

Midwestern University  
College of Health Sciences  
Glendale, AZ

**PHYSICIAN ASSISTANT PROGRAM**

Mission Statement (B1.01a):

The Midwestern University Physician Assistant Program-Glendale is committed to educate and mentor students in a setting that cultivates excellence and prepares compassionate, competent physician assistants to serve in a changing healthcare environment. We value a culture of inclusion where students, staff and faculty are honored, respected, and engaged.

**2025 – 2026 CLINICAL ROTATIONS SYLLABUS**

48 Credits

PASSG 691: Emergency Medicine  
PASSG 692: Family Medicine  
PASSG 693: Internal Medicine  
PASSG 694: Pediatrics

PASSG 695: Psychiatry Medicine  
PASSG 696: Surgery  
PASSG 697: Women's Health  
PASSG 698: Elective

**COURSE PURPOSE**

The clinical year courses/rotations will provide overall instruction and supervised clinical practice experiences. The course(s) will cover common conditions and abnormalities encountered across the lifespan, with an emphasis on the conditions listed in the National Commission on Certification of Physician Assistants (NCCPA) Physician Assistant National Certification Examination (PANCE) content blueprint.

**COURSE GOALS (B1.01a-d)**

The primary goal of the MWU PA Program is to meet student educational needs. Clinical year rotations provide meaningful direct patient care experiences with patients from diverse populations by working in a variety of clinical practice environments. They allow students an opportunity to apply the knowledge and skills learned throughout the didactic phase to enhance their clinical understanding and problem-solving skills. Clinical rotations will reinforce classroom teaching and allow for professional and interprofessional growth. Clinical rotations should prepare students for NCCPA certification and clinical practice as a physician assistant.

**COURSE COORDINATORS (A2.01, A2.05c-d, A2.13)**

The course coordinators include the Director of Clinical Education and Clinical Coordinators. Instructional faculty (clinical preceptors) provide the supervised clinical practice experiences and participate in the assessment of student performance. Students should direct all questions regarding course administration to the program's clinical faculty.

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Appointments with the course coordinator(s) can be made by phone or email.

## **COURSE LOCATION**

Students will be asked to complete rotation requirements in the community; inpatient and/or outpatient setting(s), rural setting, etc.

## **COURSE PREREQUISITES**

- 1) Successful completion of all didactic-year PA coursework and  $\geq 3.0$  grade point average.
- 2) Current BLS/ACLS status.
- 3) Current immunization status.
- 4) Successful completion of all required credentialing paperwork.
- 5) Successful completion of all required Vector courses.
- 6) Current N95 Respirator mask fit certificate, per MWU PA Program policy.

## **COURSE DESCRIPTIONS & ROTATION GOALS**

**EMERGENCY MEDICINE:** The Emergency Medicine Course emphasizes the care of the patient with acute disease management, stabilization, and proper follow-up. The purpose of this rotation is to provide the student with a knowledge base about decision-making and initiation of emergent care. The challenges faced by Physician Assistants in emergency medicine are to know a little about everything, know what you know, and know when to ask for help. The rotation will expose the student to many different situations, some not so challenging, some that are extremely challenging. The goal of the rotation is to expose the student to common emergency encounters to prepare them for everyday practice.

### **PASSG 691 Emergency Medicine Goals:**

- 1) Identify and describe the etiology, risk factors, pathophysiology, clinical presentation, diagnostic evaluation, and management of common conditions encountered in emergency medicine including but not limited to neurologic, ENT, airway, orthopedic, urologic, endocrine emergencies as well as burns, skin, and soft tissue infections, fever of unknown origin, trauma, fractures, sepsis, shock, hemorrhage, drug overdose, intoxication injuries, and environmental injuries.
- 2) Recognize life-threatening emergencies and initiate an appropriate course of action to stabilize the patient.
- 3) Elicit and perform an appropriate thorough history and physical exam for a patient presenting with an urgent and/or emergent condition.
- 4) Formulate an appropriate differential diagnosis for common urgent and emergent complaints including but not limited to chest pain, SOB/dyspnea, abdominal pain, altered mental status, etc.
- 5) Be familiar with the following acronyms/terms and have a basic understanding of their use in Emergency Medicine (i.e., GCS, Curb 65, PERC for Pulmonary Embolism, TIMI for chest pain, HEART score for chest pain, SIRS criteria for sepsis, PECARN for a head injury in peds < 16 yo and ACEP 2008 head CT policy for age > 16 yo, NIH Stroke scale, NEXUS for spinal cord trauma).
- 6) Gain a basic understanding and interpretation of common laboratory and diagnostic studies used in emergency medicine including but not limited to CBC, CMP, lipase, HCG, cardiac enzymes, lactate, BNP, UA, urine drug screen, x-rays, EKG, POCUS, CT Head/Brain and CXR A/P.
- 7) Be familiar with common medications used including but not limited to Motrin, Tylenol, Morphine, Narcan, Epinephrine, and ACLS protocols/drugs.
- 8) Demonstrate the ability to assist or correctly perform, under direct supervision, common medical procedures including but not limited to I&D, wound irrigation and debridement, suture/skin staple placement and removal, application of splints, joint aspiration, infiltration with a local anesthetic, digital block, laceration repair, toenail or fingernail removal, IM and SQ injection, endotracheal intubation, urinary catheter insertion, lumbar puncture, fracture, and dislocation reduction.
- 9) Participate in hospital admission, ER discharge with close follow-up, or transfer of care orders.
- 10) Communicate clearly, concisely, and logically to colleagues, patients, and family members regarding the evaluation, management, and education of urgent and emergent conditions.

**FAMILY MEDICINE/PRIMARY CARE:** The Family Medicine/Primary Care Course emphasizes the comprehensive care of the patient and family, including chronic and acute disease management, preventive care and health maintenance, and patient/family education. Other principles include continuity of care, delivery of cost-effective quality care, and identifying supplemental sources of care within the community.

### **PASSG 692 Family Medicine Goals:**

- 1) Participate in the care of preventive, acute, and chronic patient encounters.
- 2) Elicit a comprehensive history to include a history of present illness, past medical history, past surgical history, family history, and appropriate review of systems necessary to evaluate the chief complaint.
- 3) Describe the epidemiology, etiology, pathophysiology, clinical presentation, differential diagnosis, diagnostic evaluation, and management of emergent, urgent, and acute and chronic conditions common to the family medicine setting as indicated on NCCPA PANCE Content Blueprint and the PAEA Family Medicine End-of-Rotation Exam Topic List.
- 4) Select, collect, and/or interpret common studies used including but not limited to venipuncture, UA and drug screens, throat swabs, rapid strep testing, mono spot testing, vaginal secretions (KOH preps, wet mount, cultures), wound cultures, stool testing for occult blood, synovial joint aspirations, cardiac enzymes, and sputum cultures.
- 5) Order and interpret common laboratory and diagnostic studies used including but not limited to routine radiographic studies, advanced imaging (CT/MRI), pulmonary function testing, ECG, ultrasonography.
- 6) Describe the indications, contraindications, side effects, and complications of common procedures performed in the family medicine setting (i.e., SQ/IM injection, pap smear, immunization administration, joint injection, cryotherapy, ear irrigation, cerumen removal, finger/toenail removal, spirometry, shave and punch biopsy, infiltration with local anesthetic, digital block, and PPD skin test).
- 7) Know the mechanism of action, indication, contraindications, side effects, and drug interactions of common pharmacologic agents used.
- 8) Be able to recognize the need for referral to medical subspecialty or surgery consultation.
- 9) Apply principles of health promotion and disease prevention to describe and select appropriate preventative screening and health maintenance measures for patients presenting to the family medicine setting.
- 10) Communicate clearly, concisely, and logically to colleagues, patients, and family members regarding the evaluation, management, and education of conditions managed in the family medicine setting.

**INTERNAL MEDICINE:** The Internal Medicine Course emphasizes the comprehensive care of the adult patient including chronic and acute disease management, preventive care and health maintenance, and patient education. Other principles include continuity of care, delivery of cost-effective quality care, and identifying supplemental sources of care within the community.

### **PASSG 693 Internal Medicine Goals:**

- 1) Participate in the care of emergent, urgent, acute, and chronic conditions in adult and elderly patients encountered in the internal medicine setting.
- 2) Participate in the care of patients presenting for hospital follow-ups including but not limited to review of hospital records, reevaluation and formation of a comprehensive assessment and plan, management of abnormal test results, and coordination of care.
- 3) Elicit a comprehensive history to include a history of present illness, past medical history, past surgical history, family history, and appropriate review of systems necessary to evaluate the chief complaint.
- 4) Describe the epidemiology, etiology, pathophysiology, clinical presentation, differential diagnosis, diagnostic evaluation, and management of emergent, urgent, and acute and chronic conditions common to the internal medicine setting as indicated on the NCCPA PANCE Content Blueprint and the PAEA End-of-Rotation Exam Internal Medicine Topic List.
- 5) Select, collect, and/or interpret common studies including but not limited to venipuncture, UA and drug screens, throat swabs, rapid strep testing, mono spot testing, vaginal secretions (KOH preps, wet mount, cultures), wound cultures, stool testing for occult blood, synovial joint aspirations, cardiac enzymes, and sputum cultures.
- 6) Order and interpret common laboratory and diagnostic studies including but not limited to routine radiographic studies, advanced imaging (CT/MRI), pulmonary function testing, EKG, and ultrasonography.
- 7) Describe the indications, contraindications, side effects, and complications of common procedures (i.e., I&D, SQ/IM injection, pap smear, immunization administration, joint injection, cryotherapy, ear irrigation, cerumen removal, finger/toenail removal, spirometry, shave and punch biopsy, infiltration with local anesthetic, digital block, and PPD skin test).
- 8) Know the mechanism of action, indication, contraindications, side effects, and drug interactions of common pharmacologic agents.

- 9) Be familiar with first-line antibiotics for common primary care infections including but not limited to cellulitis, sinusitis, bacterial conjunctivitis, diverticulitis, etc.
- 10) Be familiar with the physiological changes associated with aging as well as comorbidities and polypharmacy (i.e., Beers Criteria).
- 11) Be able to provide basic nutrition counseling to the patient with hyperlipidemia, hypertension, Type 2 Diabetes, etc.
- 12) Be able to recognize the need for referral to medical subspecialty or surgery consultation. Be involved in transitional care management to include hospice and end-of-life care.
- 13) Apply the principles of health promotion and disease prevention to describe and select appropriate preventative screening and health maintenance measures.
- 14) Communicate clearly, concisely, and logically to colleagues, patients, and family members regarding the evaluation, management, and education of conditions managed in the internal medicine setting.

**PEDIATRICS:** The Pediatrics Course emphasizes the comprehensive care of the patient under the age of 18 years old, including chronic and acute disease management, preventive care and health maintenance, and patient/family education. Other principles include continuity of care, delivery of cost-effective quality care, and identifying supplemental sources of care within the community.

### **PASSG 694 Pediatrics Goals:**

- 1) Elicit a comprehensive history and perform a complete physical exam on a newborn patient. Be able to identify congenital diseases.
- 2) Identify components of a thorough well-child exam including but not limited to obtaining a history and performing a physical exam, interpretation of growth charts, developmental milestones, Tanner staging, anticipatory guidance, and immunizations.
- 3) Complete well-child examinations for infants and children < 1 yr., 1-4 yrs., 5-11 years, and 12-17 years.
- 4) Know the focused history and targeted physical exam components of a sports physical and identify alarm signs/symptoms that warrant further evaluation before participation. Complete sports physicals.
- 5) Describe the epidemiology, etiology, pathophysiology, clinical presentation, differential diagnosis, diagnostic evaluation, and management of emergent, urgent, and acute and chronic pediatric conditions as noted in the NCCPA PANCE Blueprint and PAEA Pediatrics End-of-Rotation Exam Topic List.
- 6) Be familiar with common pediatric presentations including but not limited to eye pain, ear pain, rhinorrhea, sore throat, chest pain, abdominal pain, nausea/vomiting, diarrhea, constipation, rash, fractures.
- 7) Order and interpret common laboratory and diagnostic studies including, but not limited to, neonatal screening, visual acuity and hearing screening, vital signs and growth parameters, CBC, CMP, TSH, lipid panel, UA, GAS, mono spot, throat culture, ECG, and x-rays.
- 8) Describe the indications, contraindications, side effects, and complications of common procedures performed in the pediatric setting, including but not limited to venipuncture, immunization administration, ear irrigation, cerumen removal, tympanogram, toenail, or fingernail ablation/avulsion, I&D, and nebulizer treatment.
- 9) Demonstrate awareness of the indications, contraindications, side effects, and adverse reactions of common over-the-counter and pharmacologic agents used in the pediatric setting.
- 10) Demonstrate antibiotic stewardship.
- 11) Demonstrate the ability to calculate a pediatric dosage prescription.
- 12) Be familiar with preventative screening and health maintenance measures including but not limited to SIDS prevention, developmental milestones, nutrition, social determinants of health, vaccination, tobacco, alcohol and substance abuse, and high-risk behaviors.
- 13) Communicate clearly, concisely, and logically to colleagues, patients, and family members regarding the evaluation, management, and education of pediatric disorders.
- 14) Be familiar with appropriate pediatric referrals.
- 15) Maintain professional and ethical conduct related to HIPAA and confidentiality, consent, and mandatory reporting.

**PSYCHIATRY:** The Psychiatry Course emphasizes the care of mental and emotional disorders. Clinical rotations may include the pharmacologic, behavioral, and/or psychoanalytic management of psychological disorders. Acute and chronic conditions may be encountered.

**PASSG 695 Psychiatry/Behavioral Health Goals:**

- 1) Be familiar with behavioral problems of childhood, neurodevelopmental disorders, domestic violence, eating disorders, sexual disorders/dysfunction, trauma, and end-of-life care.
- 2) Conduct a psychiatric evaluation to include a behavioral health interview and Mental Status Exam for initial and ongoing assessments.
- 3) Describe the epidemiology, etiology, pathophysiology, clinical presentation, differential diagnosis, diagnostic evaluation, and management of emergent, urgent, and acute and chronic mental and behavioral health disorders as per the NCCPA PANCE Content Blueprint and the PAEA Psych End- of- Rotation Exam Topic List.
- 4) Identify and manage patient encounters associated with physical abuse, sexual assault, and domestic violence, as able.
- 5) Demonstrate awareness of indications, contraindications, side effects, and adverse reactions of common pharmacologic medications used in the treatment of mental and behavioral health disorders (e.g., antidepressants, anti-anxiety, antipsychotics, mood stabilizers, stimulants, etc.).
- 6) Learn an effective referral process for someone who can benefit from psychotherapy, ECT therapy, community agencies, or other mental health professionals.
- 7) Review Motivational Interviewing and the Stages of Change model.
- 8) Be familiar with the withdrawal symptoms associated with alcohol and opioids.
- 9) Communicate clearly, concisely, and logically to colleagues, patients, and family members regarding the evaluation, management, and education of mental health disorders.
- 10) Acknowledge and maintain safety measures in working with behavioral health patients.
- 11) Understand the legal and ethical issues pertinent to the care of behavioral health patients including but not limited to HIPAA, confidentiality, mandatory reporting, etc.

**SURGERY:** The Surgery Course provides students with clinical experience in pre-operative, intra-operative, and post-operative care. Principles of pre-operative, operative, and post-operative patient care are emphasized (i.e., initial history and physical exam for a surgical patient, preoperative risk assessment, recognize surgical emergencies, sterile technique/field, retraction, hemostasis, wound management, patient education, etc.). Regardless of the rotation setting students are encouraged to focus on general surgical principles in preparation for the end of rotation examination and the PANCE. The course covers common conditions and abnormalities encountered in the adult populations, with an emphasis on the conditions listed in the National Commission on Certification of Physician Assistants (NCCPA) Physician Assistant National Certification Examination (PANCE) content blueprint.

**PASSG 696 Surgery Goals:**

- 1) Identify clinical presentations that warrant a surgical consult and know the appropriate timeframe for a referral.
- 2) Understand the roles of healthcare teams involved in the care of a surgical patient.
- 3) Understand and participate in pre-operative care of the surgical patient including but not limited to H/P surgical consultation, review of surgical technique, and education on the indications, contraindications, and risk/benefits of surgery.
- 4) Understand and participate in intra-operative care of the surgical patient including but not limited to sterile technique, positioning/draping, surgical instrument use, anatomic landmarks, retraction and exposure, wound closure, dressing application, and patient and provider safety.
- 5) Understand and participate in the post-operative care of the surgical patient including but not limited to antibiotic use, DVT prophylaxis, pain management, wound care, clinical assessments, laboratory monitoring, discharge planning, etc. Be familiar with the components of a post-op note and post-op orders.
- 6) Participate in surgical rounds and inpatient consultations as able.
- 7) Understand the utility and participate in the interpretation of diagnostic studies in the evaluation of the surgical patient including but not limited to x-rays, ultrasounds, cross-sectional imaging, barium studies, and endoscopic procedures.

- 8) Be able to explain the differential diagnosis, evaluation, and management of abnormal vital signs in a post-op patient (i.e., tachycardia, fever, hypoxia, hypertension, hypotension) as well as postoperative complications. Know who to consult when needed.
- 9) Communicate clearly, concisely, and logically to colleagues, patients, and family members regarding the evaluation, management, and education of surgical conditions and surgical intervention.

**WOMEN'S HEALTH:** The Women's Health Course emphasizes the comprehensive care of the female patient, including preventive care and health maintenance, care of the mother and neonate, and patient education. Other principles include continuity of care, delivery of cost-effective quality care, and identifying supplemental sources of care within the community. Labor and delivery are not a required component of this clinical rotation.

### **PASSG 697 Women's Health Goals:**

- 1) Elicit and perform an appropriate OB/GYN history and physical exam for a patient presenting for a well-woman exam.
- 2) Elicit a problem-focused history and perform a targeted physical exam for a patient presenting for gynecologic, preconception, prenatal, obstetric, and postpartum care.
- 3) Describe the epidemiology, etiology, pathophysiology, clinical presentation, differential diagnosis, diagnostic evaluation, and management of emergent, urgent, and acute and chronic breast, vulvar, vaginal, cervical, uterine, and ovarian disorders as listed in the NCCPA PANCE Content Blueprint and the PAEA Women's Health End-of-Rotation Exam Topic List.
- 4) Be familiar with sexual development, menstrual physiology, menstrual disorders, infertility, menopause, hormone replacement therapy, and abnormal uterine bleeding.
- 5) Perform breast and pelvic exams as well as pap smears.
- 6) Be familiar with the supervision of normal pregnancy including but not limited to prenatal (fundal height, fetal heart tones, screening labs) and postnatal care, uncomplicated labor and delivery (stages of labor, fetal monitoring, APGAR scores), postpartum care, and lactation.
- 7) Be familiar with the supervision of abnormal pregnancy including but not limited to abortion, abnormal labor, ectopic pregnancy, and fetal growth abnormalities.
- 8) Order and interpret common laboratory and diagnostic studies, including but not limited to, urine/serum beta HCG, CBC, TSH, FSH, LH, progesterone, prolactin, UA, KOH/wet mount, NAAT, vaginal culture, pap smear, HPV, transvaginal/pelvic US, breast US, DEXA scan, and mammogram.
- 9) Summarize and select an appropriate contraceptive and family planning method based on indications, contraindications, side effects, complications, cost, and cultural/religious preferences.
- 10) Identify which over-the-counter and prescription medications are safe for use in pregnancy and lactation.
- 11) Identify and manage encounters associated with physical abuse, sexual assault, and domestic violence.
- 12) Be familiar with pre, intra-operative, and post-operative care of common gynecologic and obstetric surgeries. Understand the surgical technique of common gynecologic and obstetric surgeries. Participate in gynecologic and obstetric surgeries as able. Assist in cesarean/vaginal delivery as able.
- 13) Describe the indications, contraindications, side effects, and complications of common gynecologic procedures: i.e., IUD insertion/removal, colposcopy, D&C, LEEP, hysteroscopy, endometrial biopsy, etc.
- 14) Know the mechanism of action, indication, contraindications, side effects, and drug interactions of common pharmacologic agents used in the management of gynecologic and obstetric disorders.
- 15) Apply the principles of health promotion and disease prevention to describe and select appropriate preventative screening and health maintenance measures for women.
- 16) Communicate clearly, concisely, and logically to colleagues, patients, and family members regarding the evaluation, management, and education of gynecologic and obstetric disorders.
- 17) Be familiar with appropriate gynecologic and obstetric referrals.

**ELECTIVE:** The Elective Course allows students to explore areas of interest in more depth. Students remain responsible for general rotation objectives. Additionally, students are encouraged to develop a list of objectives based on elective specialty. Students should emphasize conditions listed in the NCCPA content blueprint as well as principles of continuity of care, delivery of cost-effective quality care, and identifying supplemental sources of care within the community.

## **INSTRUCTIONAL OBJECTIVES**

**Aligned with ARC-PA Accreditation Standards, 5<sup>th</sup> Ed:** (B1.01a-d, B1.03a-h, B2.02a-e, B2.04, B2.05, B2.06a-f, B2.07a-f, B2.08a-d, B2.09, B2.10a-c, B2.12a-c, B2.14b, B2.19c, B3.03a-e, B3.04a-d, B3.07a-g)

The following set of professionalism, skills and cognitive objectives are intended to serve as a guide for the student and the preceptor during the clinical rotation. In reviewing this list, the PA preceptor should be able to identify those areas in which they will be able to provide teaching encounters during the rotation based on the course description(s) and goals. The student is responsible for learning all the material in these objectives even if a certain disease/disorder is not seen during the rotation. There may be an overlap of objectives between Family Medicine, Internal Medicine, Emergency Medicine, Pediatrics, Women's Health, Psychiatry, and Surgery.

## **PROFESSIONALISM OBJECTIVES**

Upon successful completion of this course, the second-year PA student will be able to complete the following objectives:

- 1) Demonstrate appropriate professional interaction with patients.
- 2) Demonstrate appropriate professional interaction with healthcare professionals.
- 3) Dress professionally, appropriate to the rotation.
- 4) Demonstrate a positive attitude, showing enjoyment in work.
- 5) Accept feedback and advice as learning opportunities.
- 6) Take initiative and be a self-directed learner.
- 7) Cooperate with all staff.
- 8) Keep all office and patient information confidential.
- 9) Arrive on time for rotation and any assigned educational opportunities.
- 10) Handle stress and complexities of clinical situations well.
- 11) Complete assignments and chart work.
- 12) Exhibit self-confidence, knowing limitations.

## **SKILLS OBJECTIVES**

During clinical rotations, the PA student is expected to advance their proficiency level from a fundamental awareness to either satisfactory, competent, or proficient ability in the areas listed below, as they pertain to each rotation. The following list of skills intends to serve as a guide for both the student and the preceptor during the clinical rotation.

### **History Taking and Exam Skills:**

- 1) Elicit a chief complaint.
- 2) Obtain an accurate, concise history of present illness.
- 3) Obtain pertinent details of past medical history (e.g., medications, allergies, associated allergic reaction, chronic conditions, surgeries, immunizations, etc.)
- 4) Obtain appropriate family and social history.
- 5) Obtain a complete review of systems or relevant items for focused evaluation.
- 6) Perform problem-focused physical exams.
- 7) Perform several complete physical exams, either for routine well-person evaluation and screening or for patients' presenting complaints.
- 8) Identify pertinent positive physical findings.
- 9) Perform gynecological and breast exams; perform male genital and rectal exams.

### **Laboratory and Diagnostic Studies:**

**\*\*The following list intends to serve as a guide for the student and preceptor. Labs and diagnostic study exposure may vary based upon rotation type, setting, and available opportunities. \*\***

**Select, collect, and/or interpret the following:**

- 1) Blood for hematology & chemistry evaluations
- 2) Urinalysis/urine drug screens
- 3) Throat swabs
- 4) Rapid strep testing
- 5) Monospot® testing
- 6) Complete blood count, complete metabolic panel, and other blood/serum studies
- 7) Vaginal secretions (KOH preps/wet mount/cultures)
- 8) Wound cultures
- 9) Stool testing for occult blood and/or O&P
- 10) Synovial joint aspirations
- 11) Blood gases
- 12) Cardiac enzymes
- 13) Sputum cultures
- 14) Blood culture

**Diagnosis Formulation**

(be able to order and make a preliminary assessment of the following diagnostic tests)

- Routine radiographic studies
- Pulmonary function tests
- Electrocardiogram
- Ultrasonography

**Formulating Most Likely Diagnosis**

(includes oral presentation & documentation skills)

- Correlation between normal and abnormal diagnostic data.
- Formulation of differential diagnosis.
- Selection of most likely diagnosis in light of available data.
- Present the patient's case to the supervising preceptor in an organized, accurate, and concise manner.

**Scientific Concepts**

- Understand the underlying pathologic processes or pathways associated with a given condition.
- Understand normal and abnormal anatomy and physiology.
- Understand normal and abnormal microbiology.

**Clinical Interventions**

Observe, perform or assist with the following procedures: according to the standards taught by the preceptor and/or by the MWU PA Program

*\*\*The following list is intended to serve as a guide for the student and preceptor. Diagnostic and therapeutic procedure exposure may vary based on rotation type, setting, and available opportunities.\*\**

- 1) Shave & punch biopsies
- 2) Cryotherapy
- 3) Ear irrigation
- 4) Suture/skin staple placement and removal
- 5) Snellen eye chart reading
- 6) Fluorescein eye staining & Wood's lamp exam

- 7) Joint aspiration
- 8) Injections: IM and SQ
- 9) Tonometry
- 10) Tympanogram
- 11) Infiltration with a local anesthetic
- 12) Digital block
- 13) Toenail or fingernail removal
- 14) Perform Slit-Lamp examination
- 15) Insert/remove skin staples
- 16) Drainage of subungual hematoma
- 17) Endotracheal intubation
- 18) Defibrillation
- 19) Cardioversion
- 20) Lumbar puncture
- 21) Thoracentesis
- 22) Paracentesis
- 23) Central line placement
- 24) Gastric lavage
- 25) Urinary catheter
- 26) Splint application
- 27) Anoscopy, sigmoidoscopy
- 28) Demonstrate sterile technique

#### **Non-Pharmacologic Clinical Interventions**

- Develop a treatment plan based on the most likely diagnosis.
- Select appropriate non-pharmacologic modalities.

#### **Pharmacologic Clinical Interventions**

- Select appropriate pharmacologic agents for the most likely diagnosis.
- Demonstrate the ability to write prescriptions in the proper format.
- Demonstrate awareness of indications, contraindications, side effects, adverse reactions, and appropriate monitoring and follow-up of pharmacologic interventions.
- Observe and/or assist with the following procedures:
  - a. Joint injection; Injections: intramuscular and subcutaneous

#### **Health Maintenance & Patient Education**

- Identify risk factors for conditions amenable to prevention or detection in an asymptomatic individual.
- Understand the relative value of common screening tests for conditions amenable to prevention or detection in an asymptomatic individual.
- Implement appropriate immunization schedules for infants, children, adults, and foreign travelers.

#### **Provide patient education in the following areas**

- Management/treatment of common medical disorders.
- Side effects, risks, and benefits of both pharmacologic and non-pharmacologic treatment.
- Potential complications of medical disorders.
- Potential complications of treatment.
- Instruction to patients regarding follow-up.

- Counseling regarding exercise, nutrition, and weight loss.
- Instructions regarding preparation for diagnostic studies.

### **Medical Documentation**

Record data in a legible, organized format, using paper charting or electronic medical records (EMR). Use a full history and physical format or SOAP note format when appropriate.

### **COGNITIVE OBJECTIVES**

During clinical rotations, the physician assistant student is expected to attain an adequate level of knowledge in the areas listed below. Adequate knowledge is defined as knowledge which, when combined with adequate skills, will allow the individual to do the following:

- Successfully manage a significant number of conditions one would expect to encounter in professional practice as a physician assistant.
- Appreciate the limits of their capabilities and promptly recognize those cases where the skills and talents of a physician or consultant are needed.
- Recognize the diversity of the patients they are treating and develop an understanding of the impact of race, ethnic and socioeconomic health disparities as they relate to health care delivery.
- Discuss the etiology and pathophysiology, signs/symptoms including physical examination findings, appropriate laboratory and/or diagnostic evaluation, medical management, complications, and patient education involved with the following medical disorders grouped by system

**NCCPA PANCE Blueprint:** <https://www.nccpa.net/become-certified/pance-blueprint/>

### **LEARNING OUTCOMES (B1.03e)**

Following successful completion of clinical rotations/courses, the clinical year student will:

1. Integrate critical thinking skills with evidence-based medical knowledge and patient care to provide entry level primary health care services for a diverse population in a variety of settings.
2. Understand basic scientific principles of anatomy, physiology, pathophysiology, and pharmacology necessary to practice medicine as a physician assistant.
3. Assess the health status of individuals by obtaining a history and physical examination, recommending, and interpreting appropriate diagnostic studies, diagnosing, formulating appropriate differential diagnoses, and developing a management plan for primary care conditions.
4. Apply principles of health promotion and disease prevention to provide primary health care.
5. Recognize health disparities and social determinants of health in the delivery of patient care.
6. Provide counseling, patient education, interventions, and appropriate referral for promotion, maintenance, and restoration of optimal levels of health.
7. Refine interpersonal and communication skills and exercise cultural competence to ensure effective information exchange with patients, families, and members of the professional health care team.
8. Develop professional accountability to patients, society and the profession, and a commitment to excellence, integrity, inclusivity, equity, and ongoing professional development.
9. Demonstrate a high level of responsibility and ethical practice while acknowledging professional and personal limitations.
10. Understand the importance of the team approach to health care and work closely with other health care professionals to develop trusting relationships and strong medical practice ethic.
11. Engage in self-reflective practice to identify opportunities for growth and develop a tailored self-directed learning and professional development plan.
12. Incorporate constructive feedback in all professional endeavors.

## **COURSE TEXTBOOKS**

### **EMERGENCY MEDICINE**

- 1) Yeh D, Marthedal E. *The Physician Assistant Student's Guide to the Clinical Year: Emergency Medicine*. New York, NY: Springer Publishing Company, LLC: 2020.

### **FAMILY MEDICINE**

- 1) Kayingo G, Opacic D. *The Physician Assistant Student's Guide to the Clinical Year: Family Medicine*. New York, NY: Springer Publishing Company, LLC: 2020.

Recommended:

- Papadakis M, Rabow M, McQuaid K. *CURRENT Medical Diagnosis and Treatment 2025*. New York, NY: McGraw Hill; 2025.
- Saavedra A, Roh E, Mikailov A. *Fitzpatrick's Color Atlas & Synopsis of Clinical Dermatology*, 9th ed. New York, NY: McGraw-Hill; 2023.
- Gilbert, DN, et al. *The Sanford Guide to Antimicrobial Therapy 2024*, 54th ed. Antimicrobial Therapy, Inc.

### **INTERNAL MEDICINE**

- 1) Knechtel D, Opacic D. *The Physician Assistant Student's Guide to the Clinical Year: Internal Medicine*. New York, NY: Springer Publishing Company, LLC: 2020.

Recommended:

- Kasper, DL et al. *Harrison's Principles of Internal Medicine*, 21th ed. New York, NY: McGraw-Hill; 2022.

### **PEDIATRICS**

- 1) Fernandez T, Akerman A. *The Physician Assistant Student's Guide to the Clinical Year: Pediatrics*. New York, NY: Springer Publishing Company, LLC: 2020.

Recommended:

- Hay WW, et al. (2022). *CURRENT Diagnosis & Treatment: Pediatrics*, 26th ed. McGraw-Hill.
- Kliegman, RM, et al (2019). *Nelson Textbook of Pediatrics*, 22nd ed.
- American Academy of Pediatrics. *Red Book 2024: Report of the Committee on Infectious Disease*, 33rd ed.
- Gilbert, D et al. *The Sanford Guide to Antimicrobial Therapy 2024*, 54th ed. Antimicrobial Therapy.
- The John Hopkins Hospital, Engorn B. and Flerlage J. (2020). *The Harriet Lane Handbook*, 22nd ed.
- Polin R, Yoder M. *Workbook in Practical Neonatology*, 6th ed. Philadelphia, PA: Elsevier; 2019.

### **PSYCHIATRY / BEHAVIORAL HEALTH**

1. Cavalet J. *The Physician Assistant Student's Guide to the Clinical Year: Behavioral Health*. New York, NY: Springer Publishing Company, LLC; 2020.

Recommended:

- Ganti L, Kaufman, MS and Blitzstein, SM. *First Aid for the Psychiatry Clerkship*. 6th ed. New York, NY: McGraw Hill; 2021.
- *American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders*, 5th ed. Arlington, VA, American Psychiatric Association, 2022.

### **SURGERY**

1. Bowker B. *The Physician Assistant Student's Guide to the Clinical Year: Surgery*. New York, NY: Springer Publishing Company, LLC; 2020.

Recommended:

- Lawrence, Peter F. *Essentials of General Surgery*. 6th ed. Philadelphia, PA: Lippincott, Williams, Wilkins; 2018.
- Brunicki F. Andersen D. Billiar T. Schwartz's *Principles of Surgery*. 11th ed. McGraw-Hill Professional; 2019.

## WOMEN'S HEALTH

1. Watkins E. *The Physician Assistant Student's Guide to the Clinical Year: OB-GYN*. New York, NY: Springer Publishing Company, LLC; 2020.

Recommended:

- DeCherney AH et al. (2019). *Current Diagnosis & Treatment: Obstetrics & Gynecology*. 12th ed. McGraw-Hill: New York.
- Hatcher RA, Ziemann M, et al. (2021-2022). *Managing Contraception 2019-2020 (for your pocket)*. 16th ed.
- Szymanski LM, Bienstock, JL (2020). *The Johns Hopkins handbook of obstetrics and gynecology*. McGraw-Hill Education Medical.
- Beckmann CRB et al. (2023). *Beckmann and Ling's Obstetrics and Gynecology*. 9th ed., Lippincott, Williams & Wilkins: Philadelphia.

## ADDITIONAL RECOMMENDED RESOURCES

|   |   |
|---|---|
| <a href="http://www.cdc.gov/vaccines">www.cdc.gov/vaccines</a>  | Center for Disease Control: Most recent immunization schedules for children/adults; travel vaccine recommendations. |
| <a href="http://content.nejm.org/">http://content.nejm.org/</a>   | Search "videos in clinical medicine".   |
| <a href="http://www.epocratesonline.com">www.epocratesonline.com</a>  | Online prescribing guide: can compare/contrast agents, assess drug interactions, etc.                               |
| <a href="http://www.uspreventiveservicestaskforce.org">www.uspreventiveservicestaskforce.org</a>  | The United States Preventive Services Task Force; recommendations about preventive services in primary care.        |
| <a href="http://prescriber.therapeuticresearch.com">http://prescriber.therapeuticresearch.com</a>   | Therapeutic Research Center; concise, unbiased recommendations regarding medications.                               |
| <a href="https://www.uptodate.com">https://www.uptodate.com</a>   | UpToDate; recent medical information in trusted, evidence-based recommendations.                                    |
| <a href="https://www.paeaonline.org/assessment/end-of-rotation/content">https://www.paeaonline.org/assessment/end-of-rotation/content</a> | PAEA End of Rotation: Content; Topic Lists, Blueprints, and Core Tasks and Objectives                               |

## COURSE REQUIREMENTS (A3.07)

- Refer to the "Evaluation and Assessment" section of this course syllabus. Students must pass each required component of the course to successfully pass the course.
- Students must attend the clinical rotation as directed by the Program and the Preceptor. Students must submit clinical rotation absence requests per the clinical year policies outlined. Unexcused absences may result in course failure. Refer to the Clinical Year Manual Attendance Policies.
- Students must maintain current immunizations per CDC guidelines; failure to do so could delay a student from starting a rotation or may result in the student being dismissed from a clinical rotation which may constitute a course failure.
- Students must maintain current health care insurance; failure to do so could delay a student from starting a rotation or may result in the student being dismissed from a clinical rotation which may constitute a course failure.
- Students must adhere to the ethical standards of patient care. If patient information is posted on social media, all students involved will be subject to disciplinary action by the PA program and/or Student Services.

If the student is found to be practicing medicine without a license as described in the Clinical Year Manual, disciplinary action against the student may include:

- 1) Failing the rotation, and/or
- 2) Academic suspension, and/or

- 3) Dismissal from the program, and/or
- 4) Program disclosure to subsequent state licensing or regulatory boards of this disciplinary action.

## EVALUATION AND ASSESSMENT (B4.01a,b)

The following section outlines and describes the required rotation components including documents, assessments, and grading criteria. The student must complete and pass each component to successfully pass the course. The rotation is graded as Pass/Fail.

Course failures during the clinical year are assigned by the Director of Clinical Education. Course failures will result in review by the PA Program Academic Review Committee, which may recommend the following intervention(s), or others as appropriate:

- 1) The student may be required to repeat the rotation at a local MWU-approved site(s) for the student's performance to be evaluated more frequently, and/or
- 2) The student may be required to complete all subsequent rotations within Arizona, and/or
- 3) The student may need to complete intensive remediation that is customized to their area(s) of weakness (e.g., case reviews, standardized patient examinations, weekly meetings, etc.), and/or
- 4) The student may be subject to a complete evaluation by Student Services, and/or
- 5) The student may need to forgo the elective rotation.

Course failures may be subject to review by the Dean of the College of Health Sciences (CHS) equivalent to any other course failure (i.e., a failure in the didactic year), per the MWU Catalog, CHS Section. Course failures are cumulative throughout the didactic and clinical curricula. Please refer to the MWU – Glendale, AZ Grade Appeals Policy for further information.

| REQUIRED ROTATION COMPONENTS                               | Grade |
|--|-------|
| Mid-Rotation Preceptor Evaluation of Student Performance   | P/F   |
| End-Rotation Preceptor Evaluation of Student Performance   | P/F   |
| Patient Activity Logs                                      | P/F   |
| Rotation Goals Form  | P/F   |
| Surgical Competency Checklist (core Surgery Course only)   | P/F   |
| Student Evaluation of Clinical Rotation Site/Preceptor     | P/F   |
| PAEA End-of-Rotation (EOR) Examination (Rotation Specific) | P/F   |
| Student Professionalism                                    | P/F   |

## ROTATION DOCUMENTS – SUBMISSION TIMELINE

### Due at mid-point of the rotation:

- 1) Mid-Rotation Preceptor Evaluation of Student (signed by both preceptor and student).

Students are responsible for submission of all documents. **Documents must be uploaded to Canvas no later than 5 pm on the Wednesday of week 3 of the rotation.**

### Due at the end of the rotation:

- 1) End Rotation Preceptor Evaluation of the Student (signed by both preceptor and student).
- 2) Patient Activity Logs – Patient Case Logs-Graphical Version (correctly filtered to match RMS with front sheet signed by both preceptor and student) and Time Log.
- 3) Rotation Goals Form
- 4) Student Evaluation of the Preceptor and Site (completed on Typhon).

#### 5) Surgical Competency Checklist (core Surgery Course only).

Students are responsible for submission of all documents. **Documents must be uploaded to Canvas no later than 5 pm on TUESDAY following the final day of the rotation.**

Failure to submit any or all of the above items on time may result in a Non-Disciplinary Incident Report by the Director of Clinical Education. **If the materials are not submitted by 5:00 pm on the second business day from the date of issuance of the Incident Report, the student may receive a course/rotation failure at the discretion of the Director of Clinical Education.**

If a student encounters difficulty or anticipates a delay in obtaining or completing any of the required rotation documentation due to circumstances beyond their control, the student must notify a Clinical Coordinator by phone or email *before* the deadline.

#### **Mid-Rotation Preceptor Evaluation of Student Performance (B4.01a,b, B4.04a,b)**

The Mid-Rotation Evaluation provides the student, preceptor, and program with formative (e.g., in-progress) evaluation data. This evaluation enables the preceptor to provide the student with written feedback regarding areas of strength and/or weakness, and the program of concerns or deficiencies that may require remediation. **The PA Program strongly encourages students to discuss their evaluation scores/comments with the preceptor as well as discuss any personal goals or objectives they have for the remainder of the rotation.**

It is the student's responsibility to provide a copy of the Mid-Rotation Evaluation form to the preceptor(s) at the midpoint of all rotations. It is recommended the student provide the evaluation form to their preceptor 3-5 days before the due date to allow adequate time to complete the form. Evaluation forms should be completed by the provider(s) with whom the student spent the majority of their rotation working with.

**The student may submit up to three separate preceptor evaluations per rotation site (based on providers worked with).** It is expected that students submit at least one Mid-Rotation Evaluation from a preceptor who will also be completing an End-Rotation Evaluation.

If a student receives a concerning score(s) (i.e. below satisfactory, and/or concerning comments by the preceptor at the mid-point of the rotation), the Clinical Coordinator(s) will work with the preceptor and student to create a plan to improve student performance during the second half of the rotation. The Clinical Coordinator(s) may recommend the following interventions or others as appropriate:

- 1) The student will remain at the site and utilize a plan developed by the Clinical Coordinator(s) to improve student performance during the second half of the clinical rotation, and/or
- 2) The student may be removed from the site, receive a failing grade for the rotation, and be required to remediate all or a portion of the rotation at a later date, and/or
- 3) The student may be placed at an alternate university arranged site(s) for the student's performance to be evaluated more frequently, and/or
- 4) The student may need to complete intensive remediation that is customized to their areas(s) of weakness (e.g. case review, standardized patient examinations, weekly meetings, etc.) and/or
- 5) The student may be subject to a complete evaluation by Student Services. The Dean of Students and the individual college Dean reserve the right to require a student to undergo a medical assessment if their physical and/or mental status is determined by the Dean to warrant concern. Such circumstances are only enacted when it is determined that the personal well-being of the student is in question, or when the student is suspected of being a threat to their well-being or the well-being of others.

#### **End-Rotation Preceptor Evaluation of Student Performance (B4.01a,b, B4.04a,b)**

The End Rotation Evaluation of the Student provides the student, preceptor, and program the opportunity to assess the student's clinical progress, professionalism, and achievement of stated objectives over the rotation period. Students should provide a copy of the End Rotation evaluation form to the preceptor(s) at least 3-5 days before the conclusion of the rotation. The PA Program strongly encourages students to discuss the evaluation with the preceptor.

If a student receives a concerning low score(s) (i.e. below satisfactory, regression in scores, concerning comments by the preceptor, and/or the preceptor has reservations regarding the student passing the rotation), the Clinical Coordinator(s) will determine if the preceptor evaluation of the student justifies a course/rotation failure (e.g., patient safety concerns). In certain circumstances, the student may not receive a course failure, however, they may need to repeat the core rotation or a primary care-based rotation in place of their elective rotation at the discretion of the clinical team. The decision of a course/rotation failure may be made regardless of overall performance on other rotation assessment components.

### **Patient Activity Logs (B4.01a,b, B4.04a,b, C2.01a-c)**

Students are required to document ALL of their clinical education experiences and time on rotation. This is a PA Program and accreditation requirement. To accomplish this, the program utilizes a web-based activity logging system through Typhon.

Students must document their hours spent on rotation and their daily patient experiences; patient case logs should include diagnosis (ICD-10) and procedural (CPT) codes. Activity Logs are required for all rotations, including “make-up” days.

Students should be as accurate and as complete as possible when compiling data, as this information may support student or graduate application(s) for post-graduate fellowships, credentialing at hospitals/clinics, etc.

Students should follow the steps below to complete a case log:

- 1) Maintain a list of (**observed and participated in**) **patient encounters** while on rotation, including age, diagnoses, and any pertinent procedures.
- 2) Indicate surgical management if applicable (pre-operative, intraoperative, post-operative, etc.).
- 3) Under Case Log Management in Typhon, go to “Add New Case Log”.
- 4) Enter all required student information in the first field. **Please log all encounters under the designated preceptor and site in your RMS schedule** even when working with multiple providers.
- 5) Log each patient encounter and include all “clinical information” (insurance information not necessary) and appropriate ICD-10 and CPT codes. Please refer to *Typhon Patient Logging* PowerPoint on Canvas PCP III course for more information.
- 6) At the end of the rotation, **filter patient encounters by rotation period, rotation type, and preceptor name** then print the Case Log Totals - Graphical Version, including the list of ICD-10 and CPT codes.
- 7) Have your preceptor sign the front page of the printed log. The student should also sign the log. Signature by each serves as verification of the activities.
- 8) **Submitting a Time Log is also required.**
- 9) Submit the activity logs and time logs on Canvas by the published deadline.

**The Typhon activity logging system can be accessed using the following link:**

<https://www.typhongroup.net/past/>

The Midwestern University Glendale PA Program facility code is **7592**

### **Rotation Goals Form**

As students move through the clinical year of training it is vital to recognize there is more at stake than simply passing exams and graduating. The clinical year is also about becoming a safe, competent provider, an effective health care team member, one who upholds the integrity of the PA profession, and a steward of health care, public safety, and wellness for their community.

Students are required to review clinical rotation objectives before each rotation and self-reflect on their academic and clinical performance. They should compile three goals they hope to achieve on the rotation and identify strategies in advance, which they can implement to help to achieve their goals. Students should discuss their Rotation Goals Form with their preceptor at the onset of the rotation to help facilitate a tailored educational experience.

Following the rotation, students are required to indicate whether they were able to achieve their three goals. If not, they must indicate perceived barriers or challenges they encountered and provide potential strategies/resources to help with goal attainment.

### **Student Evaluation of Clinical Rotation Site/Preceptor (C2.01a-c)**

Students are required to complete an evaluation of the site and preceptor(s). This evaluation will be completed on Typhon after the clinical rotation. **The Student Evaluation of the Site must be submitted via Typhon no later than 5:00 pm the TUESDAY following completion of the rotation.**

**Students should only submit one evaluation per rotation** (there is the opportunity to evaluate/comment on multiple preceptors within the evaluation). It is unnecessary to print the evaluations as the PA Program can access these online.

### **PAEA End-of-Rotation (EOR) Examination (B4.01a,b)**

Following completion of the rotation, the student will take a corresponding PAEA End of Rotation™ Exam based on the rotation-specific content Blueprints and Topic Lists provided by PAEA. These can be found at <https://paeaonline.org/assessment/end-of-rotation/content/>. Exams are 120 multiple-choice questions and are created by PA educators and exam experts to be used specifically by PA programs.

Students completing rotations > 50 miles outside of the Greater Phoenix Area for rotations 1,3,5, and 7 may be allowed to take their End of Rotation Exam utilizing Monitor EDU (third-party live online proctoring service). Students should refer to the Clinical Year Manual which outlines steps to request Monitor Edu.

### **EOR Exam Scoring and Remediation (B4.01a,b)**

Students will receive a scaled score (300-500) from PAEA. **A scaled score that is  $\geq$  two standard deviations below the national mean for that exam type is considered a failing score.** Please allow 24-48 hours for a review of all students' scores. Students who fail the EOR exam will be notified via email by the Director of Clinical Education and will receive an 'In-progress' grade notation for the course, pending remediation. Students may be allowed one opportunity to remediate the End-of-Rotation Exam. Remediation must be completed before the next scheduled clinical year assessment. The date and time of the remediation will be determined by the Clinical Coordinator(s). Failure to successfully pass the remediation examination will result in a course/rotation failure.

### **“At-Risk” Policy**

This policy is meant to identify students, midpoint of the clinical phase of training, who are potentially “at-risk” of course failure, deficiencies in meeting Program competencies, and/or failing the Physician Assistant National Certification Examination (PANCE) as first-time test takers. Students should refer to the Clinical Year Manual regarding “At-Risk” identification.

### **Student Professionalism on Clinical Rotations**

It is expected that students will always conduct themselves in the manner of a healthcare professional. Program policy and accreditation standards require faculty to evaluate students on their professionalism. Failure to exhibit professional behavior during clinical rotations may jeopardize the student's continued participation in the Physician Assistant Program. A breach in professionalism may result in issuance of **a non-disciplinary incident report, loss of elective rotation, receipt of a course/rotation failure, and/or subject to disciplinary action as determined by the Dean of Students.**

Violations of professional behavior include but are not limited to:

- 1) Preparedness
- 2) Responsibility
  - 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.
  - Performing unauthorized procedures or administering services not permitted by the supervisor, the facility, or the physician assistant program.
  - Failure to report all observed unethical conduct by other members of the health profession, including other students.
  - Failure to adhere to Attendance Policies as outlined in the Clinical Year Manual.
    - An unexcused absence, excessive (>7) excused absences, or excessive lateness during the clinical year.
    - Unauthorized departure from the clinical setting.
- 3) Respect
- Violation of the Health Insurance Portability and Accountability Act (HIPAA).
  - Insensitivity to patients; lack of respect for the rights of patients to competent, confidential service.
  - Endangering the health and welfare of any patient.
- 4) Conduct/Maturity
- Failure to accept constructive criticism.
  - Immature demeanor.
  - Unacceptable dress in the clinical arena.
  - Academic or personal dishonesty.
- 5) Communication
- Inappropriate communications both verbal, non-verbal, and written.
  - Text messaging and/or use of cell phones with internet access for non-educational purposes.
  - Failure to notify the Program and submit an occurrence report (accidental exposure, needle stick, etc.) to the Office of Risk Management.

## **ACADEMIC HONESTY, EXAM SECURITY AND INTEGRITY**

Academic/professional honesty and integrity are expected of all students throughout their course of study at Midwestern University. Students are to maintain a decorum and demeanor that is consistent with accepted academic and professional standards during examinations and on clinical rotations per Midwestern University policy. If online testing platforms are utilized, students will complete all online examinations and assessments independently without accessing any outside resources (PowerPoint, internet, peers, etc.).

Acts of dishonesty, including but not limited to, cheating, fabrication, or plagiarism in any form during exams and on clinical rotations will be further investigated and will be strictly dealt with as described in the Midwestern University Student Handbook. Please refer to the PA Program Academic Policies for details regarding plagiarism.

## **EXAMINATION ATTENDANCE**

Please refer to the PA Program's Academic and Professionalism Policies.

## **EXAMINATION PUNCTUALITY**

Please refer to the PA Program's Academic and Professionalism Policies.

## **EVALUATION OF COURSE AND INSTRUCTORS (C1.01b,f; C2.01a-c)**

The student will evaluate the course as a whole and the clinical preceptor's effectiveness after the course, utilizing the Typhon online system. Constructive student input is very helpful and encouraged.

## **EXPECTATIONS OF THE COURSE COORDINATORS**

The course coordinator(s) will be available for student questions and/or discussion during office hours and by appointment. The course coordinator(s) will answer all student emails and phone calls within 48 hours (or two working days). The course coordinator(s) will model professional behavior and treat all students respectfully.

The course coordinator(s) will:

- 1) Provide a course syllabus and course schedule at the beginning of the clinical year and oversee the administration of evaluation tools and methods.
- 2) Facilitate the identification of useful learning resources in all core medicine and surgery courses.
- 3) Provide a respectful and safe learning environment.
- 4) Provide meaningful feedback to learners.
- 5) Ensure that all learners have equal opportunities to achieve the course objectives.
- 6) Assign the final grade for the course.

## **ACADEMIC AND CLINICAL YEAR POLICIES (A3.02)**

Students are expected to follow the academic policies as outlined by the PA Program and in the Midwestern University Student Handbook.

Students are also expected to follow the clinical year policies as described in the Clinical Year Manual. Every attempt is made to provide a complete syllabus that provides an accurate overview of the course. However, circumstances and events may make it necessary for the instructor to modify the syllabus during the clinical year. This may depend, in part, on the progress, needs, and experiences of the students.

The course coordinators reserve the right to make changes in the course syllabus. If changes are made, students will be notified in writing. The students are required to check their Midwestern University email account daily so that timely communication can be maintained in this course.

## **STUDENTS WITH DISABILITIES**

Midwestern University is committed to providing equal access to learning opportunities to students with documented disabilities. If you believe you need accommodation(s) in this course for a documented disability, please contact Student Services to engage in a confidential conversation about the process for requesting accommodations in the classroom and clinical settings. Accommodations are not provided retroactively. If Student Services has already approved your accommodation(s), please be sure to work with the Course Director to implement them. More information can be found online in the Disability Policy section of the MWU Student Handbook at [Disability Services | Midwestern University](#), or by contacting Student Services via email at: [disability\\_accommodations@midwestern.edu](mailto:disability_accommodations@midwestern.edu). Midwestern University encourages every student to access all available resources for support in their programs.

## **RELIGIOUS ABSENCES**

For information about time off from or rescheduling of school activities for reasonable religious accommodations, see Religious Absences in the College Catalog under Academic Policies (<https://catalog.az.midwestern.edu/academic-policies#religious-accommodations-972>).