



**High Point University  
Congdon School of Health Sciences  
Department of Physician Assistant Studies**

**PAS 6130 EMERGENCY MEDICINE ROTATION  
SEMESTER FALL, SPRING, SUMMER, 2016 - 2017**

**COURSE DESCRIPTION:** This five-week clinical course provides the physician assistant student with experience in triage, evaluation, and management of patients of all ages in the emergency room setting. The student will have the opportunity to learn skills needed for the appropriate triage, stabilization, diagnosis and management of patients with significant traumatic injuries, acute illnesses, acute complications of chronic illnesses as well as the management of less life-threatening problems.

**COURSE CREDIT:** 4 credits

**COURSE INSTRUCTORS AND CONTACT INFORMATION:**

**COURSE DIRECTOR:** Ashlyn Bruning MMS, PA-C  
Assistant Professor  
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Office Telephone Number: 841.9017  
Office Hours: Open door policy, or via appointment.

**COURSE INSTRUCTORS:** Robin Hughes MSPAS, PA-C  
Assistant Professor  
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**INSTRUCTIONAL FACULTY:**

Each student is assigned to a specific practicing clinician who serves as the primary clinical preceptor for the rotation.

**COURSE GOALS**

The goal of the Emergency Medicine rotation is to provide physician assistant students with supervised clinical practice experiences in emergent evaluation of patients across the lifespan with significant traumatic injuries, acute illnesses, acute complication of chronic illnesses as well as the management of less life-threatening problems. Students will have the opportunity to improve their critical thinking skills needed for the appropriate triage, prioritization and stabilization of commonly encountered medical problems and injuries in patients presenting in the emergency medicine setting, order and interpret appropriate diagnostic studies and diagnose

and manage life-threatening emergencies through collaboration with members of the health care team, including obtaining appropriate consultation of specialist care.

### **ARC-PA STANDARDS ADDRESSED IN THIS COURSE SERIES**

B3.02 SPCE *must* enable students to meet program expectations and acquire the *competencies* needed for clinical practice.

B3.03 SCPE *must* provide sufficient patient exposure.... to meet program-defined requirements with patients seeking:

- Medical care across the life span

B3.04 SCPE *must* occur in the following settings:

- Emergency department

B3.05 *Instructional faculty* for the supervised clinical practice portion of the educational program *must* consist primarily of practicing physicians and PAs:

B3.06 SCPE *should* occur with:

- physicians who are specialty board certified in their area of instruction
- PAs teamed with physicians who are specialty board certified in their area of instruction
- Other licensed health care providers experienced in their area of instruction

### **COURSE OUTCOMES**

At the completion of the Emergency Medicine SCPE, the clinical phase PA student will possess the knowledge, skills, and attitudes necessary to demonstrate entry-level proficiency in the following:

1. Perform focused histories and physicals on patients across the life span in an emergency medicine setting.
2. Formulate a differential diagnosis based upon the patient history and physical exam and recommend the proper diagnostic studies.
3. Diagnose common medical and behavioral problems likely to be seen in an emergency medicine setting.
4. Diagnose potentially life- or function-threatening medical and behavioral problems likely to be seen in an emergency medicine setting.
5. Develop, implement and monitor management plans for emergent, acute, chronic or ongoing conditions including pharmacological and non-pharmacological approaches, surgery, counseling, therapeutic procedures and/or rehabilitative therapies.
6. Accurately and concisely communicate the findings of a given patient encounter in written and oral forms to all members of the health care team.
7. Demonstrate sensitivity and empathy regarding the emotional, cultural and socioeconomic aspects of the patient, the patient's condition and the patient's family.
8. Communicate in a patient-centered and culturally responsive manner to accurately obtain, interpret and utilize subjective information and construct a patient-centered management plan.
9. Provide advocacy and support to assist patients in obtaining quality care and in dealing with the complexities of health care delivery systems.
10. In all encounters, demonstrate professional behavior to the highest ethical and legal standards by recognizing professional limitations, then consulting with other health care providers and/or directing patients to appropriate community resources, as needed.
11. Critically evaluate the medical literature in order to use current practice guidelines and apply the principles of evidence-based medicine to patient care.
12. Educate patients in health promotion and disease prevention and demonstrate a working knowledge of

all tiers of preventive medicine in patient interactions.

13. Perform clinical procedures common to primary care, including: strep testing, urinalysis, collection of culture specimens, injections, wound/burn dressings, venipuncture, blood specimen processing for hematocrit evaluation, evaluating peripheral smears, reading EKGs, evaluating pulmonary function tests, reading chest and skeletal x-rays, performing pelvic exams and PAP smears, starting IVs, splinting and casting, and laceration repair.

### **ROTATION-SPECIFIC COURSE OBJECTIVES**

At completion of the Emergency Medicine rotation, the second year PA student will have an understanding of each of the following areas as they relate to the specific medical conditions noted within the PAEA EOR Exam Topic List at the end of this syllabus and will be able to:

#### **Scientific Concepts:**

1. Demonstrate medical knowledge about specific medical conditions in the PAEA EMERGENCY MEDICINE END OF ROTATION EXAM TOPIC LIST & BLUEPRINT to include the etiology, epidemiology, pathophysiology and genetics. Apply this knowledge to the diagnosis and management of specific medical conditions.
2. Recognize and manage life-threatening emergencies jointly with the multi-disciplinary physician-lead team.
3. Demonstrate a systematic and thorough approach to caring for the seriously ill patient, recognizing the importance of potential patient-specific variations in disease presentation and their impact on evaluation and management decisions.
4. Recognize specific disease conditions and complications when presented with information related to patient presentation, differential diagnosis, patient evaluation, patient management and health promotion and disease prevention.
5. Identify underlying processes or pathways responsible for a specific condition or disease.

#### **Patient Interviewing**

1. Establish effective rapport and elicit an appropriate acute, interval or comprehensive history from patients, and/or their caregivers, of any age, gender, ethnicity, race, culture and socioeconomic background that includes:
  - a. Determining the purpose of visit (POV), chief complaint (CC) or major problem(s)
  - b. Obtaining a brief follow-up history pertaining to a recent acute problem or a thorough history of present illness (HPI) for new problems including onset, quantity, quality and chronology of symptoms, palliative and provocative factors, location and radiation of problem, and associated symptoms
  - c. Eliciting an appropriate review of systems related to specific medical conditions.
  - d. Eliciting a past medical history including previous and current health problems, hospitalizations, surgeries, major injuries and childhood illnesses
  - e. Determining a patient's immunization status
  - f. Determining an appropriate interval history pertaining to progression, regression, or stability of any chronic health problems
  - g. Obtaining a list of all medications currently in use (prescription and over-the-counter) with dosing schedule and any history of allergies including a description of the nature of the allergic response
  - h. Eliciting a social history that describes nutritional habits (diet), use of recreation substances (alcohol, tobacco and/or other drugs), education, employment and socioeconomic history, and sexual history (when pertinent) including risk behaviors and past sexually transmitted infections (STIs)

- i. Determining any family history pertaining to exposure to illness, familial predisposition to disease, or genetic transmission.
  - j. Determining preventive health strategies pursued by the patient
  - k. Determining the meaning of pertinent historical information relative to specific medical conditions or diseases noted within the PAEA EMERGENCY MEDICINE EOR Exam Topic List
2. Record all pertinent positive and negative historical data in a clear and concise manner using appropriate medical terminology and standard medical abbreviations approved by the facility.

### **Physical Examination**

1. Recognize possible relationships between symptoms elicited in the medical history and potential physical findings that must be assessed in the physical examination.
2. Perform a problem-focused or complete physical examination appropriate for the age and gender of the patient, reason for visit, urgency of the problem and patient's ability to participate in the examination.
3. Demonstrate safe and appropriate use of any required instruments or equipment including:
  - a. Auscultation using the bell and diaphragm features of the stethoscope;
  - b. Non-invasive blood pressure (NIBP) measurement instruments
  - c. Selection and use of sphygmomanometers of the appropriate size;
  - d. Oral, rectal, and ear thermometers/thermistors
  - e. Pulse oximeters
  - f. Oto/ophthalmoscopes
  - g. Percussion hammers
  - h. Tuning forks
  - i. Snellen chart
  - j. Pseudoisochromatic color vision (Ishihara) plates
  - k. Ear cures
  - l. Woods lamp with and without fluorescein stain
4. Perform appropriate limited physical examinations to assess progression, regression, stability or complications of select health problems as noted in the PAEA EMERGENCY MEDICINE EOR EXAM Topic List.
5. Document all pertinent normal and abnormal physical findings using appropriate medical terminology and facility defined acceptable medical abbreviations.

### **Diagnostic Studies**

1. Recognize indications for and appropriately order screening tests and diagnostic or follow-up laboratory procedures, imaging studies or other diagnostic evaluations commonly used in Emergency Medicine.
2. Provide pertinent patient education about common screening and diagnostic tests regarding required patient preparation, procedure, possible complications, purpose of testing, risks versus benefits, alternatives, and cost-effectiveness specific to Emergency Medicine.
3. Identify techniques and potential complications for common diagnostic procedures.
4. Identify laboratory and diagnostic studies considered to be the "best practice/gold standard" for the diagnosis of common conditions listed within the PAEA EMERGENCY MEDICINE END OF ROTATION EXAM TOPIC LIST & BLUEPRINT.
5. Properly collect the following specimens or instruct the patient on collection procedures when indicated and applicable:
  - a. Venous and arterial blood samples
  - b. Clean-catch and "dirty" urine specimens
  - c. Sputum samples
  - d. Stool samples

- e. Wound and blood samples for aerobic and anaerobic culture
  - f. Urethral and cervical swabs for STI testing
  - g. Cervical scrapings for cancer screening
  - h. Vaginal swabs for microscopy
  - i. Skin scrapings for microscopy
  - j. Skin biopsies
6. Perform and interpret the following diagnostic procedures when indicated and applicable:
    - a. Waived laboratory procedures including whole blood glucose, hemoglobin, microhematocrit, dipstick urinalysis, and rapid serologic tests for group A streptococcus.
    - b. 3-lead monitoring and 12-lead diagnostic electrocardiography (ECG)
    - c. intradermal (PPD) tuberculosis screening
    - d. peak flow measurements
  7. Correctly interpret findings/results on the following diagnostic tests:
    - a. Complete blood count
    - b. Peripheral blood smear
    - c. Basic metabolic panel and Comprehensive metabolic panel
    - d. Liver function test
    - e. Renal function test
    - f. Glycosylated hemoglobin
    - g. Sedimentation rate
    - h. Lipid panel
    - i. Hepatitis panel
    - j. Cardiac biomarkers
    - k. PT/INR and PTT
    - l. Thyroid function test
    - m. C-reactive protein
    - n. Iron Studies
    - o. Microscopic urinalysis and urine culture
    - p. Carbon monoxide level
    - q. Blood culture
    - r. Sputum gram stain and culture
    - s. Monospot testing
    - t. Plain film radiographic images

### **Diagnosis Formulation**

1. Integrate normal and abnormal findings from the medical history, physical examination and diagnostic studies to formulate an initial problem list and develop the list of differential diagnoses.
2. Demonstrate the continued development of clinical reasoning skills including the ability to compare and contrast critical differences of disease states that comprise the differential diagnosis for a given patient presentation.
3. Ascertain the need for and order/perform additional diagnostic assessments if indicated to adequately evaluate the differential diagnoses list.
4. Recognize personal limitations in knowledge base and/or abilities to establish a definitive diagnosis in certain situations and use the medical literature and evidence based medicine evaluative skills to answer critical diagnostic questions or determine the need for referral/consultation.
5. Establish a most likely diagnosis based upon historical information, physical examination findings, laboratory and diagnostic study findings and literature research when needed.

## **Clinical Interventions**

1. Develop patient-centered, comprehensive therapeutic management plans that are based upon assessment/diagnosis, concurrent treatments the patient is following for other medical problems, evidence based guidelines and patient readiness and ability to comply.
2. Identify potential complications of specific clinical interventions and procedures performed commonly in the emergency medicine setting.
3. Initiate (prescribe) appropriate pharmacotherapeutics based upon diagnosis, signs/symptoms, potential drug interactions, existing allergies, and evidence based therapeutic guidelines.
4. Provide patient education about medication usage to include the reason for the taking medication, dosing schedule, expected outcomes, and potential adverse effects.
5. Identify appropriate monitoring for patients after interventions, including checking for compliance, adverse events and effectiveness.
6. Evaluate the severity of patient condition in terms of need for minor procedure in the emergency department, medical or surgical referral/consultation, urgent vs. scheduled surgical intervention, admission to the hospital or other appropriate setting.
7. Select non-pharmacologic modalities (e.g. physical therapy, surgery, counseling) to integrate into patient management plans.
8. Identify and direct patients to available community resources specific to the needs of individual patients within the emergency medicine population. Specify indications for referral to the following practitioners:
  - a. Psychiatrist
  - b. Ophthalmologist
  - c. Oncologist/Hematologist
  - d. Orthopedic surgeon
  - e. Cardiothoracic surgeon
  - f. Pulmonologist
  - g. Plastic surgeon
  - h. Urologist
  - i. Endocrinologist
9. Specify indications for referral to the following professionals:
  - a. Social worker
  - b. Physical therapist
  - c. Occupational therapist
  - d. Athletic trainer
  - e. Respiratory therapist
  - f. Ethics team
10. For additional guidance, please refer to the Diagnostic and Technical Skills List and Benchmarks in the Clinical Manual

## **Health Maintenance**

1. Assess patient health risks based upon data collected in the medical history, physical examination and results of diagnostic testing.
2. Recognize the impact of stress on health and the psychological manifestations of illness and injury.
3. Recognize the impact of environmental and occupational exposures on health.
4. Utilizing U.S. Preventive Services Task Force (USPSTF) recommendations, identify and perform/order preventive screening procedures as part of a patient's health maintenance plan.
5. Recognize common barriers to care.
6. Determine appropriate counseling, as well as patient and family education, related to preventable health problems including communicable and infectious diseases, healthy lifestyle and lifestyle

modifications, immunization schedules and the relative value of common health screening tests/procedures.

7. Identify the risks and benefits of immunizations.

### **Cross-Cultural Skills**

1. Demonstrate awareness of personal biases and the socio-cultural factors that may affect their interpersonal communication, assessment, treatment, and clinical-decision making in caring for individuals from different cultural, ethnic, racial, socio-economic or other diversity backgrounds.
2. Effectively elicit and document the patient's explanatory model and assess the patient's spiritual values and practices during patient encounters.
3. Recognize need for and appropriately utilize informal and/or formally trained interpreters.
4. Utilize reflective practice techniques to evaluate cross cultural encounters to improve quality of personal practices and health care outcomes.
5. Respond to patient diversity, preferences, beliefs and cultural background in a nonjudgmental manner.

### **Interpersonal and Communication Skills**

1. Document their performance of all patient assessment activities, management plans and patient education for acute and chronic health problems seen in the emergency medicine setting.
2. Demonstrate the ability to write organized, timely and accurate patient progress notes.
3. Document procedures performed, providing adequate detail for the provider seeing the patient during a follow-up visit and for appropriate coding and billing.
4. Deliver coherent, accurate and succinct patient presentations to preceptors and/or other medical professionals involved in the care of the patient.
5. Demonstrate interpersonal skills that will enhance communication with the patient, the patient's caregiver and/or family.
6. Demonstrate the ability to counsel patients about signs and effects of harmful personal behavior and habits.

### **Professionalism**

1. Recognize the importance of and have the ability to identify and direct patients to available community resources specific to the needs of individual patients within the emergency medicine setting.
2. Identify the roles of the following members of the health care team and how to implement their services appropriately.
  - a. Specialty consults
  - b. Nursing
  - c. Physical therapy
  - d. Occupational therapy
  - e. Respiratory therapy
  - f. Pharmacy
  - g. Dietary services
  - h. Home health
  - i. Social work
  - j. Laboratory services
  - k. Medical Interpreters
3. Demonstrate an understanding of the role of the emergency medicine physician in coordinating care with other providers and specialists.
4. Compare and contrast the discipline specific approach of emergency medicine physicians versus the approach of providers within other disciplines (i.e. internists/hospitalists,

pediatricians, surgeons, Ob/Gyn, family practitioners and behavioral medicine physicians) to patient care.

5. Demonstrate appropriate professional demeanor, ethics and respect for patient’s confidentiality.

**Practice-based learning and improvement**

1. Recognize their own personal biases, gaps in medical knowledge and physical limitations as well as those of others.
2. Review and expand their core knowledge by reading suggested/recommended textbooks, journal articles and/or other medical literature resources.
3. Demonstrate the ability to access and integrate the available evidence in making diagnostic and treatment decisions and be able to consider the limitations of the scientific database.
4. Apply the principles of evidence-based medicine to answer a clinical question related to a patient in the Emergency Medicine setting.

**Systems based practice**

1. Recognize the importance of cost effective health care, quality assurance and practice guidelines in today’s health care environment.
2. Identify cost-effective health care and resource allocation strategies that do not compromise quality of patient care.
3. Advocate for quality patient care and assist patients in dealing with system complexities.

**TEACHING METHODS AND ASSIGNMENTS FOR ACHIEVING COURSE OBJECTIVES/LEARNING OUTCOMES**

**Instructional Design**

The clinical year is developed with a patient-centered, problem-oriented, and applications-based focus. During this time students discover how to use the extensive medical knowledge base that was developed during the first four semesters of the program curriculum.

The clinical year is the time for students to focus on skill competency development including patient care skills, communication skills, interpersonal (team) skills, and evidence-based practice skills. To facilitate this process, the primary instructional activity of the clinical rotations is supervised direct patient care experience performing patient evaluations, ordering and interpreting diagnostic tests, formulating diagnoses, developing treatment plans, performing clinical procedures, and providing patient education. In addition, during each required rotation there is a list of specific requirements that will be the focus of student knowledgebase studies (or review) during that rotation. The end-of-rotation written examinations will be based upon the instructional objectives listed within this syllabus.

**ASSESSMENT OF LEARNING OUTCOMES**

ASSESSMENT TOOL	COURSE OUTCOME(S)	PERCENTAGE OF GRADE
Clinical Performance Evaluation	1-13	40%
Specialty Subject Examination	2, 3, 4, 5, 11, 12	40%
SCPE Assignments: Typhon logging Mid-rotation evaluation Student evaluation of Preceptor/Site	1-10, 12, 13	10%

Rotation-Specific Assignment	2-13	10%
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### COURSE ASSESSMENT AND GRADING

Given the nature and complexity of educational activities on clinical rotations, a comprehensive, multifaceted process for evaluating student progress has been designed. The components each serve to assess different skills acquired by a student during clinical training. These constituent parts are combined to formulate the final SCPE grade.

1. **Specialty Subject Exam:** During the Return to Campus Days, the student will take the PAEA Emergency Medicine End of Rotation Exam. Exam content is based on the PAEA Topic List and Blueprint found at the end of this syllabus.
2. **Clinical Performance Evaluation:** The primary clinical preceptor completes a thorough evaluation of student performance at the conclusion of the five-week SCPE. This evaluation is based on course objectives and course outcomes which support attainment of the Program Learning Outcomes. The Clinical Performance Evaluation is graded using a published evaluation rubric. Instructional faculty (preceptors) provide information used to determine rotation grades but do not assign the rotation grades. The Clinical Performance Evaluation grade is ultimately determined/assigned by the principal faculty member designated as the rotation/course director.
3. **Rotation-specific Assignment:** Students will select a case that is particularly interesting to them or perhaps unusual and will present a problem focused oral case presentation to fellow classmates and program faculty. The case will pertain to a patient with whom they have had an active role in their care at their current SCPE site. The student should anticipate questions from faculty and observers regarding the details of the case and be able to demonstrate a thorough understanding of the rationale for the clinical decisions that were made. The Oral Case Presentation assignment is graded using a published evaluation rubric. Guidelines for completion are included within the Clinical Handbook.
4. **SCPE Assignments:** These include completion of the Mid-rotation Evaluation by the student and preceptor (2.5%), Typhon logging in accordance with Clinical Handbook requirements (5%), and timely completion of Student Evaluation of Preceptor/Clinical Site (2.5%). Guidelines for completion are included within the Clinical Handbook.

Evaluation forms for the Clinical Performance Evaluation, Mid-rotation Evaluation, Student Evaluation of Preceptor/Site, Templates and Rubrics for the Rotation-specific Assignments and a Rotation Assignments Checklist are included in the Clinical Handbook.

### Grading Criteria:

Course Grade	Numerical Grade
High Pass (HP)	93 – 100 %
Pass (P)	70 – 92.99 %
Non-Pass (NP)	< 70 %

To earn a Pass designation for the course, a student must achieve a 70% or better and successfully pass each of the four assessment components. If a student achieves less than 70% for the overall grade in course, they must successfully repeat the failed rotation. A student must achieve a 70% or better on the SCPE Assignments, Clinical Performance Evaluation, and Rotation-specific Assignment to successfully pass each component. Since the Specialty Subject Examination is a standardized, national exam, we utilize the “Z-score” in regards to student passing/non-passing each examination. The raw score percentage will still be used to calculate final grade in the SCPE clinical rotation course. The current z-score conversion calculation and standards for passing is posted on the SCPE Blackboard page.

**Remediation:**

If a Non-pass grade is earned for any component, a remedial activity will be assigned specific to that segment (i.e. written presentation failed, another written presentation will be assigned, the end-of-rotation exam is failed – review topics will be assigned, etc.). The goal of a remedial activity will be to address the educational deficiencies of that particular component and assist the student in focused improvement.

**Remediation Procedure:**

1. Phase I remediation - If a student fails 1 of the elements they will receive an incomplete grade for the SCPE until the remedial activity for that failed component is successfully completed.
2. Phase II remediation - If a student fails 2 of the elements, they will be placed in Phase II remediation, which will entail closer faculty supervision and more focused and intensive activities to correct the deficiencies. The student will receive an incomplete for the SCPE until the remedial activities are successfully completed.
3. Non-Pass status - If a student fails 3 or more of the elements, a Non-Pass grade will be assigned for the SCPE. The student will still be expected to complete remedial activities as well as repeat the failed rotation.

**RECOMMENDED TEXTS AND RESOURCES**

In addition to the following list it is expected that students will use applicable textbooks and resources from didactic courses in the Physician Assistant Studies program.

Cline D et al: Tintinalli's Emergency Medicine Manual, 7th ed. Philadelphia: McGraw- Hill; 2012. ISBN: 9780071781848

USMLE Blueprints Series, Blackwell Publishing, Emergency Medicine, 2<sup>nd</sup> Ed, 2005

**Internet Resources**

[UpToDate](#)  
[Health Decision](#)

**COURSE EVALUATIONS**

All students are expected to complete course evaluations in the week preceding final exams. These evaluations, which are delivered online, are an important part of High Point University's assessment program, so your cooperation in completing them is greatly appreciated. As the end of the semester or academic session draws near, you will receive information from the Office of Institutional Research and Assessment about how to complete the online evaluations. **IMPORTANT NOTE:** All communications from the Office of Institutional Research and Assessment will be sent to your High Point University e-mail account, so please be sure to check and maintain your account regularly.

**UNIVERSITY HONOR CODE****Preamble**

We, the students of High Point University, believe that honesty and integrity are essential to student development, whether personal, social, or academic. Therefore, we assert that:

Every student is honor-bound to refrain from conduct which is unbecoming of a High Point University student and which brings discredit to the student and/or to the University;

- ❖ Every student is honor-bound to refrain from cheating;
- ❖ Every student is honor-bound to refrain from collusion;
- ❖ Every student is honor-bound to refrain from plagiarism;
- ❖ Every student is honor-bound to confront a violation of the University Honor Code;

- ❖ Every student is honor-bound to report a violation of the University Honor Code.

## **ACADEMIC HONESTY**

Academic honesty is extremely important for maintaining the integrity of our program. In keeping with the University Honor and Conduct Codes, as well as the standards of the PA profession, violations of academic honesty standards are considered serious breaches of professionalism. As future healthcare providers, your conduct and display of integrity is of paramount importance. Remain vigilant, in yourself and in classmates, against all forms of academic dishonesty in this course and in the program. Examples include, but are not limited to:

- Any forgery, fabrication or alteration of a Preceptor completed SCPE evaluation form, by the student
- Providing falsified information within Typhon PA Student Tracking system regarding patient encounters, skills/procedure performance and/or time logs.
- Copying on exams or generating facsimiles of exam questions for use by other students
- Providing assessment-related materials to classmates or others in subsequent classes
- Taking individual credit for any group work that is not your own
- Collaborating on assignments that are not explicitly specified as group work
- Buying/selling papers or other assessment-related items
- Submitting work for which credit has already been received in another course without the express consent of the instructor
- Use of electronic devices or written information during assessments unless expressly permitted
- Taking exams or completing assignments for another student
- Plagiarizing the work of another or of an information source
- Providing Mastery of Learning and/or Keyword Feedback information to classmates or others in subsequent classes

## **UNIVERSITY CONDUCT CODE**

### **Preamble**

We, the students of High Point University, shall seek excellence in the classroom, on the playing field, and in positions of leadership and service across our campus.

As a community of scholars, we shall work together with faculty to create an environment conducive to teaching and learning. As a community of persons, we shall treat each other with compassion, with dignity, and with civility, avoiding bigotry, racism, and sexism and learning from each through the diversity we bring to High Point. As persons, we shall be honest and just in all that we do, recognizing that we can never be greater than the integrity of our word and deed. As citizens of global community, we shall act responsibly, both on campus and off, governing our actions not only by our personal needs and desires but also by a concern for the welfare of others, for the general good of humankind, and for the environment upon which we mutually depend. Recognizing that communities cannot exist without values and codes of conduct, we shall search for enduring values; and we shall adhere to those codes of conduct which have been established by and for the members of High Point University. When we leave High Point, we shall leave it better than we found it, and in support of this goal, we pledge our loyalty and our service to this University which we have chosen as our own.

## **STUDENT RESPONSIBILITIES**

Students are expected to attend all scheduled SCPEs and other educational activities as recommended by Preceptors. Students must be present at the clinical site a minimum of 180 clinical hours for each rotation. More hours may be required by individual clinical sites and preceptors, but should not exceed 80 hours per week. In the event of illness or unforeseen circumstance, the student must make every reasonable attempt to notify the Preceptor and the PA program Director of Clinical Education in advance of the

absence. Failure to do so will be regarded as a breach of professionalism. Students are expected to treat all instructors, colleagues, patients, and office staff with a professional level of respect. Students are expected to be adequately prepared for all SCPEs. The success of each clinical rotation is critically dependent upon student preparation and participation. Students must comply with all site-specific requirements and policies regarding all clinical sites associated with each clinical rotation.

### **INSTRUCTOR RESPONSIBILITIES**

The Clinical Education Faculty, comprised of the Director of Clinical Education (DCE) and Clinical Coordinators, will be responsible for identifying and maintaining quality clinical rotation sites and preceptors dedicated to providing an optimal clinical education experience. Student assignment/placement with clinical sites and preceptors will be made by the Clinical Education Faculty. The Clinical Education Faculty will orient preceptors and students to the policies and procedures of the clinical year as well as program expectations and objectives. It is the responsibility of the DCE to review all components used for evaluation of clinical rotations and ultimately the assignment of the final grade for each student for all clinical rotations.

The clinical instructor (preceptor) will be responsible for helping the student gain proficiency in all course objectives by reviewing the Program's expectations and objectives and providing the student with opportunities to provide supervised direct patient care and clinical skills/procedural experiences as well as other assignments/activities which contribute to the student's learning. Ancillary resources will be made available to facilitate student success. Feedback from preceptors will be provided early and frequently regarding the student's clinical performance and professionalism. The clinical instructor (preceptor) will orient the student with respect to policies and procedures at all clinical sites associated with the clinical rotation and ensure that each student experiences a positive learning environment. Preceptors will treat all students with a professional level of respect.

### **HPU WRITING CENTER**

The Writing Center welcomes students at any level for one-on-one sessions focused on writing projects in any stage of the writing process, from invention to revision.

Main Location: Smith Library, 1<sup>st</sup> floor

Satellite Location: UC Learning Commons, 3<sup>rd</sup> floor

To schedule an appointment, visit <https://highpoint.mywconline.com>, register as a user, login, choose a location, and choose a time.

### **DISABILITIES STATEMENT**

Providing academic accommodations to students with disabilities is a shared responsibility of the campus. High Point University is committed to meeting the needs of students with disabilities. If you have a diagnosed disability that requires you to have accommodations in the classroom or testing environment, please contact Ms. Dana Bright at (336) 841-9361 or [dbright@highpoint.edu](mailto:dbright@highpoint.edu) for your accommodation memos. It is your responsibility to communicate your accommodation needs to your professor. Accommodations are not retroactive.

### **PAEA EMERGENCY MEDICINE END OF ROTATION EXAM TOPIC LIST & BLUEPRINT**

See tables below.



Emergency Medicine End of Rotation™ Exam Topic List

<b>CARDIOVASCULAR</b>	<b>PULMONOLOGY</b>
Chest pain	Shortness of breath
Palpitations	Wheezing
Dyspnea on exertion	Hemoptysis
Orthopnea	Pleuritic chest pain
Edema	Acute bronchitis
Syncope	Acute bronchiolitis
Conduction disorders (atrial fibrillation/flutter, supraventricular tachycardia, bundle branch block, ventricular tachycardia/fibrillation, premature beats)	Acute epiglottitis
Hypertensive emergencies	Croup
Hypotension (cardiogenic shock, orthostatic hypotension)	Influenza
Heart failure	Pertussis
Coronary heart disease (non-ST acute myocardial infarction, ST segment elevation acute myocardial infarction, angina pectoris, unstable angina, Prinzmetal/variant angina)	Pneumonia (bacterial, viral, fungal, human immunodeficiency virus-related)
Vascular disease (aortic aneurysm/dissection, arterial occlusion/thrombosis, phlebitis)	Respiratory syncytial virus
Valvular disease (aortic stenosis, aortic regurgitation, mitral stenosis, mitral regurgitation)	Asthma
Acute/subacute bacterial endocarditis	Pleural effusion
Cardiac tamponade	Pneumothorax
Pericardial effusion	Pulmonary embolism
Peripheral vascular disease	Acute respiratory distress syndrome
Arrhythmias	Foreign body aspiration
Angina	Tuberculosis
	Lung cancer
<b>ORTHOPEDICS/RHEUMATOLOGY</b>	
Pain	
Swelling/deformity	
Ecchymosis/erythema	
Fractures/dislocations (shoulder, forearm/wrist/hand, hip, knee, ankle/foot)	
Soft tissue injuries	
Back strain/sprain	
Low back pain	
Cauda equine	
Herniated disk	
Osteomyelitis	
Septic arthritis	



## Emergency Medicine End of Rotation™ Exam Topic List

Costochondritis	
Bursitis/tendonitis	
Gout	
Sprains/strains	
<b>GASTROINTESTINAL/NUTRITIONAL</b>	<b>EAR, NOSE, AND THROAT/OPHTHALMOLOGY</b>
Abdominal pain	Vision loss
Anorexia	Nasal congestion
Nausea/vomiting	Sore throat
Heartburn	Ear pain
Jaundice	Vertigo
Hematemesis	Blepharitis
Melena; bleeding per rectum	Conjunctivitis
Change in bowel habits/diarrhea/constipation	Blow-out fracture
Esophagitis	Corneal abrasion/ulcer
Mallory-Weiss tear	Dacryoadenitis
Peptic ulcer disease	Foreign body (eye, ear, nose)
Acute cholecystitis	Glaucoma (acute angle closure)
Cholangitis	Hyphema
Acute hepatitis	Macular degeneration (wet)
Acute pancreatitis	Optic neuritis
Acute appendicitis	Orbital cellulitis
Diverticular disease	Papilledema
Ischemic bowel disease	Retinal detachment
Inflammatory bowel disease/toxic megacolon	Retinal vein occlusion
Obstruction (small bowel, large bowel, volvulus)	Otitis externa
Anal fissure/fistula/abscess	Acute otitis media
Hemorrhoids (thrombosed)	Trauma/hematoma (external ear)
Hernia (incarcerated/strangulated)	Barotrauma
Infectious diarrhea	Labyrinthitis
Gastritis	Mastoiditis
Gastroenteritis	Peritonsillar abscess
Diarrhea/constipation	Dental abscess
Gastrointestinal bleeding	Acute laryngitis
Cirrhosis	Epiglottitis
Giardiasis and other parasitic infections	Tympanic membrane perforation
	Corneal ulcer
	Allergic rhinitis
	Acute sinusitis



Emergency Medicine End of Rotation™ Exam Topic List

	Epistaxis
	Acute pharyngitis (viral, bacterial)
<b>HEMATOLOGY</b>	<b>DERMATOLOGY</b>
Easy bruising	Itching
Fatigue	Rash
Aplastic anemia	Discharge
Hemolytic anemia	Dermatitis (eczema, contact)
Sickle cell anemia/crisis	Drug eruptions
Clotting factor disorders	Stevens-Johnson syndrome
Hypercoagulable states	Toxic epidermal necrolysis
Thrombocytopenia	Bullous pemphigoid
Acute leukemia	Lice
Anemia	Scabies
Lymphomas	Spider bites
Polycythemia	Viral exanthems
	Herpes zoster
	Cellulitis
<b>NEUROLOGY</b>	Erysipelas
Vertigo	Impetigo
Seizure (symptom)	Burns
Numbness/paresthesias	Urticaria
Weakness/paralysis	Pilonidal disease
Loss of consciousness/change in mental status	Pressure sores
Loss of memory	
Loss of coordination/ataxia	
Headache (migraine, cluster, tension)	<b>ENDOCRINOLOGY</b>
Meningitis	Palpitations
Encephalitis	Heat/cold intolerance
Transient ischemic attack	Tremors
Stroke	Hyperparathyroidism
Subarachnoid hemorrhage/cerebral aneurysm	Hyperthyroidism
Intracerebral hemorrhage	Thyroiditis
Altered level of consciousness/coma	Adrenal insufficiency
Head trauma/concussion/contusion	Diabetes insipidus
Epidural/subdural hematoma	Diabetic ketoacidosis
Seizure disorders	Non-ketotic hyperglycemia
Status epilepticus	Diabetes mellitus
Syncope	Cushing disease
Guillain-Barre syndrome	Hypothyroidism
Spinal cord injury	



## Emergency Medicine End of Rotation™ Exam Topic List

Bell palsy	
<b>UROLOGY/RENAL</b>	<b>PSYCHIATRY/BEHAVIORAL MEDICINE</b>
Dysuria	Neurocognitive disorders
Hematuria	Bipolar and related disorders
Suprapubic/flank pain	Schizophrenia spectrum and other psychotic disorders
Incontinence	Depressive disorders
Nephrolithiasis	Anxiety disorders
Testicular torsion	Panic disorder
Cystitis	Posttraumatic stress disorder
Epididymitis	Substance use disorders
Orchitis	Spouse or partner neglect/violence
Prostatitis	Suicide
Pyelonephritis	
Urethritis	
Acute renal failure	
Glomerulonephritis	
Fluid and electrolyte disorders	
Acid/base disorders	
Hernias	
<b>OBSTETRICS/GYNECOLOGY</b>	
Vaginal discharge	
Pelvic pain/dysmenorrhea	
Amenorrhea	
Dysfunctional uterine bleeding	
Endometriosis	
Ovarian cysts	
Vaginitis	
Pelvic inflammatory disease	
Mastitis/breast abscess	
Spontaneous abortion	
Abruption placenta	
Ectopic pregnancy	
Placenta previa	
Premature rupture of membranes	
Fetal distress	
Intrauterine pregnancy	



## Emergency Medicine End of Rotation™ Exam Topic List

Spontaneous abortion



## Emergency Medicine End of Rotation™ Exam Blueprint

Emergency Medicine 100-Question Exam	History & Physical	Diagnostic Studies	Diagnosis	Health Maintenance	Clinical Intervention	Clinical Therapeutics	Scientific Concepts	Totals	
	(15%)	(10%)	(25%)	(10%)	(10%)	(20%)	(10%)	<b>(100%)</b>	
<b>Cardiovascular</b>	(20%)	3	2	5	2	1	5	2	<b>20</b>
<b>Orthopedics/rheumatology</b>	(15%)	2	2	4	1	2	3	1	<b>15</b>
<b>Pulmonology</b>	(10%)	2	1	2	1	1	2	1	<b>10</b>
<b>Gastrointestinal/nutritional</b>	(10%)	1	1	2	1	1	2	2	<b>10</b>
<b>ENOT/ophthalmology</b>	(7%)	1	0	2	1	1	1	1	<b>7</b>
<b>Neurology</b>	(8%)	1	1	2	0	1	2	1	<b>8</b>
<b>Dermatology</b>	(5%)	1	0	2	1	0	1	0	<b>5</b>
<b>Urology/renal</b>	(6%)	1	0	1	1	1	1	1	<b>6</b>
<b>Endocrinology</b>	(5%)	1	1	1	0	0	2	0	<b>5</b>
<b>Obstetrics/gynecology</b>	(5%)	1	1	1	1	1	0	0	<b>5</b>
<b>Hematology</b>	(4%)	0	1	1	1	0	0	1	<b>4</b>
<b>Psychiatry/behavioral medicine</b>	(5%)	1	0	2	0	1	1	0	<b>5</b>
<b>Totals: (100%)</b>	<b>15</b>	<b>10</b>	<b>25</b>	<b>10</b>	<b>10</b>	<b>20</b>	<b>10</b>	<b>100</b>	