Chatham UNIVERSITY
Physician Assistant Program

Student Manual

Academic Year 2009-2010

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Introduction
INTRODUCTION

Introduction to the College

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 new Chatham Eastside at Fifth and Penn avenues. Our Eden Hall Farm Campus is located on 388-acres in Richland Township and will include programs focusing on women and environmental sustainability. The University is a private, selective, fully accredited, nonsectarian institution, consisting of three distinct Colleges:

**Chatham College for Women**, offering baccalaureate degrees to women only;

**Chatham College for Graduate Studies**, offering master's and doctoral degrees and teacher certification to both women and men; and

**Chatham College for Continuing and Professional Studies**, offering undergraduate, graduate, professional and continuing education online to both women and men.

The University is accredited by the Commission on Institutions of Higher Education of the Middle States Association of Colleges and Secondary Schools, Pennsylvania Department of Education, Pennsylvania Department of Education teacher certification program, Accreditation Council for Occupational Therapy Education, Accreditation Review Commission on Education for the Physician Assistant, American Chemical Society, the American Physical Therapy Association, Collegiate Commission on Nursing Education, Commission on Accreditation of Allied Health Education Programs, Commission on Accreditation in Physical Therapy Education, Council on Social Work Education, and Landscape Architectural Accreditation Board.

Introduction to the Program

The **Physician Assistant Studies Program 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.

The program has adopted the **Competencies for the Physician Assistant Profession**, created by our professional organizations, as the Program’s Core Competencies or Goals. Additionally, the program has adopted the PAEA’s **Core Cultural Competencies for Physician Assistants** as a map of the specific knowledge, skills, and professional attitudes physician assistants should acquire and maintain to approach cultural competence.

These competencies define the expected minimal and specific knowledge, skills, and attitudes required of physician assistants in order to practice.
Program Competencies

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.

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. PAs 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.

**Cultural Competencies**

**Knowledge**

Includes an understanding of the definition of culture and its relationship to health, health disparities, disease incidence and prevalence for specific communities and or ethnic groups, historical factors that might shape the health behavior of a community, community folk practices and ethnopharmacology, and community social and historical context. Physician assistants should demonstrate the application of this knowledge of social phenomena to patient care. In addition, physician assistants are expected to demonstrate investigatory and analytic thinking approach to clinical situations.

Upon graduation our students are expected to:

1. Define culture, race and ethnicity and their use in medical literature.
2. Identify health disparities and factors that contribute to the existence of health disparities by race/ethnicity, gender, socioeconomic status, sexual orientation, and disability.
3. Identify community specific disease incidence and prevalence including health disparities.
4. Identify community practices including ethnopharmacology and folk practices
5. Apply an understanding of the cultural social context to the patient encounter

Professional Attitude
Demonstrate or adhere to a set of positive values and ideals for the delivery of care. It includes prioritizing the interests of those being served above one’s own. Physician assistants must know their professional and personal limitations. Physician assistants must demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population.

Upon graduation our students are expected to:
   1. Identify socio-cultural factors that may affect individual patients
   2. Examine the power dynamics of both society and medicine including but not limited to racism, sexism, and classism
   3. Identify the power differential in the clinician-patient relationship
   4. Explain the operation and effect of stereotyping and bias in the interaction between patient and clinician
   5. Identify her/his personal cultural values and biases
   6. Explain the role of self-reflection and self-critique for clinician improvement to quality care

Skills
These are the tools and abilities that enable the physician assistant to perform effectively. These skills enhance the quality of care provided by physician assistants to every patient regardless of setting or specialty.

Upon graduation our students are expected to:
   1. Elicit the patient’s explanatory model
   2. Assess the patient’s spiritual values and practices
   3. Negotiate the treatment plan across cultural and social context
   4. Effectively use formally trained and informal interpreters
   5. Assess community social and historical context
   6. Identify community resources
   7. Use specific evidence based information
   8. Appraise, interpret, and critique the literature’s use of race, ethnicity, and culture in application to the patient
   9. Use reflective practice techniques to improve quality of cross cultural encounters
Mission Statement

The Chatham University PA Program is dedicated to produce knowledgeable, compassionate, ethical, and clinically skillful graduates that are ready to provide health care services to all persons regardless of race, culture, spiritual beliefs, gender or socioeconomic status and are willing to become the future leaders and educators of the profession. This will be 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 the discipline and in medicine;
- 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.

Vision Statement

To become the best PA Program in the nation... whose faculty is recognized for developing and researching innovative curricular methods and whose graduates are known as outstanding clinicians in the community and leaders in the profession.

Accreditation

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. Pennsylvania requires 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 six years.

To sit for the PANCE, graduate physician assistants must have completed a program accredited by the Accreditation Review Committee on Education for the Physician Assistant (ARC-PA). The Program received a seven year re-accreditation by the ARC-PA in 2005.
Faculty and Staff
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**Faculty Profiles**

**FACULTY PROFILES**

**John Comerci Jr, MD, FACOG, FACS**  
Medical Director  
Dr. John Comerci is a diplomate of the American Board of Obstetrics and Gynecology and the American College of Surgeons. A graduate of Temple University School of Medicine, Dr. Comerci completed an internship and residency at Saint Barnabas Medical Center in Livingston, New Jersey and was selected as a Galloway Fellow in Gynecologic Oncology at Memorial Sloan Kettering Cancer Center. He completed a 3-year Gynecologic Oncology fellowship at the Albert Einstein College of Medicine in New York. Having won 3 National Faculty Teaching Awards from the Council on Resident Education in Obstetrics and Gynecology, Dr. Comerci is active in developing continuing education programs for physicians and allied healthcare professionals. Currently he is Director of the Division of Gynecologic Oncology and the Director of Outreach for the Division of Gynecologic Oncology at West Penn Hospital in Pittsburgh. He became Medical Director in July 2009.

**Kelly Donkers, MPA, PA-C**  
Assistant Professor /Skills Coordinator  
Kelly Donkers graduated from Duquesne University’s Master’s Program in 1997. 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, served on a Level One Trauma team, and also worked in Physical Medicine and Rehabilitation. Kelly also continues to provide Independent Medical Review for a Baltimore firm that represents Maryland hospitals in identifying medical necessity for patients against insurance companies. 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. She joined Chatham’s PA Program in 2008.

**Carol Ennulat, MBA, PA-C**  
Assistant Director/ Assistant Professor/Academic Coordinator  
Carol Ennulat has been a physician assistant since 1985, with clinical experience in surgical subspecialties, in particular Orthopedics, General Surgery and Neurosurgery. She practiced clinically for twenty-one years until she became full-time faculty at Chatham University in 2006. She now practices part-time in a local orthopedic practice. She was the recipient of three Outstanding Preceptor Awards from the Inter-military Physician Assistant Program. Her research interests include outcomes assessment in PA education utilizing various testing methods and cultural competency in PA Education. She serves on the Student Affairs Committee of the Pennsylvania Society of Physician Assistants and is a reviewer for the Physician Assistant Education Association’s Student Writing
Competition. She was the emcee for the PSPA Student Challenge Bowl and has taught in a Procedures workshop at the AAPA Annual Meeting in 2009. She received a Bachelor of Science in Medical Science from Alderson-Broaddus College and a Master’s in Business Administration from Wayne State University.

**Heidi Felix, MPAS, PA-C**  
Assistant Professor/Clinical Coordinator  
Heidi graduated from Rochester Institute of Technology in 2000. She worked in cardiothoracic surgery in Rochester, NY as well as Temple, TX until 2005. During that time she obtained her MPAS from the University of Nebraska. Since moving to Pittsburgh in 2005 she has worked in Gynecology Oncology at the Western Pennsylvania Hospital. She joined Chatham University in 2007 as a Clinical Coordinator and Administrative Faculty. She continues to work clinically at WPH one day a week. Heidi has also been adjunct faculty at the AAPA National Conference for the last 5 years. She currently serves on the AAPA’s Conference Education Planning Committee.

**Carl Garrubba, MPA, PA-C**  
Assistant Professor/Clinical Coordinator  
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.

**April Hollenbeck, MPAS, PA-C**  
Adjunct Faculty  
April, 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 returns to PBL. She works as a full time Physician Assistant in the Emergency Department at Children’s Hospital of Pittsburgh. She obtained her BA from John Carroll University in 1999.

**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, Cardithoracic 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 committee with the NCCPA. Her research interest centers on student evaluation in
problem-based learning settings, and she has made many presentations at national PA conferences on this research, as well as being published in the Journal of Physician Assistant Education. 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.

Mark L. Hertweck, MA, PA-C  
Associate Professor/Community Development Coordinator

Mark Hertweck’s credentials include more than twenty seven years of practice as a Physician Assistant in the area of Internal Medicine and he continues to work in a primary care clinic at the Veterans Administration Heath Center. He completed more than two years as a full time instructor at Duquesne University in the Physician Assistant Program. At Chatham University he has been a faculty member for twelve years teaching medical diagnosis and treatment as well as essential concepts for health care professionals using the PBL method. He functions primarily as a small group facilitator and also as a lecturer. He also assists as a skills resource instructor. He holds a MA in Counseling Psychology from Slippery Rock University, a Bachelor of Health Science from Hahnemann University as well as a BS in Psychology from the University of Pittsburgh. He was appointed a Physician Assistant representative to the HRSA/Bureau of Health Professionals to provide consultative services to national AIDS Education Training Centers. For ten years he was a reserve officer with the US Navy Medical Services Corps. He is a member of the advisory board of the Albert Schweitzer Pittsburgh Fellowship. He has been selected to lecture at the Governor's School for high school students that are aspiring to health care careers. He is active in regional and state professional activities. He is the faculty advisor for Chatham University’s undergraduate PA student organization. He assists student in the fulfillment of service requirements as well as public relations activities on the campus and in the community. He has been an invited speaker and trainer on the topic of problem based learning at various educational levels. He was selected as the Physician Assistant of the Year for the state of Pennsylvania in 1999. His scholarly work has focused on Problem Based Learning and Student Service.

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

Dr. 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 Complementary Medicine where he specializes in clinical nutrition and botanical medicine. He is active in lecturing in Complementary and Alternative Medicine to professional and community groups in Western Pennsylvania. His experience in academic settings spans eighteen 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.
Sharon Mohale, MPAS, PA-C
Adjunct Faculty
Sharon Mohale has been a physician assistant since 2006, with clinical experience in pediatric dermatology, family practice, emergency medicine and general dermatology. She became part-time adjunct faculty in Chatham University’s Physician Assistant Program, in 2007. She now also practices full-time in a private general dermatology office, and works one to two days a month in a local Emergency Department. She is a member of the American Academy of Physician Assistants, the Pennsylvania Society of Physician Assistants, the Pennsylvania Dermatology Physician Assistants Society, and Phi Beta Kappa. She received a Bachelor of Arts in biology from Chatham College, and graduated from Chatham College’s Master of Physician Assistant Studies in 2005.

Peter Murray, PA-C
Adjunct Faculty
Peter Murray received his bachelor’s degree in 1974 from Pennsylvania State University and his Master’s in Physician Assistant Studies from the University of Nebraska in 2009. He first worked as an advanced mobile intensive care paramedic from 1974 to 1977 in Altoona, Pennsylvania. He later studied at the Pittsburgh Theological Seminary, after which he enrolled in the Assistant to the Primary Care Physician Program at Community College of Allegheny County, where he graduated in 1983. He is currently working at the East Liberty Family Health Care Center. In his role as a PA, he provides office coverage as well as outreach to the homeless. He is a clinical preceptor for the Chatham University PA Program and was named Chatham University’s 2005 Family Practice Preceptor of the Year and 2007 Best Elective Rotation of the Year. He was recognized as the Humanitarian PA of the Year by the Pennsylvania Society of Physician Assistants in 2008. Pete will receive his Master’s of Physician Assistant Studies degree in August of 2009. Pete has been NCCPA certified for 25 years.

Lindsay Nelms, MPAS, PA-C
Adjunct Faculty
Lindsay Nelms has been a physician assistant since 2001. She attended Allegheny College and received a Bachelor of Science degree in biology with a psychology minor. She then attended Chatham University and received a Master’s Degree in Physician Assistant Studies. Since graduation she has worked at Allegheny General Hospital in the Orthopedic and Trauma surgery departments. She is currently employed by Triangle Urological group. Lindsay has remained active in the Physician Assistant Program as a clinical preceptor, admissions interviewer, and problem based learning facilitator. She is currently a member of the AAPA and PSPA.
Luis A. Ramos, MS, PA-C  
Program Director/Assistant Professor  
Luis A. Ramos was born and raised in San Juan, Puerto Rico and attended the University of Puerto Rico before joining the US Navy in 1974. He retired from the Navy as a Lieutenant in the Medical Service Corps after twenty six years of service. He graduated with a baccalaureate degree from the George Washington University PA Program in 1991 and a Master of Science in Medical Science with an emphasis in Rural Primary Care from the Alderson-Broaddus College in 1997. As a Navy enlisted member, he held certificates as an Aerospace Medicine Technician, Aeromedical Evacuation Technician, Audiology Technician, Field Medicine Technician, Emergency Medicine Technician, and Advance Hospital Corpsman (Independent Duty Technician). After attaining the rank of Chief Hospital Corpsman, he attended PA school and graduated as a Navy Ensign. In addition to aerospace medicine, his clinical experiences include emergency medicine, orthopedics, pediatrics, acute care, occupational medicine, and dermatology. He was assigned as Senior Medical Department Representative onboard the USS Tattnall, DDG19, during a six-month cruise of the Mediterranean in 1986. His first tour as a PA was as Senior Administrative Officer and Medical Staff Officer at the Naval Security Group Activity, Sabana Seca, Puerto Rico, between 1991 and 1995. His last tour of duty was as a member of the Medical Staff at the US Naval Academy in Annapolis, Maryland. In 1998 he began lecturing on a part-time basis to PA students at the Anne Arundel Community College PA Program, in Arnold, Maryland. He eventually became a full-time assistant professor for the program and in 2002 became its program director. He reported to his new job as Chatham’s PA Program Director on April of 2007.

Ginger Sayers, MPAS, PA-C  
Adjunct Faculty  
Ginger is a 2005 graduate from Chatham University’s Master of Physician Assistant Studies program. Prior to that, she attended Gannon University and received a Bachelor of Science degree in Biology. Currently, she is working at Children’s Hospital of Pittsburgh in the Department of Emergency Medicine and on the Sedation Services team through the Radiology Department.

Alison Slinchak, MPAS, PA-C  
Adjunct Faculty  
Alison Slinchak graduated from Chatham’s PA Program in 2001 with a Master of PA Studies and has been employed fulltime by the Neurosurgery Group of Western Pennsylvania since that time. She has participated as an interviewer of Program applicants, has lectured to senior students and been a grader for Clinical Decision Making III. She has a Bachelor of Science degree from the University of Pittsburgh.
Lexicon
Commonly Used Terms

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**—Faculty member responsible for assuring that the curriculum meets the educational needs of the student 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**—Student orally describes 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.

**Clinical Rotation Specific Terms**

**Clinical Coordinator**—Faculty member who supervises the clinical scheduling of students and conducts periodic site visits.

**Clinical Experience/Rotation (CE)**—A four to five week full-time experience at a clinical site during the clinical portion of the curriculum.

**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.
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 or other health care provider who supervises a physician assistant student during a clinical experience

Course Outcomes – The minimum set of competencies expected of students to meet at the conclusion of a course. See Learning Outcomes.

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

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.

Learning Objectives – Learning 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 which are tied to program competencies.

Learning Outcomes – 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)

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.

PBL Written Exams – 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.
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.

**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 which 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 which 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).

**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, provides 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.
Curriculum
**CURRICULUM**

**Introduction to the Curriculum**

The curriculum is a 24 month (85 semester credits) 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 ultimate goal of the Program is to produce physician assistants capable of providing primary medical care in an ethical, legal, safe, and caring manner. To achieve this goal, students must acquire knowledge and the ability to use that knowledge in the practice of medicine. Students must repeatedly apply their knowledge in order to increase its usefulness. They must be able to reason effectively and to retrieve and apply their knowledge appropriately in the care of patients. They must acquire self-directed learning skills in order to keep their knowledge current. Students can learn what is acceptable and appropriate at the time of learning, but as the body of skills, procedures, and knowledge is ever-growing and being modified, the students must apply the ability to expand their education after leaving school. It is also important that the students develop the ability to interact effectively with patients and other health professionals. They need to understand themselves and others in order to deal with all aspects of the patient's problems.

Problem-based learning forms the backbone of the entire curriculum. In this learning process, the student encounters a clinical problem which 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.**
# Curriculum Sequence

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

**PAS 600 Essentials for the Physician Assistant I**
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.
Prerequisite: PAS 616

**PAS 601 Essentials for the Physician Assistant II**
This course is a continuation of PAS 600. Essentials for the Physician Assistant II is a problem-oriented approach to primary and specialty care medicine, incorporating medical diagnosis and treatment; pharmacotherapeutics; psychosocial assessment/management; patient education; management of chronic illness; clinical decision making; and prevention of disability and disease through detection.
Prerequisite: PAS 600

**PAS 602 Clinical Application of Basic Sciences I**
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**
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**
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**
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**
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**
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**
This course will introduce the student to various types of medical documentation, HIPAA regulations and issues surrounding cultural sensitivity in medicine. Professional comportment while on rotations will also be introduced.
PAS 611 Introduction to Clinical Experiences II
This is a continuation of PAS 610. Students will continue to explore various types of medical documentation, HIPAA regulations and issues surrounding cultural sensitivity in medicine. Professional comportment while on rotations will also be introduced. Prerequisite: PAS 610

PAS 612 Introduction to the PA Profession
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
Contemporary professional medical ethics issues are discussed and debated. Instruction is provided through classroom discussions, guest lectures, and small group problem-based learning.

PAS 616 History & Physical Examination
Lecture and practical laboratory course covering theory and application of interviewing skills, history and physical examination skills, elicitation and documentation of patient data, and clinical procedures. Students demonstrate competence through practical evaluations, written documentation, and oral presentations.

PAS 617 Clinical Procedures
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
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
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
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
Problem-oriented cases present the student with opportunities to use clinical reasoning to formulate differential diagnoses and emphasize development of treatment and care plans. Students complete summative program evaluations related to medical knowledge and clinical skills.

PAS 630 Topics in Clinical Medicine
An intensive review in preparation for entering practice as a physician assistant. A series of special seminars and presentations, along with clinical skills review session, provide the student with a topical approach to medicine.

PAS 633 Physical Diagnosis I
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. The student will perform a patient-focused physical exam for all major organ systems involving most common presenting complaints in Primary Care. Prerequisite: PAS 616
**PAS 634 Physical Diagnosis II**
This course is a continuation of PAS 633. 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. The student will perform a patient-focused physical exam for all major organ systems involving most common presenting complaints in Primary Care. Prerequisite: PAS 633

**PAS 635 Healthcare Policy**
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**
Assist 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 many other essential items needed before they begin practicing.

**PAS 640 through PAS 648 Clinical Experiences I through IX**
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 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 online and self-paced to integrate with other program courses.

<table>
<thead>
<tr>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
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<tr>
<td>8 AM</td>
<td>PAS 600/601</td>
<td>PAS 602/603</td>
<td>PAS 600/601</td>
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<tr>
<td>9 AM</td>
<td>Essentials for</td>
<td>CABS Lab</td>
<td>PAS 633/634</td>
<td>Essentials for</td>
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<tr>
<td>10 AM</td>
<td>the PA</td>
<td>Group 1</td>
<td>Physical Diagnosis</td>
<td>Physical Diagnosis</td>
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<tr>
<td>11 AM</td>
<td>Lab Practice Group 2</td>
<td>Student Meeting (Biweekly)</td>
<td>Problem Focused Competency</td>
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<tr>
<td>12 PM</td>
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<td></td>
<td>PAS 604/605</td>
</tr>
<tr>
<td>1 PM</td>
<td></td>
<td>PAS 633/634</td>
<td></td>
<td>PAS 633/634</td>
</tr>
<tr>
<td>2 PM</td>
<td>PAS 602/603 Clinical Application of Basic Sciences</td>
<td>Physical Diagnosis</td>
<td>PAS 602/603 Clinical Application of Basic Sciences</td>
<td>Physical Diagnosis</td>
</tr>
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<td>3 PM</td>
<td>PAS 610/611 Intro to Clinical Experience</td>
<td>Lab Practice Group 1</td>
<td>PAS 610/611 Intro to Clinical Experience</td>
<td>Problem Focused Competency</td>
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<td>4 PM</td>
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<tr>
<td>5 PM</td>
<td>PAS 600/601</td>
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<tr>
<td>6 PM</td>
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<td>Essentials for</td>
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<tr>
<td>7 PM</td>
<td>the PA</td>
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Course Outcomes
COURSE OUTCOMES

Didactic Learning General Goals

- The student will develop a strong knowledge base
- 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.
- The student will develop clinical reasoning skills
- The student will demonstrate the ability to use the clinical reasoning process in the investigation and solution of medical problems.
- The student will develop self-directed learning skills and self-assessment skills
- 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.
- The student will develop competence in clinical skills
- The student will demonstrate appropriate interview and physical examination techniques.
- The student will demonstrate appropriate clinical procedural skills.
- The student will develop professional interpersonal skills
- The student will demonstrate effective interpersonal skills while interacting with patients, peers, faculty and others.
- The student will demonstrate cultural sensitivity in all interactions.

Clinical Experience General Goals

- The student will develop comprehensive patient care skills
- 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.
- The student will develop self-directed practice reviews and research skills
- 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.
- The student will develop a keen knowledge of healthcare policies and the business of medicine
- 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 Outcomes

PAS 600/601 Essentials for the Physician Assistant I and II

1. Discuss the etiology, presentation, course, differential diagnoses, risk factors, appropriate diagnostic studies, management, and preventive measures relating to the most commonly encountered diseases, disorders, and conditions in primary care medicine.
2. Demonstrate knowledge of the most efficacious and efficient treatment of the entities encountered.
3. Discuss the appropriate use of specific therapeutic drugs for each entity addressed.
4. Demonstrate knowledge of the psychosocial basis of illness relating to each entity addressed, including the ability to identify, assess, and manage the personal meaning of illness, the stress caused by illness, and the coping and support mechanisms.
5. Demonstrate clinical problem-solving skills by asking for appropriate history, physical examination and diagnostics, and developing a thorough differential diagnosis list.
6. Discuss methods for managing patients with chronic illness to maintain their optimal state of health.
7. Discuss strategies for preventive intervention related to the entities presented, including early detection, primary and secondary prevention, screening, patient education, and compliance.
8. Discuss legal and practice issues for Physician Assistants, including legal relationship with and responsibilities of the physician, and scope of practice.
9. Delineate the role, practice, and concerns of the PA regarding pharmacotherapy.
10. Differentiate the other members of the health care team with regard to their scope of practice, role, licensure, and education.
11. Utilize appropriate medical terminology.
12. Identify health promotion and wellness issues related to PA practice.
13. Suggest approaches to solving medical ethical problems.
14. Examine issues of gender, culture, ethnicity, sexuality, aging, as they impact health and medical care in general, and evaluation of individual patients.
15. Demonstrate relevant knowledge of health issues and communication of that knowledge to patients through role play.
16. Demonstrate professional communication with other members of the health care team (PBL group members and facilitators).

PAS 602/603 Clinical Application of the Basic Sciences I and II

1. Demonstrate an understanding of anatomic and physiologic terminology used in medicine.
2. Demonstrate an understanding of the three dimensional relationship between various structures in the human body.
3. Demonstrate the clinical application of anatomy during physical examination.
4. Identify anatomical structures.
5. Demonstrate a proficient knowledge of surface anatomy.
6. Demonstrate an understanding of cardiovascular, respiratory, renal, endocrine, digestive and nervous system physiology.
7. Demonstrate an understanding of selected topics in cardiovascular, respiratory, renal, endocrine, digestive, immune and nervous system pathophysiology.

**PAS 604/605 Critical Reading of the Literature I and II**

1. Demonstrate an understanding of anatomic and physiologic terminology used in medicine.
2. Discuss common factors that result in the rejection of papers for publication.
3. Identify sources for medical research literature and discuss the use of Medline and MD Consult.
4. Describe the following categories regarding evaluation of medical literature:
   a. type of study
   b. who conducted the study
   c. where the study was conducted and published
   d. study sponsorship
5. Define each of the four phases of a drug study.
6. Define primary and secondary study methodologies.
7. Distinguish among the following study designs: randomized controlled trials, cohort studies, case-control studies, cross-sectional survey, case reports and case series.
8. Rank study designs from the strongest to the weakest.
9. Differentiate pros and cons of study designs.
10. Describe methods for assessing methodologies including the following:
    Patient selection and types of sampling, outcomes, time frame, blinding, treatment issues, results, statistics, and conclusions.
11. List criteria for application of the literature to practice.
12. Evaluate ethical issues in research and examine historical events currently shaping research methods.
13. Examine principles of epidemiology in study design and biostatistics.
14. Analyze a data set and determine appropriate statistical tests and write a technically summative report.

**PAS 606/607 Clinical Pharmacology I and II**

1. Gain understanding of the chemical properties of absorption, distribution, metabolism, and excretion for commonly used pharmaceutical agents.
2. Understand the rationale behind common therapeutic strategies as they relate to the physiologic basis for disease.
3. Discuss the pharmacologic actions of drugs, including mechanism of action, clinical uses, adverse reactions, contraindications and cautions, preparation, choice, and dosage.
4. Gain an understanding of clinical application of pharmaceuticals in regards to diagnosis, prevention, and treatment of diseases.
5. Gain an understanding of the clinical application of pharmaceutical research and drug evaluation in everyday practice.
6. Discuss the impact of socioeconomic issues, reimbursement, ethics, quality assurance and risk management factors affecting pharmaceuticals.
7. Gain an understanding of the role of the physician assistant in prescribing pharmaceutical agents.
8. Gain exposure to the therapeutic use of drugs using evidence based clinical practice guidelines.

PAS 610/611 Introduction to Clinical Experience I and II

1. Identify the components of a patient chart
2. Differentiate the various health care team members involved in the patient's care.
3. Demonstrate a working knowledge and understanding of various types of medical documentation including SOAP notes, history and physicals, discharge summaries, procedure notes, case reports, and admission orders.
4. Differentiate between a complete and problem-focused history and physical examination.
5. Discuss caregiver behaviors that promote a positive caregiver/patient relationship including the use of cultural sensitivity with patient encounters.
6. Describe the flow of patient care in the inpatient and outpatient setting
7. Describe and demonstrate a working knowledge of Universal Precaution and OSHA
8. Demonstrate proficiency in cardiopulmonary resuscitation
9. Demonstrate an understanding of HIPAA and how it relates to patient care
10. Demonstrate a working knowledge in maintaining a sterile field as well as sterile gowning and gloving technique

PAS 612 Introduction to the PA Profession

1. Briefly describe the origin of the PA profession
2. Discuss the differences of PA practice from its inception to today.
3. Explain the purpose of the national and state PA organizations.
4. Discuss federal and state laws regulating PA practice.
5. Describe the current state of PA education and discuss possible changes.

PAS 614 Medical Ethics

1. Analyze an ethical case from a clinical viewpoint and suggest possible solutions.
2. Apply pertinent moral, legal, and public policy guidelines involving ethical decisions.

PAS 616 History and Physical Examination

1. Elicit and accurately document all of the components of an HEENT, Chest and Lungs, Cardiovascular, Gastrointestinal, GYN, male and female genitalia and hernias, anal/rectum, neurological, and complete physical examination assessments using proper medical instruments and technique.
2. Demonstrate communication skills in eliciting patient data.
3. Utilize appropriate medical terminology, abbreviations and spelling during documentation.
5. Contrast normal and abnormal findings of all organ systems during a physical examination with consideration of the patient population.
6. Conduct a complete patient history with appropriate write-up and professional demeanor.
7. Discuss theory and techniques of physical examination for all systems relating to the adult, pediatric, and geriatric patients.
8. Integrate knowledge of anatomy, risk factors, and clinical medicine to perform a thorough history and physical examination and subsequently to develop a clinical impression, differential diagnosis, problem list, plan, and patient education.
9. Perform an HEENT, Chest and Lung, Cardiovascular, Abdominal, GYN, Male and Female Genitalia and Hernia, Anal/Rectal assessments, and a Complete Physical Examination assessment. (to be assessed by a faculty member).

PAS 617 Clinical Procedures

1. Demonstrate competence on the most common clinical procedures
2. Appropriately document clinical procedures for the medical record.

PAS 625-627 Clinical Decision Making I-III

1. Discuss the etiology, presentation, course, differential diagnosis, risk factors, appropriate diagnostic studies, management, and preventive measures relating to the most commonly encountered diseases, disorders, and conditions in primary care medicine.
2. Demonstrate knowledge of the most efficacious and efficient treatment of the entities presented.
3. Discuss the appropriate use of specific therapeutic drugs for each entity addressed, including the relationship between dose and effects, the mechanism by which the drugs produce their effects, factors that may affect the response in the patient, drug-drug interactions, and pharmacokinetics.
4. Demonstrate knowledge of the psychosocial basis of illness relating to each entity addressed, including the ability to identify, assess, and manage the personal meaning of illness, the stress caused by illness, and the coping and support mechanisms.
5. Identify the conceptual distinction between illness and disease.
6. Demonstrate clinical problem-solving skills.
7. Discuss methods for and implications of managing patients with chronic illness to maintain their optimal state of health vis-à-vis problems that are continuing, irresolvable, and/or progressively crippling.
8. Discuss strategies for preventive intervention relating to the entities presented, including early detection, primary and secondary prevention, screening, patient education, and compliance.
9. Discuss optimum monitoring of the patient for disease occurrence, progression, resolution, symptom relief, and complications.
10. Discuss ethical problems encountered or anticipated in the management of the patient, including gathering the facts (both medical and non-medical), the identification of conflicting values, suggesting all possible solutions, and selecting the most acceptable solution given the particular case.
11. Demonstrate understanding of public health concepts as related to the patient.
12. Demonstrate understanding of the basic science mechanisms underlying the patient problems.

**PAS 628 Clinical Decision Making IV**

1. Discuss the etiology, presentation, course, differential diagnoses, risk factors, appropriate diagnostic studies, management, and preventative measures relating to the most commonly encountered disease, disorders and conditions in primary care medicine.
2. Demonstrate knowledge of the most efficacious and efficient treatment of entities presented.
3. Discuss the appropriate use of specific therapeutic drugs for each entity addressed, including the relationship between dose and effects, the mechanism by which the drugs produce their effects, factors that may affect the response in the patient, drug-drug interactions and pharmacokinetics.
4. Demonstrate knowledge of the psychosocial basis of illness relating to each entity addressed, including the ability to identify, assess and manage the personal meaning of illness, the stress caused by illness, and the coping and support mechanisms.
5. Discuss methods for and implications of managing patients with chronic illness to maintain their optimal state of health vis-à-vis problems that are continuing, irresolvable and/or progressively crippling.
6. Discuss strategies for preventative intervention relating to the entities presented, including early detection, primary and secondary prevention, screening, patient education and compliance.
7. Discuss optimum monitoring of the patient for disease occurrence, progression, resolution, symptom relief and complications.
8. Demonstrate understanding of public health concepts related to the patient.
9. Conduct a directed patient history with appropriate professional demeanor.
10. Conduct a patient physical examination with appropriate professional demeanor.
11. Integrate knowledge of anatomy, risk factors, and clinical medicine to perform a thorough history and physical examination and subsequently to develop a clinical impression, problem list and differential diagnosis.
12. Demonstrate professional behavior.

**PAS 630 Topics in Clinical Medicine**

1. Describe a typical patient presentation.
2. Discuss the pathophysiology of the disease process.
3. Discuss the differential diagnosis.
4. Discuss the use of diagnostics to rule in or rule out the disease process.
5. Describe treatment options and alternatives.
6. Discuss issues relevant to patient education, ethical questions, and public health concepts.
PAS 633/634 Physical Diagnosis I and II

Given a patient scenario involving all body systems and the most common complaints seen in Primary Care, by the completion of the courses PAS 633E and PAS 634E, students will be able to:

17. Write a complete encounter of the body system's of the case being tested.
18. Perform the patient-focused physical examination of the following organ systems:
   A. General Survey
   B. Skin, hair and Nails.
   C. Head and Neck.
   D. Eyes.
   E. Ears, Nose, and Throat.
   F. Chest, Anterior and Posterior Thorax, and Lungs.
   G. Musculoskeletal system.
   H. Cardiovascular system.
   I. Abdomen, Anus and Rectum and Prostate.
   J. Neurologic system to include Mental Status and Cranial Nerves.

19. Determine the appropriate physical examination given the case scenario with the presenting complaints in Primary Care that are listed in Appendix A at the back of this syllabus.
20. Perform a patient-focused case scenario Head to Toe Physical Examination

PAS 635 Healthcare Policy

1. Discuss the role of the patient's cultural background or belief system in their perception and behavior toward wellness and disease.
2. Discuss healthcare delivery systems and legal issues regarding healthcare and their impact upon the clinical decision-making process.
3. Discuss the entrance of women and ethnic minorities into the health care hierarchy.
4. Discuss the impact of socioeconomic issues, reimbursement, quality assurance and risk management factors affecting healthcare.
5. Describe reimbursement issues related to Medicaid, Medicare, and third party payors.

PAS 636 Program to Practice

1. Establish a professional file.
2. Prepare and sit for the national certifying examination.
3. Identify employment resources available to physician assistants.
4. Participate in a mock interview.
5. Discuss employment contracts, compensation plans, credentials, benefits, and privileges.
6. Select appropriate professional liability insurance.
7. Describe required documentation for clinical practice.
8. Discuss PA certification and re-certification requirements.
10. Discuss third-party coverage for Pas.
PAS 640-449 Clinical Experiences I-IX

1. Demonstrate competency in accurate and succinct history taking, physical examination, selection and interpretation of diagnostic tools, assessment, treatment and patient education.

2. Demonstrate appropriate patient charting, including documentation of SOAP notes, complete history and physical examinations, surgical procedures and obstetric/gynecologic examinations, procedures and surgeries.

3. Differentiate between and perform complete and problem-focused histories and physical examinations.

4. Demonstrate the ability to understand the function of and to work with various team members involved in patient care.

5. Demonstrate professional behavior, cultural sensitivity and positive interpersonal skills that promote a positive care-giver/patient relationship as well as professional relationships.

6. Develop and research learning issues related to each patient encounter.

7. Integrate new knowledge acquired through clinical and self-directed learning and apply it to successive patient encounters.

8. Demonstrate the proper use of medical terminology.

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 is scheduled during the first week of class of the Fall Session II semester. 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**
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**Mosby's Guide to Physical Examination 6th ed. ISBN 9780323028882 must be purchased before August 3, 2009 and is not part of a package.**
### Book List Class of 2010

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Policies and Procedures
POLICIES AND PROCEDURES

Except for the granting of Bachelor’s degrees only to women students, Chatham University does not discriminate on the basis of sex, race, national origin, color, age, or handicap status in its educational programs and policies, co-curricular activities, scholarships and loan programs, and employment practices.

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.

Tuition and Fees
The following are the current tuition and associated fees for each semester in the Physician Assistant Program as published in the 2009-2010 Chatham University Catalog:

- Master of Physician Assistant Studies: $11,456
- Student Health Insurance: $620
- Combined lab and insurance fee: $155
- Campus fee: $160
- Technology Fee: $350
- Graduation fee (one time): $100

Fees for graduate housing / board are published in the College Catalog. Applicants are directed to this resource for a list of costs.

Additional required fees and estimated expenses (subject to change) include the following:

- Books: $1,800-2,200
- Equipment: $500-1,000
- Travel to clinical sites (second year): $2,500-3,000
- PSPA Membership (two-year): $50
- PSPA Conference (first year): $135
- CPR: $50
- Art of Auscultation conference: $50
- Basic EKG review seminar: $35
- Act 33/34 clearances: $20
- Urine drug screen: $58
- PPD: $5-25
- On-Campus Parking: $275

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.
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 subject to 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:**

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

The **Student Progress Advisory Committee** (SPAC, see below)) will review all students for recommendation as to progression from term-to-term or graduation.

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

History and Physical Examination Practicum
Students will demonstrate and document history and physical examinations based upon simulated patient cases.

Clinical Procedures Practicum
Students will document any procedures performed in the lab by writing an appropriate procedure note.

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.

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.

Multiple choice examinations are designed to assess core medical knowledge and provide practice for the certifying examination. Questions are based on any information encountered during the unit, including, but not limited to, problem-based learning sessions, special seminars, and Skills classes.

Patient management problems (also known as “PBL Written Exams”) are designed to assess the students’ clinical reasoning. Students will identify necessary historical questions and physical examination components necessary for information needed and when presented with that information, will determine what diagnostic evaluations need to be pursued. Upon getting those results, students will make an assessment and plan for that particular patient and problem. Grading criteria will be established for each problem presented. Students are directed to course syllabus for specific grading criteria.

Critical Reading of the Literature
Students will be asked to evaluate research papers regarding the study question, study design, controls and variables, statistical analysis, whether the conclusions support or contradict the proposed hypotheses, etc. Students will write a research paper proposal, perform a literature review, develop a study design, and fill out an Institutional Research Board (IRB) proposal.
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. If students are unable to satisfactorily remediate their end-of-semester formative evaluation, end of academic year summative evaluation, end of rotations MCQ examinations, or end of program summative evaluation they will be referred to SPAC. Specific criteria are included in each course syllabus. Acceptable resources for all remediations include only those references from the approved list in this manual.

Honor Code and Academic Integrity Policies

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. Each year at opening convocation students reaffirm their commitment to the honor code.

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 which 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.

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:

- Falsifying data
- Impersonating a certified PA or other health professional
- Breach of patient confidentiality
- Inappropriate conduct of a sexual nature
- Refusal to see a patient when requested to do so
- Performing under the influence of drugs or alcohol during patient or professional encounters
- Failure to attend classes, labs, seminars, or other professional sessions
- Plagiarism

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 other location on campus or a clinical or professional site).

The first episode of unprofessional behavior 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. On first infractions the SPAC may decide what penalty to apply. These may include with the student:
   i. Resubmitting the assignment or taking a new one
   ii. Failing the assignment
   iii. Failing the course, resulting in deceleration or attrition
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:
   i. Academic probation
   ii. Suspension
   iii. Expulsion from the university

Timeliness*
Any assignment or remediation that is not completed by the established due date may be automatically considered an "N" unless previously arranged and approval (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*
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 within one week upon the student’s return to the program.

Foreseen absences may be excused if requested in writing (preferably by Chatham University email) to the instructor of record for the course, for first-year students, or 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 the 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 required.*

**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.

*These are minimal expectations. Each instructor of record may impose criteria that surpass the ones delineated above.*

**Attire**
Students should have a professional appearance whenever they are representing Chatham University in an off campus setting including clinical sites, research meetings and special events. Being neatly dressed, well groomed and avoiding a “stylish” mode of dress exemplify professional appearance. Wearing exercise clothing, cut-offs, soiled clothing, T-shirts with offensive items, or clothing with holes during on-campus activities is not considered professional attire.

During clinical rotations or program sponsored activities off-campus, students are not to wear jeans, tennis shoes, shorts, cut-offs, T-shirts, clothing with holes, dangling jewelry, heavy perfumes or after-shaves, nail polish, multiple earrings, or nose, lip or tongue jewelry. Men are to wear jackets and ties. The hair is to be clean and worn in a neat arrangement in accordance with the policy of each clinical facility. Fingernails should be kept trimmed. Students may not exhibit offensive tattoos. The students will wear a short, white lab coat 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. No gum chewing or smoking/tobacco use will be allowed in the clinical setting. 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 (blazer-style), white, and must bear the school patch with a rocker at the bottom identifying the physician assistant student.

**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.

**Grievances**

Students may encounter a variety of problems and interpersonal problems over the course of their 24 months in this program. Students are encouraged to attempt to resolve difficulties by discussing them with the person involved; if they are unable to do so, the next person to contact is their advisor. 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 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 grievances should be filed, in writing, to the Program Director. Acknowledgement of receipt of the grievance and an initial plan for resolution of the grievance will be provided, in writing, to the student within 5 working days of receipt from the Program Director. Any further actions related to the grievance will be acknowledged in writing to the student as they occur.

**Student Progress Advisory Committee (SPAC)**

**Composition and Process**

The SPAC shall be composed of the Program Director, Academic Coordinator, and Clinical Coordinator. 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:

**Academic or clinical probation**

A student is placed on academic or clinical probation if s/he has not satisfactorily completed all assignments, evaluations, and remediations by the established due date. The student must be given a deadline for the remediation, to be supervised by the student’s instructor of record. During this time, the student will attend regularly scheduled program sessions, but will otherwise spend the remainder of his/her time remediating papers, exams, or skills as indicated by the SPAC. The student’s instructor of record will supervise the remediations. A student in academic probation may be decelerated, under the recommendation of the instructor of record. Students in clinical probation cannot be decelerated. **Failure of more than one course in the program (didactic, clinical or any combination) will result in automatic withdrawal from the program.**

**Deceleration**

A student, under the recommendation of the instructor of record, may be removed from the normal didactic sequence of the program. Reasons for deceleration may include:

- Not meeting expected progress
- Failure of any of the following:
  - An academic or clinical course
  - End of semester formative evaluation
  - End of academic year summative evaluation
  - End of program summative evaluation
- Valid medical issue (verified by a Physician letter)
- Military service requirement (verified by original orders)
- Other reasons (validity to be determined by the SPAC)

The student will be automatically placed on academic probation for the remainder of their matriculation in the program. The student will be consider a member of the incoming class and will not be able to walk or graduate with his pre-deceleration class. While in deceleration, 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. **No more than one opportunity for deceleration may be granted.**

**Repetition of a clinical course**

Clinical coordinators may authorize a student to repeat one clinical course. This includes clinical rotations and ICE. These students do not need to be referred to the SPAC. Students that fail to successfully complete a clinical course will be automatically placed on clinical probation. Students in the clinical year do not need to be decelerated but they will be required to complete the failed clinical course in the fall semester following their last course in the normal sequence of the program. These students will not be
eligible to graduate or participate in the national certifying examination until they successfully complete the repeated clinical course.

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 in the HUB. No refund will be provided after this date. Incurred expenses prior to withdraw (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:

- 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 which 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. As per the Chatham University catalog, all students enrolled in a graduate program must complete all degree requirements within three years after the date of their first enrollment in the program.

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 research; 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 closing ceremony.

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.

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.

**Professional behavior**
Please refer to previous section on Honor Code and Academy Integrity policies.

**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 Student Handbook.

**Miscellaneous Policies**

**Basic Life Support (BLS) Certification**
Students must be certified in BLS for Healthcare Providers prior to starting their Clinical Rotations in the second 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.

**Moonlighting / Employment**
Employment while a student in the Program is strongly discouraged due to the intensity of the curriculum and time constraints of problem-based-learning. **Students may not be employed by the Program in any capacity due to confidentiality issues.** In addition, no student will be required to perform clerical or administrative work for the program or any member of the faculty.
PA Organizations
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
950 North Washington Street
Alexandria, VA 22314-1552
(703) 836-2272
Fax (703) 684-1924
Web Site: 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
**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 505  
Alexandria, VA 22314-2544  
(703) 548-5538  
Fax: (703) 548-5539  
Web Site: [www.PAEAnline.org](http://www.PAEAnline.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](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 240  
Duluth, GA, 30097  
(770)-476-1224  
Fax (770)-476-1738  
Web Site: [www.arc-pa.org](http://www.arc-pa.org)
Miscellaneous
LIST OF COMMON DISEASE AND ILLNESSES

The following list is provided to you as an addendum to the Program Competencies. This list was developed using the NCCPA Content Blueprint (a sample of the diseases, disorders and medical assessments that you may find during the PANCE) as well as other medical resources. This is a guideline for study and does not constitute a comprehensive or all-inclusive list.

How to use this list

The Program Competencies are divided into six major sections. The first section delineates the minimum core knowledge competencies you must meet in order to successfully complete the program. The list below provides you with the minimum set of medical conditions you will need to address in order to meet these competencies.

The list is divided into major categories (CAPITALIZED AND BOLDED IN MAROON FONT); the medical conditions you will most likely encounter at a primary care setting (bolded and underlined); conditions that are listed in the NCCPA Blueprint (in blue font); and conditions that although not commonly seen at a primary care setting may be commonly encountered at other settings and are considered important enough to become familiar with (all others).

• CARDIOVASCULAR
  o Hypertension
    ▪ Hypertensive emergencies
  o Hypotension
    ▪ Cardiogenic shock
    ▪ Orthostatic/postural
  o Arrhythmias
    ▪ Supraventricular
      ▪ WPW
      ▪ Re-entry
      ▪ Atrial tachycardia
      ▪ Atrial flutter
      ▪ Atrioventricular block
      ▪ PASTs
      ▪ Atrial fibrillation
      ▪ Junctional
    ▪ Ventricular
      ▪ PVCs
      ▪ Ventricular tachycardia
      ▪ Ventricular fibrillation/flutter
      ▪ Bundle branch block
  o Ischemic heart disease
    ▪ Myocardial ischemia
    ▪ Angina pectoris
    ▪ Unstable angina
    ▪ Silent ischemia
    ▪ Acute myocardial infarction


- **Congestive heart failure**
  - Acute vs. chronic
  - Essential Vs. secondary
  - Malignant
  - Low-output vs. high-output
  - Left-sided vs. right-sided
  - Systolic vs. diastolic
  - Acute pulmonary edema

- **Valvular heart disease**
  - Aortic stenosis/insufficiency
  - Aortic regurgitation
  - Mitral stenosis/insufficiency
  - Mitral regurgitation
  - Mitral valve prolapse
  - Tricuspid valve disease
  - Pulmonary stenosis/insufficiency

- **Manifestation of congenital heart disease**
  - Atrial septal defect
  - Ventricular septal defect
  - Patent ductus arteriosus
  - Tetralogy of Fallot

- **Myocardial and pericardial disease**
  - Dilated cardiomyopathy
  - Restrictive cardiomyopathy
  - Hypertrophic cardiomyopathy
  - Pericardial effusions and constrictions
    - Pericarditis
    - Tamponade

- **Endocarditis**
  - Infective
    - Acute bacterial
    - Subacute bacterial

- **Peripheral vascular disease**
  - Acute rheumatic fever
  - Obstructive disease
  - Aortic aneurism/dissection
  - Arterial embolic
  - Giant cell arteritis
  - Acute thrombosis
  - Venous thrombosis
  - Livedo reticularis
  - Thrombophlebitis
    - Varicous veins
  - Lymphedema
  - Lymphangitis

- **Leg ulcers**
  - Venous insufficiency
  - Arterial insufficiency
DERMATOLOGY

- Dermatitis and Eczema
  - Atopic dermatitis
  - Contact dermatitis
    - Irritant
    - Allergic
    - Diaper
  - Stasis dermatitis
  - Nummular dermatitis
  - Xerotic dermatitis
  - Dyshidrosis
  - Lichen simplex

- Papulosquamous diseases
  - Psoriasis
  - Pityriasis rosea
  - Lichen planus
  - Seborrhea

- Acne and acneiform eruptions
  - Acne
  - Rosacea

- Skin cancer
  - Basal cell carcinoma
  - Squamous cell carcinoma
  - Melanoma

- Disorders of pigmentation
  - Hyperpigmentation (localized)
    - Lentigo
    - Freckles
    - Solar lentigo
    - Nevi
    - Inherited
      - Café au lait
      - Peutz-Jeghers syndrome
    - Post-inflammatory
  - Hypopigmentation (localized)
    - Vitiligo
    - Tuberous sclerosis
    - Chemical induced

- Reaction patterns
  - Urticaria
  - Erythema multiforme
  - Stevens-Johnson syndrome
  - Toxic epidermal necrolysis

- Photoreactions
  - Sunburns
  - Photosensitivity disorder
  - Light eruption
  - Drug-induced

- Drug reactions
  - Acute allergic reactions (anaphylaxis)
o Infectious diseases
  - *Erysipelas, cellulitis*, vasculitis,
  - *Impetigo*
  - Necrotizing fasciitis
  - Ecthyma
  - Erythrasma
  - *Folliculitis, furuncles, carbuncles*
  - *Impetigo*
  - *Necrotizing fasciitis*
  - *Ecthyma*
  - *Erythrasma*
  - *Folliculitis, furuncles, carbuncles*

o Superficial fungal infections
  - Tinea
    - pedis
    - manuum
    - cruris
    - corporis
    - facei
    - capitis
  - *Onychomycosis*
  - *Candidiasis*
  - *Tinea versicolor*

o Deep fungal infections
  - *Sporotrichosis*
  - *Blastomycosis*
  - *Histoplasmosis*
  - *Coccidioidomycosis*

o Viral infections
  - *Human papillomavirus*
  - *Herpes simplex*
  - Herpetic whitlow
  - *Herpes zoster*
  - *Molluscum contagiosum*
  - *Condyloma acuminatum*
  - *Verrucae*

o Infestations
  - *Pediculosis*
  - *Scabies*
  - *Spider bites*

o Miscellaneous diseases
  - *Erythema nodosum*
  - Granuloma annulare
  - *Sarcoidosis*
  - Cutaneous tuberculosis
  - *Late secondary and tertiary syphilis*
  - *Acanthosis nigricans*
  - Decubitus ulcers
  - Hidradenitis suppurative
  - *Inclusion cysts*
  - Melasma
  - Vitiligo

o Vasiculobullous diseases
  - *Bullous pemphigoid*
  - Pemphigus
- Dermatitis herpetiformis
  - Hair, scalp, nail diseases
    - Alopecia
    - Paronychia
    - Tinea unguium
    - Psoriasis
    - Neoplastic nail conditions
  - Exanthems
    - Measles
    - Rubella
    - Erythema infectiosum
    - Roseola
    - Varicella
    - Enterovirus
    - Adenovirus
    - Epstein-Barr virus
    - Kawasaki disease
    - Staphylococcal scaled skin syndrome
    - Scarlatina
    - Rocky Mountain Spotted Fever
  - Benign tumors
    - Melanocytic nevi
    - Keloids
    - Seborrheic keratosis
    - Actinic keratosis
    - Calluses and corns
    - Sebaceous hyperplasia
    - Hemangiomas
    - Pyogenic granulomas
    - Lipomas
    - Follicular cysts
    - Dermatofibromas
    - Acrochordons

- **ENT**
  - Ear
    - Foreign bodies
    - Cerumen impaction
    - Ear trauma
      - Barotrauma
      - TM perforation
    - Hearing impairment
      - hearing loss
      - tinnitus
    - Infections
      - Otitis externa
      - Bullous myringitis
      - Acute suppurative otitis media
      - Acute mastoiditis
      - Acute and serous otitis media
• **Chronic suppurative otitis media**
  • Acute labyrinthitis
  • Viral labyrinthitis
  • Meniere’s disease
  • Bacterial labyrinthitis
  • Vertigo
  • Herpes zoster oticus

- Nose and sinuses
  - Nasal obstruction
- Nasal drainage
- Epistaxis
- Allergies
- Acute and chronic sinusitis
  - Deviated septum
  - Nasal polyps
- Allergic, non-allergic and vasomotor rhinitis

- Oral cavity
  - Adenotonsillitis
  - Pharyngitis
  - Recurrent apthous stomatitis
  - Dental abscess
  - Chronic pharyngitis
  - Geographic tongue
  - Black hairy tongue
  - Leukoplakia
- Candidiasis
- Herpes simplex
- Sialoadenitis
- Parotid abscess
- Parotitis
- Viral parotitis
- Sialolithiasis

- Throat
  - Acute laryngitis
  - Acute tonsillitis
  - Vocal fold nodules
  - Allergic pharyngitis
  - Acute laryngotracheobronchitis (Croup)
  - Epiglottitis
  - Peritonsillar abscess

- Neck
  - Cervical adenitis
    - Mononucleosis
    - Cytomegalovirus
    - Tuberculous lymphadenitis
    - Cat scratch disease
  - Thyroglossal duct cyst
  - Hodgkin’s and Non-Hodgkin’s lymphoma
  - Lipomas
• ENDOCRINE
  o Diabetes mellitus
  o Hypoglycemia
  o Hyperthyroidism
    o Thyrotoxicosis
      ▪ Grave’s disease
      ▪ Hashimoto’s thyroiditis
      ▪ Toxic multinodular goiter
      ▪ Thyroid storm
  o Thyroid nodules
  o Thyroiditis
  o Hyperparathyroidism and hypoparathyroidism
  o Adrenal gland
    ▪ Adrenal insufficiency
    ▪ Cushing’s syndrome
  o Neuroendocrinology
    ▪ Pituitary tumors
    ▪ Hypopituitarism
    ▪ Diabetes insipidus
    ▪ Growth hormone disorders
      ▪ Acromegaly/gigantism
      ▪ Dwarfism
    ▪ Hyperprolactinemia
  o Mineral disorders
    ▪ Hypercalcemia
    ▪ Hypocalcemia
    ▪ Hypophosphatemia
    ▪ Hyperphosphatemia
    ▪ Hypomagnesemia
    ▪ Hypermagnesemia
  o Metabolic bone disease
    ▪ Osteoporosis
    ▪ Paget’s disease
  o Endocrine syndromes
    ▪ Multiple endocrine neoplasia
    ▪ Paraneoplastic hormone syndrome
    ▪ Carcinoid tumors
  o Lipid disorders
    ▪ Hyperlipidemia
    ▪ Hypercholesterolemia
    ▪ Hypertriglyceridemia
• GASTROINTESTINAL
  o Esophagus
    ▪ Reflux esophagitis
    ▪ Motor disorders
      ▪ Achalasia
      ▪ Dysphagia
    ▪ Esophagus cancer
    ▪ Esophageal ring
- Strictures
- Varices
- Diverticula
- Mallory-Weiss syndrome
- **Gastric and duodenal ulcers**
- **Pyloric stenosis**
- **Gastritis**
- **Gastric carcinoma**
- Biliary tract
  - **Cholelithiasis**
  - Biliary colic
  - **Acute & chronic cholecystitis**
  - Choledocholithiasis
  - Cholangitis
  - Primary sclerosing cholangitis
- Liver
  - **Acute & chronic viral hepatitis**
  - Alcoholic hepatitis
  - Cirrhosis
  - Liver cancer
- Colon cancer
- Pancreas
  - Acute and chronic pancreatitis
  - Pancreatic cancer
- Inflammatory bowel disease
- **Appendicitis**
- Mesenteric ischemia
- **Bowel obstruction**
- Toxic megacolon
- Intussusception
- Hernias
  - Hiatal
  - Ventral
  - **Umbilical**
  - Incisional
  - **Inguinal**
  - Femoral
- Infectious diseases
  - **Infectious diarrhea**
  - Chronic inflammatory bowel disease
    - Ulcerative colitis
    - **Crohn’s disease**
  - Ischemic colitis
  - **Diverticulitis and diverticulosis**
- Functional diseases
  - **Irritable bowel syndrome**
  - Chronic constipation and laxative abuse
  - Nutritional deficiencies
    - Niacin
    - Thiamine
- Vitamin A
- Riboflavin
- Vitamin C
- Vitamin D
- Vitamin K

- Metabolic disorders
  - Lactose intolerance
  - Phenylketonuria

- Anorectal
  - Hemorrhoids
  - Pruritus ani
  - Condyloma
  - Anal fistula and fissure
  - Perianal abscess
  - Pilonidal cyst
  - Fecal impaction
  - Neoplasms
  - Polyps

- HEMATOLOGY AND ONCOLOGY
  - Red cells
    - Iron deficiency anemia
    - Megaloblastic anemia
    - Anemia of chronic disease
    - Aplastic anemia
    - Hemolytic anemias
      - Immune hemolysis
      - Hereditary spherocytosis
      - Hemoglobinopathies
      - Sickle cell disease
      - Thalassemias
    - Hemochromatosis
    - Vitamin B12 deficiency
    - Folate deficiency
    - G6PD deficiency

  - White cells
    - Neutropenia
    - Neutrophilia
    - Eosinophilia
    - Monocytosis
    - Basophilia
    - Lymphocytopenia
    - Lymphopenias
    - Lymphocytosis

  - Malignancies
    - Acute/chronic myelogenous leukemia
    - Acute/chronic lymphocytic leukemia
    - Lymphoma
    - Acute leukemias
    - Hodgkin’s disease
- Non-Hodgkin’s lymphoma
- Multiple myeloma
- Hemorrhagic and thrombotic disorders
  - Thrombocytopenia
    - ITPP
    - TTP
    - Von Willebrand’s disease
- Factor disorder
- Vitamin K deficiency
- Platelet function defect
- Extrinsic factor defect
- Intrinsic factor defect
- Fibrinogen deficiency
- Primary fibrinolysis
- Disseminated intravascular coagulation
- Pruritic skin disorders
  - Thrombocytopenia purpura

**INFECTIOUS DISEASES**
- STDs
  - Vaginitis
    - Bacterial vaginosis
    - Vulvovaginal candidiasis
    - Trichomoniasis
    - Atrophic vaginitis
    - Gonococcal vaginitis
  - Urethritis and cystitis
    - Women
      - E. coli
      - Chlamydia
      - Gonococcal
    - Men
      - NGU
    - Gonorrhea
  - Mucopurulent cervicitis
  - PID
  - Genital skin lesions
    - Lymphogranuloma venereum
    - Granuloma inguinale
    - Syphilis
    - Chancroid
    - HSV
    - Anorectal warts (HPV)
    - Genital Molluscum contagiosum
    - Pediculosis pubis
    - Lice
- Parasitic and Tropical diseases
  - Roundworms
    - Ascaris
- Strongyloides
- **Necatur**
- Trichuris
- **Enterobius**

- **Flatworms**
  - Tapeworms
    - Taenia
  - Blood flukes
    - Schistosoma
  - Intestinal flukes
    - Fasciolopsis
  - Liver flukes
    - Clonorchis
    - Fasciola

- **Protozoans**
  - Entomoeba histolytica
  - **Giardiasis**
  - Amebiasis
  - **Malaria**
  - Babesiosis
  - Toxoplasmosis
  - Leishmaniasis
  - Trypanosomiasis

- **Tissue invasive roundworms**
  - Filariasis
  - Trichinosis

- **Enteric bacterial infections**
  - Vibrio cholera
  - Botulism
  - Typhoid fever
  - Diphtheria
  - **Salmonellosis**
  - **Shigellosis**

- **Tetanus**

- **Systemic bacterial diseases**
  - Brucellosis
  - Bartonellosis
  - Plague
  - Tularemia

- **Fungal**
  - Candidiasis
  - Cryptococcosis
  - **Histoplasmosis**
  - Pneumocystis

- **Rickettsial diseases**
  - RMSF
  - Boutonneuse fever
  - Epidemic typhus
  - Murine typhus
- Q fever
- Trench fever
- Ehrlichiosis
  - Spirochetosis
    - Leptospirosis
    - Relapsing fever
    - Lyme
    - Syphilis
  - Arbovirus and hemorrhagic fevers
    - Dengue
    - Yellow fever
    - Encephalitis
      - West Nile fever
      - Easter and western equine
    - Hantavirus
      - Marburg
      - Ebola
  - Ectoparasites
    - Pediculosis
    - Lice
    - Scabies
    - Chiggers
  - Viral
    - Infectious mononucleosis
    - HIV
    - CMV
    - EBV
    - Erythema infectiosum
    - HSV
    - Influenza
    - Mumps
    - Rabies
    - Roseola
    - Measles
    - Zoster
      - Gonococcal diseases
      - Tuberculosis
      - Atypical mycobacterial disease
- MUSCULOSKELETAL
  - Neck
    - Cervical osteoarthritis
    - Spasmodic torticollis
    - Osteomyelitis
    - Ankylosing spondylitis
    - Bursitis
    - Sprain
    - Osteoporosis
    - Radiculopathy
    - Myelopathy
- Hangman’s Fx
- C3 to C7 Fxs

  - **Shoulder**
    - Fractures and dislocations
    - Separations, sprains, strains
    - Impingement syndrome
    - Calcific tendinitis
    - Rotator cuff tendinitis and rupture
      - Supraspinatus tendinitis and tenosynovitis
      - Biceps tendinitis, tenosynovitis, dislocation, rupture
    - Frozen shoulder
    - Acromioclavicular tears
      - Reflex sympathetic dystrophy syndrome
      - Thoracic outlet syndrome

  - **Forearm, wrist, hand**
    - Olecranon bursitis
    - Tendinitis
    - Lateral and medial epicondylitis
    - Elbow dislocation
    - Colle’s Fx
    - Humeral Fx
    - Nursemaid’s elbow
    - Carpal, metacarpal and phalanges
      - Scaphoid Fx
      - Boxer’s Fx
        - Bennett’s Fx
        - Gamekeeper’s thumb
        - Mallet finger
        - Boutonniere deformity
        - Swan-neck deformity
        - Dupuytren’s contracture
        - Trigger finger and thumb
        - Bowler’s thumb
        - De Quervain’s stenosing tenosynovitis
      - Carpal tunnel syndrome
      - Ganglion cyst
      - Paronychia
        - Herpetic whitlow
        - Felon
        - Deep space infections
        - Tenosynovitis
      - Gout
      - Pseudogout

  - **Low back**
    - Sprain & strain
    - Low back pain
    - Cauda equina
    - Spinal stenosis
    - Ligamentous strain
- **Disk degeneration or herniation**
- **Compression Fx**
- Spondylolisthesis
- **Kyphosis and scoliosis**
- Osteomyelitis
- **Osteoporosis**
- Osteomalacia
- **Ankylosing spondylitis**
- **Herniated nucleus pulposis**
- Polymyalgia rheumatica

**Hip**
- Polyarthritis
- **Osteoarthritis**
- Septic arthritis
- Derangements
- Avascular necrosis
- Reactive arthritis
- **Gout** and pseudogout
- Tendinitis
- Femoral neck Fx
- **Dislocation**
- Slipped capital femoral epiphysis
- Iliopsoas tendinitis
- **Iliotibial tendinitis**
- Ischeal bursitis
- **Trochanteric bursitis**
- Lumbar radiculopathies

**Knee**
- Tibial plateau Fx
- Patellar Fx
- Rheumatoid arthritis
- **Gout** and pseudogout
- Gonococcal infection
- **Septic arthritis**
- **Meniscal tear**
- Avascular necrosis
- **Pre-patellar**, anserine, infrapatellar bursitis
- **ACL and MCL strain and rupture**
- IT band tendinitis
- **Chondromalacia and Osgood-Schlatter disease**
- Baker’s cyst

**Foot and ankle**
- **Achilles’ tendinitis**
- Onychomycosis
- Ingrown toenail
- **Paronychia**
- Tinea pedis
- Hyperkeratosis
- **Plantar warts**
- Hammer toe
- Claw toe
- Mallet toe
- **Hallus valgus and bunions**
- Sesamoiditis
- **Metatarsalgia**
- Morton's neuroma
- **Plantar fasciitis**
- **Fracture, Strain, sprain**
- **Stress Fx**
- **Flatfoot**
- Pes cavus
- **Heel spur**
- Posterior tibial and peroneal tendinitis
- **Shin splints**
- **Compartment syndrome**

  - **General**
    - **Osteoarthritis**
    - **Osteoporosis**
    - **Rheumatoid arthritis**
    - Juvenile rheumatoid arthritis
    - Polyarteritis nodosa
    - **Bursitis**
    - **Tendinitis**
    - Capsulitis
    - Myofascial pain
    - Nerve entrapment
    - **Fibromyalgia**
    - **Polymyalgia rheumatica**
    - Polymyositis
    - **SLE**
    - **Gout and Pseudogout**
    - Ankylosing spondylitis
    - Reiter’s syndrome
    - Psoriatic arthritis
    - Vasculitis
    - Systemic sclerosis
      - Raynaud's phenomenon
    - **Sjogren’s syndrome**
    - **Sica**
    - Septic arthritis and bursitis
    - Osteomyelitis
    - Viral arthritis
    - **Lyme disease**
    - Bone cyst/tumor
    - **Ganglion cyst**
    - Osteosarcoma
• Injuries
  o **Sprains**
  o **Strains**
  o **Fractures**
  o **Dislocations**

• **NEPHROLOGY**
  o Acid base and electrolyte imbalances
    ▪ **Volume depletion and excess**
    ▪ **Metabolic and respiratory acidosis**
    ▪ **Metabolic and respiratory alkalosis**
    ▪ **Mixed acid-base disorders**
    ▪ **Hypo and hyperkalemia**
    ▪ **Hypo and hypernatremia**
    ▪ **Hype and hypercalcemia**
  o UTIs
    ▪ **Acute and recurrent**
    ▪ **Bacteriuria**
    ▪ Acute pyelonephritis
  o **Nephrolithiasis**
    ▪ Hypercalciuria
    ▪ Hyperoxaluria
    ▪ Hyperuricosuria
    ▪ Hypocitraturia
    ▪ **Hypomagnesuria and hypomagnesemia**
    ▪ Cystinuria
    ▪ Infection stones
  o Glomerulotubular diseases
    ▪ **Nephrotic syndrome**
    ▪ **Nephritic syndrome**
    ▪ **Glomerulonephritis**
      ▪ IgA nephropathy
      ▪ post-streptococcal
    ▪ Acute tubular necrosis
    ▪ Chronic pyelonephritis
    ▪ Renal cystic disease
    ▪ **Polycystic renal disease**
    ▪ Diabetic nephropathy
  o Renal failure
    ▪ **Acute and chronic**
  o **Pyelonephritis**

• **NEUROLOGY**
  o Headache
    ▪ **Migraine**
      ▪ Classic
      ▪ Common
    ▪ **Cluster**
    ▪ **Tension**
    ▪ Vasomotor
- Vascular
- Post-traumatic
  - Altered mental status
    - Coma
    - Brain death
    - Acute confessional states
  - Dementia
    - Alzheimer’s
    - Pick’s
    - Huntington’s
    - Wilson’s
    - Parkinson’s
    - CVAs
    - Normal pressure hydrocephalus
    - Metabolic disorders, tumors, infections and trauma
  - Cerebral aneurysm
  - CVAs
    - Embolic
    - Hemorrhagic
    - TIAs
  - Infections
    - Meningitis
      - Bacterial
      - Septic
      - Viral
    - Encephalitis
    - Brain abscess
  - Multiple sclerosis
  - Myasthenia gravis
  - Cerebral palsy
  - Seizure disorders
    - Partial
      - Simple
      - Complex
    - Generalized
      - Convulsive and nonconvulsive
      - Absence
      - Grand mal
      - Tonic-clonic
      - Myoclonic
    - Status epilepticus
    - Febrile
    - Pseudoseizures
    - Secondary causes
      - Idiopathic
      - Trauma
      - Infections
      - Vascular
      - Metabolic
      - Drug-induced
Movement disorders
  - **Parkinson’s**
  - Hyperkinetic movements
    - Chorea
      - Huntington’s chorea
    - Tardive dyskinesia
    - Focal dystonia
    - Wilson’s disease
  - **Essential tremor**
  - Tourette’s syndrome
  - **Tic disorders**

Peripheral neuropathy
  - Mononeuropathies
    - Acute
      - Radial and ulnar nerve palsy
      - Peroneal
      - Femoral
    - **Bell’s palsy**
    - Chronic
      - **Carpal** and tarsal tunnel syndromes
  - Asymmetric
    - Cauda Equina syndrome
  - Symmetric
    - **Guillain-Barre syndrome**
    - Acute toxic
  - Polyneuropathies
    - **Lyme disease**
    - Porphyria
    - Acquired
      - Drug-induced
      - Metabolic
      - Paraneoplastic
    - Inherited
  - **Diabetic peripheral neuropathy**
  - Causalgia
  - Reflex sympathetic dystrophy
  - Trigeminal neuralgia
  - **Postherpetic neuralgia**

Spinal cord diseases
  - Lower motor neuron syndrome
  - Cervical Myelopathy
  - Cord transaction
  - Horner’s syndrome
  - Neoplastic diseases
    - Neurofibroma
    - Meningioma
    - Schwannoma
    - Astrocytoma
    - Metastatic
• Myelitis
• Degenerative
  o Compression
  o Radiculopathy
  o Osteoarthritis
  o Rheumatoid arthritis
  o Paget’s disease
• Amyotrophic lateral sclerosis

• OPTHALMOLOGY
  o Glaucoma
    ▪ Primary open-angle
    ▪ Acute close-angle
    ▪ Herpes zoster ophthalmicus
    ▪ Acute trauma
  o Orbit and adnexa
    ▪ Adnexa
      • Viral, bacterial, fungal lid infections
        o Zoster
        o Hypopion
        o Hordeolum
  o Infestations
    o Lice
    o Demodicosis
  o Inflammation
    o Blephritis
      ▪ Marginal
      ▪ Staphylococcal
      ▪ Seborrheic
      ▪ Chalazion
      ▪ Contact
    o Conjunctivitis
      ▪ Viral
      ▪ Bacterial
    o Scleritis
    o Episcleritis
  • Xanthelasma
  • Hyphema
  • Dry eye
  • Dacryoadenitis
  • Dacryocystitis
  • Ptosis
  • Ectropion
  • Entropion
  o Orbit
    • Sjogren’s syndrome
    • Vasculitides
    • Uveitis
    • Scleritis
    • Orbital cellulitis
- **Periorbital cellulitis**
- **Blowout fracture**

  - Cornea
    - **Chemical burns**
    - **Foreign bodies**
    - **Corneal abrasion**
    - Corneal erosion
    - Corneal ulcer
    - **Herpes simplex** and Varicella-zoster
    - Acute glaucoma
    - **Pterygium**
    - Pinguicula

  - Retina and lens
    - **Cataracts**
    - **Floaters**
    - Hemorrhage
      - Exudates
      - Ischemia
    - **Diabetic and hypertensive retinopathy**
    - Central and branch, artery and vein occlusions
    - **Macular degeneration**
    - CMV, HIV, and Toxoplasmosis retinopathy
    - **Retinal detachment**

  - Neuro-ophthalmology
    - Optic neuritis
    - Papilledema and papillitis
    - Psudopapilledema
    - Optic disk drusen
    - Temporal arteritis
    - Retrochiasmal injuries
    - Amaurosis fugax
    - Scotomas

  - Oculomotor
    - Myasthenia gravis
    - Third, fourth and six nerve palsies
    - **Nystagmus**
    - Phorias and Tropias
    - Diplopia
    - **Strabismus**
    - Adie’s pupil
    - Horner’s syndrome

- **PULMONARY**
  - General
    - **Common cold**
    - **Acute bronchitis**
    - Acute bronchiolitis
    - Acute epiglotitis
    - Croup
- Foreign body aspiration
- **Influenza**
- Pertussis
- Anaphylaxis
- **Allergic rhinitis**
- Angioedema
  - Asthma
  - Bronchiectasis
  - **Pneumonia**
    - Community acquired
    - Atypical
  - RSV
  - Tuberculosis
  - **COPD**
    - Emphysema
    - Chronic bronchitis
  - Interstitial lung diseases
    - Pneumonitis (occupational)
      - Avian flu
    - **ARDS**
    - Hyaline membrane disease
    - Toxic gas syndrome
    - Cystic fibrosis
    - Pulmonary fibrosis
    - Sarcoidosis
    - Pneumoconiosis (organic dust)
      - Silicosis
      - Asbestosis
    - Goodpasture syndrome
  - Respiratory failure
    - Chronic
      - Hypoxemia
      - Hypoxia
      - Hypercapnia and respiratory acidosis
      - Obstructive disorders
        - **COPD**
        - Interstitial lung disease
    - Acute
      - Asthma
      - Upper airway obstruction
      - Depressed CNS
      - ARDS
      - Lobar pneumonia
  - Pleural effusions
    - Transudates
      - CHF
      - Cirrhosis
      - Nephrotic syndrome
    - Exudates
      - **Bacterial pneumonias**
• Malignancy
• PE
• TB
  o Pneumothorax
    ▪ Primary
    ▪ Secondary
    ▪ Traumatic
    ▪ Tension
  o Venous thromboembolism
    ▪ DVT
    ▪ PE
  o Fat embolism
  o Pulmonary hypertension
  o Cor pulmonale
  o Neoplasms
    ▪ Benign
      ▪ Hermartoma
      ▪ Bronchial adenoma
    ▪ Pulmonary nodules
    ▪ Carcinoma
      ▪ Squamous cell
      ▪ Adenocarcinomas
      ▪ Large-cell
      ▪ Small-cell
    ▪ Metastatic cancer
    ▪ Lymphoma
      ▪ Hodgkin’s disease and non-Hodgkin’s lymphoma

• PSYCHIATRY AND BEHAVIORAL MEDICINE
  o Behavioral medicine
    ▪ Smoking cessation
    ▪ Drug abuse and dependency
    ▪ Alcohol abuse and dependency
    ▪ Tobacco use and dependency
    ▪ Eating disorders
      ▪ Obesity
      ▪ Anorexia nervosa
      ▪ Bulimia nervosa
    ▪ Domestic violence
      ▪ Battered woman
      ▪ Child abuse
    ▪ Death and dying
      ▪ Uncomplicated bereavement
    ▪ Care of gay and lesbians
  o ADD
  o Autism
  o Acute reaction to stress
  o Anxiety disorders
    ▪ Adjustment disorder
    ▪ Panic disorder
- Phobias
- PTSD
- Generalized anxiety disorder
- Obsessive-compulsive disorder

- Mood disorders
  - Major depression
  - Dysthymia
  - Adjustment disorder with depressed mood
  - Bipolar
  - Mood disorder caused by medical condition
  - Suicidal patient

- Personality disorders
  - Antisocial
  - Avoidant
  - Borderline
  - Histrionic
  - Narcissistic
  - Paranoid
  - Schizoid
  - Schizotypal

- Somatization
  - Somatization disorder
  - Hypochondriasis
  - Conversion disorder
  - Chronic pain
  - Malingering
  - Factitious disorder
  - Dizziness

- Psychotic disorders
  - Delusional
  - Schizophrenia
  - Schizoaffective

- UROLOGY
  - Male infertility
    - Primary hypogonadism
    - Obstruction
    - Ejaculation dysfunction
    - Varicocele
    - Cryptorchidism
    - Acute
      - Epidydimitis
      - Testicular torsion
      - Orchitis
  - Bladder dysfunction and incontinence
    - Incontinence
      - Urge incontinence
      - Reflex incontinence
      - Overflow
      - Stress
o Prostate disorders
  - **BPH**
  - Prostatitis
  - Prostate cancer
o Bladder and kidney cancer
o Impotence and erectile dysfunction
o **Paraphimosis and phimosis**
o **Urethritis**
o Testicular disorders
  - Benign
    - Epidydimitis
    - Hydrocele
    - Spermatocele
    - Varicocele
    - Lipomas
  - Malignant
    - Seminomas
    - Non-seminomas
  - **Wilm’s tumor**
  - **Scrotal trauma**
  - Cryptorchidism
  - Atrophy

**WOMEN’S HEALTH**

o Abnormal menstruation
  - **Amenorrhea**
  - **Dysmenorrhea**
  - **PMS**
  - Dysfunctional uterine bleeding
  - Persistent anovulation
  - **Polycystic ovary**
  - Galactorrhea

o Hirsutism and androgen disorders
o **Metritis**
o **Prolapse**
o **Cystocele**
o **Rectocele**
o **Vaginitis and vaginosis**
o **PID**
o Chronic pelvic pain
  - Cyclic
    - **Dysmenorrhea**
    - **Endometriosis**
  - Non-cyclic
    - Adhesions
    - Salpingo-oophoritis
    - Tumors and cysts
    - Leiomyoma
    - Idiopathic
  - **Contraception**
- **Anticoital**
  - Barrier methods
  - Condoms
  - Spermicidal agents
  - Oral contraceptives
  - IUDs
  - Vaginal ring
- **Postcoital**
  - Contraceptives
  - RU 486
  - Abortion and pregnancy termination
  - Family planning
  - Female infertility
  - OB
    - **Uncomplicated OB**
      - Physiologic changes
      - Diagnosis and care
      - Normal labor and delivery
      - Prenatal care
    - **Complicated OB**
      - Vaginal bleeding
        - Ectopic pregnancy
        - Threatened abortion
        - Incomplete abortion
        - Abrupto placenta
        - Anembryonic gestation
        - Placenta previa
        - Postpartum hemorrhage
        - Premature rupture of membranes
      - Medical complications
        - Gestational diabetes
        - Gestational trophoblastic disease
        - Hypertension
          - Pre-eclampsia and eclampsia
            - Hyper and Hypothyroidism
            - Cardiac disease
      - Dystocia
      - Fetal distress
      - Molar pregnancy
      - Multiple gestation
      - Rh incompatibility
    - Menopause
    - Cervicitis
    - Breast disease
      - **Fibrocystic breast disease**
      - Abscess
      - **Breast cancer**
        - Metastatic
        - Fibroadenoma
- Mastitis
  - GYN Neoplasms
    - Dysplasia
    - Cervical cancer
    - Endometrial cancer
    - Ovarian cancer
  - Vulvar pruritus
    - Vulvar dystrophy
    - Neoplasms
    - Candidiasis
    - Dermatologic
Advisee List
**ADVISEE LIST**

**Class of 2011 Advisors**
The advisement of students will be handled by the full-time faculty. Office hours are by appointment only, except for urgent matters. In these cases, the student may seek help from any full-time faculty if the assigned advisor is not available.

<table>
<thead>
<tr>
<th>Kelly Donkers</th>
<th>Susan Hawkins</th>
<th>Carol Ennulat</th>
<th>Mark Hertweck</th>
<th>Heidi Felix</th>
<th>John Laird</th>
<th>Carl Garrubba</th>
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Class of 2010 Advisors

The advisement of students will be handled by the full-time faculty. Office hours are by appointment only, except for urgent matters. In these cases, the student may seek help from any full-time faculty if the assigned advisor is not available.

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