Bethel University Physician Assistant Program
Course: PHAS 710, 720, 730 (Clinical Field Placements I, II, & III)

This clerkship module is a part of the Clinical Field Placement (CFP) series of courses over the clinical year of the Bethel PA program. The Student Clerkship Handbook and CFP syllabi expectations and requirements will be followed for grading requirements.

Family Medicine Clerkship

**Rotation Purpose**
The eight-week family medicine rotation provides students with experience refining their skills in performing history and physical exams, ordering and interpreting laboratory and diagnostic studies, synthesizing information in establishing a diagnosis and creating a treatment plan for the diverse patient population encountered in a typical ambulatory outpatient clinical setting. Clinical experiences are intended to assist the student’s transition from didactic to integrated clinical evaluation, decision-making, and management of patients with medical problems. In addition to gaining specific skills in Family Medicine during this rotation, the student should also continue to develop skills in systematic medical problem solving and patient management abilities, establish or reinforce patterns of independent learning, self-evaluation, inter-professional relationships and communication skills.

**Preceptor Requirements**
Board Certified Family Physician or Certified PA/NP working with a Board Certified Family Physician (B3.05 & B3.06)

Clinical Field Placement Courses Objectives / Learning Outcomes
At the end of this course, the PA student will be able to:

1. Develop the competencies for clinical practice and knowledge acquisition in all clinical settings (B3.02, B3.03a-d, B3.04a-d, B3.07a-f & 2, 3, 8, 9)
2. Demonstrate skills necessary to function in the healthcare environment with preceptor supervision (B3.02, B3.03a-d, B3.04a-d, B3.07a-f & 2, 3, 8, 9)
3. Appreciate different clinical settings and business practices, especially in areas designated as “medically underserved” (B3.02, B3.03a-d, B3.04a-d, B3.07a-f & 2, 3, 8, 9)
4. Synthesize and apply medical knowledge and treatment in an evidence-based manner in the care of patients (B3.02, B3.03a-d, B3.04a-d, B3.07a-f & 2, 3, 8, 9)
5. Synthesize aspects of the Christian faith to apply medical knowledge and clinical skills to patient care (B3.02, B3.03a-d, B3.04a-d, B3.07a-f & 2, 3, 8, 9)

**Instructional Objectives**
By the end of the rotation, assessed by preceptor evaluation, student logging and end of rotation examinations, the PA student will be able to (B1.09, B3.03a, B3.04a &B3.04c, and B3.07b):

Family Medicine Clerkship
- Elicit a record of an appropriately complete and organized medical history.
- Conduct and record an appropriately complete and accurate physical examination.
- Communicate in a facilitative, effective, and efficient educational manner with patients and patients’ families.
- Identify the social and psychological components of patient’s medical problems.
- Use knowledge of the etiology, epidemiology, and pathophysiology of disease, correlated with presenting signs and symptoms, to establish a clinical diagnosis.
- Develop an accurate and complete problem list.
- Select and interpret diagnostic studies to evaluate the differential diagnosis.
- Formulate a reasoned differential diagnosis for each problem.
- Communicate clearly and succinctly to colleagues and other members of the health care team.
- Formulate an appropriate initial and ongoing treatment plan considering the severity, urgency and patient’s social situation.

**Problem List**
The following sections contain content that a student should understand; either by clinical exposure or by reviewing didactic material that will help to guide student preparation for testing:

**COGNITIVE**
Students will be able to discuss the etiology, pathophysiology, pathology, clinical presentation, differential diagnosis, management & procedures, clinical pharmacology, and patient education for the following list of medical conditions or procedures.

**I. Management**

1. Pulmonary: Allergy, Asthma, Bronchitis, COPD, Emphysema, Pleurisy, Pneumonia, URI, Tracheobronchitis, Bronchiolitis, Respiratory Syncytial Virus (RSV) Infection, Aspiration Pneumonia, TB, Hemoptysis, Influenza, Pulmonary Embolism.


3. GI/Abdominal: Appendicitis, Rectal Bleeding, Esophagitis, Gastric Ulcer, Duodenal Ulcer, Gastritis, Lower GI Bleed, Upper GI bleed, Cholelithiasis, Cholecystitis, Irritable Bowel Disease, Hepatitis, Pancreatitis, Diverticulosis, Diverticulitis, Constipation, Diarrhea, Dysphagia, Dyspepsia, Food Poisoning, Fecal Incontinence, Enteric Infections, Inflammatory Bowel Disease (IBD).

4. GU/Gyn: Cystitis and UTI, Pyelonephritis, Hematuria, Acute Renal Failure, BPH, Urethritis, Dysmenorrhea, PMS, Disorders of Menstruation, Infertility, Contraception, Mastitis, Vaginitis, Candidiasis, PID, Menopause, Cervicitis, STD’s, Differential Diagnosis of Pregnancy including Ectopic and Unwanted Pregnancy, Vaginal Bleeding,
Vaginal Atrophy, Epididymitis, Prostatitis, Urinary Retention/Incontinence, Hormone Replacement Therapy, Catheter Sepsis.


8. Endocrine: Diabetes, Hyperthyroidism, Hypothyroidism, Hypoglycemia, Electrolyte Disorders, Osteoporosis, and Hyperlipidemia, hypo and hyper parathyroidism, pituitary adenomas


10. Hematopoietic: Anemias, polycythemia and thrombocytopenia

11. Infectious: Influenza, Infectious Mononucleosis, Scarlet Fever, Erythema Infectiosum, Lyme’s Disease, Mumps, Measles, Rubella, Rubeola, Varicella, Herpes simplex, Meningitides, Herpes Zoster, HIV, Rocky Mountain spotted fever, community acquired MRSA


II. Stabilization and referral
Family Medicine Clerkship

1. Pulmonary: Pneumocystis carinii Pneumonia, Restrictive Lung Disease of environmental, occupational and connective tissue etiologies, Pulmonary Infarction, Sarcoidosis, Pulmonary Edema, Acute Respiratory Failure, Cystic Fibrosis, Bronchiectasis, Carcinomas.

2. Cardiovascular/Peripheral Vascular: Pericardial Disease, Valvular Heart Disease, Rheumatic Heart Disease, Cardiomyopathies, Cor Pulmonale, Giant Cell Arteritis, Malignant Hypertension, Peripheral Vascular Occlusive Disease/Arterial Embolism.

3. GI/Abdominal: Esophageal Varices, Mallory-Weiss Tears, Crohn’s Disease, Ulcerative Colitis, Achalasia, Carcinomas.


6. Psychiatric: Eating Disorders, Dementia, Delirium, Alzheimer’s, Phobias, Obsessive Compulsive Disorder, Conversion Disorder, Hypochondriasis, Rape Crisis.


8. Endocrine: Diabetes, Hypothyroidism, Hypoglycemia, Gout, Electrolyte, Disorders, Osteoporosis, and Hyperlipidemia.


10. Hematopoietic: Idiopathic Thrombocytopenic Purpura/Thrombotic Thrombocytopenic Purpura; Hemophilias; Leukemias; Polycythemia Vera; Multiple Myeloma; Henoch Schönlein Purpura.

11. Infectious: Kawasaki’s Disease, Rheumatic Fever, Endocarditis, And Rickettsial Diseases.

12. Health Maintenance: Community Related Prevention, Nutrition, Oral Hygiene, routine Infant and Child Health Check ups, Cardiovascular risk Counseling, Exercise
Counseling, Counseling for: Contraception, Family Planning, Pap Smears, Routine Immunizations, Allergy Testing and Desensitizations.

13. HEENT: Macular Degeneration, Corneal Ulcer, Candidal Esophagitis, Leukoplakia, Bronchial Cleft Cysts, Thyroglossal Duct Cyst, Meniere’s Disease.

III. Pharmacy

1. Common OTC medications
2. Analgesics
3. Antacids
4. Antianxiolytics
5. Antibiotics
6. Antihypertensives
7. Antidepressants
8. Antiarrhythmics
9. Bronchodilators
10. Antifungals
11. Antivirals
12. Insulin/Oral Hypoglycemic Agents
13. Herbal preparations

IV. Diagnostic studies

1. CBC with differential
2. Hematologic studies for anemia
3. Glucose testing and monitoring
4. Biochemical Profiles
5. Thyroid Function Studies
6. Pulmonary Function Studies
7. Chest x-rays
8. X-rays of the extremities for fractures, dislocations, degenerative joint diseases, metabolic and primary bone diseases
9. X-rays of the spine
10. KUB
11. Descriptive radiologist’s reports concerning: upper GI series, Barium studies, skull films, sinus series, CT with and without contrast, sonograms, MRIs

V. Procedures

1. Venipuncture and finger-sticks
2. Injections IM, IV, SQ
3. Stool for occult blood
4. Gram Stains
5. KOH smears/wet mount preps
6. Urinalysis
7. Specimen collection for C&S- blood, cervical, sputum, bronchial, stool, urethral, urine, wound
8. Electrocardiograms
9. Suture and wound care
10. Simple foreign body removal
11. Sigmoidoscopy (where available)
12. Intra-articular joint aspiration and injections

VI. Therapies

1. Speech Therapy
2. Physical Therapy
3. Occupational Therapy
4. Massage Therapy
5. Alternative Therapy
   a. Acupuncture
   b. Acupressure (C)

Rotation Expectations
Clearly, subjects addressed in any clinical rotation are dependent on the number of patients and kinds of disease entities presenting to a particular service. Nevertheless, certain content must be addressed, either by clinical exposure or by didactic materials that students can review to be prepared for end-of-rotation examinations and future Board Certification. Therefore, the following table contains the minimum diagnosis or presenting complaints to which students must be exposed, regardless of setting (B3.02).

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Date</th>
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<tbody>
<tr>
<td>Abdominal Pain</td>
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<td>Anemia</td>
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<tr>
<td>Allergic Reaction</td>
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<tr>
<td>Asthma</td>
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<td></td>
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<td>Back Pain</td>
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<tr>
<td>Bacterial Skin Infection</td>
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<tr>
<td>Cold/URI</td>
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<tr>
<td>Chronic Obstructive Pulmonary Disease</td>
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<td></td>
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<tr>
<td>Dizziness</td>
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<tr>
<td>Diabetes Mellitus Type I &amp; II</td>
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<td></td>
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<tr>
<td>Fatigue</td>
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<td></td>
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<tr>
<td>Gastroesophageal Reflux Disease</td>
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<tr>
<td>Headache</td>
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<tr>
<td>Hypertension</td>
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Technical Skills
Students are expected to acquire certain technical and interpretation skills that are commonly employed in medical care. Students are required to participate in and perform procedures under adequate supervision. At the end of the rotation the student should be able to:

<table>
<thead>
<tr>
<th>Description</th>
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<tbody>
<tr>
<td>Medication Dispensing</td>
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<tr>
<td>Interpret a Chest X-ray</td>
<td></td>
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<tr>
<td>Counseling Patient</td>
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<td>Male Rectal Exam</td>
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<tr>
<td>Cryotherapy</td>
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<tr>
<td>Biopsy of Skin Lesion</td>
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<tr>
<td>Create Sterile Field</td>
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</table>

Professional Development
1. Relate and perform professionally in a working situation with other members of the health care team.
2. Demonstrate an openness to receive constructive criticism.
3. Demonstrate a willingness to recognize limitations and seek help from supervising preceptors and appropriate reference materials.
4. Perform duties with a professional attitude in such areas as attendance, and dress code.
5. Demonstrate sensitivity to the emotional, social and ethnic background of patients.
6. Recognize the important role of the team of providers in the care of the elderly.
7. Recognize the impact that distance from a referral center has on patient care.
8. Identify the obstacles to obtaining medical care for those who are uninsured.
9. Recognize the impact that poverty, setting or socioeconomic class of patient,
   may have on your treatment plan.
10. Demonstrate understanding of end-of-life planning.

**Grading**

**Assessed Activity Weighting**

<table>
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<th>Activity</th>
<th>Weighting</th>
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<tbody>
<tr>
<td>Online Participation</td>
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<tr>
<td>Patient Profiles</td>
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<tr>
<td>Patient Encounter Logs</td>
<td>4%</td>
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<tr>
<td>Final Preceptor Evaluations</td>
<td>40%</td>
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<tr>
<td>Student Self Evaluations</td>
<td>2%</td>
</tr>
<tr>
<td>End-of-Rotation Exams</td>
<td>40%</td>
</tr>
<tr>
<td>End-of-Rotation Meetings Participation</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
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</tbody>
</table>

**Final Grade Breakdown**

<table>
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<tr>
<th>Percentage</th>
<th>Letter Grade</th>
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<tbody>
<tr>
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<tr>
<td>90.00%</td>
<td>A-</td>
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<tr>
<td>85.00%</td>
<td>B+</td>
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<tr>
<td>80.00%</td>
<td>B</td>
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<tr>
<td>77.00%</td>
<td>B-</td>
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<tr>
<td>73.00%</td>
<td>C+</td>
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<tr>
<td>70.00%</td>
<td>C</td>
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<tr>
<td>67.00%</td>
<td>C-</td>
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<tr>
<td>63.00%</td>
<td>D+</td>
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<tr>
<td>60.00%</td>
<td>D</td>
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<td>&lt;60.00%</td>
<td>F</td>
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**Clinical Tasks:**

1. Write problem oriented progress notes using the SOAP format.
2. Implement an appropriate treatment plan as approved and supervised by the
   preceptor.
3. Present oral cases presentation to the preceptor.
5. Demonstrate effective management of extended care facility patients.
6. Utilize appropriate community resources to implement patient care plans.

**Text(s): RECOMMENDED RESOURCES**

Lipsky, Martin S., King, Mitchell S., Blueprints Family Medicine, Lippincott Williams & Wilkins, 3rd Edition, 2011.
Green, Steven M., *Pocket Pharmacopoeia*, Tarascon, 2013

*The Sanford Guide to Antimicrobial Therapy*, 2012
