



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

**PAS 6120 INPATIENT MEDICINE ROTATION  
SEMESTER FALL, SPRING, SUMMER, 2020-2021**

**COURSE DESCRIPTION:** This five-week clinical course provides the physician assistant student with an opportunity to learn, understand and gain supervised experience in practicing the principles of inpatient medicine. The focus of this rotation is providing care for patients in the hospital setting with an emphasis on internal medicine.

**COURSE CREDIT:** 4 credits

**COURSE INSTRUCTORS AND CONTACT INFORMATION:**

**COURSE DIRECTORS:**

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**INSTRUCTIONAL FACULTY:**

Each student is assigned to a program approved community provider who serves as the primary clinical preceptor for the rotation.

**COURSE GOALS**

The goals of the Inpatient Medicine rotation is to provide physician assistant students with supervised clinical practice experiences in inpatient evaluation of acute and chronic illness in patients in the hospital

setting. Students will build and increase their ability to develop critical thinking and problem-solving skills within the hospital setting related to assessing commonly encountered medical problems in hospitalized patients, ordering and interpreting appropriate diagnostic studies, managing common medical problems in hospitalized patients, practicing medicine as part of a health care team and participating in the admission, daily care of, and discharge planning of the hospitalized patient.

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

B3.03 Supervised clinical practice experiences must enable all students to meet the program's learning outcomes:

- a) for preventive, emergent, acute, and chronic patient encounters,
- b) across the life span, ... adolescents, adults, and the elderly,
- c) for women's health (to include prenatal and gynecologic care),
- d) for conditions requiring surgical management, including pre-operative, intra-operative, postoperative care, and
- e) for behavioral and mental health conditions.

B3.04 Supervised clinical practice experiences must occur in the following settings:

- b) inpatient,
- c) outpatient

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

B3.06 Supervised clinical practice experiences should occur with:

- a) physicians who are specialty board certified in their area of instruction,
- b) NCCPA certified PAs, or
- c) other licensed health care providers qualified in their area of instruction.

B3.07 Supervised clinical practice experiences must occur with preceptors who enable students to meet program defined learning outcomes for:

- c) internal medicine,

### **COURSE OUTCOMES**

At the completion of the Inpatient Medicine SCPE, the clinical phase PA student will possess the knowledge, skills, and attitudes necessary to demonstrate progress toward entry-level proficiency in this discipline related to the following:

1. Perform focused histories and physicals on patients across the lifespan in an inpatient 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 the inpatient medicine setting.
4. Diagnose potentially life- or function-threatening medical and behavioral problems likely to be seen in an inpatient 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 caring for patients in an inpatient medicine setting.
13. Perform clinical procedures and interpret test results likely to be encountered in an inpatient medicine setting.

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

At completion of the Inpatient 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 Internal Medicine 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 INTERNAL 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 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.
3. 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
  - 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 an age-appropriate social history that describes nutritional habits (diet), use of recreation substances (alcohol, tobacco and/or other drugs), education, activities or employment, 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 common to internal medicine.
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 to 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 curettes
  - l. Woods lamp and fluorescein
4. Perform appropriate limited physical examinations to assess progression, regression, stability or complications of chronic illnesses.
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 Inpatient 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.
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 INTERNAL 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 for each SCPE rotation:
  - 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 specific to each SCPE rotation:
    - 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 when indicated and applicable:
    - 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-oriented comprehensive therapeutic management plans that are based upon assessment/diagnosis, concurrent treatments the patient is following for other medical problems, evidence based guidelines specific to internal medicine, and patient readiness and ability to comply.
2. Identify potential complications of specific clinical interventions and procedures.
3. Initiate (prescribe) appropriate pharmacotherapeutics based upon diagnosis, signs/symptoms, potential drug interactions, existing allergies, and evidence based therapeutic guidelines specific to inpatient medicine.
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 office procedure, medical and/or surgical referral, admission to the hospital or other appropriate setting.
7. Select non-pharmacologic modalities (e.g. group therapy, social services, counseling) to integrate into patient management plans.
8. Identify and direct patients and/or caregivers to available community resources specific to the needs of individual patients.
9. 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. Recognize common barriers to care.
5. 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, and the relative value of common health screening tests/procedures specific to inpatient medicine.

#### **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 admission history and physical examinations, management plans, write appropriate orders and document patient education based on the patient's admitting diagnosis and comorbidities in the inpatient setting.
2. Document discharge summaries that overview the patient's hospital stay and details the discharge planning.

3. Demonstrate the ability to write organized, timely and accurate patient progress notes.
4. Deliver coherent, accurate and succinct oral presentations.
5. Demonstrate interpersonal skills that will enhance communication with the hospitalized patient and/or the patient's caregiver and family in the hospital setting.
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 patients in the hospital setting. Develop an awareness and basic understanding of key issues surrounding the hospitalist role including: equitable allocation of resources, care of vulnerable populations, drug safety, nutrition, palliative care, patient handoffs, patient safety, prevention of healthcare associated morbidity, leading the patient-centered team, and care transitions.
2. Compare and contrast the discipline specific approach of hospitalists versus the approach of providers within other disciplines (i.e. family practitioners, pediatricians, surgeons, OB/Gyn, emergency medicine physicians and behavioral medicine physicians) to patient care.
3. Demonstrate an understanding of the role of the hospitalist in coordinating care with other providers and specialists.
4. Identify the roles of the following members of the health care team and how to implement their services appropriately within a hospital setting.
  - a. Specialty consults
  - b. Nursing
  - c. Pharmacy
  - d. Dietary services
  - e. Home care
  - f. Social work
  - g. Laboratory services
  - h. Medical Interpreters
5. Demonstrate appropriate professional demeanor and 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.
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 hospitalized patients.

### **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 in this syllabus.

#### ASSESSMENT OF LEARNING OUTCOMES

ASSESSMENT TOOL	COURSE OUTCOME(S)
Clinical Performance Evaluation	1-13
Specialty Subject Examination	2, 3, 4, 5, 11, 12, 13
SCPE Assignments: EXXAT logging Mid-rotation evaluations Student evaluation of Preceptor/Site	1-10, 12, 13
Rotation-Specific Assignment	2-13
Professionalism Evaluation	10

#### 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 three graded components each serve to assess different skills acquired by a student during clinical training.

1. **Specialty Subject Exam:** During the Return to Campus Days, the student will take the PAEA Internal 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 be responsible for submitting either written Admission Orders or a written Discharge Summary on a patient with whom they have had an active role in their care at their current SCPE site. This written assignment is graded using a published assessment checklist. Guidelines for completion are included within the Clinical Handbook.
4. **Additional Rotation Requirements:** In addition to the graded components, students are also



responsible for additional program requirements which are designed to complement the graded assessments as a means to further ensure that learning outcomes are being met. These include completion of the Mid-Rotation Evaluation by the student and preceptor, Mid-rotation evaluation of the site/preceptor, EXXAT logging in accordance with Clinical Handbook requirements, timely completion of the final Student Evaluation of Preceptor/Clinical Site, and submission of an up-to-date copy of the Student Clinical Practice Passport. Submission of the passport is necessary to assist the program in guiding students toward successful completion by the end of the clinical year. Guidelines for each of the above requirements are included within the Clinical Handbook.

5. **Professionalism Evaluation:** At the conclusion of the SCPE and its associated Return to Campus Events, a professionalism evaluation will be completed by Clinical Faculty assessing the areas of attendance/punctuality, participation/learning/initiative, written communication, verbal communication, dress/attitude/deportment, and interaction. Scoring is assigned using a published evaluation rubric which can be found within the Clinical Handbook.

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

#### **Grading Criteria For Clinical Performance Evaluation and Rotation Specific Assignment:**

<b>Assignment Grade</b>	<b>Numerical Grade</b>
High Pass (HP)	93 – 100 %
Pass (P)	70 – 92.9 %
Non-Pass (NP)	< 70 %

#### **Grading Criteria for Specialty Subject Examination**

<b>Exam Grade</b>	<b>Scale Score</b>
High Pass (HP)	433
Pass (P)	$\geq 378$
Non-Pass (NP)	$\leq 377$

- To earn an overall final course grade of Pass designation a student must earn a passing score on ALL graded components in accordance with the above descriptions and must submit all other required documentation for the rotation as listed above. Failure of any individual component will result in failure of the course and the student must repeat the SCPE.
- A High Pass is only achieved for the Course if the Specialty Subject Examination score falls within the High Pass range, AND if a score of 93% or better is achieved on all remaining graded components.
- A Pass score on the Specialty Subject Exam that falls between 378 and 397 will likely result in the Course Director initiating an Academic Intervention with the student to discuss performance, methods to improve, and Key Word Feedback Topics.
- If a Non-Pass score is earned on the Specialty Subject Examination, the student will be required

to meet with their advisor to discuss performance, methods to improve, and Key Word Feedback Topics to direct student preparation for remediation. The student will also be referred to the Student Progress Committee.

- Retest will be given within 1 week (following Friday by 5:00pm) using a different version of the Specialty Subject Exam to evaluate sufficient acquisition of deficient knowledge.
- Student must earn a passing score on the re-test in order to earn a final course grade of Pass.
- Should the student not pass the re-test they will earn a final course grade of Non-Pass and the clinical rotation would need to be repeated and passed in order to graduate.

## **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.

Gonzalez P. (2019). *The PA Rotation Exam Review*, Wolters Kluwer, ISBN-13: 978-1-4963-8727-1  
Dan L. Longo, Anthony S. Fauci, Dennis L. Kasper, Stephen L. Hauser, J. Larry Jameson, Joseph Loscalzo (2012). *Harrison's Principles of Internal Medicine*, 18th Ed, McGraw-Hill, Two Volume Set ISBN 978-0-07174889-6; MHID 0-07-174889-X. (Accessible via Access Medicine online)

Maxine A. Papadakis, Editor, Stephen J. McPhee, Editor, Michael W. Rabow, Associate Editor (2014). *Current Medical Diagnosis & Treatment 2014*, McGraw-Hill, ISBN 978-0-07-180633-6. (Accessible via Access Medicine online)

Sylvia C. McKean, John J. Ross, Daniel D. Dressler, Daniel J. Brotman, Jeffrey S. Ginsberg (2012). *Principles and Practice of Hospital Medicine*, McGraw-Hill, ISBN 978-0-07-160389-8. (Accessible via Access Medicine)

Godara H. (2013). *Washington Manuals of Medical Therapeutics 34<sup>th</sup> Ed*, Lippincott Williams & Wilkins, ISBN 9781451188516.

Gilbert DN, Moellering RC, Eiopoulos GM. (2012). *The Sanford Guide to Antimicrobial Therapy*, 42<sup>nd</sup> Ed, ISBN-13: 1930808706.

USMLE Blueprints Series, Blackwell Publishing Internal Medicine, 5<sup>th</sup> Ed, 2009

Leonard G. Gomella, Steven A. Haist (2007). *Clinician's Pocket Reference*, 11<sup>th</sup> Ed, McGraw-Hill, ISBN-13: 978-0-07-145428-5 (Access Medicine Online)

## **Internet Resources**

UpToDate

## **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 EXXAT 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 fulfill all responsibilities noted in the Clinical Handbook. 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 LIBRARY**

"HPU Libraries are available 24/7 to help you with research in all disciplines. We can help with developing a research question or finding and evaluating information. We can help with using Endnote as well as questions on citing sources. Items not found in the library can be requested through ILLiad. Media Services can help with presentation software and graphics.

Librarians are available at Smith Library 24 hours a day, seven days a week. You can call us (336-841-9101), email us ([reference@highpoint.edu](mailto:reference@highpoint.edu)), text us (336-289-9974), or chat with us online any time, day or night. Check out the HPU Libraries' website at <http://www.highpoint.edu/library> for more information on how to contact us, to find resources through the library catalog or to access library databases."

### **DISABILITIES STATEMENT**

High Point University is committed to ensuring all students have equal access to all services and benefits at High Point University. If you are a student with a disability and require academic accommodations due to a diagnosed disability, you must register with the Office of Accessibility Resources and Services

(OARS) and submit the appropriate documentation. Requests for accommodations should be made at the beginning of a course. Accommodations are not retroactive. Contact us at [oars@highpoint.edu](mailto:oars@highpoint.edu) or by telephone at 336-841-9026, for additional information. The Office of Accessibility Resource and Services is located on the 4<sup>th</sup> Floor of Smith Library.

### **TITLE IX**

As a faculty member, I support a safe, violence-free campus. If you or someone you know experiences stalking, intimate partner violence, sexual assault, or sex/gender-based discrimination please know, you are not alone. There are resources that can help:

Title IX Coordinator <http://www.highpoint.edu/title-ix/> 336-841- 9138

You can also report using the online complaint form. [https://cm.maxient.com/reportingform.php?HighPointUniv&layout\\_id=20](https://cm.maxient.com/reportingform.php?HighPointUniv&layout_id=20)

Confidential The Office of Counseling Services <http://www.highpoint.edu/counseling/> Business Hours: 336-888-6352 After Hours: 336-841-9111 (Referred by Security).

### **COVID-19**

Wearing a face mask reduces the risk of COVID-19 transmission and is a step we can all take to care for the members of our HPU family. Therefore, in compliance with applicable federal, state or local orders, at HPU, students are required to wear face masks when indoors in all classrooms, labs, studios, and other public spaces (such as hallways, building entrances, public restrooms, in HPU transportation such as shuttles, and other common spaces). There is not enough evidence to support the effectiveness of masks with one-way valves or vents, gators, or face shields for controlling transmission of the virus, and thus these face coverings are not an acceptable substitute for cloth face masks. Exceptions may be made for the use of face shields with an approved medical excuse or when giving a public presentation in front of a group, as long as there is greater than six feet of distance between speaker and audience.

### **PAEA INTERNAL MEDICINE END OF ROTATION TOPIC LIST & BLUEPRINT**

**Please see tables at end of this document.**



## Internal Medicine End of Rotation™ Exam Blueprint

Internal 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%)	(100%)
Cardiovascular	(20%)	3	2	5	2	2	4	2	20
Pulmonology	(15%)	2	1	4	2	2	3	1	15
Gastrointestinal/nutritional	(12%)	2	1	3	1	2	2	1	12
Orthopedics/rheumatology	(12%)	2	1	3	1	2	2	1	12
Endocrinology	(8%)	1	1	2	1	0	2	1	8
Neurology	(8%)	1	1	2	1	0	2	1	8
Urology/renal	(8%)	1	1	2	0	1	2	1	8
Critical care	(7%)	1	1	2	0	1	1	1	7
Hematology	(5%)	1	1	1	1	0	1	0	5
Infectious diseases	(5%)	1	0	1	1	0	1	1	5
<b>Totals:</b>	(100%)	15	10	25	10	10	20	10	<b>100</b>

\*\*Updates include style and spacing changes and organization in content area size order. No distribution changes were made.



## Internal Medicine End of Rotation™ EXAM TOPIC LIST

### CARDIOVASCULAR

Angina pectoris	Myocardial infarction
Cardiac arrhythmias/conduction disorders	Myocarditis
Cardiomyopathy	Pericarditis
Congestive heart failure	Peripheral vascular disease
Coronary vascular disease	Rheumatic fever
Endocarditis	Rheumatic heart disease
Heart murmurs	Valvular heart disease
Hyperlipidemia	Vascular disease
Hypertension	

### PULMONOLOGY

Acute/chronic bronchitis	Pneumoconiosis
Asthma	Pneumonia (viral, bacterial, fungal, human immunodeficiency virus-related)
Bronchiectasis	Pulmonary hypertension
Carcinoid tumor	Pulmonary neoplasm
Chronic obstructive pulmonary disease	Sarcoidosis
Cor pulmonale	Solitary pulmonary nodule
Hypoventilation syndrome	
Idiopathic pulmonary fibrosis	



## GASTROINTESTINAL/NUTRITIONAL

Acute and chronic hepatitis	Esophageal varices
Acute/chronic pancreatitis	Esophagitis
Anal fissure/fistula	Gastritis
Cancer of rectum, colon, esophagus, stomach	Gastroenteritis
Celiac disease	Gastroesophageal reflux disease
Cholangitis	Hemorrhoid
Cholecystitis	Hepatic cancer
Cholelithiasis	Hiatal hernia
Cirrhosis	Irritable bowel syndrome
Crohn disease	Mallory-Weiss tear
Diverticular disease	Peptic ulcer disease
Esophageal strictures	Ulcerative colitis

## ORTHOPEDICS/RHEUMATOLOGY

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

## ENDOCRINOLOGY

Acromegaly	Hypocalcemia
Addison's disease	Hyponatremia
Cushing disease	Hypoparathyroidism
Diabetes insipidus	Hypothyroidism
Diabetes mellitus (type I & type II)	Paget disease of the bone
Hypercalcemia	Pheochromocytoma
Hypernatremia	Pituitary adenoma
Hyperparathyroidism	Thyroid cancer
Hyperthyroidism/thyroiditis	





## NEUROLOGY

Bell palsy	Huntington disease
Cerebral aneurysm	Intracranial tumors
Cerebral vascular accident	Meningitis
Cluster headaches	Migraine headaches
Coma	Multiple sclerosis
Complex regional pain syndrome	Myasthenia gravis
Concussion	Parkinson disease
Delirium	Peripheral neuropathies
Dementia	Seizure disorders
Encephalitis	Syncope
Essential tremor	Tension headaches
Giant cell arteritis	Transient ischemic attacks
Guillain-Barré syndrome	

## UROLOGY/RENAL

Acid base disturbances	Nephritic syndrome
Acute and chronic renal failure	Nephritis
Acute interstitial nephritis	Polycystic kidney disease
Benign prostatic hyperplasia	Prostate cancer
Bladder cancer	Prostatitis
Epididymitis	Pyelonephritis
Erectile dysfunction	Renal calculi
Glomerulonephritis	Renal cell carcinoma
Hydrocele	Renal vascular disease
Hydronephrosis	Testicular torsion
Hypervolemia	Urinary tract infection
Hypovolemia	Varicocele



## CRITICAL CARE

Acute abdomen	Diabetic ketoacidosis/acute hypoglycemia
Acute adrenal insufficiency	Hypertensive crisis
Acute gastrointestinal bleed	Myocardial infarction
Acute glaucoma	Pericardial effusion
Acute respiratory distress/failure	Pneumothorax
Angina pectoris	Pulmonary embolism
Cardiac arrest	Seizures
Cardiac arrhythmias and blocks	Shock
Cardiac failure	Status epilepticus
Cardiac tamponade	Thyroid storm
Coma	

## HEMATOLOGY

Acute/chronic leukemia	Lymphoma
Anemia of chronic disease	Multiple myeloma
Clotting factor disorders	Sickle cell anemia
G6PD deficiency anemia	Thalassemia
Hypercoagulable state	Thrombotic thrombocytopenic purpura
Idiopathic thrombocytopenic purpura	Vitamin B12 and folic acid deficiency anemia
Iron deficiency anemia	



## INFECTIOUS DISEASE

Botulism	Lyme disease
Candidiasis	Parasitic infections
Chlamydia	Pertussis
Cholera	Pneumocystis
Cryptococcus	Rabies
Cytomegalovirus	Rocky Mountain spotted fever
Diphtheria	Salmonellosis
Epstein-Barr infection	Shigellosis
Gonococcal infections	Syphilis
Herpes simplex infection	Tetanus
Histoplasmosis	Toxoplasmosis
Human immunodeficiency virus infection	Tuberculosis
Influenza	Varicella zoster

\*\*Updates include style and spacing changes, organization in content area size order, and renaming the Urology/renal topic "benign prostatic hypertrophy" to the more current "benign prostatic hyperplasia."