COURSE INFORMATION

Course Description:
Prepares physician assistant students to provide high quality care for women, including gynecologic and obstetric care, in aspects essential in a primary care setting. Students will develop the ability to evaluate, manage, treat, and educate the female patient, including the areas of contraception, pregnancy, prenatal and postpartum care, and menopause. The student will utilize critical thinking, history taking and physical exam skills, and use diagnostic tests, as appropriate, in order to effectively create a plan of care for the female patient. The student will perform or assist in procedures utilized in women’s health. Students will communicate with women in a respectful and sensitive manner. Requires direct supervision by clinical instructors. The rotation is 4 weeks long, schedule is dependent on that of the preceptor.

Credits: 4

Prerequisites: Enrollment in the Physician Assistant Master’s Program
Day and Time:
Location:

INSTRUCTOR INFORMATION

Instructor: Jake Oestreich M.D. Director of Clinical Education
Office: S1106
Phone: 218-723-5912
Fax: 218-733-2291
Email: joestreich@css.edu
Office Hours:

REQUIRED MATERIALS

COURSE OUTCOMES AND OBJECTIVES

Numbers indicate Course Outcomes while bulleted points indicate Instructional Objectives.

The Course Objectives are designed to develop PA competencies. These are:

1) Medical Knowledge (MK)
2) Interpersonal and Communication Skills (IPC)
3) Patient Care (PC)
4) Professionalism (P)
5) Practice-based Learning and Improvement (PBL)
6) Systems Based Practice (SBP)

Women’s Health specific instructional objectives:

At the end of this rotation the PA student will:

1) Medical History
   - Through direct preceptor observation and/or oral or written presentations, demonstrate logical and organized history taking, appropriate for the visit, including chief complaint, history of present illness, past medical history, family history and review of symptoms related to the Common Problems of Women’s Health outlined below and in the End-of-Rotation Exam Blueprint. (MK, IPC, PC, P)
   - Demonstrate cultural competency by using appropriate language with each patient to demonstrate sensitivity and respect, taking into account patient age, culture, and ethnic background. (MK, IPC, PC, P)

2) Physical Examination
   - Conduct a physical examination appropriate to the nature of the visit or complaint. (complete vs. focused)
   - Demonstrate a sensitive and respectful approach to breast and pelvic exam, taking into account patient age, culture, and ethnic background. (MK, IPC, PC, P)
   - Create a differential diagnosis and problem list based on the interview and physical examination. (MK, PC)

3) Laboratory and Diagnostic Studies
   - Propose a diagnostic plan based on analysis of the differential diagnosis and justify the diagnostic tests and procedures proposed taking into account the test’s sensitivity, specificity, and predictive value, as well as its invasiveness, risks, benefits, limitations, and costs. (PC, PBL, SBP)
   - Perform or assist in the performance, interpretation and explanation of labs and diagnostic procedures outlined in the Skills Section of the syllabus. (MK, PC)
4) Diagnosis
- Select the most likely diagnosis based on presented data and effectively communicate information about the diagnosis to the patient. (MK, IPC, PC, P)

5) Health Maintenance and Disease Prevention
- Describe the normal menstrual cycle explaining physiology and hormonal patterns. (MK)
- Instruct a patient regarding cervical cancer screening guidelines and appropriate follow up based on Pap smear results. (MK, IPC, PC, P)
- Teach Self Breast Examination. (MK, IPC, PC, P)
- Assess the physical findings on prenatal exam and provide appropriate guidelines for prenatal care, postnatal care, risk factor education, health promotion, disease prevention as well as identifying high risk pregnancies. (MK, IPC, PC, P)

6) Clinical Intervention
- Demonstrate counseling and preventive care in women’s health in areas such as nutrition, exercise, smoking cessation, sexually transmitted diseases, birth control, pregnancy, menopause and HRT. (MK, IPC, PC, P)
- List and describe age-appropriate screening procedures and appropriate time intervals for these tests: Mammogram, Bone density, Pap Smear, Sexually transmitted infections. (MK, IPC, PC, P)

7) Clinical Therapeutics
- Demonstrate ability to counsel patients regarding contraceptive options including natural family planning, barrier methods, oral contraceptives, emergency contraception, and permanent contraception. (MK, IPC, PC, P)
- Distinguish between Category A,B,C,D,X drugs taken during pregnancy. (MK, PBL, SBC)

8) Professional and Health Care Systems
- Document a problem-focused history, physical examination, assessment and plan in the outpatient and inpatient obstetrical records. (IPC, P, SBP)
- Develop the ability to work within a team based approach to patient care demonstrating an appreciation of the role of others in the care of the patient as well as appropriate interpersonal skills using clear communication, being open and receptive to feedback from other members of the team, and by treating all members of the team with respect and courtesy. (IPC, PC, P, SBP)

9) Application of Science Concepts
- Based on a history and physical examination, formulate differential diagnoses and propose plans for the initial evaluation and management of patients in each of the topics listed in the Disease and Disorders section of the syllabus. Attention should be given to the etiology, epidemiology, prognosis, physiology/pathophysiology, identification of disease processes and complications of diseases. (MK, PC)
Physician Assistant General Objectives for All Clinical Rotations
In addition to rotation-specific objectives these general objectives apply to every core and elective rotation and are formulated in accordance with NCCPA and PAEA knowledge and skills blueprints:

At the end of the rotation the PA student will:

Medical History
- Take and record comprehensive and focused histories on patients
- Associate patient's complaints with their presented history
- Interpret pertinent history and formulate a differential diagnosis
- Recognize and identify individual risk factors for each disease and related condition
- Recognize and identify signs and symptoms associated with a specific diagnosis

Physical Examination
- Recognize and demonstrate what constitutes an appropriate directed physical exam after eliciting a patient history
- Recognize pertinent physical findings
- Interpret particular physical findings in order to formulate differential diagnoses

Laboratory and Diagnostic Studies
- Select appropriate routine or initial laboratory or diagnostic studies for given patient including evaluation of cost effectiveness of studies
- Effectively communicate indications for laboratory and diagnostic studies and risks associated with studies
- Demonstrate appropriate technique in using diagnostic equipment and collecting specimens
- Interpret and apply results of diagnostic studies
- Select and initiate appropriate follow-up studies if and when indicated

Diagnosis
- Evaluate the differential diagnosis in light of history, physical exam, and laboratory and diagnostic study findings
- Select the most likely diagnosis based on presented data
- Recognize associated disease conditions and complications

Health Maintenance and Disease Prevention
- Recognize and address risk factors for conditions amenable to prevention or detection in an asymptomatic individual
- Compare relative value of common screening tests
- Determine appropriate counseling related to preventable conditions or lifestyle modifications
- Demonstrate knowledge of immunization schedules for patients across the lifespan (infant, children and adults) and foreign travelers and effectively communicate risks and benefits of immunization
- Identify human growth and development milestones
- Recognize effects of environmental and occupational exposure on health
• Recognize the impact of stress and psychological manifestations of illness and injury on health
• Recognize signs of abuse and neglect and indications for referral
• Identify barriers to care
• Demonstrate effective use of informational databases to inform clinical guidelines/decisions

Clinical Intervention
• Effectively communicate indications, contraindications, complications, risks, benefits and techniques for selected procedures
• Demonstrate technical proficiency in performing specific procedures
• Select appropriate management and monitoring for patients after intervention including compliance, adverse events, and effectiveness
• Evaluate severity of patient condition in terms of need for medical and/or surgical referral, hospital admission or other appropriate setting
• Recognize and initiate treatment for life-threatening emergencies, including seeking appropriate supervision if needed
• Prioritize each patient's conditions and make appropriate referrals for further diagnostic assessment
• Recognize and identify factors in the history that affect the patient’s treatment plan or prognosis
• Identify and evaluate patients for non-pharmacological treatment (physical therapy, counselling, surgery)
• Identify appropriate need for referral for patients to other services and determine appropriate follow up from referral
• Identify indications for hospital admission
• Identify components of appropriate discharge planning
• Identify components of a rehabilitation program
• Demonstrate appropriate counseling of a patient or family regarding current medical interventions and future treatment plan
• Describe roles of other health care team professionals

Clinical Therapeutics
• Recognize and identify indications for use, contraindications, side effects, adverse reactions, and drug interactions of medications
• Initiate appropriate follow-up schedule or monitoring approach regarding a therapeutic regimen (compliance, side effects, adverse reactions, effectiveness)
• Effectively communicate the importance of patient compliance with a treatment regimen and techniques to increase compliance and understanding
• Select treatment regimen considers cost, efficacy, possible adverse reactions, contraindications and drug interactions for medications selected
• Identify the risks, signs and symptoms of drug interactions resulting from polypharmacy in the therapeutic regimen
• Recognize presentation of allergic reaction and drug toxicity
• Modify the therapeutic regimen within the context of continuing care

Professional and Health Care Systems
• Integrates information technology to provide quality patient care
• Documents in a timely and accurate fashion
• Commits to fairness and accuracy in billing
• Maintains a code of ethics and adherence to legal and regulatory requirements
• Demonstrate respect, compassion, and integrity in relationships with other professionals, patients and their families

Application of Science Concepts
• Recognize and identify normal and abnormal anatomy and physiology
• Recognize and identify associations of disease conditions and complications through application of scientific concepts
• Correlate abnormal physical exam or diagnostic study findings to a given disease process

COURSE CONTENT

Integration and application of all aspects of patient management, including but not limited to; evaluation, assessment, treatment, communication, interprofessional and professional skills.

DISEASES AND DISORDERS

The following Common Problems of Women’s Health must be addressed during the rotation either by exposure during the rotation or through review of didactic materials.

Upon completion of the rotation, the student will demonstrate the ability to evaluate, manage, and educate patients and their families on the following acute, chronic, routine and preventative conditions encountered in the Prenatal and Women’s Health setting:

***Note, this is NOT an exhaustive list. You will be responsible for this list as well as that found at the link referenced below.***

General Gynecology
• Annual Exam
• Cervical Disease and Neoplasia
• Contraception management
• Urinary Incontinence
• Urinary Tract infection
• Vaginal discharge
• Vaginitis
• Cervicitis
• Menorrhagia
• Metrorrhagia
• Amenorrhea
• Oligomenorrhea
• Menopause and Perimenopause
• Breast Mass
• Breast Pain
- Nipple Discharge
- Abdominal pain
- Pelvic pain
- Sexually transmitted disease testing and counseling
- Pelvic Inflammatory Disease

Obstetrics
- First and routine prenatal examination
- Gestational Hypertension
- Gestational Diabetes
- Postpartum examination

SKILLS

This list of skills is intended to serve as a guide for both the student and Preceptor during the clinical rotation. Students are expected to acquire certain technical and interpretation skills that are commonly employed in medical care. Students are required to participate in and perform certain basic procedures under supervision by their preceptor. The following is a list of tests or procedures to focus on for this rotation. At the end of the rotation the student should have at least two of the italicized procedures below logged in E*Value portfolio, verified by the preceptor. If the student does not log two verified procedures, this may be remediated on call back day.

- Pap smear
- Breast Exam
- STD testing, Gonorrhea and Chlamydia sample collection
- KOH prep and Wet Mount
- Fetal heart tone monitoring
- Cervical Dilation Assessment
- Universal precautions
- Urinary catheterization


This outlines the conditions students need to understand in order to prepare for end of rotation examinations.

Note: The CSS PA Program’s clinical rotations provide comparable experiences over the course of the program. Each clinical site has different resources, culture, philosophy, and patient populations; these factors coupled with the service setting (whether inpatient or outpatient) all impact patient access to care, patient volume, and the types of patients seen on a weekly basis. As a result, the program assesses student exposure to the various domains of medical education for each clinical rotation and over the course of the clinical year through student data management in our clinical tracking database (E*Value Portfolio), and extensive monitoring by
faculty of student outcomes performance including patient case mix, interventions and procedures, case presentations, formative reviews, and formal summative assessment.

**It is understood that the unique circumstances of a rotation may preclude students from directly observing all diseases and disorders during their 4 week rotation. However, students are still responsible for all material.**

**COURSE OUTLINE**

Students will be engaged in direct patient care under the supervision of the Clinical Preceptor, a licensed physician, physician assistant, or nurse practitioner. The Clinical Director will monitor progress during the course.

Students will work the same hours as the Clinical Preceptor.

Please see Student Handbook for all clinical rotation requirements/policies/procedures.

**COURSE ASSESSMENTS**

The process of student assessment and evaluation of competency is ongoing throughout the rotation, and includes a mid-rotation preceptor evaluation with preceptor evaluation of clinical competency, case presentations, electronic patient/case logging in the E*Value student experience portfolio, the final preceptor evaluation with preceptor evaluation of clinical competency, and the end-of-rotation exam.

**Evaluation Criteria:**

*Note: *Items will be assigned prior to the rotation.*

- Mid-rotation evaluation from Preceptor: formative (outcomes 1-9)
- Final evaluation from Preceptor: 40% (outcomes 1-9)
- End-of-Rotation Exam: 40% (outcomes 1-7, 9)
- Written H&P with recorded oral presentation: 5% (outcomes 1, 2, 3, 4, 7) (due at mid-rotation for all students)
- The student will be assigned one of the following two options: 10% (outcomes 1, 2, 3, 4, 7)
  1. *Written H&P (due at Grand Rounds for students not giving oral presentation that day)*
  2. *Oral Case Presentation with handout regarding presentation topic (presented at Grand Rounds)*
- Electronic Entries: 5% (outcomes 1, 2, 3, 6, 7) (Includes completion all reports, logging of patient encounters in E*Value student portfolio, and student evaluations of sites and preceptors)
GRADING

Students are graded according to the following grade scale:

73-100% = PASS
Below 73% = NO PASS

Please see the policy regarding Academic Probation in found in the Physician Assistant Student Handbook. Link here

The criterion for a failing grade for a rotation is any one of the following:

1. Failure to submit written assignments which meet program standards
2. Absence of more than 2 days will require the rotation to be repeated unless arranged or approved by the Director of Clinical Education
3. Failure to complete all required electronic entries within 7 days of end of rotation
4. An average grade of the final preceptor evaluation below 3.0 (Interpreter level):

Curriculum Standards

B3.02 Supervised clinical practice experiences must enable students to meet program expectations and acquire the competencies needed for clinical PA practice

B3.03 Supervised clinical practice experiences must provide sufficient patient exposure to allow each student to meet program-defined requirements with patients seeking: a) medical care across the life span to include infants, children, adolescents, adults, and the elderly, b) women’s health (to include prenatal and gynecologic care)

B3.04 Supervised clinical practice experiences must occur in the following settings: a) outpatient, c) inpatient

B3.07 Supervised clinical practice experiences should occur with preceptors practicing in the following disciplines: e) ob/gyn

COURSE POLICIES

Students are expected to follow all requirements in student handbook. Link here

Equal Access Statement:
Students with disabilities, students who sustained injury in active military service, and students with chronic medical conditions are entitled to appropriate and reasonable auxiliary aids and accommodations through The Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973. It is the student's responsibility to notify the Center for Equal Access as soon as possible to ensure that such accommodations are implemented in a timely fashion. For more information or to request academic accommodations, please contact the Center for Equal Access in Tower Hall 2126; by phone at (218) 723-6747, 218-625-4891; or via e-mail at access@css.edu

Academic Honesty Policy:

Academic honesty and integrity are highly valued in our campus community. Academic honesty directly concerns ethical behaviors which affect both the academic environment and the civic community. Academic dishonesty seriously violates the integrity of the academic enterprise and will not be tolerated at St. Scholastica. The full text of the CSS Academic Honesty Policy is found in the Student Handbook or online at http://www.css.edu/Academics/Office-of-Academic-Affairs/Academic-Honesty-Policy.html.
ORIME Evaluation Tool

The benchmarks for clinical year acquisition of skills and knowledge are defined through the ORIME (Observer-Reporter-Interpreter-Manager-Educator) competency-based evaluation tool. This is utilized throughout the clinical courses.

Below is an overview of the ORIME tool as it applies to the evaluation of students:

<table>
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<tr>
<th>Professional Role</th>
<th>Level of Student</th>
<th>Description of Role</th>
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</thead>
</table>
| O - “Observer”    | ● All 1st Year PA-S  
                    ● 2nd Year PA-S in surgical or specialty practice | ● The learner is not participating in direct patient care, they are observing the preceptor in most aspects of healthcare delivery. |
| R - “Reporter”    | ● Some 1st Year PA-S by end of first year  
                    ● All 2nd Year PA-S | ● The learner can accurately gather and clearly communicate facts to the preceptor.  
                                                                 ● Has mastery of performing a H&P.  
                                                                 ● Can recognize normal and abnormal findings  
                                                                 ● Has confidence to label a new problem  
                                                                 ● Answers the “what” questions as they relate to patient care. |
| I - “Interpreter” | ● All 2nd Year PA-S for common problems | ● The learner begins to prioritize identified problems.  
                                              ● Progresses in development of differential diagnosis  
                                              ● Uses clinical findings and diagnostic studies to help support a diagnosis.  
                                              ● Answers the “why” questions as they relate to patient care. |
| M - “Manager”     | ● All 2nd Year PA-S, late in 2nd year. | ● The learner should be able to provide at least 3 reasonable options in the diagnostic and therapeutic plans.  
                                              ● Answers the “how” questions for getting things done. |
| E - “Educator”    | ● Highly advanced 2nd Year PA-S at the end of their training. | ● The learner will define important questions to study and differentiate current evidence.  
                                              ● Shares leadership within a team.  
                                              ● Learns from one’s own experience to become a |
|          | educator. |
### Procedural Competency Evaluation Form

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<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
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<td>Identifies pertinent anatomy and physiology for a specific procedure.</td>
<td>Performs patient assessment, obtains informed consent and ensures</td>
<td>Determines a backup strategy if initial attempts to perform a procedure are unsuccessful. Correctly interprets the results of a diagnostic procedure</td>
<td>Performs indicated procedures on any patients with challenging features (e.g., poorly identifiable landmarks, at extremes of age or with co-morbid conditions)</td>
<td>Teaches procedural competency and corrects mistakes</td>
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<td>Uses appropriate Universal Precautions</td>
<td>monitoring equipment is in place in accordance with patient safety</td>
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<td>standards</td>
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<td>Knows indications, contraindications, anatomic landmarks, equipment,</td>
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<td>anesthetic and procedural technique, and potential complications for procedure</td>
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<td>Performs the indicated common procedure on a patient with moderate</td>
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<td>urgency who has identifiable landmarks and a low-moderate risk for complications</td>
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<td>Performs post-procedural assessment and identifies any potential</td>
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