### **COURSE SYLLABUS & SCHEDULE**

**COURSE:** PAS 604 Clinical Experience Office Orthopedics

**ACADEMIC CREDIT:** 2 semester hours

**COURSE DESCRIPTION:** Four week required rotation in an orthopedics office clinical setting. Students engage in all aspects of patient care, including history taking, physical examination, and treatment plan design and evaluation. Students' application of patient and family education to treatment and preventive measures is emphasized.

**COURSE GOAL:** The goal of this course is to provide a foundation for the physician assistant student to prepare to enter into orthopedics following graduation. The knowledge and skills developed during this clinical rotation will prepare the student to enter into clinical practice by exposing the student to a wide diversity of patient populations in the orthopedic surgical setting of pre-operative, intra-operative and potoperative.

**PREREQUISITES:** Successful completion of the PA program didactic year.

### **COURSE COORDINATOR:**

Faculty Name and Title: Kelli Huesman, MPAS, PA-C, Associate Professor, Director of Clinical

Education

Email: khuesman1@udayton.edu

Phone: 937-229-3281 Fax: 937-229-2903

Office Hours: Variable, please contact directly for an appointment Contact policies: Available during office hours, or through email

Faculty Name and Title: Sean Haig, MPAS, PA-C, Clinical Faculty

Email: <a href="mailto:shaig1@udayton.edu">shaig1@udayton.edu</a>

Phone: 937-229-4845 Fax: 937-229-2903

Office Hours: Variable, please contact directly for an appointment Contact policies: Available during office hours, or through email

**CLINICAL PRECEPTOR:** As assigned by clinical faculty

**TIME/LOCATION:** Offsite at clinical facility, location TBD, see schedule for definitive information

### **RECOMMENDED TEXTS:**

## **Anatomy and Physiology:**

Moini, Jahangir (2020). *Anatomy & Physiology for Health Professionals* (3<sup>rd</sup> ed). Burlington, MA: Jones & Bartlett Learning. ISBN: 978-1284151978.

### **Clinical Medicine:**

Papadakis, M.A., McPhee, S.J., & Rabow M.W. (2020) *Current Medical Diagnosis and Treatment 2020*. New York, NY: Lange Medical Books/McGraw Hill. ISBN: 978-1260455281.

# **History and Physical Exam:**

Bickley, L (2016). *Bates' Guide to Physical Examination and History Taking* (12<sup>th</sup> ed). Wolters Kluwer Health/Lippincott Williams & Wilkins. ISBN: 978-1469893419

### Labs:

Desai, S., Katta, R. (2020). *Clinician's Guide to Laboratory Medicine* (4<sup>th</sup> ed. Pocket). Houston, TX: MD2B. ISBN: 978-1937978105.

# **Pharmacology:**

Brenner, G.M. & Stevens, C. (2017). *Brenner and Stevens' Pharmacology* (5<sup>th</sup> ed). Philadelphia, PA: Elsevier. ISBN: 978-0323391665.

## **Procedures:**

Clinical Procedures for Health Professionals (2017). *Clinical Procedures for Health Professionals* (1<sup>st</sup> ed). Philadelphia, PA: Jones & Bartlett. ISBN: 978-1284032413

# Radiology:

Herring, W. (2020). *Learning Radiology: Recognizing the Basics* (4<sup>th</sup> ed). Philadelphia, PA: Mosby/Elsevier. ISBN: 978-0323567299.

### **Study System:**

Sedrak, M, & Massey, S. (2011). *Classroom to Clinic Study System: Personal Professor for Clinical Rotations and PANCE/PANRE Review.* Philadelphia, PA: F.A. Davis Company. ISBN 978-0803623538.

Brown, P.C., Roediger, H.L., & McDaniel, M.A. (2014). *Make it Stick: The Science of Successful Learning*. United States of America: Library of Congress Cataloging-in-Publication. ISBN: 978-0674729018.

## Research:

Blessing, J.D. & Forister, J.G. (2020). *Introduction to Research and Medical Literature for Health Professionals* (5<sup>th</sup> ed.). Burlington, MA: Jones and Bartlett Learning. ISBN: 9781284153774.

# **Dermatology:**

Habif, M.D., *et al.* (2013). *Skin Disease Diagnosis and Treatment* (4<sup>th</sup> ed.). Philadelphia, PA: Elsevier, Inc. ISBN: 978-0323442220.

# Orthopedics:

Armstrong A.D. & Hubbard M.C. (2015). *Essentials of Musculoskeletal Care* (5<sup>th</sup> ed.). Rosemont, IL: AAOS. ISBN: 978-1625524157.

Hoppenfeld, S. (1976). *Physical Examination of the Spine & Extremities*. Norwalk, CT: Appleton & Lange. ISBN: 978-0838578537.

### **Pediatrics:**

Marcdante, K.J. & Kliegman, R.M. (2019). *Nelson Essentials of Pediatrics*. Philadelphia, PA: Elsevier, Inc. ISBN: 978-0323511452.

# **Emergency Medicine:**

Cline, D.M., et al. (2013). *Tintinalli's Emergency Medicine Just the Facts*. China: McGraw Hill. ISBN: 978-0071744416.

### Women's Health:

Casanova R, Chuang A, Goepfert AR, Hueppchen NA, Weiss PM. (2019) *Beckmann and Ling's Obstetrics and Gynecology, (8th ed)*. Philadelphia: Wolters Kluwer. ISBN: 978-1496353092.

# Mental Health:

Black, D.W., & Andreasen, N.C. (2014). *Introductory Textbook of Psychiatry*. 6th ed. Arlington, VA: American Psychiatric Publishing. ISBN 978-1-58562-470-6.

# OVERALL KNOWLEDGE, SKILLS AND ATTRIBUTES FOR ALL CLINCAL ROTATIONS (SCPEs)

# Knowledge

- Understand and explain the etiologies, risk factors, underlying pathologic processes and epidemiology for the conditions encountered in clinical experience
- Demonstrate the appropriate history and physical exam skills, identifying normal and abnormal findings, and is able to counsel patients who present for acute, chronic and preventative conditions
- Adequately formulate a differential diagnosis based on H&P findings and is able to develop and carry out management plan based on the differential
- Select and interpret appropriate diagnostic or laboratory studies
- Manage presenting conditions to include understanding the indications, contraindications, side effects, interactions, and adverse reactions of pharmacological and nonpharmacologic agents, to include the use or non-use of opioid pain medication and appropriate NSAID use

# • Skills Interpersonal and Communication

- Appropriately adapt communication style to the context of the individual patient interaction, displaying respect, compassion and integrity, with the ability to show sensitivity and responsiveness to patients' culture, age, gender and disabilities
- Accurately and adequately document information regarding care process for medical, legal, quality and financial purposes

# Clinical reasoning and problem solving

• Identify the appropriate site of care for presenting conditions, including the identification of emergent cases and those requiring referral and admission

### • Professionalism

- Work effectively with preceptor and other health care professionals to provide patient centered care
- Promptly complete assigned tasks
- Consistently arrive at appointed time
- Recognize personal learning needs and limitations, and seeks to rectify them
- Accept and use constructive criticism from preceptor and staff

### LEARNING OUTCOMES SPECIFIC FOR ORTHOPEDICS

- 1. Gather a history and perform an appropriate orthopedic exam based on the patient's chief complaint. Formulate a differential diagnosis and management plan for a patient's presenting symptoms
- 2. Orders appropriate imaging studies based on chief complaint of an orthopedic condition and is able to interpret diagnostic studies to assist in formulating the diagnosis and plan of care
- **3.** Elicit a history and perform an appropriate exam, then formulate a differential diagnosis and management plan for a patient presenting with knee pain
- **4.** Formulate a differential diagnosis after completing a history and physical exam, and then develop a management plan for a patient presenting with shoulder pain
- **5.** Perform a history and appropriate exam, then formulate a differential diagnosis and management plan for a patient presenting with back and/or neck pain
- **6.** Gather a history and perform an appropriate exam, then formulate a management plan for a patient presenting with upper extremity complaints, to include wrist, shoulder and elbow pain
- 7. Complete a history and appropriate physical exam, then formulate a management plan for a patient presenting with hip pain
- **8.** In a patient presenting with foot or ankle pain, can elicit a history and perform an appropriate exam, then formulate a management plan
- **9.** Document an appropriate orthopedic encounter to include a full history and orthopedic physical exam with diagnosis and management plan to be included
- 10. Elicits the correct information to be able to differentiate between symptoms presenting for osteoarthritis, autoimmune disorders versus acute injury/traumatic presentations
- 11. Counsel patients regarding appropriate disposition for follow up care plan
- 12. Provide patient education for surgical versus non-surgical care options
- **13.** Formulates the appropriate plan in relation to the use of bracing, splinting, casting and if immobilization needs are required, based on diagnosis of patient's presentation

# **Teaching Methods:**

Teaching methods may include any or all of the following:

- 1. Direct teaching from preceptors
- 2. Hospital Grand Rounds
- 3. Reading assignments

### ASSESSMENT CRITERIA

Student competency in the Orthopedic Rotation: Instructional objectives are determined based on the following criteria:

# • Written evaluation from preceptor

40%

The preceptor will monitor the student's clinical skills and knowledge progression with a formative Mid-Rotation Evaluation, and will conduct a formal review of the student's performance to determine the student's competence with a summative End of Rotation Evaluation (EOR)

• PAEA – EOR 40%

• Participation in clinical call back week at End of Rotation 10%

• Mandatory Electronic Entries and Written Assignments 10%

Includes 1 written assignments, weekly reports, student evaluation of preceptor, and patient encounters. EOR Evaluations and Student Evaluations of Preceptor/Site are due no later than 5 pm on the Wednesday following the completion of the rotation.

TOTAL 100%

This final course grade is a Pass/Fail based on passing the EOR exam with a minimum of a 70%, passing the Final EOR evaluation and completing all the required criteria as directed above.

In order to successfully pass this course the student must:

- Score a minimum of 3 or higher for each competency on the preceptor evaluation. Any students receiving 1's or 2's in the categories of medical knowledge, interpersonal/communication skills, technical and clinical skills, medical decision making, or professionalism may fail the rotation. The final decision will be based on an in-depth conversation with the preceptor, the Director of Clinical Education and the student.
- University of Dayton PA Program utilizes the PAEA EOR exams. The students will take an EOR exam correlating with their current rotation. These exams will require a proctor during the exam, and with the exception of the Orthopedic EOR which is given in Isidore, the testing will be completed through the PAEA Examdriver website. The cost for the EOR exams for each rotation will be covered by the student. The PAEA EOR exams consist of a 120-question exam built on the blueprint and topic list. The exams are peer reviewed by PA educators and statistically validated. The scoring of the PAEA EOR exams are completed on a scaled scoring system. This is based on a nationwide performance of PA students for that specific examination. Those students who fall one standard deviation below the mean will have failed the exam and be required to remediate, see below of remediation details.
- If the student does not pass the exam, he/she will be required to take a remedial exam within 7 days. The student is required to cover the cost of the remedial exam. The student will be allowed to proceed with the next scheduled rotation without delay. If a student fails both the initial EOR exam and the remedial exam within the same course, this will constitute the failure of the clinical course. Failure of a clinical course will delay the student's progression to graduation. The failed course will be repeated in the following clinical year.
- Participate in the Clinical End of Rotation seminars.
- Submit mandatory electronic entries.

\*\*The final grade/decision in regards to the passing of each Clinical Rotation will be made by the Director of Clinical Education (DCE) based on the mid-rotation and end of rotation

evaluations, the results of the EOR exams and the communication held between the DCE and the preceptors working with each student.		

# **EXPECTED CLINICAL PATIENT & PROCEDURAL LOGGING:**

There are three (3) required areas of clinical requirements that will be documented longitudinally throughout the entire clinical year experience. Students are expected to encounter patients across the life span, as well as patient encounters regarding preventive health care, prenatal visits, emergent, acute, and chronic visits. Additionally, specific medical procedures (foley placement, pap smears, pelvic examination, suture, and IV placement) are required to be performed at a level necessary for clinical practice.

- 1. Students will perform appropriate history and physical examination of patients in the following age groups across the life span:
  - birth-18: 19-64, and over 65
- 2. Students will evaluate and recommend appropriate treatment for:
  - preventive health care encounters
  - prenatal encounters
  - emergent encounters
  - acute encounters
  - chronic encounters
  - pre-, intra-, post- operative encounters
  - well child encounters
- 3. Students will efficiently perform the following procedures:
  - foley placement
  - pap smears/pelvic examination
  - suture
  - IV placement/venipunctures

Students will track their progress in meeting these requirements by completing the "Clinical Encounter Booklet". The Clinical Encounter Booklet contains the forms for preceptors to complete rating the student on his/her performance. Due to the large number of expected encounters for evaluating patients throughout the life span a portion of each target number will be used to evaluate completion. Students' progress will be reviewed during call back weeks, and if it is determined the student is at risk to not meet the competencies, he/she will meet with the Director of Clinical Education to address these

deficiencies in order to meet the requirements prior to anticipated graduation. Please refer to the table below for details regarding the clinical patient and procedural tracking:

A passing score of a 3 or above on a Likert scale of (1-5) is required for each evaluated encounter to be considered passing.

Clinical Procedural and Patient Tracking	Target Number of Encounters	Minimum Number Required
Life Span	Ziicouiicois	
Birth – 18	25	15
Age 19-64	150	15
Age 65 and above	50	5
Health Care Settings		
Preventive Health	150	15
Prenatal	5	5
Well Child Exams	5	5
Emergent	150	15
Acute	150	15
Chronic	150	15
Pre, intra, post- operative	50	15 (5 apiece)
Well child	5	5
Procedures		
Foley placement	5	5
Pap smears/Pelvic	5	5
exam		
Suturing	15	15
IV	5	5
placement/venipuncture		

# **DISCLAIMER**

This syllabus is intended to give the student guidance regarding what will be covered during the clinical rotation and will be followed as closely as possible. However, the instructor reserves the right to modify, supplement, and make changes in the course as necessary to meet course objectives. Every effort will be made to adhere to the clinical schedule but alternations may be necessary due to unforeseen circumstances. Any changes will be announced via email communication.

# ACADEMIC INTEGRITY

From The University of Dayton Academic Honor Code: A Commitment to Academic Integrity: Regardless of motive, student conduct that is academically dishonest, evidences lack of academic integrity or trustworthiness, or unfairly impinges upon the intellectual rights and privileges of others is prohibited. Cheating on examinations or other graded evaluations consists of willfully copying or attempting to consult a notebook, textbook, or any other source of information not authorized by the instructor; willfully aiding, receiving aid or attempting to aid or receive aid from another student during an examination or other evaluation; obtaining or attempting to obtain copies of any part of an examination or other evaluation (without permission on the instructor) before it is given; having another person take the exam; or any act which violates or attempts to violate the stated conditions of an examination or other evaluation. Cheating on an assignment consists of willfully copying or attempting to copy all or part of another student's assignment or having someone else complete the assignment when class assignments

are such that students are expected to complete the assignment on their own. It is the responsibility of the student to consult with the instructor concerning what constitutes permissible collaboration and what materials are allowed to be consulted.

### PLAGIARISM STATEMENT

Plagiarism is defined in the University of Dayton Student Handbook.

Plagiarism involves:

- Quoting directly from any source of material including other students' work and materials from research consultants without appropriately citing the source and identifying the quote
- Knowingly citing an incorrect source
- Using ideas (other than information that is common knowledge) from any course of material including other students' work and materials from research consultants without citing the source and identifying the borrowed material/ideas
- Faculty may establish additional guidelines for plagiarism ignorance is no excuse for plagiarism. Students should be aware of their own responsibilities in appropriately quoting and citing sources used.

Additional information on plagiarism is available through the UD Roesch Library website (http:library.udayton.edu/faqs/howto/plagiarism.php).

Students should be aware that the University has access to software designed to detect plagiarized passages and work. This software will be applied randomly or at the instructor's discretion. Detection of plagiarized passages or work can result in disciplinary action.

### STUDENTS WITH DISABILITIES

If you anticipate or experience physical or academic barriers based on disability, please let me know immediately so that we can discuss options. You are also welcome to contact the LTC's Office of Learning Resources (OLR) to discuss reasonable accommodations. Please contact OLR at 937-229-2066 (TTY 937-229-2059 for deaf/hard of hearing), by email at disabilityservices@udayton.edu or stop by OLR in the LTC, room 023 Roesch Library. If you have an Accommodation Letter provided by OLR, please contact me to discuss. If you need assistance accessing print material including textbooks and electronic material such as PDF documents, please review the OLR website information about alternative formats under Disability Resources.

# ON CAMPUS LEARNING SUPPORT

The University of Dayton's Office of Learning Resources (OLR) is a free service for all students seeking to perform their best academically. OLR offers a variety of personalized and structured resources that help students achieve academic excellence, such as tutoring, academic coaching (test taking strategies, time management counseling, and study techniques), Supplemental Instruction (SI), services for international students, and writing support. OLR is located on the ground floor of Roesch Library. If you wish to request a tutor, you must go to go.udayton.edu/tutoring and follow the given instructions. Please contact OLR at 937-229-2066 or learningresources@udayton.edu if you have any questions.

# **Exam Topic List**

☐ **Hip Dislocation** 

This list was created per the Ortho rotation, as the PAEA does not have a list specific to Orthopedics. This list mirrors the NCCPA blueprint topics and will therefore help prepare students for a successful completion of the PANCE.

Hyperlinks to Orthobullets and Medbullets (Hold Control and Click link)

Disorders of the Shoulder			
	Shoulder Exam		
	Traumatic Anterior Shoulder Instability (TUBS)		
	Posterior Instability/Posterior Dislocation		
	Multidirectional Shoulder Instability (MDI)		
	Rotator Cuff Tears		
	Slap Lesion		
	Adhesive Capsulitis Frozen Shoulder		
	<b>Proximal Humerus Fractures</b>		
Disorders of the Forearm/Wrist/Hand			
	Physical Exam of the Hand		
	Jersey Finger		
	Mallet Finger		
	Trigger Finger		
	De Quervains Tenosynovitis		
	Scaphoid Fracture		
	<b>Carpal Tunnel Syndrome</b>		
	<b>Distal Radius Fractures</b>		
Disorders of the Back/Spine			
	Neck and Upper Extremity Spine Exam		
	Lower Extremity Spine and Neuro Exam		
	<b>Low Back Pain Introduction</b>		
	Ankylosing Spondylitis		
	Cauda Equina Syndrome		
	<b>Lumbar Disc Herniation</b>		
	<b>Kyphosis</b>		
	Scoliosis		
	Spinal Stenosis		
Disorders of the Hip			
	<b>Developmental Dysplasia of the Hip</b>		
	Slipped Capital Femoral Epiphysis		

	Femoral Neck Fractures	
	<b>Intertrochanteric Fractures</b>	
	Avascular Necrosis	
Disorders of the Knee		
	History and Physical Exam	
	Meniscal Injury	
	ACL Tear	
	Patellar Instability	
	Osgood Schlatters Disease (Tibial Tubercle Apophysitis)	
	Knee Dislocation	
	<u>Tibial Plateau Fracture</u>	
<b>Disord</b>	ers of Ankle/Foot	
	Foot Anatomy and Biomechanics	
	High Ankle Sprains	
	Low Ankle Sprains	
	5th Metatarsal Base Fractures	
	<u>Diabetic Foot Ulcers</u>	
Arthri	<u>tis</u>	
	Knee Arthritis	
	Hip Osteoarthritis	
	Hip Osteonecrosis	
Rheum	natologic Conditions	
	Gout	
	Pseudogout (CPPD)	
	Juvenile Idiopathic Arthritis (JIA)	
	Polyarteritis Nodosa (PAN)	
	<b>Dermatomyositis / Polymyositis</b>	
	Polymyalgia Rheumatica	
	Reactive Arthritis (Reiter's syndome)	
	Rheumatoid Arthritis	
	Systemic Lupus Erythematosus (SLE)	
	Fibromyalgia	
	Systemic sclerosis (Scleroderma)	
	Sjögren Syndrome	
Compartment Syndrome		
	<b>Hand and Forearm Compartment Syndrome</b>	
	<b>Leg Compartment Syndrome</b>	

Bone Metabolism				
	Osteoporosis and Osteopenia			
<u>Infectious Diseases</u>				
	<b>Infectious Diseases In Athletes</b>			
	<b>Antibiotic Classification And Mechanism</b>			
	<b>Open Fractures Management</b>			
	<b>Acute/chronic Osteomyelitis</b>			
	Septic Arthritis			
Neoplastic Diseases				

DATE OF SYLLABUS REVISION: 11/11/2021, DCE

☐ Bone Cysts/Tumors

☐ Ganglion