

**Chatham UNIVERSITY**  
**Physician Assistant Program**

**Student Manual**

**Academic Year 2015-2016**

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# INTRODUCTION

Chatham University is home to almost 2,300 undergraduate and graduate students. Chatham's Shadyside Campus includes the historic, 39-acre Woodland Road arboretum campus and the Chatham Eastside campus at Fifth and Penn Avenues. Our Eden Hall Farm Campus is located on 388-acres in Richland Township and houses the School of Sustainability. The University is a private, selective, fully accredited, nonsectarian institution consisting of four distinct Colleges:

**School of Arts, Science and Business** - offering baccalaureate and master's degrees

**Falk School of Sustainability** – offering baccalaureate and master's degrees in sustainability and food studies

**School of Health Sciences** - offering baccalaureate degrees leading to health science careers

**College for Continuing and Professional Studies** - offering undergraduate, graduate, professional and continuing education online

The University is accredited by the [Middle States Commission on Higher Education](#), 3624 Market Street, Philadelphia, PA 19104, (267) 284-5000; and the [Pennsylvania Department of Education](#).

The Master of Physician Assistant Studies Program (MPAS) at Chatham University provides academic and clinical training that will prepare its graduates to be certified and licensed to practice as extenders to the practicing physician, especially the primary care physician, in a competent, ethical, and reliable manner.

## ***Vision & Mission Statements***

To strive for excellence in physician assistant education whose graduates are known as outstanding clinicians in the community and leaders in the profession trained by faculty who are recognized for developing and researching innovative curricular methods.

The Chatham University MPAS Program is dedicated to producing knowledgeable, compassionate, ethical, and clinically skillful graduates who are ready to provide health care services to all persons without exclusion and who are willing to become the future leaders and educators of the profession. This is accomplished by:

- Providing a student-centered curriculum which promotes self-directed and lifelong learning as well as professionalism and service;
- Educating competent physician assistants to practice as primary care providers to all populations;
- Contributing to the advancement of knowledge in medicine and physician assistant education;
- Encouraging students to serve local, national, and international communities through active involvement in service-oriented programs for medically underserved populations; and
- Promoting participation in professional organizations and the education of future PAs.

## ***PBL Model***

Chatham University utilizes hybrid model of Problem-Based Learning, lecture, and on-line activity that challenges students to be self-directed and prepares students for the evidence-based, problem-oriented world of clinical medicine. Through actual patient cases, students develop learning issues, research topics using the most up to date resources, work in teams and receive feedback on knowledge base as well as professionalism to prepare them for primary care, problem-focused clinical practice.

## ***Program Competencies***

The program has adopted the Competencies for the Physician Assistant Profession, created by our professional organizations, as the Program's Core Competencies or Goals. These competencies define the expected minimal and specific knowledge, skills, and attitudes required of physician assistants in order to practice.

### **Medical Knowledge**

Medical knowledge includes an understanding of pathophysiology, patient presentation, differential diagnosis, patient management, surgical principles, health promotion, and disease prevention. Physician assistants must demonstrate core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care in their area of practice. Physician assistants are expected to demonstrate an investigatory and analytic thinking approach to clinical situations.

Upon graduation our students are expected to:

1. Understand etiologies, risk factors, underlying pathologic process, and epidemiology for medical conditions.
2. Identify signs and symptoms of medical conditions.
3. Select and interpret appropriate diagnostic or lab studies used in primary care.
4. Manage general medical and surgical conditions to include understanding the indications, contraindications, side effects, interactions and adverse reactions of pharmacologic agents and other relevant treatment modalities.
5. Identify the appropriate site of care for presenting conditions, including identifying emergent cases and those requiring referral or admission.
6. Identify appropriate interventions for prevention of conditions.
7. Identify the appropriate methods to detect conditions in an asymptomatic individual.
8. Differentiate between the normal and the abnormal in anatomic, physiological, laboratory findings and other diagnostic data.
9. Appropriately use history and physical findings and diagnostic studies to formulate a differential diagnosis.
10. Provide appropriate care to patients with chronic conditions.

### **Interpersonal and Communication Skills**

Interpersonal and communication skills encompass verbal, nonverbal, and written exchange of information. Physician assistants must demonstrate interpersonal and communication skills that result in effective information exchange with patients, their patients' families, physicians, professional associates, and the health care system.

Upon graduation our students are expected to:

1. Create and sustain a therapeutic and ethically sound relationship with patients.
2. Use effective listening, nonverbal, explanatory, questioning, and writing skills to elicit and provide information.
3. Appropriately adapt communication style and messages to the context of the individual patient interaction.
4. Work effectively with physicians and other health care professionals as a member or leader of a health care team or other professional group.
5. Apply an understanding of human behavior.
6. Demonstrate emotional resilience and stability, adaptability, flexibility and tolerance of ambiguity and anxiety.
7. Accurately and adequately document and record information regarding the care process for medical, legal, quality, and financial purposes.

### **Patient Care**

Patient care includes age-appropriate assessment, evaluation and management.

Physician assistants must demonstrate care that is effective, patient-centered, timely, efficient, and equitable for the treatment of health problems and the promotion of wellness.

Upon graduation our students are expected to:

1. Work effectively with physicians and other health care professionals to provide patient-centered care.
2. Demonstrate caring and respectful behaviors when interacting with patients and their families.
3. Gather essential and accurate information about their patients.
4. Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.
5. Develop and carry out patient management plans.
6. Counsel and educate patients and their families.
7. Competently perform medical and surgical procedures considered essential in the area of practice.
8. Provide health care services and education aimed at preventing health problems or maintaining health.

### **Professionalism**

Professionalism is the expression of positive values and ideals as care is delivered. Foremost, it involves prioritizing the interests of those being served above one's own. Physician assistants must know their professional and personal limitations. Professionalism also requires that PAs practice without impairment from substance abuse, cognitive deficiency, or mental illness.

Physician assistants must demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population, and adherence to legal and regulatory requirements.

Upon graduation our students are expected to demonstrate:

1. Understanding of legal and regulatory requirements, as well as the appropriate role of the physician assistant.
2. Professional relationships with physician supervisors and other health care providers.
3. Respect, compassion, and integrity.
4. Responsiveness to the needs of patients and society.
5. Accountability to patients, society, and the profession.
6. Commitment to excellence and on-going professional development.
7. Commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices.
8. Sensitivity and responsiveness to patients' culture, age, gender, and disabilities.
9. Self-reflection, critical curiosity, and initiative.

### **Practice-based Learning and Improvement**

Practice-based learning and improvement includes the processes through which clinicians engage in critical analysis of their own practice experience, medical literature, and other information resources for the purpose of self-improvement.

Physician assistants must be able to assess, evaluate and improve their patient care practices.

Upon graduation our students are expected to:

1. Analyze practice experience and perform practice-based improvement activities using a systematic methodology in concert with other members of the health care delivery team.
2. Locate, appraise, and integrate evidence from scientific studies related to their patients' health problems.
3. Obtain and apply information about their population of patients and the larger population from which their patients are drawn.
4. Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness.
5. Apply information technology to manage information, access on-line medical information, and support their education.

6. Facilitate the learning of students and/or other health care professionals.
7. Recognize and appropriately address gender, cultural, cognitive, emotional and other biases; gaps in medical knowledge; and physical limitations in themselves and others.

### **System-based Practice**

Systems-based practice encompasses the societal, organizational and economic environments in which health care is delivered. Physician assistants must demonstrate an awareness of and responsiveness to the larger system of health care to provide patient care that is of optimal value. PA's should work to improve the larger health care system of which their practices are a part.

Upon graduation our students are expected to:

1. Use information technology to support patient care decisions and patient education.
2. Effectively interact with different types of medical practice and delivery systems.
3. Understand the funding sources and payment systems that provide coverage for patient care.
4. Practice cost-effective health care and resource allocation that does not compromise quality of care.
5. Advocate for quality patient care and assist patients in dealing with system complexities.
6. Partner with supervising physicians, health care managers and other health care providers to assess, coordinate, and improve the delivery of health care and patient outcomes.
7. Accept responsibility for promoting a safe environment for patient care and recognizing and correcting systems-based factors that negatively impact patient care.
8. Apply medical information and clinical data systems to provide more effective, efficient patient care.
9. Use the systems responsible for the appropriate payment of services.

## ***Certification***

Eligibility for practice as a physician assistant requires passing the Physician Assistant National Certifying Exam (PANCE) given by the National Commission on Certification of Physician Assistants. All states require this certification for licensure.

Physician assistants must complete 100 hours of continuing medical education every two years and take the Physician Assistant National Recertifying Exam (PANRE) every ten years. As part of the continuing medical education, practicing physician assistants must also complete Performance Improvement (PI) activities and Self-Assessment (SA) activities. Further information regarding continuing medical education can be found on the National Commission on Certification of Physician Assistants website under certification maintenance - <http://www.nccpa.net/CertMain> .

## ***Accreditation***

The PA Studies Program is accredited by the [Accreditation Review Commission on Education for the Physician Assistant](#) (ARC-PA). Only graduates of an accredited program are permitted to sit for the PANCE.

The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) has granted **Accreditation-Continued** status to the **Physician Assistant Program** sponsored by **Chatham University**. Accreditation-Continued is an accreditation status granted when a currently accredited program is in compliance with ARC-PA *Standards*.

Accreditation remains in effect until the program closes or withdraws from the accreditation process or until accreditation is withdrawn for failure to comply with the *Standards*. The approximate date for the next validation review of the program by the ARC-PA will be in **March 2021**. The review date is contingent upon continued compliance with the Accreditation *Standards* and ARC-PA policy.

## **FACULTY AND STAFF**

All faculty and staff other than the Medical Director have offices in Chatham's Eastside Building at 6585 Penn Avenue.

### **Director**

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### ***Faculty and Staff Profiles***

#### **Alyssa Abebe, MPAS, PA-C, Assistant Professor**

Alyssa Abebe graduate from the PA program at Chatham College in 2006. She has worked in neurosurgery, orthopedics, and most recently in HIV/AIDS clinical research at the University of Pittsburgh where she still works. She is a co-investigator on several sub-studies with the MACS (Multicenter AIDS Cohort Study) at the University of Pittsburgh. She joined the faculty at Chatham in 2013; previously she remained connected to the PA program doing interviews, grading, application reviews, and physical exam competencies. Alyssa will be a PBL facilitator and teaching Medical Ethics as well as various other assignments.

#### **Stacie Agnesi, MPAS, PA-C – Assistant Professor, Skills Coordinator**

Stacie Agnesi is a 2000 graduate of Chatham University's PA program. After graduating from Chatham she worked at UPMC Mercy in Cardiothoracic Surgery for 4 years followed by 6 and a half years in General Surgery. She worked part-time as an adjunct faculty in Chatham's PA Program since January 2012. In June 2014, Stacie joined Chatham on a full-time basis as the Skills Coordinator.

**Jessica Anderson, MPAS, PA-C – Assistant Professor, Associate Director of Clinical Education**

Jessica Anderson is an alumni of both Chatham's undergraduate studies and Master of Physician Assistant studies. In 2008, she graduated with a Bachelor of Science degree with a focus in biology and a minor in psychology. She graduated from Chatham's PA program in 2010. From 2010 to 2015, she worked full time in family practice. During that time, she also worked in occupational medicine and as an adjunct professor for Chatham's physician assistant physical diagnosis course. In 2015, she accepted a position as Associate Director of Clinical Education for Chatham's Physician Assistant Program.

**Kelly Donkers, MPA, PA-C - Assistant Professor / Academic Coordinator**

Kelly Donkers is a 1997 graduate of the Duquesne University Masters of Physician Assistant program. She also obtained her Bachelor of Health Science degree at Duquesne in 1996. Her clinical experience includes surgical subspecialties, primarily orthopedic spine surgery, which she worked in for 10 years. In addition, Kelly has worked in general surgery, serving on a Level One Trauma team, and also worked in Physical Medicine and Rehabilitation. Kelly has provided Independent Medical Review for a Baltimore firm that represents Maryland hospitals in proving medical necessity for hospital stays to obtain reimbursement. She also served on the Maryland Academy of Physician Assistants Board of Directors for three years as Vice President. Kelly has also served in the AAPA's House of Delegates for two years as a Delegate for the state of Maryland, and now serves in the House for the Pennsylvania Society of Physician Assistants. She has presented at the Physician Assistant Education Association's annual forum, as well as at the AAPA's annual conference. She served as Chatham's Skills Coordinator for three years before taking on the responsibility of Academic Coordinator in April 2012. She joined Chatham's PA Program in 2008.

**Libby Ernharth, PA-C – Adjunct Faculty**

Libby Ernharth earned her undergrad at the University of New Hampshire, as an Animal Science/Pre-Vet major. She was in the Peace Corps 95-96 Uganda. Libby graduated from Chatham's PA program in 1999. She has worked with Drs. Romano and Pontzer since, specializing in Infectious Diseases. She serves on UPMC St. Margaret's Ethics committee. She is also the mother of three active boys, and involved with elementary school running programs. Her hobbies include running and swimming.

**Carl Garrubba, MPA, PA-C - Program Director/Associate Professor**

Carl Garrubba became a physician assistant in 1995, graduating from Duquesne University with a Master in Physician Assistant. His clinical experience includes Thoracic Surgery and HIV Medicine and HIV Research at the University of Pittsburgh Medical Center (UPMC). He was named co-investigator on several HIV Clinical Trials while working at UPMC. He was hired in June of 2007 as Clinical Coordinator in Chatham University's PA Program. His BS in Business Administration is also from Duquesne University and he received his Certified Public Accountant license in 1988. He served three years as Board President for the Shepherd Wellness Community (AIDS service organization) and remains active in the HIV/AIDS community. He is currently working part-time as a clinician in HIV research. Carl joined Chatham in 2007 as its Clinical Coordinator and served in this position for three years. He became full time faculty in 2010, and most recently accepted the position as Program Director in April 2012.

**Hannah Glass, MPAS, PA-C - Adjunct Faculty/Topics in Medicine and Clinical Decision Making**

Hannah Glass graduated from the PA program at Chatham University in 2012 after earning her BS from Slippery Rock University in 2010. Her first year after PA school was spent working in a combination of internal medicine, family practice and urgent care settings. She has worked with the renal/pancreas transplant team at UPMC since Oct 2013. She joined at Chatham University in 2014 as adjunct faculty.

**Susan Hawkins, MS Ed, PA-C - Associate Professor/Problem Based Learning Coordinator**

Susan Hawkins has been a physician assistant since 1981, with clinical experience in the areas of General, Cardiothoracic and OB/GYN surgery. As one of the founding faculty of the Chatham University PA program, she aided in the development of the problem-based learning curriculum at Chatham. She was also a founding faculty member of the Duquesne University PA program, helping to design their lecture-based curriculum and serving as Clinical Coordinator. At Chatham, she serves as the Problem-Based Learning Coordinator, heading the Essentials for the Physician Assistant course. She does PBL training for P.A. and other allied health programs around the country and serves on a national committee with the NCCPA. Her research interests include student evaluation in problem-based learning settings

and interprofessional education; she has made many presentations at national PA conferences, as well as being published in the Journal of Physician Assistant Education. She frequently serves as the moderator for the Pennsylvania Society of Physician Assistant Student Challenge bowl. Her B.A. is from Carnegie-Mellon University; she completed her MS Ed Program at Duquesne University, and her Associate Degree in Physician Assistant from the CCAC Program.

**April Hollenbeck, MPAS, PA-C - Adjunct Faculty/PBL Facilitator**

April Hollenbeck, a 2005 graduate from the Chatham Physician Assistant Program, originally joined Chatham as a problem based learning facilitator in 2006. After a one-year absence, she returned to PBL in 2009. She works part-time as a Physician Assistant in the Emergency Department at Children's Hospital of Pittsburgh. She obtained her BA from John Carroll University in 1999.

**John R. Laird, N.D. - Associate Professor/Admissions Coordinator**

John Laird earned his Doctor of Naturopathic Medicine degree from John Bastyr College of Naturopathic Medicine in Seattle, Washington. He was Phi Beta Kappa at Franklin and Marshall College where he received a BA in Anthropology. He was a licensed primary care provider in private practice in Seattle and is currently a naturopathic counselor at the UPMC-Shadyside Center for Integrative Medicine where he specializes in clinical nutrition and botanical medicine. He is active in lecturing in Complementary and Alternative Medicine to regional, state and national professional groups. His experience in academic settings spans nineteen years and includes positions as instructor at Carlow College and the Community College of Allegheny County prior to becoming a faculty member in the PA program at Chatham University in 1996. He has taught courses in Anatomy and Physiology, Pharmacology, Nutrition, Biology and Pathology; and currently teaches Clinical Application of the Basic Sciences at Chatham.

**Erin Madden, MPAS, PA-C - Adjunct Faculty/PBL Facilitator**

Erin Madden graduated with a Bachelor of Science degree in Biobehavioral Health from Pennsylvania State University in 2004. Erin received a Master of Physician Assistant Studies degree from Chatham University in 2006. After graduation she worked in Bariatric Surgery at West Penn Hospital. She currently works in Pediatric Emergency Medicine and Sedation Services at Children's Hospital of Pittsburgh.

**Kimberly R. McGonigle MPA, PA-C - Adjunct Faculty**

Kimberly McGonigle is a 1996 graduate of the Duquesne University Master of Physician Assistant Program. Her Bachelors is in Health Science, also from Duquesne University. From 1996-2000, she practiced in a primary care practice that provided acute and chronic care as well as preventive medicine to both suburban and out reaching rural areas. Over the last 12 years, she has worked in subspecialty care for the UPMC Department of Neurology, Headache Center. In addition to practicing clinically, she has had the opportunity to teach and precept physician assistant and medical students as well as provide educational lectures to practicing health care professionals. In November 2011, she was appointed to the UPMC Physician Services Division Preceptor Academy and is actively participating in the Special Concepts and Education subcommittees for the Academy.

**Lea O'Keefe, MPA, PA-C - Clinical Coordinator/Assistant Professor**

Lea O'Keefe received her Master of Physician Assistant Degree from Duquesne University in 2002. She has worked clinically in surgery and gastroenterology since graduating. Lea was a part-time clinical coordinator at Chatham University from 2006-2007. She rejoined Chatham in 2013 as faculty and clinical coordinator for the Physician Assistant program.

**Julie Parker, MPAS, PA-C - Adjunct Faculty/PBL Facilitator**

Julie Parker graduated from the Chatham Physician Assistant Program in 2006, after which she worked as a Physician Assistant in Orthopedic surgery. She is returning for her third year as a problem-based learning facilitator, after joining the team in 2010. She obtained her BS from Bob Jones University in 2004.

**Judy Truscott, MPAS, PA-C - Assistant Professor, Associate Program Director**

Judy Truscott is a Physician Assistant who graduated from the Chatham University Physician Assistant program in 2008. Since that time she has worked in pediatrics at Children's Hospital of Pittsburgh of

UMPC in the Emergency Department, on the sedation services team, evaluating and sedating children for procedures in radiology and most recently for Children's Community Pediatrics in the urgent care setting. In the spring of 2012, Judy joined Chatham as an adjunct faculty member, teaching a Problem Based learning module and then joined the Chatham faculty full time in 2012. In July 2013, she became the Associate Program Director in addition to her role as assistant professor. Before attending Chatham, Judy had worked as an engineer, having earned her Industrial Engineering from Pennsylvania State University in 1993.

**Jonathan Weinkle, MD, FAAP – Medical Director**

Dr. Weinkle is a general internist and general pediatrician and is a graduate of the University of Pittsburgh School of Medicine and a product of the Medicine-Pediatrics residency at UPMC Shadyside and Children's Hospital of Pittsburgh. He practices primary care medicine at the Squirrel Hill Health Center, a Federally Qualified Health Center and certified Patient Centered Medical Home, providing comprehensive care to patients of all ages with and without insurance and representing a broad diversity of languages, faiths, cultures, native lands, and socioeconomic backgrounds. In addition, Dr. Weinkle serves as a medical advisor to the Closure project of the Jewish Healthcare Foundation, a project intended to improve the quality of care and change the individual experience at end-of-life, and is engaged in other Foundation initiatives related to patient-provider communication, genetic screening, and vaccination. Driving both of these endeavors is a strong commitment to infusing his interactions with patients with the core values of his faith, beginning with the idea that both patient and provider are created in the Divine image and must act and be treated accordingly. Dr. Weinkle joined Chatham as the medical director in 2014.

**Victoria Yann, MS Ed. - Clinical Coordinator**

Victoria Yann holds a Bachelor of Science degree in biology from Allegheny College and a Master of Science degree in education from Duquesne University. After working in brain research and cancer research for seven years, she then moved into the field of education where she has been employed for the past sixteen years. She was a full-time instructor at several post-secondary schools then served as the Health Career Coordinator for Southwest PA Area Health Education Center (AHEC). While at AHEC, she directed and implemented summer and after-school science and math enrichment programs, provided community outreach, and conducted public health programming for students. Additionally, she provided students in grades K-16, faculty, and guidance counselors with health career activities and presentations in AHEC's seven county region. At Chatham, Victoria currently acts as a clinical coordinator helping to recruit preceptors and to place students in clinical rotations.

## LEXICON

The following is a list of commonly used words, phrases, or abbreviations:

**Academic Calendar** – The Physician Assistant Program academic calendar specifies the dates for the various units of academic and clinical education. This includes vacation periods and does not necessarily coincide with the academic calendar for the college.

**Academic Coordinator** – The faculty member who is responsible for assuring that the curriculum meets the educational needs of the students as well as the requirements of the profession.

**Advisor** – Although students are ultimately responsible for their own academic progress, every student will be assigned a faculty advisor who appreciates their unique interests and goals, is knowledgeable about academic policies, and is able to refer them to appropriate resources. Advisors help students as they develop academically, professionally, and personally.

**Assessment** – The program will assess all aspects of each student's performance during the academic and clinical portions of the program. Each student's competence will be determined to either meet program standards (satisfactory) or not meet program standards (needs improvement). The program will require remediation of students whose performance is determined to need improvement. Persistent performance that needs improvement or failure to successfully remediate may result in the deceleration of a student. Course syllabi outline specific criteria required to successfully complete a course.

**Case Presentation** – Students orally describe a patient's case in a logical, concise format.

**Class Representatives** – Each class of physician assistant students will elect a president, vice president, secretary, treasurer, and delegates who will act as representatives for the students in all program and College matters.

**Course Competencies/Learning Outcomes** – Course Competencies and learning outcomes are statements of the knowledge, skills, and abilities the individual student possesses and can demonstrate upon completion of a learning experience or sequence of learning experiences (e.g., course, unit, program, or degree).

**Course Objectives/Learning Objectives** – Learning objectives/course objectives have 3 parts: an observable, measurable behavior (for example, "select the correct response"), the conditions under which the behaviors should be performed (for example, "in a written exam"), and the extent to which students must master the behavior (for example, "with a 75% minimum score"). Learning objectives are tied to course outcomes that are tied to program competencies.

**Curriculum Calendar**– The physician assistant curriculum calendar specifies the course content of each unit and comprises all of the courses required to attain a Master of Physician Assistant Studies degree

**Deceleration** – A student's failure to meet the minimum competencies required at selected points throughout the program and which can result in a delay in graduation

**DxR** – DxR Clinician is a web-based patient simulation tool that is used during the PBL cases in PAS 600, Essentials of the Physician Assistant and within PAS 625-628, Clinical Decision Making I-III. This system allows students to question the patient, conduct a simulated exam and order/interpret diagnostic tests. During each portion of the patient interaction, students are able to review responses and results to simulate and actual patient encounter.

**Formative Assessments** – Formative assessments are done during the course of a semester, providing the opportunity for immediate evidence for student progress at a particular point in the program. These may include written and oral examinations, skills demonstrations, and patient case presentations, to name a few. These assessments help monitor the progress being made by students towards achieving learning outcomes.

**Health Resources Services Administration (HRSA)**- HRSA is the primary Federal agency for improving access to health care services for people who are uninsured, isolated, or medically vulnerable.

**Health Professional Shortage Areas (HPSAs)**- are designated by HRSA as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility). Medically Underserved Areas/Populations are areas or populations designated by HRSA as having: too few primary care providers, high infant mortality, high poverty and/or high elderly population

**Learning Objectives/Course Objectives** – see course objectives above

**Learning Outcomes/Course Competencies** – see course competencies above

**MCQ Exams** – The program will administer periodic multiple choice question exams to aid students in identifying new learning issues and to help the students to assess their fund of knowledge. This will also aid the student in evaluating their test taking skills and strategies in preparation for the PANCE.

**Patient Management Assessments** – These problem-based exams assess the students' clinical reasoning skills and fund of knowledge by working through actual clinical scenarios. Students receive feedback regarding their clinical reasoning skills.

**Practical Exams** – The program will administer periodic practical examinations to aid students in identifying new learning issues and to help the student to assess their skill acquisition. The student will demonstrate specific skills including physical examination and clinical procedures.

**Student/Resident Experiences and Rotations in Community Health (SEARCH)**- This federal program provides health professions students and residents with community-oriented, primary care rotations in underserved areas. SEARCH is funded by the U.S. Department of Health and Human Services, Health Resources and Services Administration and supports the mission of the National Health Service Corps.

**Remediation** – The program requires students to identify and incorporate elements that may be lacking in their performance and identify learning issues and resources necessary to achieve satisfactory performance in order to progress in the program.

**Problem-Based Learning (PBL)** – A method of medical education by which students are presented with a simulated patient problem. Students develop and utilize self-directed learning skills to build their knowledge base as they work through these cases. Both problem-solving and clinical-reasoning skills are developed through this educational approach.

**PBL Facilitator** – A faculty member who guides a group of students through a patient problem

**PBL Group** – A group of students (usually 7 to 9) working together on a PBLM. Groups and facilitators change periodically during the curriculum.

**PBL Module (PBLM)** – A real patient case used during PBL sessions

**Learning Issues** – Topics that arise from a patient problem about which the student decides s/he needs further exploration for understanding

**PBL Unit**– A portion of the curriculum organized around a series of PBLMs

**Resources**– Any source that can be utilized to resolve a learning issue. This includes books, computer searches, journal articles (considered a primary source), and people (faculty, PAs, MDs, or others knowledgeable in the area).

**Student/Resident Experiences and Rotations in Community Health (SEARCH)**- a U.S. Department of Health and Human Services, Health Resources and Services Administration funded program that provides health professions students and residents with community-oriented, primary care rotations in underserved areas.

**Special Seminars** – Informational, topic-driven sessions and experiences meant to enhance student learning

**Standardized Patient (SP)** – A simulated patient presentation during which the student demonstrates their patient evaluation and management skills

**Summative Assessments** – Summative assessments are comprehensive in nature, provide accountability, and are used to determine if students have met the minimal competency level required at the end of each component of the program (didactic and clinical year). This is usually composed of a comprehensive MCQ exam, a practical exam, and a standardized patient practicum.

### **Clinical Rotation Specific Terms**

**Clinical Coordinator** – A faculty or staff member who supervises the recruitment of clinical sites, the scheduling of students' clinical experiences and assignments, and conducts periodic clinical site visits.

**Clinical Experience (CE) /Rotation** – A four to five week full-time experience at a clinical site during the clinical portion of the curriculum in the students' second year.

**Clinical Site** – An office, clinic, hospital, or other health care facility where a student learns to care for patients under the supervision of a preceptor

**Competitive site** – Sites deemed competitive by the clinical staff includes those which have more demanding schedules, patient loads or preceptor expectations than other sites. Students will be evaluated for placement at such sites by the faculty prior to CE scheduling.

**Distant Site** – A clinical site which is greater than a 300 mile radius from Chatham

**Introduction to Clinical Experience (ICE)** – During the didactic year, this course provides an introduction to medical documentation, HIPAA regulations and issues surrounding cultural sensitivity in medicine. Professional comportment while on rotations will also be introduced.

**Preceptor**– Physician, physician assistant, nurse practitioner or other health care provider who supervises a physician assistant student during a clinical experience

### **Professional Organizations**

**AAPA** – The American Academy of Physician Assistants is the recognized national organization that provides leadership and direction for the physician assistant profession at the national level. The Student Academy of the American Academy of Physician Assistants (SAAAPA) is the student branch of AAPA.

**ARC-PA** – The Accreditation Review Commission on Education for the Physician Assistant, Inc. is the accrediting agency that protects the interests of the public and PA profession by defining the standards for PA education and evaluating PA educational programs within the territorial United States to ensure their compliance with those standards.

**NCCPA** – The National Commission on Certification of Physician Assistants is the recognized national organization that awards certification to all students who graduate from an accredited physician assistant program and successfully completes the PANCE. Periodic recertification of each physician assistant is also awarded by NCCPA after the successful completion of the PANRE.

**PAEA** – The Physician Assistant Education Association is the recognized national organization representing physician assistant education programs. PAEA assists education programs in their mission to educate physician assistant students.

**PSPA**– The Pennsylvania Society of Physician Assistants is the recognized state constituent organization of the AAPA and provides leadership and direction for the physician assistant profession at the state level.

# ***CURRICULUM***

## ***Introduction to the Curriculum***

The curriculum is a 24-month (85 semester credit) professional course of study leading to the Master of Physician Assistant Studies (MPAS) degree. Basic medical sciences, research, clinical methods, and clinical experiences are integrated from the beginning of the program and continued throughout the course of study.

The program produces physician assistants capable of providing primary medical care in an ethical, legal, safe, and caring manner. To achieve this, students must acquire knowledge and the ability to use that knowledge in the practice of medicine. Students are expected to consistently retrieve and apply their knowledge appropriately in the area of their patients and reason effectively. Self-directed learning skills are necessary in order to keep their knowledge current. Self-knowledge, knowledge and understanding of others and continued professional development beyond the degree are necessary for success. Problem-based learning is the basis for the entire curriculum. In this learning process, the student encounters a clinical problem which serves as stimulus for the application of clinical-reasoning, self-directed learning, and teamwork skills. They are encouraged to seek out all available resources, thus developing skills necessary for the life-long learning that a medical practitioner must use.

The MPAS program is competency-based, requiring all students to master the required material. The grading system is pass/fail. Any student receiving a failing grade may remediate the course work with the approval of the respective instructor of record.

A student in the MPAS program must be in good academic standing to remain enrolled in the program. To be eligible for graduation, students must be in good academic standing and successfully complete all required courses.

Problem-based learning forms the backbone of the entire curriculum. In this learning process, the student encounters a clinical problem that serves as stimulus for the application of clinical-reasoning skills. Students then initiate a search for information and knowledge needed to understand the mechanisms responsible for the problem and how it might be resolved. Students acquire knowledge at the same time they develop their clinical-reasoning, self-directed learning, and teamwork skills. They are encouraged to seek out all available resources, thus developing skills necessary for the life-long learning that a medical practitioner must use.

In order for students to be awarded the degree of MPAS, they must complete the entire curriculum within three years of initiating coursework.

## Course Sequence

Course Number	Course Title	Credits
<b>Seminar 1 Year 1</b>		
PAS 612	Introduction to the PA Profession	1
PAS 616	History and Physical Examination	2
<b>Fall Year 1</b>		
PAS 600	Essentials for the Physician Assistant I	9
PAS 602	Clinical Application of Basic Sciences I	4
PAS 604	*Critical Reading of the Literature I	1
PAS 606	*Clinical Pharmacology I	2
PAS 610	Introduction to Clinical Experience I	2
PAS 633	Physical Diagnosis I	3
<b>Spring Year 1</b>		
PAS 601	Essentials for the Physician Assistant II	9
PAS 603	Clinical Application of Basic Sciences II	4
PAS 605	*Critical Reading of the Literature II	1
PAS 607	*Clinical Pharmacology II	2
PAS 611	Introduction to Clinical Experience II	2
PAS 634	Physical Diagnosis II	3
<b>Seminar 2 Year 1 (Maymester)</b>		
PAS 617	Clinical Procedures	2
PAS 614	Medical Ethics	1
<b>Summer 1 Year 2</b>		
PAS 625	**Clinical Decision Making I	1
PAS 640	Clinical Experience I	3
PAS 641	Clinical Experience II	3
<b>Fall Year 2</b>		
PAS 626	**Clinical Decision Making II	1
PAS 642	Clinical Experience III	3
PAS 643	Clinical Experience IV	3
PAS 644	Clinical Experience V	3
<b>Spring Year 2</b>		
PAS 627	**Clinical Decision Making III	2
PAS 645	Clinical Experience VI	3
PAS 646	Clinical Experience VII	3
PAS 647	Clinical Experience VIII	3
PAS 648	Clinical Experience IX	3
<b>Summer 2 Year 2</b>		
PAS 628	Clinical Decision Making IV	1
PAS 630	Topics in Clinical Medicine	3
PAS 635	Healthcare Policy	1
PAS 636	Program to Practice	1
<b>TOTAL CREDITS</b>		<b>85</b>

\*denotes partial online course

\*\*denotes online course

## **Course Descriptions**

### **PAS 600A, PAS 600B & PAS 600C Essentials for the Physician Assistant I (9)**

Essentials for the Physician Assistant I is a problem-oriented approach to primary and specialty care medicine. This course incorporates medical diagnosis and treatment; pharmacotherapeutics; psychosocial assessment and management; patient education; management of patients with chronic illness; clinical decision making; and prevention of disability and disease through detection, education, and prevention. The course is divided into three segments. Audit grades will be given to PAS 600A & PAS 600B. The final grade will be given for the course in PAS600C. Prerequisite: PAS 616

### **PAS 601A, PAS 601B & PAS 601C Essentials for the Physician Assistant II (9)**

Essentials for the Physician Assistant II is a problem-oriented approach to primary and specialty care medicine. This course incorporates medical diagnosis and treatment; pharmacotherapeutics; psychosocial assessment and management; patient education; management of patients with chronic illness; clinical decision making; and prevention of disability and disease through detection, education, and prevention. The course is divided into three segments. Audit grades will be given to PAS 601A & PAS 601B. The final grade will be given for the course in PAS601C. Prerequisite: PAS 600C

### **PAS 602 Clinical Application of Basic Sciences I (4)**

An in-depth study of topics in gross human anatomy, physiology, and pathophysiology, supporting the instruction in the Essentials for the Physician Assistant courses. Instruction will involve basic sciences with an emphasis on the clinical application of the material, utilizing a systems approach.

### **PAS 603 Clinical Application of Basic Sciences II (4)**

This course is a continuation of PAS 602. An in-depth study of topics in gross human anatomy, physiology, and pathophysiology, supporting the instruction in the Essentials for the Physician Assistant courses. Instruction will involve basic sciences with an emphasis on the clinical application of the material, utilizing a systems approach.

Prerequisite: PAS 602

### **PAS 604 Critical Reading of the Literature I (1)**

Students critically evaluate medical literature and resources used in the Essentials for the Physician Assistant courses, including research design, data collection, and statistical analysis.

### **PAS 605 Critical Reading of the Literature II (1)**

This course is a continuation of PAS 604. Students critically evaluate medical literature and resources used in the Essentials for the Physician Assistant courses, including research design, data collection, and statistical analysis.

Prerequisite: PAS 604

### **PAS 606 Clinical Pharmacology I (2)**

This clinically-oriented course provides students with knowledge required for the safe and effective use of pharmaceutical agents in the diagnosis, prevention, and treatment of diseases through an understanding of pharmacokinetics and pharmacodynamics. Topics selected will support the body systems covered in the Essentials for the Physician Assistant courses.

### **PAS 607 Clinical Pharmacology II (2)**

This course is a continuation of PAS 606. This clinically-oriented course provides students with knowledge required for the safe and effective use of pharmaceutical agents in the diagnosis, prevention, and treatment of diseases through an understanding of pharmacokinetics and pharmacodynamics. Topics selected will support the body systems covered in the Essentials for the Physician Assistant courses.

Prerequisite: PAS 606

**PAS 610 Introduction to Clinical Experiences I (2)**

This course will introduce the student to various types of medical documentation and medical terminology. It will address HIPAA and OSHA regulations, as well as Universal Precautions. Professional comportment while on rotations will also be introduced.

**PAS 611 Introduction to Clinical Experiences II (2)**

This is a continuation of PAS 610. Students will continue to explore various types of medical documentation and issues surrounding cultural sensitivity in medicine. Professional comportment and communication skills will be addressed. Students will be introduced to billing and coding. Policies and procedures for clinical rotations will also be introduced. Prerequisite: PAS 610

**PAS 612 Introduction to the PA Profession (1)**

This course introduces the students to the physician assistant profession and their role in the American healthcare system. Topics of discussion include history of the profession, national and state organizations, federal and state laws affecting practice, education, and the future of the profession.

**PAS 614 Medical Ethics (1)**

Contemporary professional medical ethics issues are discussed and debated. Instruction is provided through classroom discussions, guest lectures, and small group discussion.

**PAS 616 History & Physical Examination (2)**

PAS 616 is an introductory course designed to orient students to the theory and application of medical history taking and physical exam performance. Students will participate in group lectures and practical lab sessions, and will be evaluated through class participation, quiz performance, oral and written communication, and skills competencies.

**PAS 617 Clinical Procedures (2)**

Laboratory course covering theory and application of common clinical procedures that a physician assistant will encounter during practice. Students demonstrate competence through practical evaluations.

**PAS 625 Clinical Decision Making I (1)**

Problem-oriented cases present the student with opportunities to use clinical reasoning to formulate differential diagnoses and emphasize development of treatment and care plans. These courses run concurrently with the clinical experiences I-IX.

**PAS 626 Clinical Decision Making II (1)**

Problem-oriented cases present the student with opportunities to use clinical reasoning to formulate differential diagnoses and emphasize development of treatment and care plans. These courses run concurrently with the clinical experiences I-IX.

**PAS 627 Clinical Decision Making III (2)**

Problem-oriented cases present the student with opportunities to use clinical reasoning to formulate differential diagnoses and emphasize development of treatment and care plans. These courses run concurrently with the clinical experiences I-IX.

**PAS 628 Clinical Decision Making IV (1)**

Drawing on skills acquired in PAS 625, 626 & 627, as well as knowledge that has been acquired throughout the curriculum, students develop a case presentation which include history, physical examination, diagnostics, treatment and patient education, based on specific disease entities. Additionally, students complete summative program evaluations related to medical knowledge base and clinical assessment skills.

**PAS 630 Topics in Clinical Medicine (3)**

An intensive review in preparation for entering practice as a physician assistant. A series of special seminars and presentations provides the student with a topical approach to medicine.

**PAS 633 Physical Diagnosis I (3)**

Practical laboratory course covering application of interviewing, history taking and physical examination skills, as well as elicitation and documentation of patient data. Students demonstrate competence through practical evaluations and written documentation. Students perform system-based and problem-focused physical examinations for both primary care and specialty complaints that support the coinciding information that students will cover in PAS 600 Essentials for the Physician Assistant I. Prerequisite: PAS 616

**PAS 634 Physical Diagnosis II (3)**

This course is a continuation of PAS 633. Practical laboratory course covering application of interviewing, history taking and physical exam skills, as well as elicitation and documentation of patient data. Students demonstrate competence through practical evaluations and written documentation. Students perform system-based and problem-focused physical examinations for both primary care and specialty complaints that support the coinciding information that students will cover in PAS 601 Essentials for the Physician Assistant II. A comprehensive examination of all body systems is also included. Prerequisite: PAS 633

**PAS 635 Healthcare Policy (1)**

Students explore relevant health-care law and policy issues that impact the Physician Assistant profession and health-care delivery systems. Instruction is provided through classroom discussions, guest lectures, and small group problem-based learning.

**PAS 636 Program to Practice (1)**

This course assists students with the transition of becoming a clinically practicing physician assistant. The course will provide information on how to prepare for the new career, including obtaining certification, licensure, malpractice insurance, and other essential items needed before they begin practicing.

**PAS 640 through PAS 648 Clinical Experiences I through IX (3 credits each)**

These are clinical courses designed to provide students with supervised medical and surgical clinical practice experiences enabling them to meet program expectations and acquire the competencies needed for clinical PA practice.

## Class Schedule

The schedule below is to provide a template for a typical first year student's week. Students are assigned to PAS 600/601, PAS 602/603 and PAS 633/634 groups at the beginning of each semester. Students will not attend both a morning and afternoon session of PAS 600/601. PAS 606/607 is held on varying Tuesday evenings and is a hybrid course with in class and online activities. Remaining courses are integrated throughout daytime hours within the week.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
8AM	<b>PAS 600/601</b> Essentials for the PA	<b>PAS 602/603</b> CABS Lab (Group B)		<b>PAS 602/603</b> CABS Lab (Group A)		<b>PAS 600/601</b> Essentials for the PA
9AM			<b>PAS 633/634</b> Physical Diagnosis (Group A)		<b>PAS 600/601</b> Essentials for the PA	
10AM						
11AM						
12PM						
1PM	Time reserved for <b>special lecture, PAS 604/605</b> Critical Reading of the literature or <b>PAS 610/611</b> Introduction to the Clinical Experience	<b>PAS 633/634</b> Physical Diagnosis (Group B)	Time reserved for <b>special lecture, PAS 604/605</b> Critical Reading of the literature or <b>PAS 610/611</b> Introduction to the Clinical Experience	<b>PAS 633/634</b> Physical Diagnosis (Group A)	Time reserved for <b>special lecture, PAS 604/605</b> Critical Reading of the literature or <b>PAS 610/611</b> Introduction to the Clinical Experience	
2PM	<b>PAS 602/603</b> Clinical Application of the Basic Sciences (CABS)		<b>PAS 602/603</b> Clinical Application of the Basic Sciences (CABS)		<b>PAS 602/603</b> Clinical Application of the Basic Sciences (CABS)	
3PM						
4PM						
5PM	<b>PAS 600/601</b> Essentials for the PA	<b>PAS 606/607</b> Clinical Pharmacology (Alternating weeks)	<b>PAS 600/601</b> Essentials for the PA	<b>PAS 600/601</b> Essentials for the PA		
6PM						
7PM						
8PM						

## ***Course Outcomes***

### **Didactic Learning General Goals**

1. The student will develop a strong knowledge base.
2. When encountering an unfamiliar problem, the student will be able to build, organize, and articulate the basic science knowledge and concepts that can explain the problem and which can then be employed to resolve the problem.
3. The student will develop clinical reasoning skills.
4. The student will demonstrate the ability to use the clinical reasoning process in the investigation and solution of medical problems.
5. The student will develop self-directed learning skills and self-assessment skills.
6. When a student encounters a problem that s/he is unable to explain, the student will be able to design and implement satisfactory learning strategies, monitor the adequacy of personal knowledge and skills, assess the effectiveness of the self-directed learning strategies used, and critically assess the learning resources for adequacy, quality, and credibility.
7. The student will develop competence in clinical skills.
8. The student will demonstrate appropriate interview and physical examination techniques.
9. The student will demonstrate appropriate clinical procedural skills.
10. The student will develop professional interpersonal skills.
11. The student will demonstrate effective interpersonal skills while interacting with patients, peers, faculty and others.
12. The student will demonstrate cultural sensitivity in all interactions.

### **Clinical Experience General Goals**

1. The student will develop comprehensive patient care skills.
2. The student will apply the core medical knowledge acquired during the academic year while assessing, evaluating and managing patients. They will demonstrate that the care they provide is effective, patient-centered, timely, and equitable.
3. The student will develop self-directed practice reviews and research skills.
4. The student will engage in critical analysis of their own practice experience, medical literature and other information resources for the purpose of self-improvement. As a result, they will be able to assess, evaluate, and improve their patient care practices.
5. The student will develop a keen knowledge of healthcare policies and the business of medicine.
6. Student will demonstrate an awareness of and responsiveness to the health care system and engage in practices designed to improve the system of which their practices are a part.

## ***Course Competencies and Course Objectives***

Course competencies and course objectives are located on each individual syllabus.

## **Outcomes Assessment**

Periodic assessments are conducted to assure that students are attaining the knowledge, skills and behavior required of a practicing physician assistant. These assessments are used to assist the faculty and students in identifying areas for further study and to give students feedback on what they have already learned. Assessments in this program may include the following:

### **Didactic Education Assessments**

#### **SOAP Notes/PBL Patient Summaries**

These papers will be evaluated for writing skills as well as content and format.

#### **History and Physical Examination Practicum/OSCE**

Students will demonstrate and document history and physical examinations in several courses.

#### **Clinical Procedures Practicum**

Students demonstrate knowledge of procedural skills.

#### **MCQ Examinations**

Students take multiple choice question examinations in multiple courses.

#### **PMA (Patient Management Assessments)**

Students take written question format examinations in Essentials for the Physician Assistant.

#### **Remediation Assignments**

Students complete remediations for missed items on MCQ examinations, demonstrating knowledge of the correct answer, and citing references.

#### **Oral Presentations**

Students provide patient presentations during PBL sessions, relative to the patient being evaluated.

#### **Group Presentations**

Students work together to provide a collaborative presentation in several courses.

#### **Other Medical Documentation**

Students complete other medical documentation such as: admission orders, operative notes, discharge summaries, etc.

### **PBL Skills and Participation Evaluation**

Evaluations of critical thinking, clinical thinking, self-directed learning, self-evaluation, and professional skills are done at the end of each unit. Students are directed to course syllabi for specific criteria.

## **Clinical Education Assessments**

### **Preceptors' evaluations**

These evaluations will be based on the observed student interactions with patients, oral presentations, history and physical examinations, progress notes, and any other professional interactions.

### **Clinical coordinator evaluations**

These evaluations will be based on the observation of the student in the clinical setting and/or discussion with the clinical preceptor, oral presentation, written H&Ps, SOAP notes, procedure notes, operative notes, initial patient evaluations, discharge summaries, and review of the student's patient encounter logs.

### **Computerized patient and procedure tracking system**

This system will track patient encounters and clinical procedures performed during the student clinical experience. The information entered will be evaluated by the clinical coordinator to determine whether the student has continued to identify learning issues and has met the competencies required.

**Multiple choice examinations**

These exams are designed to assess core medical knowledge and its application to the clinical setting. They also provide practice for the national certifying examination. Questions are based on any information that may be encountered in the specific medical setting of the student clinical rotation.

**Medical documentation skills**

These include, but are not limited to, patient encounter notes, procedural notes, admissions orders, progress notes, discharge orders, referral or consultation requests, and prescription writing.

**Remediation**

Students will be given the opportunity to remediate certain assessments in the program. Specific criteria are included in each course syllabus. Acceptable resources for all remediations include only those references from the approved list in this manual.

## ***BOOK LIST***

The required textbooks for each class are different. Please refer to the applicable list in the following pages.

The Chatham University Book Store and the publishing companies have created a discounted package for students who purchase all of the required books. In addition, seven percent state sales tax and shipping and handling are not charged. All purchases made through the Chatham University Book Store may be put on your student account. The Chatham University Book Store will order any book for you at any time.

There will be individual copies of all textbooks available for purchase. These will not be discounted, but there is no tax and they may be charged to your student account.

Students may purchase their books anywhere. Please be careful if you buy books from other sources. Check to see that you have the correct edition and access to any available on-line resources. The book list changes yearly and is based on the evaluations by students, faculty and curriculum of the PA Program.

Purchasing books can be done online and will be available for pick-up during the first week of class. It is helpful to pre-order your books at [www.chatham.bkstr.com](http://www.chatham.bkstr.com)

**BOOKS AND PRICES MAY BE SUBJECT TO CHANGE WITHOUT NOTICE**

## **REQUIRED BOOK LIST Class of 2016**

<b>Author</b>	<b>Title</b>	<b>Edition</b>
Ballweg	Physician Assistant	5 <sup>th</sup>
Blumenfeld	Neuroanatomy through Clinical Cases	2 <sup>nd</sup>
Bardal	Applied Pharmacology	1 <sup>st</sup>
ELSEVIER	Clinical Key 2 Year Subscription: Student/Resident Version	
Costanzo	Physiology	5 <sup>th</sup>
Decherney**	Current Diagnosis & Treatment: Obstetrics & Gynecology	11 <sup>th</sup>
Dubin	Rapid Interpretation of EKG's	6 <sup>th</sup>
Gomella**	Clinician's Pocket Reference (Clinical Year Book)	11 <sup>th</sup>
Goroll	Primary Care Medicine	7 <sup>th</sup>
Hay**	Current Diagnosis and Treatment in Pediatrics	21 <sup>st</sup>
Longo**	Harrison's Principles of Internal Medicine	18 <sup>th</sup>
McPhee**	Current Medical Diagnosis & Treatment (2014)	
Moore	Clinically Oriented Anatomy(w/Bind-in access code)	7 <sup>th</sup>
Netter	Atlas of Human Anatomy (w/Bind-in Access Code)	6 <sup>th</sup>
O'Connell	Comprehensive Review Certification etc. (w/Access Code)	4 <sup>th</sup>
Ohio	Student Access Card Anatomy & Physiology Revealed Version 3.0	2 <sup>nd</sup>
Seidel, et al	Seidel's Guide to Physical Examination	8 <sup>th</sup>
Sarwark	Essentials of Musculoskeletal Care (w/DVD)	4 <sup>th</sup>
Sloane	Essentials of Family Medicine (w/bind-in access code)	6 <sup>th</sup>
Sadock	Kaplan & Sadock's Synopsis of Psychiatry	10 <sup>th</sup>

\*\*Access Medicine/PAEasy Subscription Required noted books are in this package with many additional books

\*\*\***Medical Terminology Express** must be purchased before August 7, 2014 and is not part of a package.

\*Kindle Versions of texts are not permitted.

## **REQUIRED BOOK LIST Class of 2017**

<b>Author</b>	<b>Title</b>	<b>Edition</b>
Ballweg	Physician Assistant	5 <sup>th</sup>
Blumenfeld	Neuroanatomy through Clinical Cases	2 <sup>nd</sup>
Sullivan	Guide to Clinical Documentation	2 <sup>nd</sup>
Costanzo	Physiology	5 <sup>th</sup>
Dubin	Rapid Interpretation of EKG's	6 <sup>th</sup>
Goroll	Primary Care Medicine	7 <sup>th</sup>
Gyls	Medical Terminology Express	2 <sup>nd</sup>
Moore	Clinically Oriented Anatomy(w/Bind-in access code)	7 <sup>th</sup>
Netter	Atlas of Human Anatomy (w/Bind-in Access Code)	6 <sup>th</sup>
Ohio	Student Access Card Anatomy & Physiology Revealed Version 3.0	2 <sup>nd</sup>
Sadock	Kaplan & Sadock's Synopsis of Psychiatry	11 <sup>th</sup>
Sarwark	Essentials of Musculoskeletal Care (w/DVD)	4 <sup>th</sup>
Seidel, et al	Seidel's Guide to Physical Examination w/Videos	8 <sup>th</sup>
Tindall, et al	Patient Centered Pharmacology; A Learning System for the Conscientious Provider	© 2014
Sarwark	Essentials of Musculoskeletal Care (w/DVD)	4 <sup>th</sup>
Varied- McGraw-Hill Publishers	<i>Access Medicine</i> Online Digital Resource Library Includes PA Easy Subscription	N/A

\*Kindle Versions of texts are not permitted.

# ***POLICIES AND PROCEDURES***

Chatham University does not discriminate on the basis of race, color, religion, gender, sexual orientation, national origin, age, disability, veteran status, marital status or any legally protected status in its educational programs and policies, co-curricular activities, scholarship and loan programs, or employment practices. Inquiries may be directed to the director of human resources, Chatham University, Woodland Road, Pittsburgh, PA 15232, 412-365-1847.

These policies and procedures supersede any previous policies and procedures of the Physician Assistant Program, and are superseded by any Health Sciences or Chatham University policies if there is a conflicting policy. Information contained herein is subject to change.

The Chatham University Physician Assistant Program reserves the right to make exceptions to policies (admissions, academic, etc.) based on special circumstances. These decisions will be made on a case by case basis.

## ***General Policies***

PA students are not required to work for the program in any capacity. During the clinical year of the program, select students may choose to work for the Chatham University PACE center as tutors for didactic year students. These students are not employed by the Physician Assistant program.

The program does not use students to substitute for or to function as instructional faculty in the program. Second year students may work as tutors providing peer-to-peer support which is driven by requests from the first-year students. Material covered in these sessions has already been covered in didactic courses and the sessions are used for review.

No member of the faculty is permitted to provide healthcare services to enrolled students in the program.

## ***Counseling Policy***

Chatham University provides confidential counseling services at no charge to all full-time students. Individual counseling sessions provide students an opportunity to explore personal, social, family or academic concerns. Faculty advisors in the MPAS do not offer counseling services, but will promptly refer a student to seek campus counseling for a variety of reasons, such as difficulties with personal relationships, emotional or social difficulties, stress, anxiety or concerns about academic progress. Students have the ability to self-refer as well. The counseling center is staffed by a full-time Doctor in Counseling Psychology and a part-time Doctor in Clinical Psychology. You may find further information in the Chatham University Catalog, by contacting the Counseling Services office at 412-365-1282 or on [my.chatham.edu](http://my.chatham.edu) by clicking the Departments tab and then Counseling Services on the left side.

## ***Harassment Policy***

### **Consideration for the Rights and Well Being of Others**

Chatham University strives to create a civil community whose members respect one another's voices, dignity, and physical well-being. Violation of another person's rights, including threats, intentional libel, slander, physical harm, or harassment of another person will not be tolerated. Members of the Chatham community will refrain from carrying out any action that is harmful to oneself or another person, including physical, verbal, or mental abuse.

### ***Hazardous Exposure Policy***

This policy includes exposure to any body fluids by needle stick, cut, splash, etc., or exposure to active tuberculosis, meningitis, or other potentially life-threatening diseases.

#### **Student Responsibilities:**

1. Report to Employee Health at the rotation site within 2 hours of the exposure for initial testing. If not in a hospital setting, then go to the local emergency department. The student will follow the policies and procedures of the site in which the exposure occurred (as directed by Employee Health or the Emergency Department).
2. If this occurs while on Chatham property during didactic education, notify the course director immediately and proceed to the nearest Emergency Department.
3. Report the exposure to a Chatham Clinical Coordinator (or if within the content of a didactic course, to the Course Director) immediately at: either (412) 365-2902; (412) 365-2765; (412) 365-1829; or leave message with the PA Program Office at (412) 365-1412 if the Clinical Coordinators are unavailable.
4. Maintain follow-up testing as recommended by the initial testing site.
  - \* Students are responsible for all costs associated with testing related to an exposure (regardless of fault).

Financial responsibility related to significant exposure rests on the student.

Side effects of any recommended prophylaxis or treatment of the actual disease itself may cause significant health impairments that could result in a student having to take a leave of absence or withdrawal from the program.

Decisions of student progress based on exposures to hazards are handled by the SPAC on a case-by-case basis.

### ***Immunization Policy***

Students will provide evidence of vaccination for Tetanus-Diphtheria-Pertussis (Tdap), Polio, influenza vaccine and meningitis. If students cannot provide documentation of receiving at least 3 doses of the polio vaccine, they must submit a polio titer result. Students will also have to provide evidence of immunity to Measles, Mumps, Rubella, Varicella, and Hepatitis B by obtaining titer results. They must also submit a Hepatitis C titer result. Students must obtain a one-step PPD test for tuberculosis within one year of the date of admission to campus. If a student has had a positive PPD test, the university requires the student to submit evidence of a chest x-ray showing no active disease by the Allegheny County Health Department, your own state's health department, or your health care provider. The date must be within one year from admission to campus. An additional two-step PPD test is required prior to beginning clinical rotations.

Should a student elect to participate in an international clinical experience s/he will submit to the CDC recommendations for that particular country (vaccinations and/or prophylaxis for certain diseases).

### ***Safety Policy***

Chatham University has established safety policies and procedures as required by law and institutional accreditations. Such policies include: Campus Housing Safety (where applicable), Drug and Alcohol Regulations, Crime Prevention Programs, Sexual Assault and Sexual Offenders Regulations (including Sexual Harassment, Assault, Rape Prevention (SHARPS) Programs), Confidential Reporting, Missing Person and Emergency Notification System. The Safety and Security Policy and Procedure Manual are available to all Chatham faculty, staff and students in the University's intranet.

Additionally, students are to be aware of local weather warnings and conditions on or off campus and should act accordingly to preserve their personal safety. This would include seeking safe and protective housing or retreat in the event of a major disaster. Every effort should be made to notify the local authorities and the program of an emergency.

## **Drug Screening Policy**

**ALL** Chatham University PA students will be subjected to urine drug screening (UDS) prior to the start of and during a clinical experience as required by individual sites to maintain a safe and healthy workplace.

**ALL** students are required to have a UDS completed at a licensed clinical laboratory approved to offer UDS testing. Failure to comply with UDS testing during the required time frame *will prevent the student's participation in the clinical experience (CE) as scheduled*. Thus, it may delay the completion of the Program. Students may be required to register for the CE at a later date, resulting in additional tuition/associated fees and housing costs.

If the student is taking prescription medication that can alter UDS results, the student should provide supporting documentation from the prescribing physician at time of testing.

The results of testing will be forwarded to the Program. All results will be kept confidential.

- **NEGATIVE** tests will be forwarded to each CE site in order for the student to be cleared for that CE.
- **POSITIVE** tests without supporting documentation will be forwarded the Program Director. Positive tests *may result in postponement or cancellation of the CE and possible dismissal from the program*.

### **POSITIVE UDS POLICY**

#### **I. False Positives**

- A student may choose to appeal, if the student feels the result was a *false positive*.
- If a *false positive* is believed to have occurred, the student will need to obtain a verification blood drug screening (at the student's expense) within 24 hours of being given notice of the *false positive*.

#### **II. True Positives**

- A positive result without supporting documentation will result in the postponement of clinical experiences and academic activities, until the following criteria are successfully fulfilled.
  - o Students will be required to sign an agreement to continue in the Program, outlining the following conditions, understanding that failure to sign this agreement will result in **automatic dismissal** from the program.
    - Student will be referred for mandatory evaluation and counseling at a drug rehabilitation (rehab) program.
    - The rehab program will provide periodic, confidential progress reports to the Program Director.
    - Once student has successfully completed rehab, the student must pass UDS testing prior to re-entry.
    - Student **will** be subjected to random, periodic drug screening (at the student's expense) as a requirement for continuation in the Program. Student will be **dismissed** if any random UDS is positive.
    - Student also recognizes that their rotation schedule may be altered because of the above.

### **CLINICAL SITES**

- I. An initial positive UDS may prohibit participation at some CE sites.
- II. Some CE rotation sites do require an additional UDS screening just prior to placement at the site. If a positive result is noted during this testing (even if the initial test was negative), the site could deny the student from rotating at the site. If this is

the case, see the above section “Positive UDS Policy, True Positive” for the course of action.

- III. If warranted, sites may ask a student at any time during the rotation to submit to a UDS. If dismissed from the rotation because of a positive result, it will result in **automatic failure** of that CE. This may result in **dismissal** from the Program.

**Failure to comply with this policy and/or evidence of continued drug use will result in an automatic dismissal from the Program**

### ***Additional Clinical Rotation Policies:***

1. You are not permitted to copy patient records even if they are de-identified under ANY circumstance. This includes using cell phones to take pictures of records, photocopying, scanning, etc.
2. Discussing patients on a public forum is forbidden.
3. Taking pictures of anyone or anything while at clinical sites under any circumstances is strictly prohibited.
4. Students cannot do rotations at the same site twice unless approved by the clinical staff.
5. You are expected to be at your site as your preceptor/site schedules you, but no less than 32 hours per week for a 5-week rotation or 40 hours per week for a 4-week rotation.
6. Students may not be precepted by personal friends, family, or close acquaintances.
7. Students MAY NOT solicit sites or preceptors during their clinical year.
8. Students may not fraternize with preceptors, site staff, or site administrators.
9. Accessing your personal health or anyone’s records other than a person you are responsible for treating using any health system’s EMR software is STRICTLY PROHIBITED.
10. All significant exposures must be reported to your site and your clinical advisor within two hours of the exposure. Follow the policy posted in Moodle (also contained in your rotation schedule folder).
11. Students do not substitute for clinical or administrative staff while on site at clinical rotations. New sites are informed of this via the initial contact and continuing sites are reminded of this in the letters they receive prior to the start of each rotation.
12. All clinical sites and preceptors are coordinated and approved by the program through the clinical coordinators.
13. Students may propose clinical sites to the clinical coordinators but are not required to do so. Specific guidelines regarding proposals are addressed during the first fall semester.

## **Tuition and Fees**

The following are the current tuition and associated fees for each semester in the Physician Assistant Program as published on the program website:

Annual Tuition:	\$41,835
Annual University Fees:	\$4,327
<b>Total for annual tuition and university fees:</b>	<b>\$46,162</b>
Total tuition/university fees for program (incl. graduation fee)	\$92,424
Approximate total program specific fees:	\$10,262
<b>Total two year tuition and approximate fees:</b>	<b>\$102,686*</b>

### **Details of fees outlined below:**

#### **Fees:**

Combined Lab and Liability Insurance fee	\$190 per term
College/Campus fee	\$230 per term
Student Health insurance fee**	\$1780 annually
Annual Clinical fee	\$500 annually
Graduation fee (one time)	\$100
Simulation fee (\$41.67/term for 6 terms)	\$275
Technology Fee	\$375 per term
Access Medicine online books:	\$20/term

#### **Additional Fees\*\*\*:**

Books:	\$1,800-\$2,000
Equipment:	\$700-\$1000
Laptop Computer (see page35 for requirements):	\$500-\$1,500
Travel to Clinical sites (during 2 <sup>nd</sup> year):	\$2,500-\$5,000
AAPA Student Membership (one time fee covers both years)	\$75
PSPA Student Membership (one time fee covers both years)	\$50
PSPA conference registration (1 <sup>st</sup> year, travel/lodging additional)	\$135
Advanced Cardiac Life Support courses (ACLS)	\$150
Art of Auscultation Conference	\$50
Background Check Package (paid to Certified Background)	\$55
Health Requirement Package (paid to Certified Background)	\$35
Urine drug screen (paid to CertifiedBackground.com)	\$70
FBI fingerprint-based Federal Criminal History Background Check (paid to 3M Cogent)	\$27.50
PA Child Abuse History Clearance (paid to PA Dept of Public Welfare)	\$10
PPD (2-step)	\$24.00
On-campus parking	\$280/yr or 140/sem.
Patches and name tags	\$30
Privacy Screen for laptop	\$25-50

*\* The above annual costs are calculated for three(3) semesters. Please be aware, the award letters sent from the Office of Financial Aid will include the costs for two(2) semesters.*

*\*\* Full-time students who do not provide proof of alternate coverage will be enrolled in the Chatham University Student Health Insurance Plan and billed automatically.*

*\*\*\* This is a list of the most common miscellaneous fees associated with enrollment at Chatham University. Some courses may require additional fees not listed here.*

Students accepted into and enrolled in Chatham's PA Program who are citizens or permanent residents of the United States are eligible to apply for financial aid through the Federal Stafford Loan program. For more information, contact the financial aid officer at the Student Services Center.

## ***Laptop Requirements***

### **Recommended hardware/software minimums:**

4GB Memory or more

120GB hard drive (250GB hard drive or larger recommended)

Wireless A/B/G (N)

DVD+/-RW drive

Windows 7 Professional/Windows 8 Professional (or Mac OSX Snow Leopard/Lion/Mountain Lion for Apple MacIntosh)

### **Recommended items:**

3 year manufacturer's warranty (3 year AppleCare for Apple MacIntosh)

3 year Accidental Damage Protection Policy

Theft Insurance

### **Suggested Models that meet requirements:**

Apple MacBook Pro 13"

Apple MacBook Pro 15"

HP Elitebook 8470p Notebook

HP 2760P Tablet

**Privacy Screen is also required for your laptop.**

**Kindle versions of textbooks are not acceptable.**

## ***Academic Policies***

### **Academic Advising**

The students will be assigned an academic advisor for their course of study. The student should meet with the advisor as scheduled and at least once per term or more frequently if needed. The advisor provides academic and professional guidance and will refer the student for additional guidance, when necessary. If a student desires a change of advisor, s/he may petition for a change of advisor to the Program Director. Academic advisors may change periodically, based upon faculty availability and/or students' academic needs.

### **Grading**

Course grades assigned will be pass (P) or fail (F). Individual assignments and evaluations will be graded as a numerical score, satisfactory (S) or needs improvement (N). All assignments and evaluations must be satisfactorily completed or satisfactorily remediated in order to receive a (P) in any given course. Specific assignments and their grading are defined in the individual course syllabi.

### **Grading Criteria**

- Demonstrate acquisition of a strong knowledge base
  - Demonstrate satisfactory self-directed learning skills
  - Demonstrate satisfactory self-assessment skills
  - Demonstrate satisfactory clinical thinking and reasoning skills
  - Demonstrate satisfactory competence with clinical skills
  - Demonstrate satisfactory professional comportment
- Students must demonstrate completion of:

- All established competencies for a given semester in order to proceed to the next term,
- All established competencies in the academic year in order to proceed to the clinical year, and
- All program competencies in order to graduate.

## ***Honor Code and Academic Integrity Policy***

In accepting admission to Chatham University, and specifically to the Physician Assistant Program, students automatically agree to be personally responsible in all matters pertaining to academic honor and pledge to abide by those rules considered by the community as part of its honor code. Application information for acceptance into the Physician Assistant program must be accurate. Falsifying or omitting data on application documentation may lead to disciplinary action up to and including dismissal from the program.

The honor system at Chatham University challenges each student to act in such a manner as to appreciate how personal actions affect those around him/her and the reputation of the college. The acceptance and maintenance of the honor system promotes a climate of trust, concern, and respect among us that is conducive to learning and growing without which our community would deteriorate.

The honor system at Chatham enhances the development of leadership, integrity, and self-confidence through individual and community responsibility. The honor system depends for its effective operation on both the personal concern for each member of the community and for the collective concern for the maintenance of the community standards put forth by the college. Chatham University students pledge to maintain the Honor Code, which states in part: "Honor is that principle by which we at Chatham form our code of living, working and studying together. The standards of honor at Chatham require that all students act with intellectual independence, personal integrity, honesty in all relationships and consideration for the rights and well-being of others."

Both the student handbook and the Chatham University catalog reference the academic integrity and the honor system at Chatham with specific examples. Students are encouraged to read both of these sections as well as the composition of the judicial system and the appeals process.

The first episode of academic dishonesty will result in referral to the SPAC.

The following actions may be taken:

1. The committee is satisfied that no offense occurred and no further action will be warranted
2. The student admits to the wrongdoing.
  - a. An Academic Dishonesty Form is submitted to the Office of Students Affairs.
  - b. With first infractions, the SPAC will decide what penalty to apply, if any. This may include:
  - c. Resubmitting the assignment or taking a new one
  - d. Failing the assignment
  - e. Failing the course, resulting in deceleration or dismissal.
3. The student denies the wrongdoing but the SPAC determines that dishonesty occurred:
  - a. An Academic Dishonesty Form is submitted to the Office of Students Affairs.
  - b. The Student Conduct Board (SCB) convenes a hearing
  - c. If wrongdoing is confirmed, penalties and/or sanctions may include:
4. Academic probation
  - a. Suspension
  - b. Expulsion from the university

## ***Professionalism***

### **Unprofessional Behavior**

Any evidence of documented unprofessional behavior may lead to failure of the course. Examples of unprofessional behavior include, but are not limited to:

1. Falsifying data
2. Falsifying or omitting application information
3. Impersonating a certified PA or other health professional
4. Breach of patient confidentiality
5. Inappropriate conduct of a sexual nature
6. Refusal to see a patient when requested to do so
7. Performing under the influence of drugs or alcohol during patient or professional encounters
8. Tardiness or failure to attend mandatory classes, labs, seminars, clinical rotation days or other professional sessions
9. Plagiarism
10. Inappropriate body language or non-verbal communication such as eye rolling, mumbling under one's breath, or taking an argumentative tone when dealing with staff, faculty, or preceptors
11. Speaking negatively about a faculty member, fellow classmate, clinical preceptor or clinical precepting office staff
12. Fraternalization with a faculty member, including clinical preceptors
13. To avoid a conflict of interest, the appearance of a conflict of interest, or the need to examine the ethics of acceptance, students may not accept gifts of any kind from preceptors
14. Lack of following documented program procedures including syllabi

Such behaviors need not occur exclusively in the classroom but include any behaviors related to a course (e.g. in the library, bookstore, cafeteria, or any official program activity on or off campus, or within social media (eg facebook)).

Depending on the individual offense, the first episode of unprofessional behavior may result in a verbal or written warning or referral to SPAC. Subsequent unprofessional behaviors will result in automatic referral to SPAC (see SPAC section below). Referral to SPAC will result in a written warning, academic probation or dismissal from the program.

**Timeliness**

Any assignment or remediation that is not completed by the established due date may be automatically considered an "N" unless previously arranged and approved (in writing) with the evaluating faculty member. A pattern of tardiness or absenteeism may be referred to the SPAC. Due to the competency-based nature of the curriculum, students must complete all assignments, even if they receive an "N" secondary to timeliness.

**Attendance**

These are minimal expectations. Each instructor of record may impose criteria that override the ones delineated below:

- Attendance is expected at all program-sponsored activities. In the event of an unavoidable absence, the student must notify the instructor and/or the program office as soon as possible, prior to the scheduled activity start time. Specific attendance policies are subject to individual course syllabi.
- Students are responsible for any missed coursework, regardless of the reasons they miss a program-sponsored activity. A pattern of absences or tardiness reflects unacceptable professional comportment and could jeopardize the student's progress in the program. Students are strongly advised to arrange personal activities, such as routine medical/dental visits or interviews, during their scheduled recesses. All absences (excused or unexcused) require remediation to be arranged with the student's instructor of record and must be completed by the designated due date.
- Foreseen absences may be excused if requested in writing (by Chatham University email) to the instructor of record for the course, for first-year students, or the Clinical Coordinator for second-year students. The student advisor should be sent a copy of the request. Official program notification of approval or denial of the request will be sent (by email or printed form). Requests for observance of religious holidays require notification during the first week of the start of an academic term.
- In the event of a clinical preceptor's absence, students are required to immediately notify the clinical coordinator. Arrangements may be made by the clinical coordinator to reschedule or reassign the student.

Reasons for expected attendance to sponsored activities include:

- Problem-Based Learning Sessions - As a member of a team whose goal is to learn the art and science of medicine, every participant of a PBL group must contribute his/her knowledge and reasoning skills in order that effective learning transpires. If any participant is absent, the entire group suffers from the absence of that participant's contributions.
- Labs - Laboratory sessions are designed to assist students in developing and completing the necessary skills competencies. In order to guide, maintain, and assess student progress, attendance is mandatory.
- Special Seminars and Special Events - Special seminars and events such as field trips and conferences are planned with the expectation of providing the students with additional learning opportunities. Lectures and seminars provided by adjunct faculty and instructors cannot be duplicated and missing these activities could be detrimental to the overall educational experience of the student.
- Meetings - Class meetings are held to provide students an opportunity to address problems, exchange information, and plan events. If a student does not attend these meetings, s/he will lose his/her voice in the direction of the program and may miss vital information. All students are responsible for all material announced at these meetings.

**Attire**

Being neatly dressed and well-groomed exemplifies a professional appearance. During on-campus activities, wearing exercise clothing, cut-offs, soiled clothing, artificial fingernails/tips, T-shirts with offensive items, or clothing with holes is not considered professional attire. During procedures and physical exam labs students may not wear open-toed shoes or sandals (OSHA requirement). All students should expect to wear clothing for examination and procedures labs that will allow examination of the appropriate area. Females should expect to don shorts and a sports bra or tank top and males should

expect to don shorts and shirt to be removed for particular labs. Instructors will make specific requirements prior to lab sessions. If a student feels they cannot comply with this, they should make the Program aware prior to the start of class. The use of cell phones, PDAs, etc. should only be used as needed for work and personal emergency situations during on-campus activities.

During clinical rotations or program sponsored activities off-campus, students are not to wear jeans, open-toed shoes, tennis shoes, shorts, cut-offs, T-shirts, clothing with holes, dangling jewelry, heavy perfumes or after-shaves, artificial fingernails/tips, nail polish, multiple earrings, or nose, lip or tongue jewelry. Women's skirts/dresses should be no shorter than 2" above the knee, and leggings with tunics are not permissible. Men are to wear jackets or lab coats and ties. The hair is to be clean and worn in a neat arrangement, and long hair should be tied back in accordance with the policy of each clinical facility. Fingernails should be kept trimmed. Students may not exhibit offensive tattoos. No gum chewing or smoking/tobacco use will be allowed in the clinical setting. The use of cell phones, PDAs, etc. should only be used as needed for work and personal emergency situations during clinical activities. If the clinical site or research site has established policies and practices regarding dress, the site's policies supersede those of the program.

### **Identification**

Physician assistant students must introduce themselves as a physician assistant student from Chatham University. Students shall be identified as follows:

- Nametags and Chatham University photo identification tags are to be worn at all off-campus special seminars, all clinical experiences, and all research activities. If the site requires another form of identification, the student must wear both identifications.
- The lab coat must be **short**, white (blazer-style) with the Chatham University patch on the left upper sleeve at the shoulder with the identifying rocker sewn directly beneath. Nametags and photo identification tags shall be worn on the left pocket or lapel not below the waist.

### **Professional Comportment**

Comportment encompasses all academic and professional experiences. Every individual has the right to learn and work in an environment free of threats, harassment, retaliation, or other risks. All students, faculty, staff, and clinical preceptors are expected to act in a respectful and professional manner at all times. All violations of professional comportment must be addressed. Individuals should immediately remove themselves from the situation and report the incident to the Program Director.

### **Grievance Procedure**

Chatham University continues to affirm its commitment to a policy of nondiscrimination on the basis of sex, race, religion, national origin, age, sexual orientation or handicap. Moreover, as a recipient of Federal financial assistance, Chatham wishes to comply with recent federal regulations contained in Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Executive Order 11246, which deals with Affirmative Action. Chatham pledges to uphold and protect the rights of its students and employees with regards to these laws. To this end, the college has instituted the following grievance procedures. Any student or employee of the college who feels that discrimination has occurred should use the following procedures for a fair and equitable resolution of the grievances. Any grievant also has the right to file a complaint with the Office of Civil Rights, U.S. Department of Education, in Washington D.C.

1. The grievant should first discuss the grievance informally with her or his instructor, department chair, immediate supervisor, or the office or group that made the decision in dispute. The two parties will discuss the grievance and attempt to reach a solution on an informal basis. This informal procedure should take place no more than three weeks after the occurrence of the alleged grievance.
2. If the grievant is not satisfied with the outcome of the informal grievance procedure, she or he may appeal to the Affirmative Action Officers of the College, the vice president for student affairs for the students, the vice president for academic affairs for the faculty, the vice president for administration and finance for staff. For this appeal the grievance will be written.

The respondent will also submit a written statement, detailing the events of the informal procedure, and her or his response to the grievance. These materials should be submitted within two weeks following the informal procedure. After review of the written materials and conferences with each of the involved parties, the appropriate Affirmative Action Officer will render a decision on the matter within one week of receipt of these materials.

3. If the grievant is not satisfied with the decision of the Affirmative Action Officer, she or he may appeal to the Grievance Committee within two weeks. This committee will be appointed annually by the president in consultation with the appropriate representative bodies, and will be composed of one member from each of the following groups: faculty, administration, students, clerical staff, and service staff. At a first meeting, the committee would elect a chair, and select appropriate methods of meeting and operation. Within two weeks of receiving a request for appeal, the committee will consider both sides of the grievance including any written or oral evidence and witnesses produced by either party. The committee shall put its decision into writing, forwarding copies to the grievant, the respondent, and the president. The committee must reach a decision no later than two weeks after its first hearing of the case.
4. If the grievant is not satisfied with the decision of the Grievance Committee, she or he may appeal, within one week, to the president and the Board of Trustees, who will review the grievance and make a final determination within one week of the request for appeal.

### **Grade Appeals**

Students may encounter a variety of various challenges over the course of their 24 months in this program, including failing courses. Students are encouraged to attempt to resolve difficulties by discussing them with the appropriate faculty involved. The faculty member may be an instructor within the course and/or the course director. If unable to be resolved and the faculty member was not the course director, the next person of contact is the course director. If the problem is still unable to be resolved, then students should contact the Program Director. While students are on clinical rotation, they should notify the clinical coordinator immediately of any difficulties they are encountering, even if they are able to resolve their difficulties in person. The student should also contact his/her advisor on campus for assistance. Ultimately if these attempts fail, the Program Director should be contacted.

All formal appeals should be filed, in writing, to the Program Director within 5 days of occurrence. Acknowledgement of receipt of the grievance and an initial plan for resolution of the grievance will be provided from the Program Director, in writing, to the student within 5 working days of receipt. Any further actions related to the grievance will be acknowledged in writing to the student as they occur.

### **SOCIAL MEDIA POLICY**

Social media are internet-based tools designed to create a highly accessible information highway. They are powerful and far reaching means of communication that, as a physician assistant student at Chatham University, can have a significant impact on your professional reputation and status. Examples include, but are not limited to, LinkedIn, Twitter, Facebook, Second Life, Flickr, YouTube, Instagram, Snapchat, Vine and MySpace.

Students are liable for anything they post to social media sites and the same laws, professional expectations, and guidelines are expected to be maintained as if you were interacting in person. The Chatham University PA Program supports your right to interact knowledgeably and socially. Guidelines have been developed to outline appropriate standards of conduct.

Guidelines for social media use:

1. Social networking (or 'friending') Program faculty and staff, guest lecturers, clinical preceptors, rotation site staff or current/former patients is strongly discouraged.
2. Take responsibility and use good judgment. Incomplete, inaccurate, inappropriate, threatening, harassing or use of profanity on your postings is strictly prohibited.
3. Think before you post as your reputation will be permanently affected by the Internet and email archives.
4. HIPAA laws apply to all social networking so it is the utmost priority to protect patient privacy by not sharing information or photographs.
5. You must protect your own privacy as to not let outsiders see your personal information.
6. Social networking is permanently timed and tracked. Therefore, in order to respect work commitments, social networking during class, program activities, and clinical time is strictly prohibited.
7. If you choose to use "Chatham PA Program" in your group posting name, you must post a disclaimer on the page stating that your views are that of your own and do not reflect the views of the Chatham PA program.
8. All laws governing copyright and fair use of copyrighted material must be followed.
9. Consult your faculty advisor or the Program Director if you have any questions regarding the appropriateness of social networking use.
10. Students should not put posts or photos on social networks about rotation experiences (including location, clients, diagnosis, treatment, preceptors and staff etc.) Names of supervisors, comments or criticism about sites or information about what is happening at sites are not appropriate and prohibited.
11. The Program at any time may request immediate access to class pages; failure to grant access may result in disciplinary actions.

**Failure to follow the above stated guidelines may be considered a breach of appropriate professional behavior and be subject to discipline, up to and including dismissal from the program.**

**Disability Statement:** Chatham University is committed to providing an environment that ensures that no individual is discriminated against on the basis of her/his disability. Students with disabilities, as defined under the Americans with Disabilities Act of 1990 (ADA) and who need special academic accommodations, should notify the assistant dean of the PACE Center as soon as possible. The PACE Center will work with students and the course instructor to coordinate and monitor the provision of reasonable academic accommodations.

## ***Student Progress Advisory Committee (SPAC)***

The Student Progress Advisory Committee (SPAC, see below) will review all students at least once per semester and recommend progression, deceleration, probation and/or dismissal.

### **Composition and Process**

The SPAC shall be composed of the Associate Program Director, Academic Coordinator, Clinical Coordinator, and appointed members of the faculty (voting members) by the PD, and the Program Director (non-voting member). Other designated Physician Assistant faculty may be involved on a case-by-case basis. Based on periodic reviews, the SPAC may make one of the following recommendations:

### **Progression**

Any student who is passing all courses and has no professionalism violations will be recommended for progression to the next semester. The student will receive no correspondence from SPAC.

### **Formal Letter of Warning**

A student may receive a formal letter from the SPAC informing them of potential course failure or academic probation. This could result when a student demonstrates more than one documented incident of unprofessional behavior either with other students, when interacting with faculty/staff or clinical preceptors.

### **Deceleration**

A student may be placed into an altered didactic sequence of the program (deceleration). Reasons for deceleration may include:

- Failure of any of the following:
  - One academic course
  - Summative evaluation
- Valid medical issue (verified by a treating physician's letter)
- Military service requirement (verified by original orders)

Students who are decelerated because of academic or behavioral issues will be automatically placed on academic probation for the remainder of their matriculation in the program. Decelerated students will be considered members of the following class and will not be able to walk or graduate with their original class. While in deceleration for academic or behavioral issues, the student will be required to enroll and successfully complete one independent study course per semester, in order to remain active and progress through the program. Upon successful completion of all required work and assignments, the students may re-enter the normal didactic sequence of the program. Other than for military or medical reasons, no more than one opportunity for deceleration will be granted.

### **Academic probation**

A student may be placed on academic probation for course failure, violation of the honor code, or other unprofessional behavior. Failure of a course could also lead to dismissal from the program, academic probation or deceleration as recommended by SPAC. While on academic probation, a student may be dismissed from the program for subsequent failure of one course, violation of the honor code or other unprofessional behavior. Failure of more than one course in the program will result in automatic dismissal from the program.

Students on academic probation will not be eligible for HRSA grant stipends for clinical rotations (if stipends are available). Additionally, students on academic probation may not be eligible for rotations at sites designated as competitive rotation sites and/or may not travel to more than two remote rotation sites. Students also may not be eligible for employment in the University tutoring program. Academic probation may affect state licensing and/or recommendation and credentialing information provided to potential employers and credentialing institutions.

Students placed on academic probation due to course failure will remain on probation throughout the length of the program. However, students on academic probation for reasons other than course failure have an opportunity to be removed from such status after one or two successful semesters (as defined below) in which there are no further academic or professional violations. If it is determined that such a student has shown sufficient academic or professional improvement, the SPAC committee may recommend that said student be cleared of the probationary status. A student, who has scored lower than the average score required to pass a course on any individual assessment, or has received a “needs improvement” on a preceptor evaluation, or who has received an “N” on any of the grading criteria in the clinical year will remain on probation and will be re-evaluated in the following semester. For example, if the average passing criteria on Essentials MCQs is 60% over three exams, a student who receives 75%, 65% and 50% on the three MCQ exams will remain on probation (even though the mean of these exams is over 60%). Students will be considered for removal from probation after one semester for academic reasons other than course failure and after two semesters for professionalism violations.

### **Leave of Absence**

Please refer to the University Handbook for Leave of Absence policy. All requests for a Leave of Absence must be first submitted to the Program Director. The Program Director will advise student on subsequent steps in the process. Please note that a leave of absence will not be granted by the Program Director if a student is failing a course at the time of request. If a leave of absence is granted, students must report to the Program Director their intention to return to the program by April 1 of the spring semester preceding their scheduled return to the program or at a date defined by the Program Director.

### **Withdrawal or dismissal**

A withdrawal may be requested by the student in writing with or without the recommendation of the SPAC. Students who withdraw prior to the published “Drop-Add” date are entitled to a refund of their tuition for withdrawn course(s), as per the University’s policy. The appropriate paperwork for withdrawal from courses is provided by Student Services. No refund will be provided after this date. Incurred expenses prior to withdrawal (including, but not limited to memberships, fees, equipment, and books) are not refundable. The student who withdraws while passing all coursework to-date may re-apply through the admissions process with the exceptions of extenuating circumstances, as determined by the SPAC.

These may include, but are not limited to:

- Family emergency
- Prolonged illness
- Military activation
- Pregnancy
- Others (as validated by the SPAC)

Students who withdraw while failing coursework are not eligible for re-admission to the program. In the case of extenuating circumstances, the student’s academic slot may be held without need for re-application. A student who becomes pregnant in the didactic phase of the program may be given a medical leave of absence with a guaranteed slot; in the clinical year, a pregnant student may miss 1-2 clinical rotations that must be made up. In either case, the student may graduate with the next class. Interim requirements for continuation in the program after a leave of absence or withdraw will be determined by the SPAC. All students enrolled in the PA Studies program must complete all degree requirements within three years after the date of their first enrollment in the program.

### **Appeals**

Students may appeal any SPAC recommendation. Appeals must be submitted to the Program Director in writing within four working days of receipt of the SPAC decision. The student is responsible for providing all supporting materials with their written appeal. Following the decision of the Program Director, which is provided within four working days of receiving the written student appeal, a student may then appeal the decision as outlined in the Chatham University Catalog under Appeals Process of the Graduate Academic Policies and Procedures section (page 275).

## ***ADDITIONAL INFORMATION***

### **Videotaping**

Students may be videotaped performing tasks such as interviews, history and physical examinations, and/or patient education sessions. These tapes will be used to aid in evaluating communication and physical examination skills. Students will have the opportunity to review the tapes and self-evaluate.

### **Basic Life Support (BLS) Certification**

Students must be certified in BLS for Healthcare Providers prior to starting their Clinical Rotations in the second year. Certification is arranged on campus before the start of clinical rotations (this will change for students beginning the program in the summer of 2015). If a student chooses to not participate because they are already BLS certified, s/he must provide documentation of certification that will last through the entire clinical year. Many clinical sites require proof of current BLS and a student may not be allowed to attend these sites if these certifications are not current. This action may result in a delay in graduation. Students must provide documentation of certification to the Clinical Coordinators.

### **Latex Allergy**

Latex allergy/sensitivity is a growing concern for health care professions. Chatham University Physician Assistant Studies Program is unable to provide a latex-free environment to learners in either the clinical practice laboratories on campus or clinical placement sites off campus. Applicants who have a known latex allergy/sensitivity are encouraged to consult their personal health care provider prior to entering a health care profession.

### **Moonlighting / Employment**

Employment while a first-year student in the Program is strongly discouraged due to the intensity of the curriculum and time constraints of problem-based-learning. Work cannot supersede program activities or group meetings at a time convenient for the majority. Students may not be employed by the program in any capacity. No student will be required to perform any work for the program or for any member of the faculty.

During the clinical year of the program, select students are asked to act as tutors for first-year students. This is a paid position through the Chatham University PACE center and not through the PA program. Select students are in no way required to accept a position. These tutoring positions are considered supplemental to the clinical year student in studying for clinical rotations, end of rotation exams, and ultimately the PANCE. As with first-year students, second-year students are discouraged from working in any capacity which does not support their studies.

### **Review of student progress in the program**

A student may progress to the next term if s/he has satisfactorily completed all assignments and evaluations for the previous term, and has received a "P" grade in all coursework.

### **Program awards**

At the time of graduation, awards may be bestowed based on nominations from students, faculty, or preceptors. Awards recognize outstanding participation in problem-based learning, outstanding performance in clinical rotations; outstanding leadership; and outstanding service to the class, program, college, or community and achievement. Awards will be officially announced at the White Coat Ceremony.

### **Graduation**

A student may graduate if s/he has satisfactorily completed all assignments, evaluations, and other requirements for the program, and has received a "Pass" grade in all coursework. Failure to do so will result in the delay of the student's degree conferral.

## **PA ORGANIZATIONS**

### ***American Academy of Physician Assistants***

The AAPA is the national professional society for Physician Assistants. Founded in 1968, the Academy has chapters in all 50 states, the District of Columbia, and Guam. They also have chapters that represent physician assistants working for the Public Health Service, the Department of Veteran's Affairs, and all branches of the military.

The mission of the AAPA is to "promote quality, cost effective, and accessible health care and to promote the professional and personal development of PAs". Major activities to accomplish this goal include government relations, public education, research and data collection, and professional development.

Eighty percent of all practicing physician assistants are members of AAPA. Members are graduates of accredited physician assistant programs and/or those who are nationally certified. Students at accredited programs are also eligible for membership.

The AAPA's Physician Assistant Foundation (PAF) provides funds for scholarships and research on the PA profession.

For more information, contact:

American Academy of Physician Assistants  
2318 Mill Road Suite 130  
Alexandria, VA 22314

(703) 836-2272  
Fax (703) 684-1924  
Web Site: [www.aapa.org](http://www.aapa.org)

### ***National Commission on Certification of Physician Assistants***

NCCPA is an independent organization established to assure the competency of physician assistants. NCCPA was formed in 1975 by the AAPA and other health professional associations in order to administer a national certifying examination to graduates of accredited PA programs. The initial examination (PANCE) and the recertification examination (PANRE) are designed to test the medical knowledge and clinical skills of PAs. For more information, contact:

NCCPA  
12000 Findley Road  
Duluth, GA 30097

(678) 417-8100  
Fax (678) 417-8135  
Web Site: [www.nccpa.net](http://www.nccpa.net)

## ***Physician Assistant Education Association***

PAEA is the only national organization in the United States representing physician assistant (PA) educational programs. Its mission is to pursue excellence, foster faculty development, advance the body of knowledge that defines quality education and patient-centered care, and promote diversity in all aspects of physician assistant education. For more information, contact:

PAEA  
300 N. Washington Street  
Suite 710  
Alexandria, VA 22314-2544

(703) 548-5538  
Fax: (703) 548-5539  
Web Site: [www.PAEAonline.org](http://www.PAEAonline.org)

## ***Pennsylvania Society of Physician Assistants***

The PSPA was established in 1976 to act as a representative of all physician assistants within the Commonwealth of Pennsylvania. For more information, contact:

Pennsylvania Society of Physician Assistants  
PO Box 128  
Greensburg, PA 15601

(724) 836-6411  
Fax (724) 836-4449  
Web Site: <http://www.pspa.net>

## ***Accreditation Review Commission on Education for the Physician Assistant***

ARC-PA is the accrediting agency that protects the interests of the public and PA profession by defining the standards for PA education and evaluating PA educational programs within the territorial United States to ensure their compliance with those standards. One of the requirements for becoming a Physician Assistant is to have graduated from an ARC-PA accredited Physician Assistant Program. For more information, contact:

ARC-PA  
12000 Findley Road, Suite 150  
Duluth, GA, 30097

(770)-476-1224  
Fax (770)-476-1738  
Web Site: [www.arc-pa.org](http://www.arc-pa.org)

# COMMON DISEASE AND ILLNESS

The following list is provided to you as an addendum to the Program Competencies. This list was developed using the NCCPA Content Blueprint. This is to be used as a guide to study as well as preparation for the PANCE. PAS600/601, Essentials for the Physician Assistant I&II utilizes a variant of this list geared toward first year students.

## CARDIOVASCULAR SYSTEM

### Cardiomyopathy

Dilated  
Hypertrophic  
Restrictive

### Conduction Disorders

Atrial fibrillation/flutter  
Atrioventricular block  
Bundle branch block  
Paroxysmal supraventricular tachycardia  
Premature beats  
Sick sinus syndrome  
Ventricular tachycardia  
Ventricular fibrillation  
Torsades de pointes

### Congenital Heart Disease

Atrial septal defect  
Coarctation of aorta  
Patent ductus arteriosus  
Tetralogy of Fallot  
Ventricular septal defect

Heart Failure

### Hypertension

Essential  
Secondary  
Hypertensive emergencies Hypotension  
Cardiogenic shock  
Orthostatic hypotension

### Coronary Heart Disease

Acute myocardial infarction  
• Non-ST segment elevation  
• ST segment  
Angina pectoris  
• Stable  
• Unstable  
• Prinzmetal variant

### Vascular Disease

Aortic aneurysm/dissection  
Arterial embolism/thrombosis  
Giant cell arteritis  
Peripheral arterial disease  
Phlebitis/thrombophlebitis

Varicose veins  
Venous insufficiency  
Venous thrombosis

### Valvular Disease

Aortic stenosis  
Aortic regurgitation  
Mitral stenosis  
Mitral regurgitation  
Mitral valve prolapse  
Tricuspid stenosis  
Tricuspid regurgitation  
Pulmonary stenosis  
Pulmonary regurgitation

### Other Forms of Heart Disease

Acute and subacute bacterial endocarditis  
Acute pericarditis  
Cardiac tamponade  
Pericardial effusion

## DERMATOLOGIC SYSTEM

### Eczematous Eruptions

Dermatitis  
Dyshidrosis  
Lichen simplex chronicus

### Papulosquamous Diseases

Drug eruptions  
Lichen planus  
Pityriasis rosea  
Psoriasis

### Desquamation

Erythema multiforme  
Stevens-Johnson syndrome  
Toxic epidermal necrolysis

### Vesicular Bullae

Bullous pemphigoid

### Acneiform Lesions

Acne vulgaris  
Rosacea

### Verrucous Lesions

Actinic keratosis

Seborrheic keratosis

**Insects/Parasites**

Lice  
Scabies  
Spider bites

**Neoplasms**

Basal cell carcinoma  
Kaposi sarcoma  
Melanoma  
Squamous cell carcinoma

**Hair and Nails**

Alopecia  
Onychomycosis  
Paronychia

**Viral Diseases**

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

**Bacterial Infections**

Cellulitis  
Erysipelas  
Impetigo

**Fungal Infections**

Candidiasis  
Dermatophyte infections

**Other**

Acanthosis nigricans  
Burns  
Hidradenitis suppurativa  
Lipomas/epithelial inclusion cysts  
Melasma  
Pilonidal disease  
Pressure ulcers  
Urticaria  
Vitiligo

**EENT (EYES, EARS, NOSE and THROAT)**

**Eye Disorders**

Blepharitis  
Blowout fracture  
Cataract  
Chalazion  
Conjunctivitis  
Corneal abrasion  
Corneal ulcer

Dacryoadenitis  
Ectropion  
Entropion  
Foreign body  
Glaucoma  
Hordeolum  
Hyphema  
Macular degeneration  
Nystagmus  
Optic neuritis  
Orbital cellulitis  
Papilledema  
Pterygium  
Retinal detachment  
Retinal vascular occlusion  
Retinopathy  
Strabismus

**Ear Disorders**

Acute/chronic otitis media  
Acoustic neuroma  
Barotrauma  
Cholesteatoma  
Dysfunction of eustachian tube  
Foreign body  
Hearing impairment  
Hematoma of external ear  
Labyrinthitis  
Mastoiditis  
Meniere disease  
Otitis externa  
Tinnitus  
Tympanic membrane perforation  
Vertigo

**Nose/Sinus Disorders**

Acute/chronic sinusitis  
Allergic rhinitis  
Epistaxis  
Foreign body  
Nasal polyps

**Mouth/Throat Disorders**

Acute pharyngitis  
Aphthous ulcers  
Diseases of the teeth/gums  
Epiglottitis  
Laryngitis  
Oral candidiasis  
Oral herpes simplex  
Oral leukoplakia  
Peritonsillar abscess  
Parotitis  
Sialadenitis

**Benign and malignant neoplasms**

## **ENDOCRINE**

### **Diseases of the Thyroid Gland**

Hyperparathyroidism  
Hypoparathyroidism  
Hyperthyroidism  
Hypothyroidism  
Neoplastic disease  
Thyroiditis

### **Diseases of the Adrenal Glands**

Corticoadrenal insufficiency  
Cushing syndrome  
Neoplastic disease

### **Diseases of the Pituitary Gland**

Acromegaly/gigantism  
Diabetes insipidus  
Dwarfism  
Neoplastic disease  
Pituitary adenoma

### **Diabetes Mellitus**

Type 1  
Type 2

### **Lipid Disorders**

Hypercholesterolemia  
Hypertriglyceridemia

## **GASTROINTESTINAL**

### **Esophagus**

Esophagitis  
Motility disorders  
Mallory-Weiss tear  
Neoplasms  
Strictures  
Varices

### **Stomach**

Gastroesophageal reflux disease  
Gastritis  
Neoplasms  
Peptic ulcer disease  
Pyloric stenosis

### **Gallbladder**

Acute/chronic cholecystitis  
Cholangitis  
Cholelithiasis

### **Liver**

Acute/chronic hepatitis

Cirrhosis  
Neoplasms

### **Pancreas**

Acute/chronic pancreatitis  
Neoplasms

### **Small Intestine/Colon**

Appendicitis  
Celiac disease  
Constipation  
Diverticular disease  
Inflammatory bowel disease  
Intussusception  
Irritable bowel syndrome  
Ischemic bowel disease  
Lactose intolerance  
Neoplasms  
Obstruction  
Polyps  
Toxic megacolon

### **Rectum**

Anal fissure  
Abscess/fistula  
Fecal impaction  
Hemorrhoids  
Neoplasms

### **Hernia**

## **Infectious and Non-infections Diarrhea**

## **Vitamin and Nutritional Deficiencies**

### **Metabolic Disorders**

Phenylketonuria

## **GENITOURINARY**

### **GU Tract Conditions**

Benign prostatic hyperplasia  
Congenital abnormalities  
Cryptorchidism  
Erectile dysfunction  
Hydrocele/varicocele  
Incontinence  
Nephro/uroolithiasis  
Paraphimosis/phimosis  
Testicular torsion

### **Infectious/Inflammatory Conditions**

Cystitis  
Epididymitis  
Orchitis  
Prostatitis

Pyelonephritis  
Urethritis

### **Neoplastic Diseases**

Bladder carcinoma  
Prostate carcinoma  
Renal cell carcinoma  
Testicular carcinoma  
Wilms tumor

### **Renal Diseases**

Acute renal failure  
Chronic kidney disease  
Glomerulonephritis  
Hydronephrosis  
Nephrotic syndrome  
Polycystic kidney disease  
Renal vascular disease

### **Fluid and Electrolyte Disorders**

Hypervolemia  
Hypovolemia

### **Acid/Base Disorders**

## **HEMATOLOGIC**

### **Anemias**

Anemia of chronic disease  
Aplastic anemia  
Folate deficiency  
G6PD deficiency  
Hemolytic anemia  
Iron deficiency  
Sickle cell anemia  
Thalassemia  
Vitamin B12 deficiency

### **Coagulation Disorders**

Clotting factor disorders  
Hypercoagulable states  
Thrombocytopenia  
• Idiopathic thrombocytopenic purpura  
• Thrombotic thrombocytopenic purpura

### **Malignancies**

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

## **INFECTIOUS DISEASES**

### **Fungal Disease**

Candidiasis  
Cryptococcosis  
Histoplasmosis  
Pneumocystis

### **Bacterial Disease**

Acute rheumatic fever  
Botulism  
Chlamydia  
Cholera  
Diphtheria  
Gonococcal infections  
Salmonellosis  
Shigellosis  
Tetanus

### **Mycobacterial Disease**

Atypical mycobacterial disease  
Tuberculosis

### **Parasitic Disease**

Helminth infestations  
Malaria  
Pinworms  
Toxoplasmosis

### **Spirochetal Disease**

Lyme disease  
Rocky Mountain spotted fever  
Syphilis

### **Viral Disease**

Cytomegalovirus infections  
Epstein-Barr virus infections  
Erythema infectiosum  
Herpes simplex  
HIV infection  
Human papillomavirus infections  
Influenza  
Measles  
Mumps  
Rabies  
Roseola  
Rubella  
Varicella-zoster virus infections

## **MUSCULOSKELETAL**

### **Disorders of the Shoulder**

Fractures/dislocations  
Soft tissue injuries  
Disorders of the Forearm/Wrist/Hand

Fractures/dislocations  
Soft tissue injuries

### **Disorders of the Back/Spine**

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

### **Disorders of the Hip**

Avascular necrosis  
Development dysplasia  
Fractures/dislocations  
Slipped capital femoral epiphysis

### **Disorders of the Knee**

Fractures/dislocations  
Osgood-Schlatter disease  
Soft tissue injuries

### **Disorders of the Ankle/Foot**

Fractures/dislocations  
Soft tissue injuries

### **Infectious Diseases**

Acute/chronic osteomyelitis  
Septic arthritis

### **Neoplastic Disease**

Bone cysts/tumors  
Ganglion cysts

### **Osteoarthritis**

### **Osteoporosis**

### **Compartment Syndrome**

### **Rheumatologic Conditions**

Fibromyalgia  
Gout/pseudogout  
Juvenile rheumatoid arthritis  
Polyarteritis nodosa  
Polymyositis  
Polymyalgia rheumatica  
Reactive arthritis (Reiter syndrome)  
Rheumatoid arthritis  
Systemic lupus erythematosus  
Systemic sclerosis (Scleroderma)  
Sjögren syndrome

## **NEUROLOGY**

### **Diseases of Peripheral Nerves**

Complex regional pain syndrome  
Peripheral neuropathies

### **Headaches**

Cluster headache  
Migraine  
Tension headache

### **Infectious Disorders**

Encephalitis  
Meningitis

### **Movement Disorders**

Essential tremor  
Huntington disease  
Parkinson disease

### **Vascular Disorders**

Cerebral aneurysm  
Intracranial hemorrhage  
Stroke  
Transient ischemic attack

### **Other Neurologic Disorders**

Altered level of consciousness  
Cerebral palsy  
Concussion  
Dementias  
Delirium  
Guillain-Barré syndrome  
Multiple sclerosis  
Myasthenia gravis  
Post-concussion syndrome  
Seizure disorders  
Status epilepticus  
Syncope  
Tourette disorder

## **PSYCHIATRY/BEHAVIORAL SCIENCE**

### **Anxiety Disorders**

Generalized anxiety disorder  
Panic disorder  
Phobias  
Posttraumatic stress disorder

### **Attention-Deficit/Hyperactivity Disorder**

### **Autistic Disorder**

### **Eating Disorders**

Anorexia nervosa  
Bulimia nervosa  
Obesity

**Mood Disorders**

Adjustment  
Bipolar  
Depressive  
Dysthymic

**Personality Disorders****Psychoses**

Delusional disorder  
Schizophrenia

**Somatoform Disorders****Substance Use Disorders**

Abuse  
Dependence  
Withdrawal

**Other Behavior/Emotional Disorders**

Acute reaction to stress  
Child/elder abuse  
Conduct disorders  
Domestic violence  
Grief reaction  
Suicide

**PULMONARY****Infectious Disorders**

Acute bronchitis  
Acute bronchiolitis  
Acute epiglottitis  
Croup  
Influenza  
Pertussis  
Pneumonias  
• Bacterial  
• Viral  
• Fungal  
• HIV-related  
Respiratory syncytial virus infection  
Tuberculosis

**Neoplastic Disease**

Carcinoid tumors  
Lung cancer  
Pulmonary nodules

**Obstructive Pulmonary Disease**

Asthma  
Bronchiectasis  
Chronic bronchitis  
Cystic fibrosis

Emphysema

**Pleural Diseases**

Pleural effusion  
Pneumothorax

**Pulmonary Circulation**

Cor pulmonale  
Pulmonary embolism  
Pulmonary hypertension

**Restrictive Pulmonary Disease**

Idiopathic pulmonary fibrosis  
Pneumoconiosis  
Sarcoidosis

**Other Pulmonary Disease**

Acute respiratory distress syndrome  
Hyaline membrane disease  
Foreign body aspiration

**REPRODUCTIVE SYSTEM****Uterus**

Dysfunctional uterine bleeding  
Endometrial cancer  
Endometriosis  
Leiomyoma  
Prolapse

**Ovary**

Cysts  
Neoplasms

**Cervix**

Carcinoma  
Cervicitis  
Dysplasia  
Incompetent

**Vagina/Vulva**

Cystocele  
Neoplasm  
Prolapse  
Rectocele  
Vaginitis  
Menstrual Disorders  
Amenorrhea  
Dysmenorrhea  
Premenstrual syndrome

**Menopause**

**Breast**

Abscess  
Carcinoma  
Fibroadenoma  
Fibrocystic disease  
Gynecomastia  
Galactorrhea  
Mastitis

**Pelvic Inflammatory Disease****Contraceptive Methods****Infertility****Uncomplicated Pregnancy**

Normal labor/delivery  
Prenatal diagnosis/care

**Complicated Pregnancy**

Abortion  
Abruptio placentae  
Cesarean section  
Dystocia  
Ectopic pregnancy  
Fetal distress  
Gestational diabetes  
Gestational trophoblastic disease  
Hypertension disorders in pregnancy  
Multiple gestation  
Placenta previa  
Postpartum hemorrhage  
Premature rupture of membranes  
Rh incompatibility