

Clinical Preceptor Manual

EMORY PHYSICIAN ASSISTANT PROGRAM

DEPARTMENT OF FAMILY & PREVENTIVE MEDICINE



2007 - 2008 EDITION

EMORY PHYSICIAN ASSISTANT PROGRAM

Clinical Preceptor Manual

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Dear Preceptor:

Physician Assistants often remember their clinical rotations as the highlight of their PA training; therefore, we thank you for your participation in this invaluable process.

This handbook is designed to provide information about the Emory University Physician Assistant Program and to offer guidance and educational objectives for supervising and grading students on their clinical rotations.

Our training program is twenty-eight months in length. The curriculum includes 12 months of core medical coursework on campus, 13 months of clinical rotations in rural and urban settings, and 3 months of public health related coursework. While on rotations, students work both in office and hospital settings assisting in the care of patients, in much the same manner as interns do.

We appreciate your interest in our students and wish to make your task in supervising them as easy as possible. It is with that purpose in mind that this handbook was created. We have tried to answer common questions you may have; however, please feel free to call the PA Program office at (404) 727-1360 or 727-3832 at any time or visit our website at www.emorypa.org (follow the link on that page, "Our Preceptors" for additional resources).

Thank you for your commitment to PA education.

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THE EMORY UNIVERSITY PHYSICIAN ASSISTANT PROGRAM MISSION

The Emory University PA Program recruits, educates, and mentors a diverse group of students to become physician assistants providing quality health care. The Program emphasizes primary care and preventive medicine, and seeks to interest students in working in medically underserved areas. The Program uses didactic and clinical training, fosters an appreciation for research, and empowers faculty and students to be advocates for the physician assistant profession and for the delivery of primary health care.

OVERVIEW

The Emory University PA Program, implemented in September of 1971, functions within the Department of Family and Preventive Medicine of the School of Medicine, part of the Robert W. Woodruff Health Sciences Center.

CURRICULUM

Entering PA students matriculate at the beginning of the fall semester and initiate a comprehensive and demanding 28-month course of full-time study leading to the Master of Medical Science degree. The Program is designed to be completed over seven consecutive semesters. The first phase of the Program, commonly referred to as the didactic core, consists of three consecutive academic semesters (fall, spring, and summer) of basic health sciences as well as clinical medicine course work. This portion of the curriculum utilizes classroom, laboratory, and clinical settings to provide a thorough theoretical and practical background in both the basic and clinical health sciences. Courses during this period include: Anatomy, Physiology, Foundations of Medical Science, Introduction to Clinical Medicine, Clinical Pharmacology, Behavioral Medicine, Fundamentals of Clinical Medicine, Emergency Medicine, Clinical Laboratory & Diagnostic Methods I, Clinical Laboratory and Diagnostic Methods II, and Issues in Health.

The next phase of the curriculum, the clinical core (fall and spring semesters), includes rotations in the following required primary care areas: Emergency Medicine, Family Practice, Inpatient Medicine, Obstetrics and Gynecology/Womens' Health, Outpatient Medicine, Pediatrics, and General Surgery. During this phase of the Program, all students participate in supervised patient care, attending teaching rounds and medical-surgical conferences as they rotate on various services in Atlanta and other established clinical facilities around the state and the Southeast. In keeping with the mission of the Program, students will be exposed to a wide variety of practice settings and patient populations and all students are required to experience at least two rotations in clinical sites designated as medically underserved. During the clinical core experience, students are able to build the primary care knowledge and skill base that is necessary to function in all fields of clinical practice. They also gain exposure to a variety of clinical settings which enables them to make more informed decisions regarding the types of clinical practice they may wish to pursue upon completion of the Program.

Following the clinical core, students enter the elective clinical phase (spring and

summer semesters). The student may choose to spend the entire elective phase in primary care disciplines, or may divide this time into primary care and medical subspecialties and/or surgical subspecialties. During this time, students wishing to rotate through sites outside of those developed by the Program must first obtain permission from the Program.

The advanced didactic phase has a public health focus and includes course work in Biomedical Ethics, Health Promotion and Disease Prevention (with an emphasis on patient education), Introduction to Epidemiology and Biostatistics, Analysis in Medical Research, Introduction to Community Health Leadership and Medical Informatics. There is an emphasis on research-oriented courses with the goal of providing the skills to interpret the medical literature. Students are required to research the literature on a clinical topic, write a review article, and submit their work to a peer-reviewed journal.

NATIONAL CERTIFICATION

Emory PA students are eligible to apply and sit for the National Certifying Examination for Primary Care Physician Assistants upon graduation. This exam is developed by the National Board of Medical Examiners and administered by the National Commission on Certification of Physician Assistants (NCCPA). Such certification of competency by a nationally recognized organization provides the potential physician employer with acceptable evidence of graduate competency. Certification by the NCCPA is a prerequisite for state certification in Georgia and the majority of other states.

ACCREDITATION

ARC-PA The Emory PA Program is fully approved by the Accreditation Review Commission on Education for the Physician Assistant.

PAEA The Emory PA Program is a member of the Physician Assistant Education Association, the exclusive national organization representing educational programs.

AAPA The American Academy of Physician Assistants recognizes the Emory PA Program, its students, and its graduates.

CSBME The Emory PA Program is recognized by the Georgia Composite State Board of Medical Examiners as fully approved.

ADMINISTRATION OF CLINICAL ROTATIONS

Prior to the beginning of the first rotation, the preceptor physician will be asked to complete a brief practice description, submit a resume, and sign a rotation agreement. This document is not binding and the preceptor may terminate the agreement if he/she deems it necessary. It is completed as a requirement for insurance purposes to demonstrate formal acceptance of the student on the rotation. Malpractice insurance is carried by the University to provide coverage for the student. A copy of the insurance certificate is available upon request.

OUTLINE OF STUDENT DUTIES ON CLINICAL ROTATIONS

The ideal preceptor is a person who enjoys teaching students and is dedicated to the

perpetuation of the art of medicine. The University prefers that preceptor physicians be board-certified or board-eligible in the discipline in which the student is rotating. The normal duties of the student will include performing histories and physical exams, and developing appropriate treatment plans for patients in the office and in the hospital. Additionally, the student will perform some office laboratory procedures, learn diagnostic procedures, and assist with patient education as directed by the preceptor physician. Duties will vary depending on the type of rotation and subspecialty of the preceptor. On rotations that include inpatients, it is anticipated that the student will make daily rounds with the physician, and take night and weekend call with the physician. When possible, the student is expected to be on call every third evening and two weekends during the rotation, or as directed by the physician consistent with the rotation setting. It is desired that students be given the opportunity to evaluate patients in the emergency room. There is an emphasis on hands-on experience for students, and it is preferred that the preceptor physician permit this experience whenever possible.

GRADING AND EVALUATION

An evaluation form is completed by the preceptor physician for each student. The form will be mailed or Emailed to the preceptor prior to the end of the students' rotation. Ideally, the preceptor will provide feedback to the student during and at the end of the rotation. It is requested that the preceptor be as candid as possible in his/her evaluation in order that the faculty can realistically assess the progress of our students. A letter grade based on the preceptor's evaluation will be calculated by the PA Program.

Many preceptors find evaluation an unpleasant component of their community-based teaching. Evaluation is, however, a critical function of teaching. Evaluation helps assure that future clinicians possess appropriate knowledge, attitudes, and skills. Effective evaluation also helps a learner assess his or her strengths and weaknesses, identify strategies for improvement, and continue professional growth and development. The key to avoiding evaluation pitfalls is preparing for the evaluation throughout the rotation. When the evaluation process is fully integrated into the rotation, a student's learning experience is enhanced, and a difficult task for the preceptor is made easier and more effective. Potential evaluation pitfalls may include:

- ***"The halo effect"***: When certain characteristics, either positive or negative, cause preceptors to overlook other important aspects of learner performance, e.g., an enthusiastic, caring learner with mediocre skills receiving high marks while a shy student with superior knowledge receives a lower grade.
- ***"Oops"***: Insufficient evidence describing a student's shortcomings without providing specific incidents and ways in which the student could have done better. At the end of the rotation it can be hard to remember the details of such incidents without a system for recording observations.
- ***"But you never TOLD me that"***: Stating at the end of the rotation that the learner has fallen short of expectations when those expectations were not clearly

stated during the rotation

- * **“But I NEED honors!”**: Finding out on the final day of the rotation about the student’s expectations and perceived needs for a particular grade or evaluation on the rotation.
- **“Uh-oh, should they pass?”**: Realizing at the final evaluation that, despite significant efforts on the preceptor’s part, the learner’s performance has remained substandard throughout the rotation and that he or she should not pass. It is crucial to contact the school early in the rotation to get help.
- **“The Lake Wobegon effect”**: Rating all students “above average,” which does not help the school or the student accurately assess the student’s strengths and weaknesses. The learner, future patients, and the profession may suffer.

Grading Tips

Here is a sample **GRADE** strategy to assist in the accurate and complete grading process of our PA students.

G—Get ready

- Review course expectations and the evaluation form
- Consider unique opportunities and challenges of your site
- What are your expectations for the learner?

R—Review expectations with learner

- Meet early in the rotation
- Determine learner’s knowledge and skill level
- Review program goals, your goals, and learner’s goals
- Describe the evaluation process

A—Assess

- Observe
- Record
- Provide feedback regularly
- Have learner self-assess

D—Discuss assessment at midpoint

- Formal meeting
- Learner and evaluator fill out preceptor evaluation form in advance
- Compare evaluations together
- Discuss differences and whether expectations are being met
- Plan for the rest of the rotation

E—End with a grade

- Schedule sufficient time
 - Complete evaluation in advance
 - Support your evaluation with examples
 - Highlight items that can be worked on in the future
-
- Complete the evaluation in advance so that you have time to carefully reflect on the learner’s knowledge, skills, attitudes, and improvement during the rotation, and room for further growth. It is difficult to do this effectively when the learner is looking over

your shoulder.

- Support your evaluation with specific examples (this is where your notes can be helpful). Make sure your evaluation is future oriented; although this particular learning experience is ending, the learner's education and professional career will continue.
- Include comments and specific examples of both positive attributes and areas for improvement on the written evaluation. Your comments help give the school a clear picture of the learner's performance and are often incorporated into student progress reports. Make sure the comments and other aspects of the form reflect the learner's overall performance.
- Complete any necessary paperwork as promptly as possible, while the experience is still fresh in your mind. Completing forms in advance of your final evaluation meeting gets most of the work out of the way before the learner leaves. You can also reserve the last 10 minutes of your final evaluation meeting to wrap up any paperwork after the learner has left the room.

*Adapted from Paulman, Paul MD. **For the Office based Teacher of Family Medicine.** March 2001, Vol 33, No 3.*

Site Visits

- According to the procedures of the PA Program, routine site visits will be performed in order to assess student performance and to assess whether there are any problems or concerns voiced by the student(s) or Preceptor.
- Site visits can be requested under any circumstance by the preceptor or student by contacting the clinical coordinator and setting up a time to meet.

Student Conduct on Clinical Rotations

- **Students shall not manage, treat, or discharge a patient without the direct personal involvement of the preceptor. Students shall not substitute in any way for a licensed provider.**
- Each student shall make use of universal precautions equipment (i.e. goggles, masks, gowns, gloves etc.) during every clinical contact, which would reasonably require the use of such equipment. On the basis of training provided before the clinical year begins, students are presumed to know when and how to use universal precautions equipment. Any student who is uncertain about when and how such equipment should be used shall contact his/her assigned clinical coordinator immediately for appropriate remedial training.
- Students shall notify the clinical coordinator immediately if a clinical rotation site appears to have inadequate universal precautions, equipment or protocols.
- Students shall not inappropriately examine patients. No student shall interview, examine, test, diagnose, treat or counsel a patient unless a duly assigned preceptor is physically on the premises of the hospital or clinic. No student shall interview, examine, test, diagnose, treat or counsel a patient without the consent of the preceptor and the patient or the patient's guardian, as appropriate.
- Students shall avoid inappropriate familiarity with preceptors, especially in the

presence of other health-care workers, and patients and their families. A collegial or informal relationship between students and preceptors is sometimes encouraged by preceptors, and can be an important and enjoyable part of the learning process.

- Students shall avoid inappropriate familiarity with patients and their families. The student shall refer to every patient over the age of 18 years as "Mr." or "Ms.," as appropriate, unless and until the patient invites the student to use the first name of the patient.
- Student shall avoid open disagreement with preceptors and other health-care workers during rotations.
- Students shall not possess or distribute sample medications without the express, case-by-case authorization of a preceptor.
- Student employment is inappropriate during the clinical year.
- Students should not work in clinical or other roles at any location for compensation during the clinical year. The Program will give absolutely no consideration to the needs of any individual student to be excused from rotation or internship responsibilities for the sake of employment.
- Students shall not work at any rotation site for compensation at any time.

ROTATION SCHEDULE AND ABSENCES

Rotation dates, as well as holidays and other significant periods of absence, are established by the University. If a student requests additional days away from the rotation, he/she should be referred to the PA Program's clinical coordinator. Absences must be approved by both the preceptor physician and the clinical coordinator. In emergency situations, students may obtain approval after the absence. Students may be required to make up days absent or to repeat the rotation if significant absences occur. Please indicate the number of days the student is absent in the space provided on the student evaluation form. Students are not permitted to arrive late to a rotation or leave early without the permission of the clinical coordinator and the preceptor physician.

STUDENT INJURY OR ILLNESS ON ROTATION

All Emory PA students are required to carry personal health care insurance. If an injury occurs during a clinical rotation by "needle stick" or other exposure to potentially contaminated body fluids, the procedure at the institution will govern the medical approach to that exposure. Immediate medical care and lab work will be done at the rotation site or the nearest appropriate emergency department- this may include the Emory Student Health Clinic if the students injury occurs in the Atlanta area during normal clinic hours. Appropriate hospital personnel such as the Occupational Medicine or Infectious Disease officer of the hospital should be notified. The student's health insurance provider should be billed for the costs associated with the students care. The student is instructed to notify the Emory Physician Assistant Program within 2 hours of the exposure so that appropriate tracking and follow up care can be provided. Students are provided with contacts for the Infectious Disease Department of the Emory University School of Medicine for consultation 24 hours a day in the event of an

exposure. All follow up medical care will be provided by Emory University's Student Health or by the students' personal health care provider. All Emory PA students are covered by Long Term Disability insurance. See [Appendix A](#) for more information.

HOUSING AND MEALS

Preceptors located outside the metropolitan Atlanta area often assist with housing and meals for the student. This type of assistance is not required, however it is greatly appreciated and facilitates placing students at sites outside of metro Atlanta.

STUDENT ATTIRE

Students should wear a short white lab coat emblazoned with the Emory logo and name tag or badge when performing duties both in the office and the hospital. Students shall dress appropriately for the clinical rotation. Students should discuss the appropriate dress code with the assigned preceptor and the clinical coordinator. Students on rotation in the emergency department and other specific clinical rotations may need to vary from the dress standards but shall do so only with the consent of the preceptor. In some clinical rotations, it is the preference of the preceptors that the students dress more casually as a part of the culture of that practice. In the absence of a clinical need or expressed preceptor preference, students shall dress in the following manner:

Female students shall wear a shirt or blouse, slacks (non-jean) or skirt, appropriate hosing or socks and closed toe shoes.

Male students shall wear a dress shirt with a collar and tie, (non-jean) slacks, socks and closed shoes.

Students shall not wear any of the following items on rotation:

Denim jeans

Sandals

Excessive jewelry

Shorts or short-skirt combinations

T-shirts or sweatshirts as an outer layer of clothing

All clothing will be neat and clean. Students will be appropriately groomed for the clinical rotation. Hair and fingernails shall be clean; long hair that might otherwise shed into an open wound should be neatly gathered behind the head. For the sake of patients who may have allergies, strong perfumes, etc should be avoided.

Technical Standards

The following technical standards are formally adopted by the program, and shall apply to all candidates for admission and all students at all times during training:

Cognitive Skills

- Students must be able to observe lectures, demonstrations, experiments, computer-assisted instruction and waveform readings, and must be able to use

vision, hearing and somatic senses to accurately observe patients, both near and at a distance.

- Students must have sufficient intellectual, conceptual, reasoning and problem-solving abilities to assimilate and integrate historical information, physical findings, diagnostic test results and other patient-related data to form a diagnostic impression and a therapeutic plan for patients.
- Students must have the capacity and willingness to develop sound clinical and personal judgment, mature professional relationships and the ability to tolerate physically and emotionally stressful situations and circumstances. Students must have and maintain a sufficient degree of physical and mental health to provide effective, compassionate and safe health care, and must be able to respond appropriately and effectively in emergency situations.
- Students must have the capacity and willingness to recognize limitations of their skill, legal authority and authorization, and must be willing to seek appropriate supervision and direction.

Psychomotor Skills

- Students must communicate effectively with patients, preceptors, faculty members and other members of the health care team. Students must be able to communicate accurately and clearly in spoken and written formats, and must be able to use speech, hearing, reading and writing to effectively elicit patient histories, record data and interpret data related patient care.
- Students must have sufficient motor and tactile skills to elicit information from patients by palpation, auscultation, percussion and other diagnostic maneuvers. Students must be physically able to perform standard patient care activities, including but not limited to the suturing of skin and other tissues, the performance of lumbar puncture, and performance of retraction and instrument usage necessary to assist the primary surgeon during surgical operations.

Affective Skills

- Students must develop and demonstrate ethical behaviors with respect to co-workers, preceptors, faculty members, patients, the families of patients and other stakeholders in health-care training and delivery.
- Demonstrate sensitivity to the physical, emotional, socioeconomic and cultural needs of patients.
- Demonstrate a professionally collaborative work style with other members of the health care team.
- Demonstrate self-directed participation as a responsible and productive member of the health care team.
- Reflect an appropriate concern for patients as demonstrated by a disciplined attitude toward record keeping.
- Demonstrate professional maturity through recognition of legal and personal limitations, and a willingness to promptly ask for help from others whenever appropriate.

- Demonstrate openness to constructive criticism.

DOCUMENTATION

Students are required to maintain complete and accurate Patient Contact Logs on PDA. These logs will allow the Program to determine the quality and quantity of both individual and group learning experiences in the ongoing data-driven fashion required by the ARC-PA Standards.

All progress notes, orders and entries on the hospital records must be co-signed by the preceptor.

GENERAL CLINICAL OBJECTIVES (all rotations)

General History-taking Objectives

The student should be able to:

- elicit an appropriate complete, interval, or acute history from patients of either sex.
- establish effective rapport with the patient and his/her family.
- determine the patient's major problem(s) and obtain a history of present illness including location of problem, quantity and quality of symptoms, chronology of symptoms, setting, aggravating and alleviating factors, and associated symptoms.
- elicit a pertinent review of systems.
- elicit a past medical history including previous health problems, hospitalizations, accidents, injuries, and childhood diseases.
- elicit a history of allergies, transfusion reactions, and reactions to medications.
- elicit a history of personal habits including nutritional history and use of alcohol, tobacco, and drugs.
- elicit a sexual history when it's pertinent to the problem.
- elicit a list of current medications, use, dosage, and schedule including chronic use and abuse of over-the-counter medications such as analgesics, laxatives, cough syrups, and antacids.
- elicit the occupational history pertaining to present or past health problems.
- elicit the socio-economic history relating to present or past health problems.
- elicit the family history pertaining to exposure to illness, familial predisposition to disease, or genetic transmission.
- elicit an interval history pertaining to progression, regression, or stability of chronic illness.
- elicit a brief follow-up history pertaining to an acute problem.
- elicit a cursory but pertinent history from the patient, friend, or family in an emergency situation.
- record all pertinent positive and negative historical data on the medical record in a clear, concise, and relevant manner.

General Physical Examination Objectives

The student should be able to:

- perform a complete or problem-oriented physical examination on a patient of either sex and any age or condition.
- gain the patient's confidence and provide reassurance about the examination.
- recognize the physical findings that are normal for the patient's age and sex.
- utilize correctly the various instruments of the physical examination including but not limited to:
 - blood pressure cuff including infant, pediatric, adult, and leg cuff
 - stethoscope: bell and diaphragm, adult and pediatric sizes
 - oto-ophthalmoscope
 - tuning fork
 - percussion hammer
 - pin and brush (neurological exam)
 - pen light
 - tongue depressor
 - lubricants and gloves
 - ECG
 - ear curette
 - Snellen chart
 - vaginal speculum
 - Pap smear spatula and brush
 - microscope
- perform a complete, efficient, logical, and sequential physical exam with emphasis on the area pertaining to the patient's major problem(s) and/or past health problems.
- alter the sequence of the examination according to the special needs of the patient.
- be honest with the patient about the likelihood of pain or discomfort during the examination.
- perform a limited exam pertaining to progression, regression, or stability of chronic illness.
- perform a quick but thorough physical exam in an emergency situation.
- examine several systems for signs of a particular disease process.
- record all normal and abnormal findings on the medical record.
- recognize the relationship between symptoms and physical findings and the pathophysiology involved.

General Diagnostic Skills Objectives

The student should be able to:

- identify, perform, and/or order routine diagnostic procedures based on history and physical exam findings and be able to assist the physician with other diagnostic procedures as directed.

- integrate data and make assessments.
- formulate an initial problem list.
- assess the patient's problems, identify those procedures indicated, and discuss appropriate differential diagnoses.
- employ the proper sterile techniques indicated in procedures performed.
- be familiar with the concepts and practices of universal precautions.
- exercise precaution to prevent complications of diagnostic procedures performed or ordered.
- collect routine specimens:
 - blood, venous and arterial, aerobic and anaerobic
 - sputum, sterile and non-sterile
 - urine, sterile and non-sterile
 - stool; gastric contents;
 - bacteriological samples, aerobic and anaerobic
- perform basic laboratory tests:
 - CBC
 - urinalysis
- -correct utilization of microscope
- -examine, when possible, blood and stool samples
- perform and interpret a 12-lead ECG and/or rhythm strip:
 - -determine rate and rhythm
 - -calculate intervals
 - -recognize abnormal axis, and ST-T wave changes
- administer, interpret, and record results of intradermal skin tests including PPD, histoplasmosis, measles, and allergens.
- order and make preliminary assessment of routine x-ray studies, including PA and lateral chest, KUB, GI, GB, and extremity films.
- know routine preparation for x-ray studies in regard to diet, bowel preparation, and post x-ray care.
- be familiar with indications for :
 - Nuclear medicine scans
 - CT scans
 - MRI scans
- utilize a Wood's lamp to detect fungal infections.
- utilize screening exams and equipment including Snellen a chart and its modifications, color blindness cards, screening audiometry, spirometry.
- be familiar with the techniques of anoscopy, proctoscopy, sigmoidoscopy, and colonoscopy.
- be familiar with the techniques of thoracentesis, paracentesis, arthrocentesis, pericardiocentesis, and lumbar puncture.
- be familiar with the techniques of bronchoscopy, gastroscopy, and endoscopy.
- be familiar with laboratory tests usually done on each specimen obtained from each procedure.
- be familiar with the technique of excisional biopsy.

- be familiar with the technique of bone marrow biopsy.
- recognize the signs and symptoms of complications of diagnostic procedures performed or ordered.
- recognize IV therapy complications including hypervolemia and bacteremia.
- be familiar with the signs and symptoms of common nutritional disorders.
- be familiar with complications of the non-ambulatory patient, including constipation, pneumonia, infections, decubitus ulcer, fluid overload, and thrombophlebitis.
- be familiar with manifestations of different psychological behavior patterns common with terminal illnesses.

General Therapeutic Skills Objectives

The student should be able to:

- understand and implement certain therapeutic procedures and, as directed, assist the physician with other therapeutic procedures.
- develop an effective therapeutic regimen.
- administer intravenous infusions utilizing appropriate equipment including scalp vein needle, butterfly needle, intravenous catheter, heparin lock, and infusion pumps.
- calculate rate of infusion.
- administer injections by a variety of routes including intradermal, subcutaneous, intramuscular, and intravenous.
- catheterize the urinary bladder of both male and female patients.
- insert a nasogastric tube.
- change a tracheostomy tube.
- be familiar with the need for and type of immediate attention indicated in the event of abnormalities.
- be familiar with the technique of venous cutdown.
- be familiar with medications commonly added to IV solution.
- be familiar with the composition of fluids that are frequently lost from the vascular system or body including blood, urine, gastric secretions, diarrhea, and sequestered fluids in third spaces.
- be familiar with the types of and indications for the various electrolyte solutions including D5, Ringer's lactate, D5W, NS, hypotonic, and hypertonic saline solutions.
- be familiar with relationships between serum electrolytes and IV therapy and the need to adjust therapy based on lab results and physical symptoms and signs.
- be familiar with the problems of hypervolemia and hypovolemia.
- be familiar with blood and blood products utilized in IV therapy and the indications and complications of their use including transfusion reactions and transmission of infectious agents.
- be familiar with peritoneal dialysis.
- be familiar with normal nutritional requirements.
- be familiar with the complications of obesity.
- be familiar with dietary treatment of health problems including weight reduction, diabetic, low-fat, low-cholesterol, and low-sodium diets.

- be familiar with the drugs used most frequently in treatment of health problems including basic modes of action, indications, contraindications, and complications.
- be familiar with the management of common health problems.
- documenting such teaching/counseling efforts in the individual patient's medical record.
- respect the right of the patient as health care consumer to be informed regarding his/her physical status, therapy, costs, therapeutic alternatives, prognosis, and services available.
- respect the patient's right to individuality and privacy and treat all confidential information with professional discretion.
- develop a personal philosophy regarding the dignity and quality of human life.

CLINICAL OBJECTIVES FOR SPECIFIC ROTATIONS

EMERGENCY MEDICINE

Description

This rotation is designed to provide in-depth exposure to the illnesses and injuries sustained by adults and children that necessitate emergency care. The student is expected to learn to assess the different types of emergencies and to provide appropriate treatment under the supervision of the physician. It is expected that the student will participate as a member of a team in the assessment and care of major trauma and cardiac emergencies. The student should treat minor emergencies and those outpatient illnesses often seen in the emergency room that are more appropriate to an outpatient medicine

Emergency Medicine Instructional Goals

- Expose the student to a wide variety of surgical and non-surgical health problems of an urgent and emergent nature in the emergency department or ambulatory setting
- Teach the student to differentiate levels of acuity in illness and trauma
- Provide the student with an exposure to the principles and practices of emergency medicine.
- Teach the student the rationale for selecting various diagnostic procedures used in the evaluation of minor and major trauma, and evaluation of emergency department patients
- Allow the student to further develop proficiency in focused history taking and physical examination
- Provide the student with an opportunity to evaluate emergent, urgent, and non-urgent problems commonly presenting to an emergency department

Emergency Medicine Knowledge Objectives

Upon completion of the rotation, the student will be able to:

- Describe the process by which diseases commonly encountered in the emergency

- department are approached
- Describe the ED approach to the management of:
 - Altered mental status
 - Chest pain
 - Dyspnea and wheezing
 - Toxicologic emergencies
 - Fractures and dislocations
 - Gastrointestinal hemorrhage
 - Ocular emergencies, including glaucoma, corneal abrasion
 - Shock
 - Abdominal pain
 - Major and multi-trauma
 - Foreign bodies, including ocular and ear canal
 - Describe the ED approach to both urgent and non-urgent ambulatory problems that present in the emergency department, including:
 - Upper respiratory infection
 - Minor orthopedic problems
 - Minor trauma
 - Conditions related to wound healing
 - Gynecological complaints
 - Urologic and pelvic complaints
 - Skin and soft tissue infections

Emergency Medicine Skill Objectives

Upon completion of the rotation, the student will be able to:

- Present plans for patient education for the further evaluation and treatment of the problems listed above, as well as other problems encountered in the ED
- Present case findings to supervising physician or appropriate consultants
- Describe an appropriate initial approach to the patient in the emergency department
- Obtain a complete and problem-specific history and physical examination with emphasis on appropriate areas, including inquiry into what treatments or interventions may have already been attempted
- Recognize that the presenting complaint and the complaint of greatest interest or concern to the patient may not be the greatest threat to life or limb
- Provide wound care in the ED, including the debridement and proper closure of wounds by sutures, steri-strips or other acceptable techniques
- Commence IV fluids for medication, resuscitation or administration of blood products
- Describe and perform conscious sedation, including its indications, precautions, monitoring, and choice of agents
- Demonstrate airway management techniques:
 - Endotracheal intubation
 - Rapid sequence intubation
 - Bag-valve-mask
 - Other techniques of airway support
- Reduce, immobilize, and apply traction in fractures and dislocations

- Demonstrate evaluation and clearance of the cervical spine
- Participate, where appropriate, in ACLS/PALS activities
- Participate, where appropriate, in lumbar puncture
- Participate, where appropriate, in the management of foreign bodies
- Establish a differential diagnosis with appropriate attention to potential life-threatening problems
- Communicate pertinent information clearly and in a concise manner to the physician, patient, and appropriate consultants
- Perform indicated procedures as instructed, including:
 - Specimen collection for culture
 - Other specimen collection
 - Venipuncture
 - Arterial puncture
 - Intravenous line placement
 - Nasogastric intubation
 - Urinary catheterization
 - Wound evaluation, cleaning and debridement
 - Suturing of lacerations of varying complexity under supervision
 - Suture removal
 - Irrigation, staining and slit lamp evaluation of the eye
- Under direct supervision of a physician, participate in performing procedures such as those listed below:
 - Acute management of fractures
 - Cardiopulmonary resuscitation
 - Central line placement
 - Chest tube insertion
 - Diagnostic peritoneal lavage
 - Endotracheal intubation
 - Rapid sequence intubation
 - Conscious sedation

FAMILY MEDICINE

Description

This required clinical rotation provides the student with exposure to the principles and practice of family medicine. Emphasis is on disease prevention and health maintenance in adults and children, throughout the lifespan. The student's techniques in history-taking, physical examination and health behavior counseling will be refined. The student will develop an increased understanding of the social, economic and environmental factors related to the family and extended family.

Family Medicine Instructional Goals

- Provide the student with an exposure to the principles, practice, and procedures used in a general medical practice

- Expose the student to the varied social and economic factors involved in the provision of health care to a community-based patient population
- Provide the student with the opportunities to incorporate disease prevention and health maintenance into clinical practice

Family Medicine Knowledge Objectives

Upon completion of the rotation, the student should be able to:

- Identify factors contributing to individual health beliefs, illness behavior, and compliance with a therapeutic regimen
- Identify and be familiar with the indications for, contraindications to, and complications of selected therapies used to manage illness
- Understand the importance of basic epidemiological principles in the evaluation, management, and prevention of common diseases
- Recognize the psychological and sociological factors that contribute to, and arise from, changes in the family structure
- Understand the developmental stages, dynamics, structure, and function of the family relative to the principles and methods of family counseling
- Demonstrate an awareness of the influence of health care costs and cost containment on the nature, scope, and quality of services rendered in a public, private, HMO or rural clinic setting
- Understand the basic indications, value, limitations and risks of the following tests:
 - Throat culture
 - CBC
 - Blood chemistry
 - Lipid screening
 - Urine culture
 - Stress testing
 - Flexible sigmoidoscopy
- Understand the components of the preoperative evaluation
- Know the indications, contraindications, and immunization schedule for children, adolescents, adults, and aging patients
- Recognize developmental issues in infant feeding problems, toilet training, sibling rivalry, school problems, teenage pregnancy, contraception, and drug and alcohol abuse
- Describe the basic pathophysiology, presentation, evaluation, and initial therapeutic approach to the following problems encountered in an ambulatory setting:

Cardiovascular Diseases

Hypertension	disease
Valvular Heart Disease	Arteriosclerotic diseases
Basic rate and rhythm disorders	Cardiac murmurs
Ambulatory congestive heart disease	Obesity as cardiovascular risk
Ambulatory ischemic heart	Differential Diagnosis:
	Chest pain
	Dyspnea

Palpitations
Peripheral edema

Intermittent
claudication

Pulmonary Disease

Asthma
Bronchitis
Emphysema
Pneumonia
Tuberculosis
Pulmonary edema
Occupational lung disease
Pneumothorax
Pulmonary embolism
Pleural disease

Sleep-related respiratory
disorders
Aspiration/foreign body
COPD
Differential Diagnosis
Cough
Dyspnea
Stridor

Hemoptysis

Otorhinolaryngologic and Ophthalmologic Disorders

Otitis media
Otitis externa
Mastoiditis
Epistaxis
Sinusitis
Epiglottitis
Rhinitis, allergic and vasomotor
Glaucoma
Conjunctivitis, allergic and infectious

Gastrointestinal Disorders

Differential Diagnosis:
Nausea
Vomiting
Heartburn
Indigestion
Jaundice
Anorexia
Gastrointestinal
bleeding
Melena
Acute and chronic
diarrhea
Constipation

Hematochezia
Viral hepatitis
Pancreatic diseases
Gastroesophageal reflux
Alcoholic hepatitis
Diseases of malabsorption
Cholecystitis and biliary tract
disorders
Hemorrhoids
Irritable bowel syndrome
Gastritis
Peptic ulcer disease

Endocrine and Metabolic Disorders

Pituitary disorders
Diabetes mellitus
Disorders of the adrenal cortex and medulla

Disorders of lipids and lipoproteins
Parathyroid and Thyroid disorders
Metabolic Differential Diagnosis:

Weakness
Weight loss
Diaphoresis
Tremor

Hematologic and Oncologic Disorders

Leukemia
Neutropenia
Polycythemia vera
Hodgkin's disease
Non-Hodgkin's lymphoma
Hematologic Differential Diagnosis:
Lymphadenopathy
Splenomegaly
Coagulopathies
Complete blood count anomalies

Renal, Electrolyte, and Urologic Disorders

Hyponatremia
Hyperkalemia
Hypokalemia
Acute renal failure
Chronic renal failure
Pyelonephritis
Acute glomerulonephritis
Cystitis
Gonococcal Urethritis
Prostatitis
Prostatic hypertrophy
Epididymitis

Orchitis
Testicular torsion
Nephrolithiasis
Ureterolithiasis
Erectile dysfunction
Sexual dysfunction
Incontinence
Diabetic nephropathy
Differential Diagnosis:
Hematuria
Proteinuria
Dysuria

Neurologic Disorders

Seizure disorders
Dementia
Alzheimer's disease
Stroke
TIA
Multiple sclerosis
Parkinson's disease
Neuralgia/neuritis
Meningitis
Migraine

Diabetic neuropathy
Differential Diagnosis:
Dizziness
Vertigo
Headache
Facial pain
Movement disorders
Dysarthria
Syncope
Weakness

Immunologic and Rheumatologic Disorders

Rheumatoid arthritis
Septic arthritis
Osteoarthritis
Gout
Rheumatic fever
Pseudogout
Systemic lupus erythematosus
Rheumatologic Differential Diagnosis:
 Polyarthralgias
 Polymyalgias
 Joint effusion
Lyme disease

Dermatologic Conditions

Dysplastic nevi	Rosacea
Basal cell carcinoma	Warts
Squamous cell carcinoma	Pemphigus
Malignant melanoma	Cellulitis
Seborrheic keratoses	Erysipelas
Atopic dermatitis	Acne vulgaris
Psoriasis	Lichen planus
Herpes simplex	Discoid lupus erythematosus
Fungal infections of the skin and nails	Eczema
Herpes zoster/shingles	Pityriasis rosea

Infectious Diseases

Fever of unknown origin
Common bacteria and viral infections
Pneumonia and bronchitis
Tuberculosis
Urinary tract infections
Gastrointestinal tract infections
Meningitis
HIV/AIDS

Family Medicine Skill Objectives

Upon completion of the Family Practice rotation the student should be able to:

- Conduct, write up, and present a complete and accurate history emphasizing those areas specific to the problem(s) encountered
- Perform a complete, integrated, and systematic physical examination with specific emphasis on the areas relevant to the presenting problem(s)
- Monitor patients' progress through the continuous collection and analysis of data

- Conduct periodic screening examinations, including:
 - Sports physicals
 - DOT physicals
 - Well-child examinations
 - Well-adult physicals
 - Insurance physicals
 - Female examinations, including pap smear and pelvic
- Recognize abnormalities within the following:
 - 12-lead EKG
 - Routine CXR
 - Routine abdominal films
 - CBC
 - Urinalysis with microscopic
 - Routine blood chemistries
- Perform basic clinical procedures including, but not limited to the following:
 - Venipuncture
 - Specimen collection for culture
 - Wound care/suturing minor lacerations
 - Splinting minor injuries
 - Uncomplicated skin biopsy
- Prescribe programs of health promotion and disease prevention essential to the comprehensive care of patients in various age groups
- Develop comprehensive care plans that demonstrate effective use of the primary care team and of community resources, and that ensure adequate follow-up
- Counsel patients concerning the expected course of an illness and the therapy regimen selected
- Educate patients concerning disease prevention
- Demonstrate the ability to communicate and relate to patients and their families in an empathetic manner

INTERNAL MEDICINE

Description

During this core rotation, the student will learn to apply basic medical knowledge to the evaluation of problems encountered on a general medicine service or in an ambulatory internal medicine setting. An enhanced understanding of how common medical disorders are evaluated and managed is accomplished by practice in the identification of problems, the appropriate collection of data, and the development of a management plan for each problem.

During the Inpatient Medicine Rotation it is anticipated that the student will do the admission medical history and physical examination, write the admitting note and orders, and develop a problem list with a proposed treatment plan for the chief complaint and every problem. The student should be involved in the daily care of the

patient, ordering diagnostic tests and procedures as appropriate.

Internal Medicine Instructional Goals

- Expose the student to a wide range of common adult medical problems seen on a general medicine service or in an ambulatory setting, including cardio- respiratory, endocrine, gastrointestinal, genitourinary, neuromuscular, skin, blood, infectious, and neoplastic disorders
- Enhance the student's understanding of the interventions appropriate for the management of common medical problems, including the indications, availability, reliability, limitations, and possible adverse effects of these therapeutic options
- Enhance the opportunity for supervised student interaction with both acutely-ill and chronically-ill patients
- Improve the student's understanding of the indications for and limitations of various diagnostic procedures commonly used in the evaluation of medical problems

Internal Medicine Knowledge Objectives

Upon completion of the course, the student will be able to:

- Understand the basic indications, value, limitations and risks of the following tests:
 - ECG
 - CXR
 - Plain films of the abdomen
 - CT
 - MRI
 - Echocardiography
 - Thallium scanning
 - Stress testing
 - Cardiac catheterization
 - Pulmonary function testing
 - Esophagogastroduodenoscopy
 - ERCP
 - Flexible sigmoidoscopy and colonoscopy
- Understand the components of the preoperative evaluation
- Know the indications, contraindications, and immunization schedule for adults
- Understand and describe the prevalence, pathophysiology, common presentation, risk factors, evaluation and management, and possible sequelae of the following common disorders:

Cardiovascular Diseases

Hypertension
Rate and rhythm disorders
Congestive heart failure
Ischemic heart disease
Infective endocarditis

Rheumatic fever
Acute myocardial infarction
Myocarditis
Valvular heart disease
Cardiomyopathies

Pericardial disease
Aortic aneurysms
Thromboembolic diseases
Arteriosclerotic diseases
Cardiac murmurs
Varicose veins
Obesity as cardiovascular risk

Differential Diagnosis:
Chest pain
Dyspnea
Palpitations
Peripheral edema
Intermittent claudication

Pulmonary Disease

Asthma
Bronchitis
Emphysema
Pneumonia
Tuberculosis
Pulmonary neoplasms
Pulmonary edema
Interstitial lung disease
Asbestosis
Silicosis
Sarcoidosis
Bronchiectasis
Atelectasis
Pulmonary hypertension

Pneumothorax
Pleural disease
Aspiration/foreign body ARDS
Pulmonary embolism
Sleep-related respiratory disorders
Chronic obstructive pulmonary disease
Pulmonary Differential Diagnosis:
Cough
Dyspnea
Stridor
Hemoptysis

Otorhinolaryngologic Disorders

Otitis media
Otitis externa
Mastoiditis
Epistaxis

Sinusitis
Epiglottitis
Rhinitis, allergic and vasomotor

Gastrointestinal Disorders

Hepatitis
Upper and lower GI bleed
Diverticular disease
Stomach cancer
Colorectal cancer
Hemorrhoids
Peptic ulcers
Irritable bowel syndrome
Esophageal diseases
Gastroesophageal reflux
Gastritis
Ascites
Disorders of bilirubin metabolism

Hepatoma
Alcoholic liver disease
Disorders of bilirubin metabolism
Hepatoma
Alcoholic liver disease
Biliary tract disorders
Disorders of bilirubin metabolism
Hepatoma
Pancreatic diseases
Biliary tract disorders
Hepatic failure
Peritonitis

Proctitis
Anal fissure
Pilonidal cyst
Alcoholic liver disease

Differential Diagnosis:
Abdominal mass
Ascites
Nausea / Vomiting
Heartburn
Indigestion
Jaundice
Chronic abdominal pain
Hepatomegaly
Splenomegaly

Gastrointestinal
bleeding
Anorexia
Acute and chronic
diarrhea
Constipation
Melena
Hematochezia
Jaundice
Ascities
Diseases of malabsorption
Crohn's disease
Ulcerative colitis

Endocrine and Metabolic Disorders

Pituitary disorders
Parathyroid and thyroid
disorders
Disorders of the adrenal
cortex and medulla
Diabetes mellitus, Types I and
II
Hypoglycemia
Adrenal insufficiency

Metabolic bone disease
Disorders of lipids and
lipoproteins
Differential Diagnosis:
Weakness
Weight loss
Diaphoresis
Tremor

Hematologic and Oncologic Disorders

Leukemia
Neutropenia
Polycythemia vera
Hodgkin's disease
Non-Hodgkin's lymphoma
Multiple myeloma
Thrombocytopenia
Platelet disorders Iron
deficiency anemia
Folate deficiency
Anemia of chronic disease

Hemolytic anemia
Megaloblastic anemia
Aplastic anemia
Hematologic Differential
Diagnosis
Complete blood count
anomalies
Lymphadenopathy
Splenomegaly
Coagulopathies

Renal, Electrolyte, and Urologic disorders

Cancer of bladder, ureter,
prostate and testis

Acute and chronic renal failure
Nephrotic and nephritic

syndromes
Electrolyte disorders
Pyelonephritis
Acute and chronic
glomerulonephritis
Cystic kidneys
Cystitis
Acute and chronic prostatitis
Gonococcal urethritis
Epididymitis, orchitis
Testicular torsion
Nephrolithiasis and
ureterolithiasis

Erectile and sexual
dysfunction
Incontinence
Diabetic nephropathy
Prostatic hypertrophy
Renovascular diseases
Renal cell carcinoma
Genitourinary Differential
Diagnosis
Hematuria
Proteinuria
Dysuria

Neurologic Disorders

Seizure disorders
Dementia
Alzheimer's disease
Stroke
TIA
Multiple sclerosis
Cranial and extracranial
neoplasms
Parkinson's disease
Neuralgia/neuritis
Meningitis

Migraine
Differential Diagnosis:
Dizziness
Vertigo
Headache
Coma
Facial pain
Movement disorders
Dysarthria
Syncope
Weakness

Immunologic and Rheumatologic Disorders

Rheumatoid arthritis
Systemic lupus
erythematosus
Scleroderma
Polymyositis
Raynaud's phenomenon and
disease
Septic arthritis
Osteoarthritis
Lyme disease

Gout
Spondyloarthropathies
Temporal arteritis
Rheumatic fever
Rheumatologic Differential
Diagnosis:
Polyarthralgias
Polymyalgias
Joint effusion

Dermatologic Conditions

Dysplastic nevi
Basal cell carcinoma
Squamous cell carcinoma
Malignant melanoma
Seborrheic keratosis

Atopic dermatitis
Psoriasis
Fungal infections of the skin
and nails
Herpes simplex

Herpes zoster/shingles
Rosacea
Warts
Pemphigus
Cellulitis
Erysipelas

Acne vulgaris
Discoid lupus erythematosus
Lichen planus
Pityriasis rosea
Eczema

Infectious Diseases

Fever of unknown origin
Emerging infections
Common bacteria and viral infections
Pneumonia and bronchitis
Tuberculosis
Urinary tract infections
Gastrointestinal tract infections
Meningitis
MRSA and other drug resistant organisms
HIV/AIDS

Internal Medicine Skill Objectives

Upon completion of the course, the student will be able to:

- Obtain a complete and accurate medical history, emphasizing those areas specific to the problem(s) encountered
- Perform a complete, integrated, and systematic physical examination with specific emphasis on appropriate areas
- Formulate a working diagnosis and plan
- Perform uncomplicated skin biopsy
- Communicate effectively with patients, their significant others, and other members of the health care team regarding therapeutic plans
- Recognize abnormalities within the electrocardiogram, routine chest film, complete blood count, urinalysis, and blood chemistry profile to include cardiac enzymes and liver function studies
- Provide instructions to patients and nursing staff for adequate preparation of patients prior to diagnostic procedures, including bronchoscopy, EGD and ERCP, sigmoidoscopy, and colonoscopy
- Monitor patient's progress through the use of continuous data collection and analysis
- Monitor patient's compliance with lifestyle change recommendations
- Give case presentations during rounds and conferences, when indicated
- Provide the student with techniques for patient emotional and psychosomatic evaluation, psychiatric interview, and assessment of mental status
- Help the student to develop a working formulation and tentative medical management plan for behavioral disorders, including referral to an appropriate physician, psychologist, social worker or agency

- Teach the student the importance of follow-up in behavioral medicine
- Provide the student with an understanding of the indications, limitations, and scope of diagnostic procedures useful in evaluation of patients with emotional and psychosomatic illness
- Familiarize the student with the therapeutic regimens used in the treatment of various emotional and psychosomatic disorders, as well as their indications, availability, and limitations

PEDIATRICS

Description

The pediatric rotation is a required experience in the ambulatory and institutionally-based care of neonates, infants, children and adolescents. Settings may include hospitals, clinics and private practice sites. The rotation is intended to provide the opportunity to refine the techniques of history-taking and physical examination specific to the pediatric population, and to provide experience in parental education and guidance, appropriate milestone recognition, illness, injury, and accident prevention, and care unique to the needs of the adolescent patient.

Pediatric Instructional Goals

- Provide an overview of general pediatrics through exposure to a wide spectrum of pediatric problems in the clinic, ward, and nursery sites whenever possible
- Further develop techniques in history-taking and physical examination specific for children
- Provide experience in interviewing and teaching parents, with a focus on injury and accident prevention, home and automobile safety, and nutritional fundamentals
- Expand the student's knowledge of normal human development
- Provide experience in counseling regarding the preventive aspects of care
- Provide experience in acute childhood illness management
- Acquire by interview and examination of adolescents a knowledge of problems unique to the adolescent
- Develop skills in the education of adolescents concerning drug abuse, identity issues, human sexuality and peer pressure
- Expand the understanding of how community referral resources are used in pediatrics

Pediatric Knowledge Objectives

Upon completion of the course, the student will be able to:

- List and describe the components of the well child/preventative visit
- Recognize normal developmental milestones
- Describe the components of accident and injury prevention education
- Describe anticipatory parent counseling for the following age groups:
 - Newborn to 2 months

- 2 Months to 2 years
- 2 to 5 years
- 5 to 9 years
- Adolescents
- Describe the recommended routine immunization schedule, with indications and contraindications to vaccinations and the possible side effects of each routine vaccine
- Describe the necessary components of the routine screening examination for children's participation in sports activities and list contraindications to sports participation; knowledge of appropriate consultation and referral resources
- Discuss behavioral norms for children of various ages
- Recognize and discuss the management of the following common issues:
 - Infancy
 - Colic
 - Toddlers
 - Separation anxiety
 - Negativism
 - Independence
 - Toilet training
 - Pre-school
 - Fears
 - Peer socialization
 - School age
 - Peer-related behavioral disorders
 - Enuresis/encopresis
 - Attention disorders
 - Learning Disorders
 - Adolescent
 - Sexuality
 - Substance Abuse
 - Suicide
 - Eating Disorders
 - Any age
 - Speech and Language Delay
 - Motor Delay
 - Mental Retardation
- Recognize the predisposing factors to child abuse, and the common signs and symptoms of non-accidental trauma, including patterns of injury and legal obligations in suspected NAT
- Describe basic management of the following common issues in the neonatal period and infancy:
 - Ophthalmia neonatorum and routine eye prophylaxis
 - Hemorrhagic disease of the newborn
 - Circumcision
 - Newborn screening

- Breastfeeding-basic instruction and assessment
- Infants of diabetic mothers
- Infants of HIV + mothers
- Infants of drug abusers
- Congenital hip dislocation
- Congenital GI disorders
- Physiologic and pathologic jaundice
- SIDS
- Neonatal Sepsis
- Describe the pathophysiology, presentation, differential diagnosis, laboratory evaluation and basic management of the following:

Allergy

Urticaria
Atopic dermatitis
Allergic rhinitis
Asthma

Dermatology

Contact dermatitis
Tinea
Impetigo

Viral exanthems
Acne

Infectious Disease

Fever of unknown origin
Meningitis
Respiratory syncytial virus
Varicella
Sepsis

Reyes syndrome
Roseola
Rubella
Rubeola
Mumps
Fifth Disease

ENT/Respiratory

Viral URI
Sinusitis
Otitis media
Otitis external
Serous otitis
Tonsillitis
Pharyngitis, both viral and bacterial
Peritonsillar and retro-pharyngeal abscess

Epiglottitis
Diphtheria
Pertussis
Laryngotracheobronchitis
Pneumonia, both viral and bacterial
TB
Foreign bodies

Nutrition/GI

Congenital anomalies

Hernia
Food allergy and intolerance
Failure to thrive
Acute vomiting
Diarrhea-acute and chronic

Genetics

Down syndrome
Sickle Cell disease and trait
Cystic Fibrosis

Metabolic

Lead poisoning

Acute/Emergency

Poisoning by common agents
Prevention of poisoning
Minor burns
New onset seizure evaluation
Febrile seizures
Minor trauma

Genitourinary

UTI
Enuresis
Acute glomerulonephritis

Cardiology

Functional murmurs
ASD
VSD
Coarctation of the aorta

Diagnostic
characteristics of
cyanotic CHD

Heme/Onc

Anemia
Non-physiologic anemia
Acute lymphoblastic leukemia
Wilms Tumor

Surgical

Appendicitis
Volvulus
Intussusception

Testicular Torsion
Hernia incarceration

Pediatric Skills Objectives

- Upon completion of the course, the student should be able to do the following:
- Perform a newborn, well-baby examination, and gestational age assessment
- Perform a well-child and problem-oriented physical examination of the pediatric and adolescent patient
- Obtain and complete an accurate problem-oriented, comprehensive well-child history
- Establish a pediatric problem list
- Accurately assess normal growth and development
- Perform vision, hearing, and developmental screening tests
- Reassess patient's progress as data is obtained from serial physical examinations and diagnostic tests
- Recognize abnormalities within the following:
 - CBC with differential
 - UA: clean catch, catheter, suprapubic tap
 - Standard blood chemistries including electrolytes, glucose, BUN, creatinine, and Liver function tests
 - Tympanogram
 - CSF fluid
- Perform certain clinical procedures with appropriate supervision, including, but not limited to:
 - Venipuncture
 - Bladder catheterization
 - Suprapubic aspiration
 - Specimen collection for culture
 - Wound care
 - Lumbar puncture
- Perform selected laboratory studies, including, but not limited to:
 - Urinalysis
 - Gram stain
 - Glucose testing
 - KOH prep
 - Rapid strep screen
 - Routine throat culture
- Communicate information clearly, completely, and in a concise manner to the physician, parent and patient

SURGERY

Description

This required rotation provides an orientation to the management of patients who present with surgical problems. Preoperative preparation and evaluation of patients for surgery, intraoperative assistance, operative procedures, the care of surgical wounds

and postoperative complications are stressed.

Surgery Instructional Goals

- Expose the student to a greater understanding of surgical risks generally
- Expose the student to a wide range of general surgical problems, with emphasis on the management of routine problems and early recognition of acute surgical problems
- Provide the student with exposure to selected examination techniques specifically related to the work-up of patients with surgical disease
- Expose the student to common diagnostic and therapeutic surgical procedures, including their indications, risks, benefits, complications and alternatives
- Allow the student to further develop skill at interviewing patients
- Provide insight into the care and management of acute trauma and burns
- Provide the student with an understanding of and empathy for the needs of the surgical patient

Surgery Knowledge Objectives

Upon completion of the course, the student will be able to:

- Describe the pre-operative evaluation process for surgical patients, including:
- Evaluation of cardiac and respiratory risks
- Evaluation of coagulation-related risks
- Evaluation of neurologically-related risks
- Describe how the surgical team manages the following issues:
 - Wounds and wound healing
 - Fluid and electrolyte balance
 - Surgical bleeding and blood replacement
 - Hypovolemic shock
 - Evaluation and disposition of patients with abdominal pain
 - Gastrointestinal hemorrhage
 - Multi-system trauma and burn care
 - Surgical infections
 - Transfusion reaction
- Describe the presentation and management of common surgical problems, including:
 - Appendicitis
 - Bowel and bile duct obstructions
 - Blunt trauma to the abdomen, including liver and spleen injury
 - Breast cancer
 - Cancers of the upper alimentary tract
 - Cancers of the lower alimentary tract
 - Cholecystitis
 - Esophagitis with intractable reflux disease
 - Hemorrhoids
 - Hernias

- Surgical diseases of the pancreas
- The risks versus benefits of endoscopic surgery versus open surgery.

Surgery Skill Objectives

Upon completion of the rotation, the student will be able to:

- Perform a complete and problem-specific history and physical examination with emphasis on appropriate areas
- Communicate pertinent information clearly and in a concise manner to the physician and patient
- First-assist during major general surgical operations
- Perform indicated procedures, including:
 - Specimen collection for cultures
 - Venipuncture
 - Arterial puncture
 - Intravenous line placement
 - Nasogastric intubation
 - Urinary catheterization
 - Wound cleaning and debridement
 - Dressing changes
 - Suturing
- Assist the physician in performing such procedures as:
 - Intubation
 - Venous cutdown
 - Central line placement
 - Chest tube insertion
- Recognize abnormalities on routine studies to include, but not limited to:
 - 12-lead EKG
 - PA and lateral CXR
 - Supine and upright abdominal films
 - CBC
 - Urinalysis with microscopic
 - Blood chemistry generally
 - BUN and creatinine
 - Serum electrolytes
 - Liver function studies
- Be familiar with the basic indications for CT and MRI evaluation of surgical problems
- Communicate information completely in a clear, concise manner to the supervising physician

OBSTETRICS AND GYNECOLOGY

Description

This core clinical rotation provides an exposure to problems and issues associated with women's health care, primarily in the ambulatory setting. Emphasis is placed on learning experiences in family planning and birth control, the recognition and treatment of sexually transmitted disease, cancer detection and prevention, prenatal care, and the evaluation and treatment of common ambulatory gynecologic problems. Students may have exposure to the delivery room and surgical suite.

Obstetric and Gynecology Instructional Goals

- Expose the student to a large spectrum of women's health problems in a variety of

settings

- Allow the student to refine techniques in history-taking, pelvic and breast examination, and the creation of rapport with the patient
- Allow the student structured and supervised opportunities for interaction with women who are experiencing acute and chronic gynecological disease
- Allow the student to interact with obstetrical patients
- Allow the student to gain further understanding of health care issues unique to women
- Familiarize the student with the risks, benefits, complications and alternatives to common therapeutic interventions in obstetrics and gynecology

Obstetric and Gynecology Knowledge Objectives

Upon completion of the rotation, the student will be able to:

- Describe basic reproductive physiology
- Describe the normal and abnormal manifestations of menstruation
- Describe the common presentations, pathophysiology, evaluation and management of common reproductive tract infections and diseases, including:
 - Sexually transmitted diseases
 - Pelvic inflammatory disease
 - Endometriosis
 - Benign and malignant diseases of the female genital tract
 - Breast fibrocystic disease and malignancy
 - Ovarian cysts
 - Ovarian cancer
 - Endometrial cancer
 - Premalignant and malignant disease of the cervix
 - Effects of diethylstilbestrol (DES)
 - Chronic pelvic pain
 - Human immunodeficiency virus (HIV) infection
 - Vaginitis
- Describe the human reproductive process in terms of:
 - Normal physiology
 - Infertility
 - Contraception
 - Permanent
 - Reversible
 - Oral
 - Injectable
 - Implants
 - Natural
 - Barrier methods
 - Intrauterine devices (IUDs)
 - Experimental (RU-486)
- Adoption

- Abortion
- Recognize the common presentations, evaluation and management of disorders of sexual function, including:
 - Diagnosis and treatment of sexual dysfunctions
 - The role of alternative lifestyles
 - Awareness of female circumcision/ female genital mutilation
- Describe standard methods of prevention and early detection in common problems in gynecology through the use of:
 - Osteoporosis screening
 - Papanicolaou testing
 - Breast/mammography examinations
- Describe the role of exercise, smoking and other habits in the prevention and early detection of common problems in gynecology
- Describe the evolution of menopause, with attention to:
 - Normal physiology
 - Hormone replacement therapy, including herbal remedies
 - Emotional and sexual impact of the climacteric
- Recognize the presentation and appropriate interventions for common psychosocial issues, including:
 - Domestic violence
 - Sexual assault
 - Sexual harassment
 - Effects of sexual abuse
 - Depressive illnesses, including postpartum depression
 - Anxiety disorders
 - Problems with self-esteem
 - Eating disorders
 - Substance abuse
 - Emotional impact of abortion
- Recognize community issues related to the care of women, including:
 - Access to health care
 - Epidemiology of prenatal care and infant mortality
 - Women and HIV
 - Prevention of teenage pregnancy
- Describe the appropriate approach to family-centered maternity care, including:
 - Antepartum care
 - Complications of pregnancy
 - Labor and delivery
 - Postpartum care
 - Lactation education and management

Obstetrics and Gynecology Skill Objectives

Upon completion of the rotation, the student will be able to:

- Perform examinations of the breast and pelvis with skill and compassion in all age groups

- Advise women on the control of fertility, including the types, contraindications, and side effects of common oral contraceptives
- Advise women in the use of each type non-oral contraception
- Observe and, where possible, participate in
 - Insertion and removal of IUDs
 - Diaphragm fitting
 - Use of medroxyprogesterone/Depo-Provera
- Perform pap smears and obtain cultures
- Instruct patients in self-breast examination
- Observe and assist when appropriate with gynecologic procedures:
 - endometrial and cervical biopsies
 - colposcopic exams
 - cryosurgery
 - Bartholin cyst drainage
 - dilation and curettage
- Establish diagnoses using urine and vaginal wet preparation techniques
- Recognize microscopic findings consistent with vaginal candidiasis, trichomoniasis, and bacterial vaginosis
- Describe protocols for treating common gynecologic problems, including sexually transmitted diseases
- Describe the endocrinology of pregnancy
- Describe appropriate prenatal care, including the schedule of visits, what tests are routinely performed at what intervals, and how nutrition in the pregnant women is managed
- Recognize standards in the growth and development of the fetus
- Recognize ectopic pregnancy, and generally describe its management
- Recognize common prenatal complications, including gestational diabetes, preeclampsia, toxemia of pregnancy and third trimester bleeding, and describe the basic management of these conditions
- Obtain a complete and problem-oriented obstetrical history
- Where possible, develop proficiency in the obstetric exam
- Describe the course of normal pregnancy
- Describe how the diagnosis of pregnancy is established via physical exam and pregnancy test
- Describe prenatal counseling concerning diet, exercise and sexual intercourse
- Recognize common medications considered safe in pregnancy and those considered potentially teratogenic
- Describe the impact of alcohol and drug use on the fetus
- Describe the impact of folic acid deficiency on the fetus
- Recognize techniques to establish gestational age, pelvic adequacy and fetal maturity
- Describe the general management of preterm labor
- Describe the processes of normal labor and delivery
- Participate in normal delivery, including pre-medication for delivery, fetal

presentation, pudendal anesthesia and episiotomy; monitor the course of and assist in spontaneous normal vaginal deliveries

- Describe fetal monitoring procedures during labor
- Recognize complications of in labor or delivery
- Recognize circumstances considered indicative of high risk pregnancy
- Demonstrate understanding of prenatal newborn care, including APGAR scoring, resuscitation, fetal distress
- Demonstrate an understanding of routine postpartum care
- Assist in common obstetric and gynecological surgical procedures, including vaginal and abdominal hysterectomy, C-section, anterior and posterior repair and bilateral tubal ligation
- When possible, assist in common obstetric and gynecological urgencies and emergencies, including:
 - Missed abortions
 - Incomplete abortions
 - Vaginal bleeding
 - Pelvic inflammatory disease
 - Start IV infusions, insert Foley catheters, and administer medication under supervision of physician

ELECTIVE ROTATIONS

ORTHOPEDICS

Description

This rotation offers experiences in ambulatory and/or institutionally-based orthopedics. Practice sites may include private practice, large group practices or hospital-based practice. The rotation will provide the student with an opportunity to enhance history-taking, physical examination and the diagnostic skills as they relate to the orthopedic patient. The rotation will improve the understanding of the surgical and non-surgical management of orthopedic problems, including patient education and follow-up.

Orthopedics Instructional Goals

- Provide an overview of general orthopedics through exposure to a wide spectrum of orthopedic problems in the clinic, hospital and surgical suite.
- Enable the student to further develop techniques in history-taking and physical examination specific for musculoskeletal trauma or disease.
- Provide experience in interviewing and teaching patients and their caregivers, with a focus on injury rehabilitation, prevention and recovery expectations.
- Enhance the student's knowledge of normal osseous development, fracture healing, and the factors that contribute to malunion and non-union.
- Acquaint the student with the techniques, procedures and therapeutics useful in the management of common orthopedic problems.

- Acquaint the student with how patients use appropriate strengthening and exercise to enhance recovery or mitigate disability.

Orthopedics Knowledge Objectives

Upon completion of the course, the student will have a basic knowledge of common orthopedic injuries and disease processes including, but not limited to the presentation and basic management of:

- Soft tissue injuries and infections of the wrist and hand
 - Tendon injuries
 - Tenosynovitis
 - Mallet finger
 - Boutonniere deformity
 - Human and animal bites to the hand
 - Collateral ligament and volar plate injuries
 - Interphalangeal dislocations
 - Gamekeeper's thumb
 - Digital nerve injury evaluation
 - DeQuervain's tenosynovitis
 - Volkmann's contracture
 - Paronychia, herpetic whitlow, felon, mid-palmar space infections
- Common fractures and dislocations, including:
 - Fractures of the hand
 - Fractures of the wrist, including Colles fractures
 - Fracture of the clavicle
 - Fracture of the humerus
 - Epiphyseal fractures in children/Salter fractures
 - AC joint and rotator cuff injuries
 - Supracondylar fractures and elbow dislocations
 - Radial head fractures and dislocations, including nursemaid's elbow
 - Pelvic fractures
 - Femoral neck fractures
- Hip dislocations, including arthroplasty dislocation
- Anterior and posterior shoulder dislocations
- Patellar fractures, subluxations
- Tibial plateau fractures
- Tibial and fibular fractures
- Fractures, subluxations, dislocations and sprains of the ankle
- Calcaneal, talus, and mid-foot fractures
- Slipped femoral capital epiphysis
- Legg-Calve-Perthes Disease
- Ligamentous and meniscal disorders of the knee
- Achilles tendon injuries
- Compartment syndromes
- Ganglion cyst
- Myositis

Orthopedics Skill Objectives

- Upon completion of the rotation, the student will be able to:
- Obtain a complete, problem-specific history and physical examination with appropriate emphasis on the chief orthopedic complaint
- Appropriately order imaging studies for evaluation of the complaint
- Establish a differential diagnosis based on historical and physical findings
- Propose an appropriate treatment plan
- Demonstrate supervised appropriate digital block anesthesia
- Demonstrate supervised closed reduction of fractures, subluxations or dislocations, as indicated
- Measure compartmental pressures
- Under supervision, splint, cast or brace selected fractures, dislocations, or sprains
- Provide patient education on fracture and cast care

GERIATRICS

Description

This rotation provides an opportunity to expand the student's appreciation of the unique physiological, behavioral and sociological changes associated with aging. As a member of an interdisciplinary team, the student will refine skills related to the assessment of aging patients and to the management of disorders common in the elderly population.

Geriatrics Instructional Goals

- Exposure to a wide range of medical and psychosocial problems experienced by elderly individuals.
- Improvement of interpersonal, interview, and physical examination skills in the routine evaluation of older individuals.
- Improved understanding of functional limitations resulting from disease and age-related changes.
- Exposure to the principles of, interdisciplinary management in the care of older patient.
- Improved understanding of the indications for, and limitations of, various diagnostic procedures useful in the evaluation of disease states effecting the elderly.
- Enhanced recognition of the indications, reliability, limitations, and potential side effects of therapeutic agents commonly used to manage disease in the elderly.

Geriatrics Knowledge Objectives

- Upon completion of the rotation, the student will be able to:
- Identify the physiological and psychological changes that place elderly patients at

increased risk of illness or injury

- Identify alterations in visual and auditory acuity, cardiopulmonary reserve, renal function, muscle strength and reaction time, bone mass, immune defenses, and thermoregulation common in the aging patient
- List the physical, emotional, financial and social problems most frequently encountered by older patients, and describe the impact of these problems on quality of life
- Describe the presentation, pathophysiology, differential diagnosis and basic management of the following disorders as they commonly appear in the aging patient:

- Sensory Impairments

- Glaucoma
- Cataracts
- Presbyopia
- Macular degeneration
- Presbycusis

- Malignancies

- Skin
- Oral cavity
- Lung
- Breast
- Colon
- Prostate
- Reproductive organs

- Pulmonary Disorders

- Influenza
- Pneumonia
- COPD
- Tuberculosis

- Cardiovascular Disease

- Hypertension
- Congestive failure
- Ischemic heart disease
- Arrhythmias
- Peripheral vascular disease

- Metabolic Disorders

- Thyroid dysfunction
- Diabetes mellitus
- Malnutrition

- Genitourinary Disorders

- Urinary tract infection
- Urosepsis
- Incontinence
- Obstructive uropathy

- Age-related renal function changes
- Skeletal Disorders
 - Osteoarthritis
 - Osteoporosis
 - Falls
- Neurological Disorders
 - Alzheimer's Disease
 - CVA
 - Parkinson's disease
 - Dementia
- Iatrogenic Conditions
 - Polypharmacy
 - Identify the indications for, contraindications to and complications resulting from:
 - Diuretics
 - Anti-hypertensives
 - Antibiotics
 - Cardiac glycosides
 - Major tranquilizers
- Identify those standardized instruments used in the assessment of mental status, basic and intermediate activities of daily living, and the personal living environment
- Identify community resources essential to the continued maintenance of ailing elderly individuals in non-institutionalized settings
- Describe a program of preventive health care designed to reduce the risk of illness or injury in the aged

Geriatrics Skill Objectives

- Accomplish a complete and accurate history emphasizing those areas specific to the problem(s)
- Perform a complete, integrated and systematic physical examination with specific emphasis on appropriate areas.
- Recognize manifestations of illness exhibited by abnormalities in such diagnostic laboratory studies as the CBC, urinalysis, blood sugar, BUN, electrolytes, creatinine, liver function studies, EKG and routine chest x-ray
- Communicate information clearly, completely, and in a concise manner to the physician, the patient, family members, and other members of the interdisciplinary team

RADIOLOGY

Description

The radiology rotation is an elective rotation that is normally two weeks in length. The rotation is normally in a hospital based radiology department and/ or in an outpatient radiology facility. The rotation is intended to provide the student with an opportunity to refine their skill in the interpretation of films, the indication and contraindications for common radiological studies, patient preparation for studies, and communication skills with the radiology department.

Radiology Instructional Goals

- Expose the student to a wide variety of radiological studies.
- Teach the student the indications and contraindications for common radiological studies, and which study is best for each clinical situation
- Teach the student the indications and contraindications of various contrast agents as well as emergent management of adverse reactions
- Teach the student the patient preparation for common radiological procedures such as Upper GI series.
- Teach the student the post procedure care and home instructions for optimal care

Radiology Knowledge Objectives

Upon completion of the rotation, the student will be able to:

- Discuss and contrast availability and appropriate utilization of different modalities in terms of clinical indications, cost effectiveness and expected patient management for either positive or negative radiographic findings
- Describe the radiologic findings to a supervising physician
- Counsel patients in the preparation of each radiographic study and in the post procedure management and care
- Discuss the interpretation of a Chest X-ray including:
 - Identifying anatomical features
 - Reviewing the Chest X-ray in a systematic approach
 - Recognize common pathologic findings such as:
 - Pulmonary infiltrate
 - Atelectasis
 - Cavitating pulmonary lesion
 - Pleural effusion
 - Hilar enlargement
 - Congestive Heart Failure
 - Cardiomegaly
 - Pulmonary masses
 - Rib notching, rib fractures
 - Common life support devices in place

- Discuss when it is appropriate to utilize CT scans and MRI for diagnosis of chest/cardiac disorders
- Discuss the radiological studies utilized to diagnose pulmonary embolus to include:
 - VQ scan
 - Pulmonary angiography
- Discuss the common problems in the osseous system:
 - Define and describe the different fracture patterns utilizing appropriate fracture terminology
 - Recognize osteoporosis, osteopenia and osteomyelitis
 - Recognize neoplasms of the bone
 - Recognize rheumatoid arthritis and Degenerative Joint Disease
 - Discuss when it is appropriate to use CT scan or MRI to diagnose musculoskeletal disorders
- Discuss the common studies of the GI system :
 - List common uses of the KUB, what structures can be visualized and what diagnoses can be made
 - List indications and contraindications of Upper GI series, Ultrasound, endoscopy, colonoscopy, barium enema, CT scan of abdomen and MRI of abdomen
 - Discuss which radiological study is most appropriate in the diagnosis of the following disorders:
 - Appendicitis
 - Gall stones
 - Diverticulosis
 - Small Bowel Obstruction
 - Ileus
 - Abdominal neoplasms/metastatic disease
 - Mesenteric ischemia

MENTAL HEALTH / PSYCHIATRY/ BEHAVIORAL HEALTH

Description

This rotation is designed to promote an understanding of the behavioral components of health, disease, and disability. Contact with patients who exhibit a variety of emotional illnesses and disabilities are used to refine informed history taking and mental status examination skills, to recognize and categorize psychiatric disturbances and to identify techniques of early intervention and psychiatric referral.

Mental Health Instructional Goals

- Acquaint the student with the broad spectrum of emotional and psychiatric disorders
- Provide the student with techniques for patient emotional and psychosomatic

- evaluation, psychiatric interview, and assessment of mental status
- Help the student to develop a working formulation and tentative medical management plan for behavioral disorders, including referral to an appropriate physician, psychologist, social worker or agency
- Teach the student the importance of follow-up in behavioral medicine
- Provide the student with an understanding of the indications, limitations, and scope of diagnostic procedures useful in evaluation of patients with emotional and psychosomatic illness
- Familiarize the student with the therapeutic regimens used in the treatment of various emotional and psychosomatic disorders, as well as their indications, availability, and limitations

Mental Health Knowledge Objectives

Following this rotation, the student will be able to:

- Assess the degree of anxiety or depression manifested by the ambulatory patient
- Recognize the signs, symptoms, risk factors, and interventions appropriate for the potentially suicidal patient
- Understand the influence of family dynamics on the patient's current behavior
- Recognize the signs, symptoms, and risk factors for the following disorders:
 - Anxiety disorders
 - Depression
 - Mood disorders
 - Eating disorders
 - Bipolar disease
 - Substance abuse
 - Post-traumatic stress disorder
 - Schizophrenia
 - Delusional disorders
 - Organic brain disease
 - Psychoactive substance use disorders
 - Somatoform disorders
 - Dissociative disorder
 - Sexual disorders
 - Sleep disorders
 - Factitious disorders Impulse control disorders
 - Adjustment disorders
 - Personality disorders
- Knowledge of testing used in the assessment of mental disorders
- Describe the indications, dosages, contraindications, interactions and most frequent adverse effects of drugs commonly used in the treatment of psychiatric disorders, including:
 - mood stabilizers
 - antipsychotics
 - antidepressants
 - anxiolytics
- Recognize the terminology used in the discussion of psychiatric disorders
- Describe the types of individuals and agencies available to assist in the treatment of psychiatric problems
- Describe the appropriate indications for seclusion and restraint in psychiatric emergencies
- Demonstrate an understanding of when referral from primary care to the psychiatrist is necessary and appropriate

- Recognize the various common psychotherapies, including supportive, analytic, behavior, directive, and confrontative therapies
- Demonstrate the ability to formulate plans for the further evaluation and/or treatment for identified problems
- Recognize the benefits and limitations of common treatment modalities, including individual therapy, group therapy, family therapy and stress management
- Recognize the benefits and limitations of common treatment sites, including hospices, halfway houses, day treatment programs, ETOH/substance abuse groups (twelve-step programs), state and private mental hospitals

Mental Health Skill Objectives

Upon completion of the course, the student will be able to:

- Obtain, write, and present a psychiatric history
- Perform, write and present a mental status and problem-specific physical examination, as indicated
- Prepare a work-up of patients for admission to an inpatient psychiatric unit
- Communicate information in a clear, compassionate and concise manner to patients, their significant others and other members of the behavioral medicine team
- Demonstrate the ability to interact with patients and their significant others in an empathetic, facilitating manner
- Coordinate community services available for the mental patient
- Participate in group and individual therapy sessions, as authorized

Appendix A:
INFECTION CONTROL PROTOCOL

2006-2007 Academic Year
Emory University School of Medicine
Emory University Affiliated Hospitals

Needle Sticks and Other Blood/Body Fluid Injuries

You must notify the PA Program Director within 2 hours of exposure. (404) 727-7825 or (800) 755-0620

AND

Notify the Office of Medical Education and Student Affairs within 72 hours of exposure. (404) 727-5655

1. Always observe Standard Precautions (Universal Precautions).
2. If you have an exposure to blood or other body fluids (e.g., needle stick, cut), immediately clean the wound with soap and water.
3. Exposed oral and nasal mucosa should be decontaminated by vigorously flushing with water. Exposed eyes should be irrigated with clean water or sterile saline. Eyewash facilities can be accessed quickly in the emergency department for each hospital.
4. Follow the protocol of the hospital in which the incident occurred to the fullest including all follow-up (through the hospital's Employee Health Service). It is especially important that you report one's exposure to the hospital's Employee Health Service as soon as possible so that a timely evaluation can be performed. If prophylactic medications are indicated, it is recommended they be initiated as soon as possible after the exposure.
5. In addition to #4, call the Hospital Epidemiologist for the hospital in which the exposure occurred (or ID service of the hospital in which the exposure occurred if the Hospital Epidemiologist is not available) for consultation (see list below).
6. Acute serology should be drawn to establish one's baseline antibody titers to hepatitis B virus (if you have not previously been determined to be HBsAb positive [immune to Hepatitis B]) and, if indicated, to HIV and/or Hepatitis C Virus [HCV] (if the source patient is HIV-positive or HCV-positive).
7. Depending on the results of one's serology and the baseline serology of the patient (from which the incident occurred), you may need follow-up serologies as per the hospital protocol where the injury occurred.
8. If the source patient is HIV-infected, the administration of post-exposure prophylaxis (PEP or "prophylactic" antiretroviral medications) to decrease the risk of patient to health care worker transmission should be strongly considered. Medications may be initiated pending results of HIV serology

- on the source patient. If used, these medications should be taken as soon as possible after the needlestick injury. The hospitals have protocols and will counsel you and give advice as needed. PEP regimens are complicated; therefore be sure that the individual who manages one's exposure consults with the Hospital Epidemiologist. Again, call the Hospital Epidemiologist or ID service if you have any questions about management of the needlestick or other occupational exposure.
9. The following list of specific areas and/or individuals should be contacted at the facility in which the exposure occurs:

a. GRADY MEMORIAL HOSPITAL AND AFFILIATED SITES:

Daytime hours, Monday thru Friday:

Employee Health Service call 404-616-7849 (STIX) or 404-616-4600

After hours and on weekends: Occupational Health Services - Call 404-616-7849 (STIX)

Dr. Henry Blumberg, Hospital Epidemiologist; Division of Infectious Diseases.

Office: 404-616-6145; Pager: 404-686-5500; ID# 15029; Home: 404-377-5095

Dr. Susan Ray, Associate Hospital Epidemiologist, Division of Infectious Diseases

Office: 404-616-6139, Pager: 404-837-8946; Home: 404-373-8537

If you are unable to reach any of the above individuals, ask the paging operator at 404-616-4307 to contact the Emory Infectious Disease Consult Attending on call.

b. VA MEDICAL CENTER:

Daytime hours, Monday thru Friday:

Infection Control/Employee Health, Room 611, Debbie Hawkins RN: 404-321-6111, Ext. 6471

After hours and on weekends: Emergency Room 404-321-6111, Ext. 6640:

Dr. David Rimland, Division of Infectious Diseases

Office: 404-321-6111, ext. 6165; Pager: 404-722-3122; Home: 770-393-8951

Dr. Robert Gaynes, Division of Infectious Diseases

Office: 404-321-6111, ext. 7508; Pager: Pager 404-485-7918

If you are unable to reach any of the above individuals, ask the paging operator at 404-321-6111 to contact the Infectious Diseases Attending on call.

c. CRAWFORD LONG HOSPITAL OF EMORY UNIVERSITY:

Daytime hours, Monday thru Friday (7 am to 4 pm):
Employee Health Service—Byron 1505 - 404-686-2352

After hours, and on weekends:

Page the Administrative Nursing Supervisor (PIC#11917)
Dr. James Steinberg, Division of Infectious Diseases
Office: 404-686-8909; Pager: 404-686-5500, ID# 15770; Home: 404-876-4717

If you are unable to reach any of the above individuals, ask the paging operator at 404-686-1000 to contact the Emory Infectious Diseases Attending on call.

d. EMORY UNIVERSITY HOSPITAL

Daytime hours, Monday thru Friday (7 am to 4 pm):
Employee Occupational Health Services, HB 53
Emory Hospital 404-686-8587.

After hours and on weekends:

Page Administrative Nursing Supervisor (PIC#13087)
Emergency Room 404-712-7100

Dr. Bruce Ribner, Hospital Epidemiologist, Emory University Hospital
and Emory Division of Infectious Diseases
Office: 404-727-1580; Pager: 404-686-5500, PIC# 15326; Home:
404-417 0225

If you are unable to reach any of the above individuals, ask the paging operator at 404-727-4611 to contact the Infectious Diseases Attending on call.

e. CHILDREN'S HEALTHCARE OF ATLANTA (EGLESTON OR SCOTTISH RITE)

Daytime hours, Monday thru Friday:
Employee Health, Digital Pager 1-800-682-4549 or Needlestick Hotline
(ext 4444 at Egleston and ext 824444 at Scottish Rite)

After hours and on weekends: same as above.

Dr. Harry Keyserling, Pediatric Infectious Diseases
Office: 404-727-5642; Digital Pager: 770-839-5679; Home: 404-377-8535

If you are unable to contact any of the above individuals, ask the paging operator at 404-325-6000 to page the Infectious Diseases Attending on call.

10. Any of the following physicians may be contacted for assistance and additional advice, but the injury should first be reported as outlined in #9, above, for immediate help.

Henry M. Blumberg, M.D., Grady Memorial Hospital, 404-616-6145
Harry Keyserling, M.D., Egleston Hospital, 404-727-5642
Susan M. Ray, M.D., Grady Memorial Hospital, 404-616-6139
David Rimland, M.D., VA Medical Center, 404-321-6111, Ext. 6165
Bruce Ribner, M.D., M.P.H. Emory University Hospital, 404-727-1580
J. William Eley, M.D., M.P.H., Medical School Administration, 404-712-9979
James Steinberg, M.D., Crawford Long Hospital, 404-686-8909

11. Any PA students rotating outside of the Emory system and/or outside of Atlanta, should contact the PA Program Director (404.727.7825) or a Clinical Coordinator within two hours of the exposure, and also contact one of the Emory epidemiologists listed above.
12. The cost of the follow-up and necessary medications may be borne by Emory University Affiliated Hospitals or may need to be submitted through the student's health insurance. Any uncovered costs will be covered through the Office of Medical Education & Student Affairs, if the following procedures are followed.
13. **IMPORTANT:** For medical and PA students, initial evaluation of the exposure should be as above. Following this initial evaluation, all incidents and follow-up for exposures occurring at a hospital should be reported within 3 days to the Director of the Office of Medical Education & Student Affairs, Margo Kuisis, or her designee in the Office of Medical Education and Student Affairs at Emory University (404-727-5655 or margo.kuisis@emory.edu), i.e., incident report and follow-up plans.