

Liver

- Acute/chronic hepatitis
- Cirrhosis
- Neoplasms

Pancreas

- Acute/chronic pancreatitis
- Neoplasms

Small Intestine/Colon

- Diverticular disease
- Inflammatory bowel disease
- Irritable bowel disease
- Ischemic bowel disease

- Neoplasms
- Obstruction
- Toxic megacolon

Rectum

- Anal fissure
- Anorectal abscess/fistula
- Neoplasms
- Pilonidal disease
- Polyps

Hernia

- Hiatal

Infectious Diarrhea

Nutritional Deficiencies

- Niacin
- Thiamine
- Vitamin A
- Riboflavin
- Vitamin C
- Vitamin D
- Vitamin K

Metabolic Disorders

- Lactose intolerance

MUSCULOSKELETAL DISORDERS

Disorders of the Shoulder

- Fractures/dislocations
- Rotator cuff disorders
- Separations
- Sprain/strain

Disorders of the Forearm/Wrist/Hand

- Fractures/dislocations
- Boxer's
- Colles'
- Gamekeeper's thumb
- Humeral
- Nursemaid's elbow
- Scaphoid

- Sprains/strains
- Tenosynovitis
- Carpal tunnel syndrome
- de Quervain's tenosynovitis
- Elbow tendinitis
- Epicondylitis

Disorders of the Back/Spine

- Ankylosing spondylitis
- Back strain/sprain
- Cauda equina
- Herniated nucleus pulposus
- Kyphosis/scoliosis
- Low back pain
- Spinal stenosis

Disorders of the Hip

- Aseptic necrosis
- Fractures/dislocations
- Slipped capital femoral Epiphysis

Disorders of the Knee

- Bursitis
- Fractures/dislocations
- Meniscal injuries
- Sprains/strains

Disorders of the Ankle/Foot

- Fractures/dislocations
- Sprains/strains

Infectious Diseases

- Acute/chronic osteomyelitis
- Septic arthritis

Neoplastic Disease

- Bone cysts/tumors
- Ganglion cysts
- Osteosarcoma

Osteoarthritis

Osteoporosis

Rheumatologic Conditions

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

GENITOURINARY DISORDERS

Benign Conditions of the GU Tract

- Benign prostatic hyperplasia
- Hydrocele/varicocele
- Nephro/urolithiasis
- Erectile Dysfunction

Infectious/Inflammatory Conditions

- Cystitis
- Prostatitis
- Pyelonephritis
- Urethritis

Neoplastic Diseases

- Bladder carcinoma
- Prostate carcinoma
- Renal cell carcinoma
- Testicular carcinoma
- Wilms' tumor

Renal Diseases

- Acute/chronic renal failure
- Glomerulonephritis
- Nephrotic syndrome
- Polycystic kidney disease
- Interstitial nephritis
- Minimal change disease

Electrolyte and Acid/Base Disorders

- Hypo/hyponatremia
- Hypo/hyperkalemia
- Hypo/hypercalcemia
- Hypomagnesemia
- Metabolic alkalosis/acidosis
- Respiratory alkalosis/acidosis
- Volume depletion

ENDOCRINE DISORDERS

Diseases of the Thyroid Gland

- Hyperparathyroidism
- Hypoparathyroidism
- Hyperthyroidism
- Hypothyroidism
- Thyroiditis
- Neoplastic disease

Diseases of the Adrenal Glands

- Cushing's syndrome
- Corticoadrenal insufficiency
- Addison's disease

Diseases of the Pituitary Gland

- Acromegaly/gigantism
- Dwarfism
- Diabetes insipidus
- Pheochromocytoma

Diabetes Mellitus

- Type 1
- Type 2
- Hypoglycemia

HEMATOLOGICAL DISORDERS

Anemias

- Aplastic anemia
- Vitamin B12 deficiency
- Folate deficiency

- Iron deficiency
- G6PD deficiency
- Hemolytic anemia
- Sickle cell anemia
- Thalassemia

Coagulation Disorders

- Factor VIII disorders
- Factor IX disorders
- Factor XI disorders
- Thrombocytopenia
- Idiopathic thrombocytopenic purpura
- Thrombotic thrombocytopenic purpura
- Von Willebrand's disease
- Hemophilia

Malignancies

- Acute/chronic lymphocytic leukemia
- Acute/chronic myelogenous leukemia
- Lymphoma
- Multiple myeloma

NEUROLOGICAL DISORDERS

Alzheimer's Disease

Cerebral Palsy

Diseases of Peripheral Nerves

- Bell's palsy
- Diabetic peripheral neuropathy
- Guillain-Barre syndrome
- Myasthenia gravis

Headaches

- Cluster headache
- Migraine
- Tension headache

Infectious Disorders

- Encephalitis

- Meningitis

Movement Disorders

- Essential tremor
- Huntington's disease
- Parkinson's disease

Multiple Sclerosis

Seizure Disorders

- Generalized convulsive disorder
- Generalized nonconvulsive disorder
- Status epilepticus

Vascular Diseases

- Cerebral aneurysm
- Stroke
- Transient ischemic attack

Intracranial tumors

PSYCHIATRIC DISORDERS

- ADD / ADHD
- Anxiety Disorders
 - Panic
 - Generalized
 - Posttraumatic stress
 - Phobias
- Eating Disorders
 - Anorexia nervosa
 - Bulimia nervosa
 - Obesity
- Insomnia
- Mood Disorders
 - Adjustment
 - Depressive
 - Bipolar
- Acute psychosis

Substance Use Disorders

- Alcohol abuse/dependence

- Drug abuse/dependence
- Tobacco use/dependence
- Prescription drug abuse

Other Behavioral and Emotional Disorders

- Acute reaction to stress
- Child/elder abuse
- Domestic violence
- Uncomplicated bereavement

INFECTIOUS DISORDERS

Fungal Disease

- Candidiasis
- Cryptococcosis
- Histoplasmosis
- Pneumocystis

Bacterial Disease

- Botulism
- Chlamydia
- Cholera
- Diphtheria
- Gonococcal infections
- Salmonellosis
- Shigellosis
- Tetanus

Mycobacterial Disease

- Tuberculosis
- Atypical mycobacterial Disease

Parasitic Disease

- Amebiasis
- Hookworms
- Malaria
- Toxoplasmosis

Spirochetal Disease

- Lyme borreliosis
Lyme disease
- Rocky Mountain spotted fever
- Syphilis

Viral Diseases

- Cytomegalovirus infections
- Epstein-Barr virus infections
- Erythema infectiosum
- Herpes simplex
- Human papillomavirus infections
- Influenza
- Varicella-zoster virus infections
- HIV & AIDS

- Erythema multiforme

Vesicular Bullae

- Bullous pemphigoid

Neoplasms

- Basal cell carcinoma
- Melanoma
- Squamous cell carcinoma

Other

- Acanthosis nigricans
- Burns
- Decubitus ulcers/leg ulcers
- Hidradenitis suppurative

DERMATOLOGICAL DISORDERS

Desquamation

- Stevens-Johnson syndrome
- Toxic epidermal necrolysis

Bacterial Infections

- Cellulitis/vasculitis
- Erysipelas

PROCEDURES:

The student will be able to demonstrate competence to the preceptor, and/or to describe the indications for, risk/benefit ratio and interpretation of results of the following:

- Intravenous cannulation
- Venipuncture
- Intramuscular injection
- Subcutaneous injection
- Lumbar puncture
- Nasogastric tube insertion
- Urinary bladder catheterization
- 12 lead electrocardiogram
- Cardioversion
- Endotracheal intubation
- Chest tube insertion
- Joint aspiration and/or injection
- Arteriopuncture (ABG's)
- Urinalysis, including microscopic examination
- Bedside spirometry

PATIENT EDUCATION:

The student will be able to describe, formulate and demonstrate patient education concerning the treatment, disease process and preventative aspects of care to the patient and family members to include the following topics:

- Management plan
- Disease process
- Disease prevention
- Lifestyle modifications
- Nutrition
- Exercise
- Smoking cessation
- Substance and alcohol use
- Sexual counseling and risk prevention
- Breaking bad news
- End of life issues
- Loss and debilitation
- Rationale and need for referral



PHA 260 OBSTETRICS/GYNECOLOGY CLERKSHIP

Clinical Coordinator: Shannan Ricoy, M.S., RPA-C

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3 s.h.

DESCRIPTION:

The Obstetrics/Gynecology Clerkship provides students with clinical competency in the approach to the full range of women's health, throughout the reproductive and post-menopausal years. Participation in common gynecological surgical procedures along with assisting in labor and delivery may be included in this clerkship. Students work with board certified obstetricians, gynecologists, or other health care workers. This clerkship may take place in a hospital, clinic or private practice setting.

COURSE GOALS AND OBJECTIVES:

Upon completion of this clerkship students will be able to:

1. Perform a complete gynecological or obstetrical assessment.
2. Provide the elements of well-woman care.
3. Develop differential diagnoses and treatment plans for patients with OB or GYN disorders.
4. Perform gynecologic procedures as specified by the clerkship objectives..
5. Integrate knowledge of counseling techniques and patient education.
6. Participate in all rounds, conferences, lectures, and call as specified by the site.
7. Demonstrate the ability to elicit and record a history and perform a physical exam from ante-partum to post-partum.

COURSE REQUIREMENTS:

The grade for this clerkship is based on the following components:

End of Clerkship Examination	35%
On-Site Visit or Interesting Patient Case Assignment	25%
Preceptor Evaluation	25%
One SOAP note Three drug cards	15%

CLERKSHIP BIBLIOGRAPHY:

- Beckman CR, et al. Obstetrics & Gynecology, 6th edition, Lippincott, 2009.

ALTERNATIVE REFERENCE MATERIALS:

- Ob/Gyn Mentor: Your Clerkship and Shelf Exam Companion, 4th edition, Davis, 2010.

USEFUL WEBSITES:

- American Congress of Obstetricians and Gynecologists: <http://www.acog.org/>
- Analyzing Fetal Sonograms: www.fetalsono.com
- Ob/Gyn Case Studies: <http://www.rm.f.harvard.edu/case-studies/specialty-reference/obgyn/complications-follow-induction-of-labor.aspx>

ACADEMIC HONESTY:

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ATTENDANCE POLICY:

Students are required to follow the schedule set by their preceptor. Students should arrive at the facility before their scheduled shift, and remain on the site until excused by the preceptor. Students are expected to take call as designated by the preceptor. Students are expected to work weekends and holidays with their team. **University holidays do not pertain to the clinical year. Snow days do not pertain to the clinical year.** Students may not take days off during this rotation. Please refer to the Clinical Year Handbook for further discussion.

LEARNING OBJECTIVES:

The learning objectives for the Obstetrics and Gynecology clerkship are in three parts: clinical knowledge, procedures and patient education. The specific competencies students are to demonstrate upon completion of this clerkship are listed below.

CLINICAL KNOWLEDGE:

Upon successful completion of this clerkship, the student will be able to:

1. Determine the indications of onset or the stage of labor, the station of the fetal head and The position of the fetal head during the time of labor.
2. Demonstrate the ability to identify, access and manage patients with complications associated with pregnancy, delivery and post-partum.
3. Integrate the pathophysiology, epidemiology and genetic factors with historical and physical exam findings to formulate a differential diagnosis and treatment plan for the following disorders (Prognosis and potential complications must be described as well):

Uterus

- Dysfunctional uterine bleeding
- Endometrial cancer
- Endometriosis/adenomyosis
- Leiomyoma/Uterine fibroids
- Metritis
- Prolapse
- Uterine rupture

Ovary

- Cysts
- Neoplasms
- Polycystic ovary disease
- Ovarian torsion
- Ruptured ovarian cyst

Cervix

- Carcinoma
- Cervicitis
- Dysplasia
- Incompetent
- Des cervix
- Human papilloma virus
- Evaluation of abnormal pap smear
- Cervical polyps

Vagina/Vulva

- Cystocele
- Neoplasm
- Prolapse
- Rectocele
- Vaginitis
 - Candidal vulvovaginitis
 - Trichomonas vaginosis
 - Bacterial vaginosis
 - Atrophic vaginitis

Menstrual Disorders

- Amenorrhea
 - Primary
 - Secondary
- Dysmenorrhea
- Premenstrual syndrome

- Menorrhagia
- Premenstrual dysphoric disorder

Menopause

Breast

- Abscess
- Carcinoma
- Fibroadenoma
- Fibrocystic disease
- Mastitis
- Evaluation of nipple discharge

Infection

- Salpingitis / tubo-ovarian abscess
- Gonorrhea
- Syphilis
- Chlamydia
- Herpes simplex type II
- Urinary tract infection
- Pelvic Inflammatory Disease

Infertility

Osteoporosis

Uncomplicated Pregnancy

- Prenatal diagnosis/care
- Normal labor/delivery

Complicated Pregnancy

- Abortion
 - Threatened
 - Inevitable
 - Missed
 - Habitual
 - Complete/incomplete
- Abruptio placentae
- Dystocia
- Ectopic pregnancy
- Fetal distress
- Gestational diabetes
- Gestational trophoblastic Disease
- Molar pregnancy

- Multiple gestation
- Placenta previa
- Postpartum hemorrhage
- Pregnancy-induced hypertension
- Premature rupture of membranes
- Rh incompatibility
- Preeclampsia/eclampsia
- Vaginal colonization with Group B streptococcus
- Prolapsed umbilical cord

External Genitalia

- Cancer of external genitalia
- Bartholin's or Skene's gland cysts
- Condyloma acuminata
- Vulvitis

PROCEDURES:

The student will be able to demonstrate competence to the preceptor, and/or to describe the indications for, risk/benefit ratio and interpretation of results for the following:

- Pap smear with pelvic examination
- Perform "routine" deliveries
- Amniocentesis
- Ultrasound (transvaginal and abdominal)
- Fetal monitoring
- Caesarian section
- Hysterectomy (vaginal and abdominal)
- D&C/D&E
- Episiotomy and repair
- Bilateral salpingo-oophorectomy
- Cervical conization
- Cervical biopsy
- Laser surgery
- Colposcopy

PATIENT EDUCATION:

The student will describe the elements and indications of patient education, preventative care and family dynamics concerning the following:

- Management plan
- Disease process
- Disease prevention
- Lifestyle modification

- Nutrition and eating habits
- Exercise and activities
- Family planning and methods of contraception
- Genetic counseling
- Breast feeding
- Instructions on self-breast exam
- Maternal physiologic changes during menstruation and pregnancy
- Normal labor and delivery
- Normal and abnormal pregnancy
- Post-coital contraception
- Rationale and need for referral
- Contraception methods



PHA 265 SURGERY CLERKSHIP

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3 s.h.

COURSE DESCRIPTION:

The Surgery Clerkship will provide opportunities for the student to explore the surgical patient from the aspects of diagnosis, pre-operative, peri-operative and post-operative care. This clerkship takes place on the surgical service of a hospital setting with board-certified surgeons and other health personnel. The student will participate in the daily monitoring of patients, perform diagnostic procedures and assist with surgical management. The student will accompany the preceptor to emergency department consults and participate in surgical clinics as instructed by the preceptor staff. The student will assist in the operating room as required.

COURSE GOALS AND OBJECTIVES:

Upon completion of this clerkship students will be able to:

1. Evaluate the surgical patient in the out-patient and emergency settings.
2. Perform pre-surgical care.
3. Perform care for pre-operative surgical emergencies.
4. Participate in operating room care.
5. Manage care for post-operative patients.
6. Perform procedures as specified by clerkship objectives..
7. Integrate knowledge of counseling techniques and patient education.
8. Participate in all rounds, conferences, lectures, and call as specified by the site.
9. Demonstrate the ability interpret and maintain appropriate surgical records.
10. Determine the prognosis and potential complications of surgical diseases.
11. Demonstrate the ability to recognize common surgical entities through the use of appropriate physical examination and historical skills and suggest a management plan..

COURSE REQUIREMENTS:

The grade for this clerkship is based on the following components:

End of Clerkship Examination	35%
On-Site Visit or Interesting Patient Case Assignment	25%
Preceptor Evaluation	25%
One SOAP note Three drug cards	15%

CLERKSHIP BIBLIOGRAPHY:

- Lawrence, PF, Bell, RM; & Dayton, MT. Essentials of General Surgery 4th edition. Philadelphia: Lippincott, Williams & Wilkins. 2006.
- Blackbourne, L.H. Surgical Recall, 5th North American Edition. Philadelphia: Lippincott, Williams & Wilkins. 2009.

ALTERNATIVE REFERENCE MATERIALS

- Lawrence, PF, Bell, RM; & Dayton, MT Essentials of Surgical Subspecialties 3rd edition. Philadelphia: Lippincott, Williams & Wilkins. 2006.

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ATTENDANCE POLICY:

Students are required to follow the schedule set by their preceptor. Students should arrive at the facility before their scheduled shift, and remain on the site until excused by the preceptor. Students are expected to take call as designated by the preceptor. Students are expected to work weekends and holidays with their team. **University holidays do not pertain to the clinical year. Snow days do not pertain to the clinical year.** Students may not take days off during this rotation. Please refer to the Clinical Year Handbook for further discussion.

LEARNING OBJECTIVES:

The learning objectives for the Surgical Clerkship are in five parts: clinical knowledge, procedures, preoperative and postoperative assessment, peri-operative and patient education. The specific competencies students are to demonstrate upon completion of this clerkship are listed below.

CARDIOVASCULAR

- Aortic aneurysm/dissection
- Carotid ASHD
- Hypovolemic shock
- Cardiogenic shock
- Intracranial aneurysm/AVM
- Mallory-Weiss tear
- Arterial embolism/thrombosis
- Acute/Chronic arterial occlusion
- Peripheral vascular disease
- Portal hypertension
- Pulmonary embolism
- Thrombophlebitis
- Venous insufficiency
- Venous thrombosis
- Varicose veins
- Ischemic bowel disease
- Cardiac tamponade
- Arrhythmias

GENITOURINARY

- Nephro/urolithiasis
- Testicular torsion
- Cryptorchidism
- Neoplastic diseases

PULMONARY

- Neoplastic disease
- Pneumothorax
 - Primary
 - Secondary
 - Traumatic
 - Tension
- Pleural effusion

GASTROINTESTINAL

- Neoplastic disease
- Anal fissure
- Anorectal abscess/fistula
- Pilonidal disease
- Esophagus strictures/varices
- Appendicitis
- Acute/Chronic Cholecystitis
- Bowel obstruction (small and large)
- Cholangitis
- Cholelithiasis
- Constipation
- Fecal impaction
- Diverticular disease
- Mallory-Weiss tear
- Esophageal motility disorders
- Hemorrhoids
- Hernias
 - Hiatal
 - Incisional
 - Inguinal
 - Umbilical
 - Ventral
- Inflammatory bowel disease
- Intussusception
- Meckel's diverticulum
- Ischemic bowel disease
- Pancreatitis
- Peptic ulcer disease
- Volvulus
- Toxic megacolon
- Ulcerative colitis
- Crohn's disease

NEOPLASMS

- Colorectal cancer/ polyps
- Breast mass/cancer
- Pancreatic cancer
- Gastric carcinoma

- Bladder carcinoma
- Lung cancer
- Prostate cancer
- Intracranial tumor
- Renal cell carcinoma
- Hepatic carcinoma
- Testicular carcinoma
- Esophageal carcinoma
- Thyroid carcinoma

MUSCULOSKELETAL

- Fractures
- Spinal stenosis
- Aseptic necrosis of the hip
- Meniscal injuries
- Bone cysts/tumors
- Ganglion cysts
- DeQuervain's tenosynovitis
- Elbow tendonitis
- Rotator cuff injuries
- Carpal tunnel syndrome
- Epicondylitis
- Herniated nucleus pulposus
- Slipped capital femoral epiphysis
- Osteomyelitis
- Osteosarcoma
- Osteoarthritis

MISCELLANEOUS

- Trauma management
- Thermal burn injuries
- Goiter/neck mass

POST OPERATIVE COMPLICATIONS:

The student should be able to recognize (through appropriate use of historical and physical examination skills) and formulate and create the differential diagnosis and management of the following post-operative complications:

- Acid-base disorders
- Adhesions
- Arrhythmias
- Atelectasis
- Constipation

- Deep venous thrombosis
- Electrolyte disorders
- Fever
- Hematoma/seroma
- Ileus
- Pneumonia
- Pulmonary embolism
- Renal failure
- Urinary retention
- Wound dehiscence/evisceration
- Wound infection

PROCEDURES:

The student will be able to demonstrate competence to the preceptor, and/or to describe the indications for, risk/benefit ration and interpretation of results for the following:

- Arterial/venous blood collection
- IV canalization
- Performing EKG/basic interpretation of EKG
- Foley catheter insertion
- Nasogastric tube insertion
- Suture techniques
- Maintain aseptic techniques
- Assisting in the operating room
- Wound dressing
- Wound debridement

PATIENT EDUCATION:

The student will be able to describe, formulate and demonstrate patient education concerning the treatment, disease process and preventative aspects of care to the patient and family members to include the following topics:

- Post operative complications
- Wound care
- Management plan
- Disease process
- Disease prevention
- Lifestyle modifications
- Nutrition
- Exercise
- Rationale and need for referral
- Anticoagulation management
- Analgesic/Pain management
- Analgesic complications/side effects



PHA 270: EMERGENCY MEDICINE CLERKSHIP

Clinical Coordinator: Shannan Ricoy, M.S., RPA-C

Email: Shannan.Ricoy@hofstra.edu

Tele: 516-463-4233

3 s.h.

COURSE DESCRIPTION:

The Emergency Medicine Clerkship will provide the student with opportunities to see a variety of patients with emergent medical complaints or concerns under the supervision of the site preceptor. Students will learn how to establish priorities while diagnosing and treating critically ill patients.

COURSE GOALS AND OBJECTIVES:

Upon completion of this clerkship students will be able to:

1. Elicit an accurate, detailed medical history relevant to the diagnosis of the presenting problem.
2. Perform focused physical assessments.
3. Develop differential diagnoses and treatment plans for these patients.
4. State an orderly, succinct case presentation focusing on relevant positive and negative findings elicited in the history, physical and laboratory/diagnostic studies.
5. Perform procedures as specified by clerkship objectives.
6. Participate in all rounds, conferences, lectures, and call as specified by the site.
7. Participate in the management of emergent medical conditions.

COURSE REQUIREMENTS & EVALUATION CRITERIA:

The grade for this clerkship is based on the following components:

End of Clerkship Examination	35%
On-Site Visit or Interesting Patient Case	25%
Preceptor Evaluation	25%
One complete SOAP note Three drug cards	15%

CLERKSHIP BIBLIOGRAPHY:

- Tintinalli, Judith and *et al.* *Emergency Medicine: A Comprehensive Study Guide*. 6th edition, McGraw-Hill, 2004.
- Pagana & Pagana, *Manual of Diagnostic & Laboratory Tests*, 4th edition, Mosby, 2010.
- Dehn, R.W. & Asprey, D.P. *Clinical Procedures for the Physician Assistants*, Elsevier Health Sciences, 2003.
- Novelline, R.A. *Squire's Fundamentals of Radiology*, 6th edition, Harvard University Press, 2004.
- Dubin, Dale. *Rapid Interpretation of EKG's*, 6th edition, Cover Publishing, 2000.
- Howland, R. *Lippincott's Illustrated Reviews: Pharmacology*, Lippincott, 2005.

ALTERNATIVE REFERENCE MATERIALS:

- Keim, Samuel. *Emergency On-Call*, Appleton & Lange, 2004.
- Fitzpatrick, TB et al., *Color Atlas and Synopsis of Clinical Dermatology*, 5th edition, McGraw-Hill, 2005.

USEFUL WEBSITES:

- Society of Emergency Medicine Physician Assistants: <http://www.sempa.org>
- American Academy of Emergency: <http://www.aaem.org/>
- Peer reviewed radiology teaching files:
<http://rad.usuhs.edu/medpix/medpix.html?mode=tf2>

ACADEMIC HONESTY:

Plagiarism is a serious ethical and professional infraction. Hofstra's policy on academic honesty reads: "The academic community assumes that work of any kind [...] is done, entirely, and without assistance, by and only for the individual(s) whose name(s) it bears." Please refer to the "Procedure for Handling Violations of Academic Honesty by Graduate Students at Hofstra University" to be found at http://www.hofstra.edu/PDF/Senate_FPS_11.pdf, for details about what constitutes plagiarism, and Hofstras procedures for handling violations.

ATTENDANCE POLICY:

Students are required to follow the schedule set by their preceptor. Students should arrive at the facility before their scheduled shift, and remain on the site until excused by the preceptor. Students are expected to take call as designated by the preceptor. Students are expected to work weekends and holidays with their team. **University holidays do not pertain to the clinical year. Snow days do not pertain to the clinical year.** Students may not take days off during this rotation. Please refer to the Clinical Year Handbook for further discussion.

LEARNING OBJECTIVES:

The learning objectives for the Emergency Medicine clerkship are in three parts: clinical knowledge, procedures and patient education. The specific competencies students are to demonstrate upon completion of this clerkship are listed below.

CLINICAL KNOWLEDGE:

Integrate the pathophysiology, epidemiology and genetic factors with historical and physical exam findings to formulate a differential diagnosis and treatment plan for the following disorders (Prognosis and potential complications must be described as well):

DERMATOLOGIC DISORDERS

- Lacerations/abrasions
- Puncture/stab wounds
- Cellulitis/skin infections
- Vasculitis
- Wound management
- Rashes
- Allergic reactions
- First, second, third degree burns (heat, chemical, electrical, radiation.)
- Erysipelas
- Steven-Johnson syndrome
- Toxic epidermal necrolysis
- Erythema multiforme
- Human, animal & insect bites

PULMONARY DISORDERS

- Acute respiratory distress
- Asthma
- COPD
- Chest trauma
- Bronchitis
- Foreign body
- Hemoptysis
- Influenza
- Pleural effusion
- Pneumonia
- Hemothorax
- Pneumothorax
 - Primary
 - Secondary
 - Traumatic
 - Tension
- Pulmonary edema

- Pulmonary embolus
- Tuberculosis
- Lung abscess

CARDIOVASCULAR

Ischemic Heart Disease

- Acute myocardial infarction
- Angina pectoris
 - Stable
 - Unstable
 - Prinzmetal's/variant

Hypertension

- Malignant

Hypotension

Conduction Disorders

- Atrial fibrillation/flutter
- Atrioventricular block
- Bundle branch block
- Paroxysmal supraventricular tachycardia
- Premature beats
- Ventricular tachycardia
- Ventricular fibrillation/flutter

Vascular Disease

- Acute rheumatic fever
- Aortic aneurysm/dissection
- Arterial embolism/thrombosis
- Chronic/acute arterial occlusion
- Giant cell arteritis
- Peripheral vascular disease
- Phlebitis/thrombophlebitis
- Venous thrombosis

Shock

- Cardiogenic

- Anaphylactic
- Hypovolemic
- Endotoxic

Other Forms of Heart Disease

- Cardiac tamponade
- Pericarditis
 - Acute
 - Subacute
- Endocarditis
- Pericardial effusion
- Aneurysms

Cardiopulmonary arrest

Congestive Heart Failure

ENDOCRINE DISORDERS

- Adrenal crisis
- Hypoglycemia
- Diabetic ketoacidosis
- Diabetes type 1
- Diabetes type 2
- Thyroid storm
- Acid base disturbances
- Electrolyte disorders

GI DISORDERS

- Aortic & abdominal aneurysm
- Appendicitis
- Mallory-Weiss tear
- Abdominal trauma
- Gastroenteritis/Gastritis
- Cholangitis
- Acute and Chronic Cholecystitis
- Cholelithiasis
- Diverticular disease
- Gastrointestinal bleeding
- Hernias
- Hepatitis
- Intestinal obstruction
- Swallowed foreign bodies
- Esophageal obstruction

- Infectious diarrhea
- Mesenteric ischemia
- Pancreatitis
- Peptic ulcer disease/perforated ulcer
- GERD
- Intussusceptions
- Ischemic bowel disease
- Toxic Megacolon
- Fecal impaction

GENITOURINARY DISORDERS

- Epididymitis
- Phimosis & paraphimosis
- Priapism
- Prostatitis
- Pyelonephritis
- Testicular torsion
- Urinary retention
- Cystitis
- Pyelonephritis
- Nephrolithiasis
- STDs
- Orchitis
- Urethritis
- Hydrocele/varicocele

OB/GYN

- Spontaneous/threatened abortion
- Abdominal trauma in pregnancy
- Eclampsia
- Pre-Eclampsia
- Ectopic pregnancy
- Hyperemesis gravidarum
- Ovarian cyst
- Ovarian torsion
- Pelvic inflammatory disease
- Vaginitis/cervicitis
- Salpingitis
- Dysfunctional Uterine Bleeding
- Sexual assault

- Third trimester bleeding
- Toxic shock syndrome
- Abruptio placentae
- Placenta previa

PSYCHIATRIC DISORDERS

- ETOH abuse
- Substance abuse
- Overdose
- Anxiety disorders
- Personality disorders
- Hyperventilation
- Mood disorders
- Suicidal/Homicidal ideation
- Acute psychotic episode
- Domestic violence issues
- Sexual assault
- Acute reaction to stress
- Child/Elder abuse

INFECTIOUS DISORDERS

- Cellulitis
- Endocarditis
- Erysipelas
- Fungal Infections
- HIV and associated infections
- Parasitic disease
- SARS
- Spirochetal diseases
- Sexually transmitted diseases
- Tetanus
- Cholera
- Diphtheria
- Salmonellosis
- Shigellosis
- Botulism
- Tuberculosis
- Varicella Zoster
- Influenza
- Rabies
- Infectious diarrhea

- Pregnancy-induced hypertension
- Premature rupture of membranes

- Erythema infectiosum

NEUROLOGICAL DISORDERS

- Bell's Palsy
- Headaches
- Cervical spine injuries
- Coma
- Epidural and subdural hematomas
- Subarachnoid hemorrhage
- Meningitis
- Seizures disorders
- Status epilepticus
- Alcohol withdrawal seizures
- Delirium
- Change in mental status
- Hepatic encephalopathy
- Encephalitis
- Dizziness/vertigo
- Syncope
- Transient ischemic attack
- CVA
- Cerebral aneurysm

MUSCULOSKELETAL

- Muscle strains, sprains
- Muscle spasms
- Rotator cuff disorders
- Shoulder separations
- Tendonitis
- Osteoarthritis
- Gout
- Spinal injury
- Back strain/ pain
- Cauda equina
- Herniated nucleus pulposus
- Low back pain

- Bursitis
- Meniscal/tendoninjuries
- Septic joint
- Carpal tunnel syndrome
- Compartment syndrome
- Felon / paronychia
- Fractures/dislocations
- Costochondritis
- Osteomyelitis

HEENT

- Head trauma
- Ocular trauma
- Facial trauma
- Oral trauma
- Corneal Abrasions/foreign bodies
- Hyphema
- Upper airway obstruction
- Orbital cellulitis
- Acute glaucoma
- Acute epiglottitis
- Pharyngitis
- Peritonsillar abscess
- Tonsillitis
- Tympanic membrane perforation
- Conjunctivitis
- Ocular chemical burn
- Blowout fracture Retinal detachment
- Retinal vascular occlusion
- Barotrauma
- Epistaxis
- Dental abscess/caries
- Otitis media
- Otitis externa
- Retropharyngeal abscess
- Upper respiratory infections
- Sinusitis

OTHER EMERGENCIES

- Ingestion of poisonous/harmful substances
- Near drowning
- Severe dehydration
- Anaphylaxis
- Electrical injuries

- Frostbite/hypothermia
- Heatstroke
- Smoke inhalation
- Carbon monoxide poisoning
- Gunshot wounds
- Multi-trauma patient

PROCEDURES:

The student will be able to demonstrate competence to the preceptor, and/or to describe the indications for, risk/benefit ratio and interpretation of results for the following:

- Venipuncture
- Arteriopuncture (ABG)
- Urinalysis, including microscopic examination
- 12 lead EKG
- Fungal, bacterial and viral cultures
- Intradermal injections
- Subcutaneous injections
- Intramuscular injections
- Tube insertions; urinary catheters/chest tubes/intravenous lines
- Venous cutdown
- Paracentesis
- Joint aspiration or injection
- Endotracheal intubation
- Wound cleaning and debridement
- Suturing: skin, fascial layers of superficial lacerations
- I & D of superficial abscess
- Splint and cast application under supervision
- Lumbar puncture under supervision
- Cardiopulmonary resuscitation
- Administration of nebulizer treatment for asthma

PATIENT EDUCATION:

The student will be able to describe, formulate and demonstrate patient education concerning the treatment, disease process and preventative aspects of care to the patient and family members to include the following topics:

- Management plan
- Disease process
- Disease prevention
- Lifestyle modifications
- Nutrition
- Exercise

- Smoking cessation
- Substance and alcohol use
- Sexual counseling and risk prevention
- Breaking bad news
- End of life issues
- Rationale and need for referral



PHA 275 LONG TERM CARE CLERKSHIP

Clinical Coordinator: Shannan Ricoy, M.S., RPA-C

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3 s.h.

COURSE DESCRIPTION:

The Long Term Care Clerkship provides students with a working knowledge of the principles of geriatrics and rehabilitative medicine and the opportunity to participate in the practice and care of patients housed in chronic care facilities. Working with board certified physicians and other healthcare providers, students will evaluate patients with a wide variety of illnesses in a long term care facility. The psychosocial issues arising from end of life and debilitation will be stressed.

COURSE GOALS AND OBJECTIVES:

Upon completion of this clerkship students will be able to:

1. Elicit an accurate, detailed medical history relevant to the diagnosis of the presenting problem or to the comprehensive evaluation of the patient.
2. Perform complete physical assessments.
3. Develop differential diagnoses and treatment plans.
4. State an orderly, succinct case presentation focusing on relevant positive and negative findings elicited in the history, physical and laboratory/diagnostic studies.
5. Perform procedures as specified by the clinical site.
6. Integrate knowledge of counseling techniques and patient education to provide counseling to patients.
7. Participate in all rounds, conferences, lectures, and call as specified by the site.
8. To better understand the health care needs of the elderly or institutionalized patient, including the medical, surgical, psychological, social, and economic factors unique to this patient population.
9. Demonstrate the ability to identify normal physiologic aging of the elderly patient.
10. Integrate the importance of health care maintenance into the treatment plan for the elderly patient.
11. Demonstrate the ability to identify the ethical concerns of the elderly patient.

COURSE REQUIREMENTS & EVALUATION CRITERIA:

The grade for this clerkship is based on the following components:

End of Clerkship Examination	35%
On-Site Visit or Interesting Patient Case Assignment	25%
Preceptor Evaluation	25%
One complete history and physical note Three drug cards	15%

CLERKSHIP BIBLIOGRAPHY:

- Kane, Robert and et al. *Essentials of Clinical Geriatric*, 6th edition,. McGraw-Hill, 2004.
- Pagana & Pagana, *Manual of Diagnostic & Laboratory Tests*, 4th edition, Mosby, 2010.
- Dehn, R.W. & Asprey, D.P. *Clinical Procedures for the Physician Assistants*, Elsevier Health Sciences, 2003.
- Novelline, R.A. *Squire's Fundamentals of Radiology*, 6th edition, Harvard University Press, 2004.
- Dubin, Dale. *Rapid Interpretation of EKG's*, 6th edition, Cover Publishing, 2000.
- Howland, R. *Lippincott's Illustrated Reviews: Pharmacology*, Lippincott, 2005.

ALTERNATIVE REFERENCE MATERIALS:

- Fauci, A., Braunwald, E. et al. *Harrison's Principles of Internal Medicine*, 17th edition, McGraw Hill Professional, March 2008.
- Halter, J., Ouslander, J. et al. *Hazzard's Geriatric Medicine & Gerontology*, 6th edition, McGraw Hill, 2009.

USEFUL WEBSITES:

- The American Geriatrics Society: <http://www.americangeriatrics.org/>
- Medscape: <http://www.medscape.com/>
- World Health organization: <http://www.who.int/en/>
- Infectious Disease: http://emedicine.medscape.com/infectious_diseases

ACADEMIC HONESTY:

Plagiarism is a serious ethical and professional infraction. Hofstra's policy on academic honesty reads: "The academic community assumes that work of any kind [...] is done, entirely, and without assistance, by and only for the individual(s) whose name(s) it bears." Please refer to the "Procedure for Handling Violations of Academic Honesty by Graduate Students at Hofstra University" to be found at http://www.hofstra.edu/PDF/Senate_FPS_11.pdf, for details about what constitutes plagiarism, and Hofstra's procedures for handling violations.

ATTENDANCE POLICY:

Students are required to follow the schedule set by their preceptor. Students should arrive at the facility before their scheduled shift, and remain on the site until excused by the preceptor. Students are expected to take call as designated by the preceptor. Students are expected to work weekends and holidays with their team. **University holidays do not pertain to the clinical year. Snow days do not pertain to the clinical year.** Students may not take days off during this rotation. Please refer to the Clinical Year Handbook for further discussion.

LEARNING OBJECTIVES:

The learning objectives for the Long Term Care clerkship are in three parts: clinical knowledge, procedures and patient education. The specific competencies students are to demonstrate upon completion of this clerkship are listed below.

CLINICAL KNOWLEDGE:

Integrate the pathophysiology, epidemiology and genetic factors with historical and physical exam findings to formulate a differential diagnosis and treatment plan for the following disorders (Prognosis and potential complications must be described as well):

NEUROLOGICAL DISORDERS

Altered mental status

Alzheimer's disease

Dementia

- Dementia /Delirium
- Multi-infarct dementia
- Sun downing syndrome

Movement Disorders

- Essential tremor
- Huntington's disease
- Parkinson's disease

Syncope/dizziness

PSYCHIATRIC DISORDERS

Anxiety & Mood Disorders

- Depression
- Anxiety
- Panic disorder
- Generalized anxiety disorder
- Phobias

- Adjustment
- Dysthymic

Insomnia

Eating Disorders

- Obesity
- Anorexia nervosa

Acute reaction to stress

Uncomplicated bereavement

ORTHOPEDIC/RHEUMATOLOGIC DISORDERS

- Osteoporosis
- Fractures /Dislocations
- Strains and sprains
- Tenosynovitis
- kyphosis
- Rheumatoid arthritis
- Osteoarthritis
- Rheumatoid arthritis
- Paget's disease
- Polymyalgia rheumatica
- Gout/pseudogout

ENDOCRINE DISEASES

- Thyroid disorders
- Diabetes Type II

VASCULAR DISORDERS

- Stroke/cerebrovascular disease
- Transient ischemic attack
- Giant cell arteritis
- Peripheral vascular disease
- Phlebitis/thrombophlebitis
- Various veins
- Venous thrombosis

PULMONARY DISORDERS

- Pneumonia
- COPD
- Influenza
- Chronic bronchitis

DERMATOLOGIC DISORDERS

- Neoplasms
 - Basal cell carcinoma
 - Melanoma
 - Squamous carcinoma
- Acne rosacea
- Herpes zoster
- Decubitus ulcers
- Dermatitis
- Drug eruptions
- Cellulitis
- Seborrheic keratosis
- Actinic keratosis

UROLOGICAL DISORDERS

- Incontinence

- Urinary tract infections
- BPH
- Erectile dysfunction
- Sexually transmitted disease in the elderly

HEMATOLOGIC DISORDERS

Malignancies in the elderly

- Lung
- Breast
- Prostate
- Colorectal

Anemia

- Iron deficiency
- Vitamin b12 deficiency
- Folate deficiency

CARDIAC DISORDERS

Hypertension

- Essential
- Secondary
- Malignant

Hypotension

- Orthostasis/postural

Ischemic Heart Disease

- Acute myocardial infarction
- Angina pectoris
 - Stable
 - Unstable
 - Prinzmetal's/variant

Congestive Heart Failure

Conduction Disorders

- Atrial fibrillation/flutter
- Atrioventricular block
- Bundle branch block
- Paroxysmal supraventricular

- tachycardia
- Premature beats
- Ventricular tachycardia
- Ventricular fibrillation/flutter

Lipid Disorders

GI DISORDERS

- Gastrointestinal bleeding
- Gastrointestinal neoplasms
- Constipation
- Biliary tract disease
- Abdominal infections
- Fecal impaction
- Elderly Nutrition/Deficiencies

OPHTHALMOLOGIC DISORDERS

- Glaucoma
- Cataracts
- Retinopathy
- Macula degeneration

EAR DISORDERS

- Cerement impaction
- Hearing impairment
- Meniere's disease
- Vertigo

OTHER LONG-TERM CARE ISSUES:

- Elder abuse
- Mobility and immobility
- Falls in the elderly
- Activities of daily living

PROCEDURES:

The student will be able to demonstrate competence to the preceptor, and/or to describe the indications for, risk/benefit ratio and interpretation of result of the following:

- Intravenous catheterization
- Venipuncture
- Intramuscular injection
- Subcutaneous injection
- Lumbar puncture
- Nasogastric tube
- Urinary bladder catheterization
- 12 lead electrocardiogram
- Cardioversion
- Endotracheal intubation
- Chest tube insertion
- Joint aspiration and/or injection
- Arteriopuncture for arterial blood gases
- Stool, urine, and gastric contents for occult blood
- Urinalysis, including microscopic examination
- Bedside spirometry
- Pulmonary function tests

PATIENT EDUCATION:

The student will be able to describe, formulate and demonstrate patient education concerning the treatment, disease process and preventative aspects of care to the patient and family members to include the following topics:

- Rehabilitation care
- Palliative care
- Management plan
- Disease process
- Disease prevention
- Lifestyle modifications
- Nutrition
- Exercise
- Smoking cessation
- Substance and alcohol use
- Sexual counseling and risk prevention
- Breaking bad news
- End of life issues
- Loss and debilitation
- Appropriate referral
- Psychosocial dynamics
- Community resources
- Health maintenance issues
- End of life issues
- Polypharmacy issues
- Drug interactions



PHA 280 PEDIATRIC CLERKSHIP

Clinical Coordinator: Shannan Ricoy, M.S., RPA-C

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3 s.h.

COURSE DESCRIPTION:

The Pediatrics Clerkship trains students in the care of children from birth through adolescence. Students will evaluate patients with a wide variety of pediatric illnesses. Acute illness, developmental delay, genetic abnormalities, psychosocial issues, preventive medicine and the care of the well child is explored.

COURSE GOALS AND OBJECTIVES:

Upon completion of this clerkship students will be able to:

1. Elicit an accurate, detailed medical history relevant to the diagnosis of the presenting problem or to the comprehensive evaluation of the patient, including the evaluation of a well baby/child/adolescent.
2. Perform complete age appropriate physical assessments.
3. Develop differential diagnoses and treatment plans.
4. State an orderly, succinct case presentation focusing on relevant positive and negative findings elicited in the history, physical and laboratory/diagnostic studies.
5. Perform procedures as specified by the clerkship objectives.
6. Integrate knowledge of counseling techniques and patient education.
7. Participate in all rounds, conferences, lectures, and call as specified by the site.
8. Elicit the ability to evaluate and monitor common pediatric problems.
9. Demonstrate the ability to recognize developmental abnormalities.
10. Demonstrate the ability to administer and recognize when the pediatric patient is due for routine immunizations.

COURSE REQUIREMENTS & EVALUATION CRITERIA:

The grade for this clerkship is based on the following components:

End of Clerkship Examination	35%
On-Site Visit or Interesting Patient Case	25%
Preceptor Evaluation	25%
One SOAP note Three drug cards	15%

CLERKSHIP BIBLIOGRAPHY:

- Hay, W., Kaplan, D. (2007). *Current Essentials of Pediatrics*, New York: McGraw Hill
- John Hopkins Hospital (2008). *The Harriet Lane Handbook 18th edition* Philadelphia: Mosby.

ALTERNATIVE REFERENCE MATERIALS

- Kliegman, R. et al. (2007). *Nelson Textbook of Pediatrics, 18th edition*, Elsevir Science,
- Fitzpatrick, TB et al., *Color Atlas and Synopsis of Clinical Dermatology, 5th edition*, McGraw-Hill, 2005.
- Burns, Dunn, Brady, Barber Starr, & Blossy. (2009). *Pediatric Primary Care, 4th Edition*. Philadelphia: Saunders.

USEFUL WEBSITES:

- American Academy of Pediatrics: www.aap.org
- Links to pediatric resources: <http://www.generalpediatrics.com/>
- Pediatric cases: <http://www.hawaii.edu/medicine/pediatrics/pemxray/pemxray.html>
- Merck Manual – Pediatrics: <http://www.merck.com/mmpe/sec19.html>
- Pediatric Cardiology: <http://pediatriccardiology.uchicago.edu/MP/pcmedprof.htm>
- Pediatric Orthopedics: <http://www.posna.org/education/StudyGuide/general.asp>

ACADEMIC HONESTY:

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ATTENDANCE POLICY:

Students are required to follow the schedule set by their preceptor. Students should arrive at the facility before their scheduled shift, and remain on the site until excused by the preceptor. Students are expected to take call as designated by the preceptor. Students are expected to work weekends and holidays with their team. **University holidays do not pertain to the clinical year. Snow days do not pertain to the clinical year.** Students may not take days off during this rotation. Please refer to the Clinical Year Handbook for further discussion.

LEARNING OBJECTIVES:

The learning objectives for the Pediatric clerkship are in three parts: clinical knowledge, procedures and patient education. The specific competencies students are to demonstrate upon completion of this clerkship are listed below

CLINICAL KNOWLEDGE:

Integrate the pathophysiology, epidemiology and genetic factors with historical and physical exam findings to formulate a differential diagnosis and treatment plan for the following disorders (Prognosis and potential complications must be described as well):

DERMATOLOGY DISORDERS

- Tinea capitis/corporis/pedis/versicolor
- Impetigo/Cellulitis
- Eczema
- Candida
- Dermatitis
- Scabies/Pediculosis
- Verrucae
- Molluscum contagiosum
- Scarlet Fever
- Steven-Johnson syndrome
- Allergic reaction and anaphylaxis
- Café-au-late, port wine
- Herald patch
- Mongolian spots
- Hemangiomas
- Scalded skin syndrome
- Diaper dermatitis
- Acneiform lesions
- Exanthems
- Burns

OPHTHALMOLOGICAL DISORDERS

- Conjunctivitis
- Orbital and periorbital cellulitis
- Corneal abrasion
- Strabismus
- Blepharitis
- Chalazion
- Dacryoadenitis
- Ectropion
- Entropion
- Hordeolum

ENT DISORDERS

- Otitis media
 - Acute/Chronic
 - Serous
 - Suppurative
- Otitis externa
- Mastoiditis
- Epiglottitis
- Acute/Chronic Sinusitis
- Exudative pharyngitis

- Diphtheria
- Acute Tonsillitis
- Aphthous ulcers
- Oral candidiasis
- Allergic Rhinitis
- Epistaxis
- Perforated tympanic membrane
- Presentation of ENT foreign bodies

PULMONARY DISORDERS

- Upper respiratory infections
- Pneumonia
- Acute Bronchitis
- Bronchiolitis
- Asthma
- Influenza
- Respiratory syncytial virus
- Laryngotracheobronchitis (croup)
- Pertussis
- Tuberculosis
- Foreign body aspiration
- Hyaline membrane disease
- Cystic fibrosis
- Sudden infant death syndrome (SIDS)

CARDIOVASCULAR DISORDERS

- Congenital heart disease
 - Atrial septal defect
 - Coarctation of aorta
 - Patent ductus arteriosus
 - Tetralogy of Fallot
 - Ventricular septal defect
- Acute Rheumatic fever
- Heart murmurs
- Arrhythmias

GI DISORDERS

- GERD
- Gastritis
- Pyloric stenosis
- Colic/feeding problems
- Intussusception
- Volvulus
- Malabsorption syndromes
- Gastroenteritis and dehydration
- Chronic diarrhea
- Appendicitis
- Inflammatory bowel disease
- Constipation
- Hernias
- Meckel's diverticulum
- Over/Under feeding
- Cow's milk allergy
- Poisoning's and overdoses
- Vitamin/nutritional deficiencies

GENITOURINARY DISORDERS

- Urinary tract infection
- Wilms' tumor
- Acute glomerulonephritis
- Hypospadias
- Cryptorchidism
- Testicular torsion
- Poststreptococcal glomerulonephritis
- Orchitis

ORTHOPEDIC DISORDERS

- Osteomyelitis
- Congenital hip dislocation
- Slipped capital femoral epiphysis
- Scoliosis
- Osteogenesis imperfecta
- Juvenile rheumatoid arthritis
- Spina bifida
- Legg-Calves-Perthes disease

- Osgood-Schlatter Disease
- Osteosarcoma/Bone tumors
- Nursemaid's elbow
- Sprains/strains
- Fractures/dislocations
- Genu varum/valgum
- Tibial torsion
- Ganglion cyst

NEUROLOGICAL DISORDERS

- Seizure disorders/Febrile seizure
- Meningitis
- Congenital malformations
- Neurofibromatosis
- Neuromuscular disorders
- Headaches
- Head trauma

ENDOCRINE DISORDERS

- Diabetes Type I & II
- Short/Tall stature
- Thyroid disease

GENETIC DISORDERS

- Down Syndrome
- Turner's Syndrome
- Klinefelter's Syndrome
- Prader-Willi Syndrome
- Phenylketonuria
- Common autosomal dominant conditions
 - Huntington's
 - Marfan's
 - Dwarfism
- Common autosomal recessive conditions
 - Cystic Fibrosis
 - X-Linked Recessive
 - Duchenne and Becker

- Muscular Dystrophy
- G6PD

INFECTIOUS DISORDERS

- Viral exanthems
- Bacterial infections
- Hand-Foot-Mouth Disease
- HIV/AIDS
- Hepatitis
- Mononucleosis
- Reye's Syndrome
- Sexually transmitted diseases
- Respiratory syncytial virus
- Scarlet fever
- Herpes simplex
- Varicella/herpes zoster
- Fifth disease-Parovirus B19
- Parotitis
- Lyme disease
- Herpangina/Coxsacke infections
- Lymphadenopathy/lymphadenitis
- Candidiasis
- Pinworms

HEMATOLOGICAL DISORDERS

- Anemia
- Leukemia/lymphoma
- Bleeding disorder
- Sickle Cell Disease/Trait
- Idiopathic Thrombocytopenic Purpura
- Lead poisoning
- Erythroblastosis fetalis

IMMUNOLOGICAL DISORDERS

- Henoch-Shönlein Purpura
- Kawasaki's Disease

PSYCHIATRIC/BEHAVIOR DISORDERS

- Pica
- Enuresis and encopresis
- Attention Deficit-Hyperactivity Disorder
- Munchausen Syndrome by Proxy
- Child abuse
- Substance abuse
- Tobacco abuse
- Autistic behavior
- Anorexia nervosa
- Bulimia nervosa
- Obesity
- Anxiety disorders

GROWTH & DEVELOPMENT

- Primitive reflexes
- Failure to thrive
- Developmental milestones
- Staging and delays in development in the pediatric patient
- Pediatric nutrition

PROCEDURES:

The student will be able to demonstrate competence to the preceptor, and/or to describe the indications for, risk/benefit ratio and interpretation of results for the following:

- Intradermal injections
- Subcutaneous injections
- Intramuscular injections
- Venipuncture
- Wood's lamp
- Fungal, bacterial and viral cultures
- Tympanometry
- Slit lamp exam
- Fluorescein stain
- Electrocardiogram (ECG)
- Urinalysis
- Lumbar puncture
- Throat culture

PATIENT EDUCATION:

The student will describe the elements and indications of patient education, preventative care and family dynamics concerning the following:

- Management plan
- Disease process
- Immunizations
- Lead screening
- Routine lab studies
- Vision, hearing and speech evaluations
- Anticipatory guidance
- Well child visits
- Safety issues
- Infant feeding and nutrition
- Growth and development
- Teething
- Breast feeding
- Toilet training
- Behavior problems
- Sibling rivalry
- Bedwetting
- Proper hygiene
- Pediatric dosing
- Injury and illness prevention
- Rationale and need for referral



PHA 285 PSYCHIATRY CLERKSHIP

Clinical Coordinator: Shannan Ricoy, M.S., RPA-C

Email: Shannan.Ricoy@hofstra.edu

Tele: 516-463-4233

3 s.h.

COURSE DESCRIPTION:

The Psychiatry Clerkship provides students with a working knowledge of psychiatric diseases. Patient care experiences focus on the diagnosis, treatment and management of patients with psychiatric illness.

COURSE GOALS AND OBJECTIVES:

Upon completion of this clerkship students will be able to:

1. Elicit an accurate, detailed medical and psychiatric history relevant to the diagnosis of the presenting problem or to the comprehensive evaluation of the patient.
2. Perform a complete physical and psychiatric assessment.
3. Develop differential diagnoses and treatment plans.
4. Present the patient's pertinent findings; focusing on relevant positive and negative findings elicited in the history, physical and laboratory/diagnostic studies in both oral and written forms.
5. Perform procedures as specified by the clinical site.
6. Participate in all rounds, conferences, lectures, and call as specified by the site.

COURSE REQUIREMENTS:

The grade for this clerkship is based on the following components:

	Percentage of Final Grade
End of Clerkship Examination	35%
On-Site Visit or Interesting Patient Case	25%
Preceptor Evaluation	25%
One complete history and physical note Three drug cards	15%

CLERKSHIP BIBLIOGRAPHY:

- Sadock, Benjamin J. and Virginia A. Sadock. (2007). Kaplan and Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry. 10th Edition. Lippincott.
- Fauman, MA. (2002). Study Guide to DSM-IV-TR. American Psychiatric Publishing.

ALTERNATIVE REFERENCE MATERIALS:

- Roberts, LW; Hoop, JG; Heinrich, TW. (2010). Clinical Psychiatry Essentials. Philadelphia: Wolters, Kluwer, Lippincott, Williams & Wilkins.
- Manley, MJR. (2007). Psychiatry: Clerkship Guide. Philadelphia: Mosby/Elsevier

USEFUL WEBSITES:

- American Psychiatric Association: <http://www.psych.org/>
- Psychiatry Cases: <http://priory.com/case.htm>

ACADEMIC HONESTY:

Plagiarism is a serious ethical and professional infraction. Hofstra's policy on academic honesty reads: "The academic community assumes that work of any kind [...] is done, entirely, and without assistance, by and only for the individual(s) whose name(s) it bears." Please refer to the "Procedure for Handling Violations of Academic Honesty by Graduate Students at Hofstra University" to be found at http://www.hofstra.edu/PDF/Senate_FPS_11.pdf, for details about what constitutes plagiarism, and Hofstra's procedures for handling violations.

ATTENDANCE POLICY:

Students are required to follow the schedule set by their preceptor. Students should arrive at the facility before their scheduled shift, and remain on the site until excused by the preceptor. Students are expected to take call as designated by the preceptor. Students are expected to work weekends and holidays with their team. **University holidays do not pertain to the clinical year. Snow days do not pertain to the clinical year.** Students may not take days off during this rotation. Please refer to the Clinical Year Handbook for further discussion.

LEARNING OBJECTIVES:

The learning objectives for the Psychiatry clerkship are in three parts: clinical knowledge, procedures and patient education. The specific competencies students are to demonstrate upon completion of this clerkship are listed below.

CLINICAL KNOWLEDGE:

Integrate the pathophysiology, epidemiology and genetic factors with historical and physical exam findings to formulate a differential diagnosis and treatment plan for the following disorders (Prognosis and potential complications must be described as well):

Anxiety Disorders

- Panic disorder
- Generalized anxiety disorder
- Posttraumatic stress disorder
- Phobias

Attention-Deficit Disorder

Autistic Disorder

Eating Disorders

- Anorexia nervosa
- Bulimia nervosa
- Obesity

Mood Disorders

- Adjustment
- Depressive
- Dysthymic
- Bipolar

Personality Disorders

- Antisocial
- Avoidant
- Borderline
- Histrionic
- Narcissistic
- Obsessive-compulsive
- Paranoid
- Schizoid
- Schizotypal

Psychoses

- Delusional disorder
- Schizophrenia
- Schizoaffective disorder
- Somatoform Disorder

Somatoform Disorders

Substance Use Disorders

- Alcohol abuse/dependence
- Drug abuse/dependence
- Tobacco use/dependence

Other Psychiatric Disorders

- Behavior/Emotional Disorders
- Acute reaction to stress
- Child/elder abuse
- Domestic violence
- Uncomplicated bereavement

PROCEDURES:

The student will be able to demonstrate competence to the preceptor, and/or to describe the indications for , risk/benefit ratio and interpretation of results of the following:

- Intradermal injections
- Subcutaneous injections
- Intramuscular injections
- Electrocardiogram (ECG)
- Urinalysis

PATIENT EDUCATION:

The student will be able to describe, formulate and demonstrate patient education concerning the treatment, disease process and preventative aspects of care to the patient and family members to include the following topics:

- Management plan
- Disease process
- Disease prevention
- Lifestyle modifications
- Nutrition
- Exercise
- Smoking cessation
- Substance and alcohol use
- Sexual counseling and risk prevention
- Loss and debilitation
- Rationale and need for referral



PHA 290 ELECTIVE CLERKSHIP

Clinical Coordinator: Shannan Ricoy, M.S., RPA-C

Email: Shannan.Ricoy@hofstra.edu

Tele: 516-463-4233

Cell phone: 516-509-6470

3 s.h.

COURSE DESCRIPTION:

This course provides the opportunity for students to either explore a medical or surgical sub-specialty or to gain an intensive experience in one of the core practice areas of medicine. The Physician Assistant Program must approve placements for this clerkship.

COURSE GOALS AND OBJECTIVES:

1. Students are responsible for setting their own goals with their preceptor and with PA Program faculty. The integration of the breadth of knowledge needed for medicine, as well as developing life-long learning skills will guide the student in his/her study.
2. Develop a reading list as appropriate for the discipline of study.
3. Perform procedures as specified by the clinical site.
4. Integrate knowledge of counseling techniques, patient education and preventive medicine as appropriate.
5. Participate in all rounds, conferences, lectures, and call as specified by the site.

COURSE REQUIREMENTS:

The grade for elective clerkships are based on the following components:

Preceptor Evaluation	25%
Oral reasoning Examination	25%
Patient Education Project	30%
Elective PRE and POST Essay	10%

Clinical Year Forms



PHYSICIAN ASSISTANT STUDIES PROGRAM PRECEPTOR EVALUATION FORM

Student Name _____ Rotation Type & Site _____

Preceptor Name _____ Rotation Dates _____

(1/5 = poor, 5/5 = excellent, Total possible points = 100)

COMMENTS

Medical Interview* (see the back for descriptions)	1	2	3	4	5	
Physical Examination	1	2	3	4	5	
Oral case Presentation	1	2	3	4	5	
Written Patient Record	1	2	3	4	5	
Knowledge & Utilization of Lab Tests	1	2	3	4	5	
Clinical Procedures* (if not performed please comment)	1	2	3	4	5	
Problem Solving / Clinical Thinking	1	2	3	4	5	
Factual Knowledge & Concepts	1	2	3	4	5	
Assessment / Differential Diagnosis	1	2	3	4	5	
Ability to Implement & Develop Management Plan	1	2	3	4	5	
Ability to Work Collaboratively in Interprofessional Teams	1	2	3	4	5	
Relating to Colleagues	1	2	3	4	5	
Relating to Patients	1	2	3	4	5	
Understanding of PA Role	1	2	3	4	5	
Recognition of PA Limitations	1	2	3	4	5	
Self-Confidence	1	2	3	4	5	
Reliability and Dependability	1	2	3	4	5	
Professionalism	1	2	3	4	5	
Appearance	1	2	3	4	5	
Overall Competence	1	2	3	4	5	

Total Points = _____

Comments:

Preceptor's signature: _____ Date: _____

Student's signature after review: _____ Date: _____



Rotation Dates _____ Preceptor Name _____

SCORING: 0 = Not done, 1/5 = Poor, 5/5 = Excellent

COMMENTS

Faculty Signature: _____ **Date:** _____



PHYSICIAN ASSISTANT PROGRAM

Mid-Clerkship Evaluation

Please complete this evaluation by the end of the second week of the clerkship. The mid-clerkship evaluation is designed to have students reflect on their strengths and weaknesses at the mid-point of their clerkship. This provides the opportunity for students to obtain the best possible clinical experience and correct deficiencies before the clerkship ends. This tool also provides the program with feedback regarding clerkship quality. This allows for identification of deficiency areas at clerkship sites and early intervention should it be necessary.

ROTATION:

1- PC 2- Med 3- Ob/Gyn 4- Surg 5- LTC 6- EM 7- Psych 8- Peds 9- Elective: _____

ROTATION NUMBER: 1 2 3 4 5 6 7 8 9 ROTATION SITE: _____

Please rate the following learning experiences as appropriate to your rotation

5= superior 4= very good 3= good 2= fair 1= poor N/A = Not Applicable

Student Self Assessment: How would you rate the following items:

- 1) Your ability to acclimate and acculturate to the clinical team? _____
- 2) Your professional behavior and attendance? _____
- 3) Your ability to perform histories and administer physical examinations? _____
- 4) Your ability to formulate a differential diagnosis? _____
- 5) Your ability to formulate and implement a management plan? _____
- 6) Your oral presentations? _____
- 7) Your ability to perform clinical procedures? _____

Clerkship Site Analysis: How would you rate the following items:

- 1) Appropriateness of supervision (ie. is the supervisor adequately supervising patient encounters)? _____
- 2) Opportunity to perform history and physical examinations? _____
- 3) Opportunity to formulate differential diagnosis and management plans? _____
- 4) Opportunity to perform oral presentations? _____
- 5) Opportunity to perform clinical procedures? _____
- 6) Ability for this clerkship to meet the stated learning objectives? _____

COMMENTS:



PHYSICIAN ASSISTANT PROGRAM
Student Evaluation of Program Rotations

The Physician Assistant Program is always interested in improving. Therefore, your input is very important. Please complete this **anonymous** evaluation of your rotation and recommendations on how to improve it.

(Your comments **will not**, in any manner, affect your final clerkship grade.)

ROTATION:

1- PC 2- Med 3- Ob/Gyn 4- Surg 5- LTC 6- EM 7- Psych 8- Peds 9- Elective: _____

ROTATION NUMBER: 1 2 3 4 5 6 7 8 9 ROTATION SITE: _____

Please rate the following learning experiences as appropriate to your rotation as

5= superior 4= very good 3= good 2= fair 1= poor N/A = Not Applicable

1. Opportunity to interview and examine patients _____
2. Opportunity to formulate assessments and create management plan _____
3. Opportunity to present patients _____
4. Preceptor review of student clinical documentation _____
5. Quality of performance feedback from preceptor _____
6. Adequate supervision of students _____
7. Opportunity to perform clinical procedures _____
8. Integration of student into part of medical team _____
9. Quality of teaching _____
10. Quality of the department conferences _____
11. Ability of the clerkship to permit student achievement of stated objectives _____

Please utilize this section for professionally written, constructive comments.

COMMENTS:



STUDENT/PRECEPTOR REVIEW OF CLINICAL OBJECTIVES FORM

Student _____ of Hofstra University Physician
(NAME)

Assistant Program has provided me the learning objectives for this rotation. We discussed in detail the expectations involved in successfully completing this rotation.

Preceptor _____

Student _____

Date _____



BLOOD BORNE PATHOGEN EXPOSURE FORM

Name: _____ **Date of Report:** _____

Date of Exposure: _____ **Time of Exposure:** _____ am/ pm

Clerkship Location of Exposure: _____

Brief Description of Exposure: (OMIT ANY PATIENT SPECIFIC INFORMATION)

(Signature at end of statement is mandatory)

Yes No

Completed institution's exposure forms:

Submitted institution's exposure forms:

FOR PHYSICIAN ASSISTANT PROGRAM STAFF ONLY:

Reviewed by : _____ **Date:** _____



**PHYSICIAN ASSISTANT STUDIES PROGRAM
2011 CLINICAL YEAR
HANDBOOK AGREEMENT FORM**

February 2011 Edition

The 2011 Physician Assistant Studies Program Student Clinical Handbook outlines school-wide and program-specific policies and regulations for Physician Assistant Program students in the clinical phase of the program. If the student is in doubt about the intent or content of any of the material in this handbook, it is his or her responsibility to initiate a discussion with their faculty advisor or the clinical coordinator.

I have read and understand the policies, rules and regulations as outlined within the Hofstra University Physician Assistant Program Clinical Year Handbook and agree, without reluctance, to abide by them.

NAME (*Signature*): _____

NAME (*Print*): _____

DATE: _____



CALL BACK DAY ENVELOPE CHECKLIST

Please attach this to the front of the CBD manila envelope.

Name: _____

Rotation Type: _____

- | | | |
|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | Clinical Documentation (H&P or SOAP as designated for specific rotation) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | 3 Pharmaceutical “Drug Cards.” Please make sure to write your name on all “drug cards.” |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | Preceptor End of Rotation Evaluation (in sealed envelope with preceptor name and stamp across the seal) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | Completed Student Evaluation of Clinical Site |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | Signed Typhon Patient and Procedure Log |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | Copy of Patient Education Project (if applicable) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | Elective Pre and Post Essay (if applicable) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | CME Project (if applicable) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | Health Promotion Project (if applicable) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | Interesting Patient Case Presentation with Journal article stapled to it (if applicable) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A | All other pending documents (if applicable) |



CLERKSHIP SCHEDULE FORM

Complete the following schedule form and fax it to the Program by the Friday of the first week of the clerkship. Program fax number: 516-463-5177.

Student Name: _____ **Date:** _____

Preceptor Name: _____ **Preceptor Telephone:** _____

Clerkship Specialty: _____ **Clerkship Number:** _____

Document the **date** and **hours** that you are assigned to work on the following table. Also document any hours that you are making up.

	<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
<i>Week 1</i> <i>Dates:</i>							
<i>Week 2</i> <i>Dates:</i>							
<i>Week 3</i> <i>Dates:</i>							
<i>Week 4</i> <i>Dates:</i>							
<i>Week 5</i> <i>Dates:</i>							

Any changes to this schedule must be submitted to the program immediately and prior to date/dates changed. All changes must be approved by the clinical coordinator and this form needs to be signed by your designated preceptor.

Excused Absences (please list date of absence and make-up date)

1. _____

2. _____

3. _____

Student Signature _____ **Date** _____

Preceptor Signature _____ **Date** _____



PATIENT EDUCATION PROJECT GRADING FORM

Student Name_____

Date:_____

Rotation: Elective Clerkship

Rotation Number_____

Content

- Addresses topic assigned to student
- Demonstrates good research base
- Educates classmates on how to teach patients about topic
- Demonstrates effective method for communicating material to patients
- Addresses how to identify those patients that require specific patient education
- Is able to answer questions regarding topic

_____(40)

Written and Other Material

- Materials potentially able to be used as patient education materials in a clinical setting
- May include but is not limited to poster, pamphlet, creating a lesson plan or small group discussion.
- Is properly footnoted and referenced if needed
- Material is presented in a creative fashion
- Materials are meticulously completed and submitted professionally

_____(30)

Podium Skills

- Interactive, cohesive delivery
- Glances at written material but DOESN'T READ from written material
- Rate, tone and pitch of speech
- Organized with good transition
- Good movement, use of available space

_____(30)

Final Score: _____(100%)

Faculty:_____



ELECTIVE CLERKSHIP PRE AND POST ESSAY

Student Name_____ **Date:**_____

Rotation: Elective **Rotation Number**_____

Content

Pre Essay

- Student defines a clear set of goals and objectives for clerkship experience
- Describes the single most important item they would like to experience, gain or have clarified
- Discusses expectations on types of patients anticipated
- Reason for choice _____(45%)

Post Essay (Comment only on the discipline, not the particular clerkship site)

- Describes the most important issue/entity learned at clerkship site
- Student is able to critique their own learning and is able to compare pre & post learning
- Essay is unique and creative
- States what enjoyed/disliked about the discipline
- Discusses “tips” and information gained from the experience
- How goals and objectives were met
- Discusses student’s initiatives to maximize learning experience
- Comments on discipline not particular clerkship site
- Exercises proper composition skills _____(45%)

Professionalism

- Submitted materials on time in a professional manner _____(10%)

Final Score: _____(100%)

Faculty:_____



FAMILY MEDICINE CLERKSHIP: HEALTH PROMOTION PROJECT

Name: _____

Date: _____

The main goal of this health promotion project is to enable patients to increase control over and improve their own health. As healthcare providers, it is our responsibility to promote healthy lifestyles, along with identifying high risk patients who can develop complications from their various chronic illnesses or lifestyle risk factors. The objectives of this project are to inform patients about the prevention of a specific disease states and evaluate the effectiveness of their efforts.

Ask the patient the following questions and record and reassess the results. Please attach a current article (<5 years old) that discusses health promotion issues that relates to one of your patient's illness(es).

1. Identify and list this patient's chronic illnesses and any lifestyle risk factors.

2. What specific recommendations or actions did you take to enable patient self-management, disease prevention and health promotion?

3. Has your patient been receiving continuous health screening from visited facility? If so, when and what was done?

-
-
4. **Reassess the patient** and note if any changes were attempted or made after your initial discussions.

5. Please read your article (<5 years) that discusses one health promotion issue that relates to your patient's illness(es). Please attach a one-page, typed, double spaced paper summarizing the article and discussing opinions regarding the article.



HEALTH PROMOTION PROJECT

Student Name _____ **Date** _____
Rotation: Family Medicine Clerkship **Rotation Number** _____

Content

- Identified and listed patient's chronic illnesses and lifestyle risk factors.
- Describes specific recommendations or actions taken to enable patient self-management, disease prevention and health promotion.
- Discusses whether or not patient is receiving continuous health screening from visited facility. If so, elaborates.
- Patient is reassessed. Discusses changes made or attempted
- States, expands and supports main points.
- Exercises proper composition skills. _____(45%)

Research Article

- Research article current (<5 years)
- Research article is appropriate for topic
- Paper summarizes article
- Opinions regarding the article are discussed
- Exercises proper composition skills _____(45%)

Professionalism

- Submitted materials on time in a professional manner _____(10%)

Final Score: _____(100%)

Faculty: _____

SAMPLE CHECK LIST FOR THE ORAL REASONING EXAMINATION

CHECKLIST FOR MR. SMITH

(Responses by the imaginary patient appear in parentheses after each checklist item.)

History of Present Illness. The Examinee Asked About:

- ☐ onset of pain (“4 hours ago.”)
- ☐ location of pain (“Right lower side and around the navel.”)
- ☐ quality of pain (“Deep and burning.”)
- ☐ any aggravating factors (“Deep breath, movement, food.”)
- ☐ any alleviating factors (“Lying still helps.”)
- ☐ severity of pain (“On a scale of 1 to 10, where 10 is the worst, this is a 9.”)
- ☐ any association with vomiting (“Two episodes at home.”)
- ☐ any blood in the vomitus (“No.”)
- ☐ any association with a change in bowel movements (“No diarrhea or constipation.”)
- ☐ any blood in the stools (“No.”)
- ☐ any urinary problems (“No.”)
- ☐ any past medical problems (“No.”)
- ☐ any medication use (“No.”)
- ☐ any alcohol abuse (“No.”)
- ☐ any allergies (“None.”)

Physical Examination. The Examinee verbalized that he/she would:

- ☐ listen for bowel sounds over all four quadrants (normal bowel sounds heard).
- ☐ palpate gently throughout patient’s abdomen (no pain).
- ☐ palpate deeply throughout patient’s abdomen (pain localized to right lower side of abdomen).
- ☐ elicit rebound tenderness (severe pain when letting go of right lower abdomen).
- ☐ attempt to elicit a psoas or obturator sign (both are positive).
- ☐ check for costovertebral angle tenderness (none).
- ☐ ask to do a rectal examination (after examinee asks to perform rectal exam, the examiner reveals the results of the examination: no masses or tenderness; fecal occult blood test negative).

Communication Skills. The Examinee:

- ☐ washed his/her hands before the start of the examination.
- ☐ introduced self warmly as he or she came into the room.
- ☐ seemed to care about my discomfort and pain.
- ☐ discussed the diagnostic possibilities with me (i.e., appendicitis, diverticulitis, kidney stones, pyelonephritis).
- ☐ discussed the diagnostic tests that would be done (blood work, urinalysis, radiographs).
- ☐ discussed initial management and plan (intravenous fluids, checking urine and blood work results, observation, possible surgery).
- ☐ discussed prognosis (very good).
- ☐ addressed my concerns about the illness.



END OF ROTATION GRADE FORM

Name: _____ Site: _____

Rotation: 1 2 3 4 5 6 7 8 9

Rotation Type: PC MED OB/GYN SURG LTC EM PSYCH PEDS ELECT: ____

The components of the clinical clerkship grade for all clerkships except the elective clerkship are calculated by the following:

	Percentage	Total Points
Preceptor Grade	X 30%	
Clerkship Project/Site Visit/Interesting Patient Case Grade	X 20%	
End- of- Rotation Examination Grade	X 35%	
Clinical Documentation & 3 Pharm Cards Grade	X 15%	
Final Grade	X 100%	

The components of the elective clerkship are calculated by the following:

	Percentage	Total Points
Preceptor Grade	X 30%	
Patient Education Project Grade	X 25%	
Pre & Post Essay Grade	X 10%	
Oral Reasoning Examination Grade	X 35%	
Final Grade	X 100%	

USE LEGEND BELOW TO CALCULATE OVERALL LETTER GRADE

Letter Grade	A	A-	B+	B	B-	C+	C	F
Raw Score	100 - 93	92 - 90	89 - 87	86 - 83	82 - 80	79 - 77	76 - 70	69 or below

OVERALL GRADE: _____ FACULTY SIGNATURE: _____ DATE: _____

Hofstra University
Physician Assistant Program
Clinical Year – Clinical Documentation Grading Form
2010-2011

Student's Name: _____ Date: _____

Faculty Evaluator: _____ Final Grade: _____

SOAP/H&P:

<u>Item</u>	<u>Student Value</u>	<u>Maximum Point Value</u>
1. Introduction	_____	(3)
2. History Components	_____	(20)
3. PE	_____	(15)
4. Assessment	_____	(20)
(Includes acute, chronic, HCM)		
5. Plan	_____	(20)
(Patient Education, Follow Up, Preventive Care)		
6. Signature	_____	(2)
7. Overall Evaluation of Note	_____	(20)
(Organization, legibility, completeness, clarity, spelling, etc ..)		

Total Points: _____ X 10% = _____

Pharmaceutical Cards:

<u>Item</u>	<u>Student Value</u>	<u>Maximum Point Value</u>
1. Class of medication	_____	(10)
2. Mechanism of Action	_____	(20)
3. Indications	_____	(20)
4. Contraindications	_____	(20)
5. Side Effects	_____	(20)
6. Cost of medication	_____	(10)

Total Points: _____ X 5% = _____

Total Clinical Documentation Grade: _____ + _____ /15 = _____
SOAP/H&P Points Pharm. Points Final Grade

Faculty Signature: _____ Date: _____