



THE UNIVERSITY
of NORTH CAROLINA
at CHAPEL HILL

**University of North Carolina
Department of Allied Health Sciences
Division of Physician Assistant Studies**

**PAS 802: SURGERY
SUPERVISED CLINICAL PRACTICE EXPERIENCE**

COURSE DIRECTOR

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PA PROGRAM OFFICE

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(919) 962-8008

Office Hours (virtual via Microsoft Teams):

Monday's (During SCPEs): 9 am – 11 am (20-minute appointment slots, via Microsoft Bookings)

Thursday's (During SCPEs): 6 pm – 8 pm (20-minute appointment slots, via Microsoft Bookings)

Please don't hesitate to reach out if you have questions or need additional help.

COURSE DESCRIPTION

This four-week clinical course provides the UNC Chapel Hill MHSPAS physician assistant student with the opportunity to learn, understand, and gain supervised experience in practicing principles of surgery. The focus of this rotation is to educate the UNC Chapel Hill MHSPAS physician assistant student. The focus of this rotation is for the student to have the opportunity to interact with surgeons in a variety of surgical cases and to explore a range of surgical therapeutics. The UNC Chapel Hill MHSPAS student will actively participate in the ongoing pre-, intra-, post-operative care of the patient, working with consulting services as needed and coordinating discharge planning.

COURSE CREDITS

4 Credit Hours

COURSE PREREQUISITES

Successful completion of pre-clinical phase.

JUSTIFICATION

This course is a required component of Physician Assistant education as specified in the Standards of Accreditation of the Accreditation Commission on the Education of Physician Assistant. The course promotes the mission of UNC-CH MHSPAS program by equipping students with knowledge in surgery that will allow them to practice as Physician Assistants with the highest integrity and service to their patients.

COURSE GOALS

The educational goals of the surgery clinical learning experiences include:

1. Proficiency in obtaining a thorough medical history and performance of a complete physical examination.
2. Effective communication with fellow healthcare team members, family members and patients.
3. The ability to care and demonstrate compassion and understanding while being supportive and willing to provide superior patient care.
4. A functional understanding of disease processes and injuries and be able to form appropriate differential and final diagnoses.
5. Appropriate utilization and interpretation of medical diagnostics.
6. The capacity and ability to apply critical thinking into the evaluation and care of patients.
7. The ability to conduct oneself in an ethical and moral manner.
8. Integrate diagnostic assessment skills with knowledge of patient presentation, pharmacology, and health care subspecialties to synthesize appropriate treatment.
9. Demonstrate basic competency in clinical procedures performed by a graduate Physician Assistant.

COURSE SCHEDULE

To prepare PA students for clinical practice, American Academy of Physician Assistants (AAPA) recommends PA students obtain a comprehensive educational program consisting of a total of 2,000 hours of supervised clinical practice.

Dates for the supervised clinical practice experience are available in the eMedley platform system, located in eduSched. Students are required to reach out to the preceptor and/or clinical site two weeks prior to

the start of the supervised clinical practice experience to receive their schedule. Contact information for the clinical site/preceptor are provided in eMedley.

Students may be required to work nights, overnights, weekends, on-call, holidays depending on preceptor/clinical site schedule. During certain supervised clinical practice learning experiences (including but not limited to emergency medicine, surgery, inpatient internal medicine, women's health & prenatal care), students may be expected to work over 40 hours per week, (over 160 hours in a 4- week SCPE and/or six days a week with one day off. Students are not permitted to stack shifts to finish the supervised clinical practice experience early, decline shifts/clinical days or request specific days off.

Students are required to submit their schedule in Microsoft Teams by Thursday of the first week of the rotation for approval by the Director of Clinical Education. Students are required to ensure they have a minimum of 152 scheduled hours prior to submitting the schedule to the Director of Clinical Education for approval. Students should understand, 152 hours is a minimum requirement by the program, not the maximum, and should work with preceptors to obtain more patient care hours during the supervised clinical learning experience. Students should work with the preceptor/clinical site to ensure adequate hours are scheduled prior to submission of the schedule. The Director of Clinical Education and/or preceptor reserves the right to add additional shifts to the schedule during the supervised clinical practical experience. Please refer to the [Student Duty Hour Policy](#) for the detailed student duty hour guidelines for physician assistant students.

SUCCESS IN THE COURSE

The UNC Chapel Hill MHSPAS is a graduate level program that embraces student-centered adult learning as the major tenant of student's success. In keeping with this, students are responsible for reading appropriate chapters in the required text in preparation for examinations and completing any assignments. UNC Chapel Hill MHSPAS physician assistant students will be responsible for all expected learning outcomes, supervised clinical practice experience expectations and assessment activities listed in each SCPE syllabus.

COURSE PREPRATION:

Students should review the following prior to the beginning of the surgery clinical learning experience:

- I. Journal Articles/reading material provided by the preceptor in eMedley (if available)
- II. Syllabus and
- III. Documentation:
 - Pre-operative H&P
 - Admission/Post-Op orders Effective on 25 January 2021
 - Post-op APSO note
 - Brief Operative note
 - Informed consent for procedures
 - Discharge Summary
- IV. Knowledge/Skills:
 - Post-Op Complications
 - Scrubbing
 - Gowning & Gloving
 - Surgical assisting
 - Suturing
 - Knot tying

- I&D abscess
- V. Evaluation and management of:
- **Review ALL surgical anatomy prior to cases**
 - **Review ALL surgical cases prior to the next day**
 - Gallbladder disease
 - Hernias
 - Diverticular disease/colon cancer
 - Appendicitis
 - Ulcers
 - Breast disease/cancer
 - Weight loss surgery options
 - Vascular surgery conditions
 - Heart surgery conditions
 - Thoracic surgery conditions

COURSE TEACHING METHODOLOGIES

The content in the clinical phase will be presented through a variety of methods that include observation and participation at the clinical site, independent reading and participation in online activities developed to guide experiential learning.

COURSE INSTRUCTIONAL OBJECTIVES

The instructional objectives of the surgery clinical learning experience include:

1. Perform focused history and physical examinations.
2. Interpret appropriate lab and diagnostic studies and/or findings.
3. Participate as part of an interprofessional team
4. Communicate findings of a given patient encounter in written and oral forms to all members of the health care team.
5. Communicate effectively with patients and families.
6. Develop differential diagnosis and formulated and/or implemented an appropriate management plan.
7. Perform and demonstrate clinical skills and procedures.
8. Critically evaluate the medical literature to use current practice guidelines and apply the principles of evidence-based medicine to patient care.

PROGRAM LEARNING OUTCOMES SUPPORTED BY THIS CLINICAL LEARNING EXPERIENCE:

Upon completion of the surgery clinical learning experience, the clinical phase PA student will possess the knowledge, skills, and attitudes necessary to demonstrate entry-level proficiency (to the PA profession) in the following:

PROGRAM COMPETENCY DOMAIN	PROGRAM LEARNING OUTCOMES	METHOD OF ASSESSMENT
Medical Knowledge	Demonstrate medical knowledge of the sciences essential for one's level of training of common patient presentations seen in the surgical setting.	Preceptor evaluation, Case Logs, Clinical Presentation & Skills Portfolio
Patient Care	Performs an organized and accurate problem-focused or complete history (including pre-, intra-, post-operative) as indicated by the clinical presentation in the surgical setting.	Preceptor Evaluation, Case Logs, Clinical Presentation & Skills Portfolio

PROGRAM COMPETENCY DOMAIN	PROGRAM LEARNING OUTCOMES	METHOD OF ASSESSMENT
Patient Care	Performs an organized problem-focused or complete physical (including pre-, intra-, post-operative) examination as indicated by the clinical presentation in the surgical setting.	Preceptor Evaluation, Case Logs, Clinical Presentation & Skills Portfolio
Patient Care	Demonstrates the ability to synthesize information and articulate medical decision-making for a working diagnosis and prioritized differential.	PAEA End of Rotation Exam & Preceptor Evaluation
Patient Care	Develops an appropriate plan and recommend diagnostic studies in the context of the clinical presentation and patient preference.	PAEA End of Rotation Exam & Preceptor Evaluation
Patient Care	Interprets diagnostics in the context of the patient information, the clinical presentation, patient preferences, evidence-based medical literature, and clinical judgement.	PAEA End of Rotation Exam & Preceptor Evaluation
Patient Care	Demonstrate diagnostic & therapeutic procedures with preceptor supervision (when appropriate and possible)	Clinical Presentation & Skills Portfolio
Interpersonal & Communication Skills	Accurately and concisely communicate the findings of a given patient encounter in written forms to all members of the health care team, to include a pre-operative note, brief operative note, post-operative note, APSO note, and discharge summary.	Preceptor Evaluation
Interpersonal & Communication Skills	Delivers succinct, accurate, organized, and complete oral presentations to all members of the health care team.	Preceptor Evaluation
Interpersonal & Communication Skills	Develops rapport with patients using verbal and non-verbal communication skills to facilitate shared decision-making and information exchange.	Preceptor Evaluation
Practice-Based Learning and Improvement	Develops learning and improvement goals and strives to meet those goals	Preceptor Evaluation
Systems-Based Practice	Provides advocacy and support to assist patients in obtaining quality care and in dealing with the complexities of health care delivery systems.	Preceptor Evaluation
Professionalism (Professional Responsibility)	Demonstrates the professional behaviors expected of a medical professional (e.g., the student attended clinic on time, addressed the staff with respect, took feedback well, etc.)	Preceptor Evaluation
Professionalism and Cultural Sensitivity & Humility	Demonstrates behaviors that convey compassion, respect, integrity, empathy for others, as well as sensitivity and openness to a diverse patient population.	Preceptor Evaluation
Interprofessional Professionalism	Collaborates with other health professionals to promote a climate of mutual respect and trust, communication, accountability, ethics, excellence, altruism & caring, as well as patient-centered care.	Preceptor Evaluation/Interprofessional Assessment

PAEA END OF ROTATION (EOR) ASSESSMENT: LEARNING OBJECTIVES

Upon successful completion of the surgery clinical learning experience, the clinical phase PA student (through clinical exposure & **reading *Current Medical Diagnosis and Treatment, McGraw Hill***) will possess the **medical knowledge** of the disease/disorders and core task in the **PAEA Internal Medicine Topic List and Blueprint** (see Appendix A & B) necessary to demonstrate entry-level (to the PA profession) proficiency in the following:

HISTORY TAKING AND PHYSICAL EXAMINATION

- Identify elements of, and need for, comprehensive and **focused interviews** appropriate for the age and gender of the patient, reason for visit, urgency of the problem, and patient's ability to provide history.
- Recognize and interpret* **pertinent historical information**.
- **Identify history** commonly associated with specific medical conditions.

- Identify elements of, and need for, comprehensive and focused **physical examinations** 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.
- Identify **required techniques** in the physical examination.
- Recognize and interpret* pertinent physical **examination findings** when presented in written or illustrated form.
- Determine the need for **other resources** (e.g., past records, consultation, other members of the health care team, etc.) to expand knowledge of the patient's history.
- Interpret history and physical examination findings to **differentiate one disorder from another**.

***Interpret means to determine whether normal or abnormal or determine the meaning of the finding relative to pathophysiologic processes and disease.**

DIAGNOSTIC STUDIES

- Demonstrate knowledge of **appropriate patient and family** education related to laboratory and diagnostic studies.
- Identify **techniques and potential complications** for common diagnostic procedures.
- Select the appropriate initial and subsequent **laboratory and diagnostic studies** based on initial impressions determined from the history and physical examination or germane to the health-screening situation.
- Identify the indications for specific laboratory and diagnostic studies.
- **Identify risks** associated with laboratory and diagnostic studies.
- **Recognize normal and abnormal values** for routine laboratory and diagnostic studies.
- **Interpret the results** of routine laboratory and diagnostic studies.
- **Select appropriate laboratory and diagnostic testing** by considering and evaluating the cost, probable yield, invasiveness, and contraindications of laboratory and diagnostic studies.
- **Determine if and when** additional diagnostic studies are required.
- Identify laboratory and clinical studies considered to be **the best for the diagnosis of certain conditions**

DIAGNOSIS

- **Determine a differential diagnosis** based upon historical information, physical examination findings, and laboratory and diagnostic study findings.
- **Select the most likely diagnosis** based on historical information, physical examination findings, and laboratory and diagnostic study findings.

HEALTH MAINTENANCE

- Determine **appropriate counseling**, as well as patient and family education, related to preventable diseases, communicable diseases, immunization schedules, and healthy lifestyles.
- Determine the appropriate history and physical examination in **screening an asymptomatic patient** during well-care visit based on age.
- Recognize **risk factors for conditions amenable to prevention or detection** in an asymptomatic individual.
- Recognize the **impact of stress** on health and the psychological manifestations of illness and injury.
- Recognize the **effects of aging and family roles** on health.
- Recognize the **impact of environmental and occupational exposures** on health.
- Recognize the **signs and symptoms of abuse and neglect** and the indications for intervention and referral.
- Identify **common barriers** to care.

- Identify the **risks and benefits of immunizations**.
- **Select the appropriate laboratory and diagnostic screening studies** and identify normal ranges.
- Identify growth and human development milestones.
- **Match anticipatory guidance** to the appropriate age level and to the sequelae it is intended to prevent.

CLINICAL INTERVENTION

- Select the application or technique required for **common clinical interventions**.
- **Identify appropriate monitoring** for patients after interventions, including checking for compliance, adverse reactions, and effectiveness.
- **Recognize appropriate counseling** and patient and family education related to clinical interventions.
- **Identify proper referral strategies** for patients to other services for clinical intervention as appropriate.
- **Determine appropriate follow-up** from referrals.
- **Select a clinical intervention plan** that is consistent with the working diagnosis.
- **Prioritize clinical interventions** in emergent, acute, and chronic care situations.
- **Evaluate severity of patient condition** in terms of need for medical and/or surgical referral, admission to the hospital or other appropriate setting.
- **Determine appropriate surgical treatment** and postsurgical/postprocedural management.
- **Identify potential complications** of specific clinical interventions and procedures.
- **Recognize appropriate plans for patient discharge** and appropriate medical, surgical, and rehabilitation follow-up.
- **Select nonpharmacologic modalities** (e.g., physical therapy, surgery, counseling) to integrate into patient management plans.

CLINICAL THERAPEUTICS

- **Identify appropriate counseling** and patient and family education related to a clinical therapeutic agent including drug-drug interactions.
- **Identify key safety factors** related to the administration of medications (oral, topical, sublingual, subcutaneous, intramuscular, rectal, otologic, vaginal, and ophthalmic).
- Recognize appropriate plans to **monitor pharmacotherapy**, checking for compliance, side effects, adverse reactions, and effectiveness.
- **Select a clinical therapeutic plan**, that considers the cost, efficacy, possible adverse reactions, contraindications, and drug interactions for medications selected.
- **Recognize the pharmacokinetic properties**, indications, and contraindications for the use of pharmacologic agents. Apply this knowledge to the safe and effective selection and administration of medications.
- **Identify side effects**, adverse reactions, contraindications, precautions, therapeutic effects, and dosing of the major classes of clinically important drugs and commonly used medications.
- Identify the risks for, and signs and symptoms of, drug interactions resulting from polypharmacy in the therapeutic regimen.
- **Recognize the appropriate actions** to take in response to acute, specific drug toxicity.
- **Modify therapeutic regimen** within the context of continuing care.

SCIENTIFIC CONCEPTS

- **Apply basic sciences** (anatomy, physiology, microbiology, genetics, etc.) to the diagnosis and management of specific medical conditions.

- **Recognize associations of disease conditions** and complications through application of scientific concepts.
- Demonstrate understanding of concepts of **public health** in the management of the population's and an individual patient's health and well-being, as well as disease.
- **Identify underlying processes or pathways** responsible for a specific condition or disease.

INTERNAL MEDICINE SCPE REQUIREMENTS FOR A PASSING GRADE

Grades are assigned by the Clinical Course Director. The Clinical Course Director may obtain advice and consultation from the Preceptor and/or the Academic Excellence Committee. The following are requirements for a passing grade:

1. Active participation in Q-stream MCQ's (MOCK PANCE & Surgery)
2. Completion of requirements in Clinical Presentations & Clinical Skills Portfolio
3. PAEA End of Rotation General Surgery Exam Score of ≥ 385
4. Preceptor Evaluation assessing competency in surgery learning outcome.
5. Documenting daily clinical hours in eMedley web-based software. *(The Clinical Team will look for omissions in the student's clinical hours and arrange for additional training opportunities (i.e., replace elective) to complement the current rotation if necessary)*
6. Documentation in the eMedley web-based software all patient encounters over the course of the rotation to include visits for: *(the Clinical Team will look for omissions in the student's experiences and arrange for additional training opportunities (i.e., replace elective) to complement the current rotation if necessary).*
 - a. Acute medical problems
 - b. Chronic medical problems
 - c. Management of multiple health problems
 - d. Pre-, Intra-, and Post-operative patient encounters
 - e. Across a lifespan (adults & geriatrics)
7. Additional requirements provided by the Clinical Instructor (Preceptor)
8. Additional assignments assigned by Clinical Faculty (e.g., ILP, Rosh Questions, Aquifer Virtual Patients)
9. Submission of evaluations located in evaluate of eMedley: Student Evaluation of Clinical Site, Student Evaluation of Preceptor, and Student Self-Assessment on PA Competencies
10. Contacting Clinical Education Team at any point in rotation to discuss concerns regarding the ability to achieve the above.

GRADING SCALE

P = ≥ 70

F = <70

N = Incomplete

****There is no rounding of grades****

COURSE COMPLETION

All students must satisfactorily complete all required supervised clinical practice experience assignments and assessments as described above. All students are required to complete this course with a minimum final grade of 70% (385) on the PAEA End of Rotation Examination and 70% on the Final Preceptor Evaluation.

REMEDICATION

Refer to the UNC-CH MHSPAS Student Handbook for a detailed description of the Clinical Phase remediation policies on examination, preceptor evaluations, and course failures.

EXAM DATE CHANGE POLICY

N/A

MIDPOINT AND FINAL PRECEPTOR ASSESSMENTS POLICY

It is the student's professional responsibility to contact the preceptor and kindly ask them to complete the mid-point and final preceptor assessments. Incomplete preceptor assessments will result in a "Incomplete Grade" or a "Fail" on the transcript until the preceptor assessment is submitted. If the preceptor did not receive the link or would prefer, we send another, please e-mail the Clinical Team, and let them know what your preceptor needs. We will provide one reminder email to the preceptor on your behalf. Preceptor assessments are a clinical experience course requirement and tool the program an assessment tool to assess student progress and competency in meeting program learning outcomes. Incomplete preceptor assessments will result in professionalism referral to the UNC-CH MHSPAS Program Clinical Affairs Committee and/or UNC-CH MHSPAS Program Academic Excellence Committee. Students cannot graduate unless all course completion requirements are met, to include final preceptor assessments.

If you continue to have difficulty obtaining your assessment(s), you can print off a paper version and schedule a time to personally take it to your preceptor to be completed, scanned, and email to the UNC-CH MHSPAS Clinical Team. If you continue to have difficulty after trying the above steps, please let the Clinical Team know. To avoid this problem in the future, it is advisable to discuss setting aside time with the preceptor to complete your assessments and review the assessments by the appropriate due dates.

CLINICAL SITE/PRECEPTOR/SELF ASSESSMENTS POLICY

A clinical site, preceptor, and self-assessments is required to be completed at the end of this rotation by each student to complete the rotation. All evaluations must be completed to receive a passing grade. Incomplete evaluations will result in an "Incomplete" grade on your transcript until completed. Failure to complete these evaluations by the due date will result in a professionalism referral to the UNC-CH MHSPAS Program Clinical Affairs Committee and/or UNC-CH MHSPAS Program Academic Excellence Committee.

ARC-PA STANDARDS ADDRESSED IN THIS COURSE

A3.06: The student must clearly identify themselves as a physician assistant student.

B2.09: The curriculum must include instruction in clinical and technical skills including procedures based on the current professional practice.

B2.10: The curriculum must prepare students to work collaboratively in interprofessional patient centered team.

B2.13: The curriculum must include instruction to prepare students to search, interpret and evaluate the medical literature

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

- for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care

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

- operating room

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:

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

B3.07: Supervised clinical practice experiences should occur with preceptors practicing in the following disciplines:

- surgery

B4.01: The program must conduct frequent, objective, and documented evaluations of students related to *learning outcomes* in the supervised clinical education component.

- eMedley case and procedure logging
- Q-Stream Multiple Choice Questions (MCQ's)
- Mid-Point Preceptor Formative Evaluation of Student
- Final Preceptor Evaluation of Student
- Completion of requirements in Clinical Presentations & Clinical Skills Portfolio
- End of SCPE student self-assessment of program specific competencies

C2.01: The program must define and maintain effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experience, to ensure students are able to fulfill program learning outcomes with access to: (a) physical facilities, (b) patient populations, (c) supervision.

- Program Faculty Initial Evaluation of Clinical Site
- Program Faculty Ongoing Evaluation of Clinical Site

- Student Evaluation of Clinical Site
- Student Evaluation of Preceptor

PHYSICIAN ASSISTANT (PA) CORE COMPETENCIES:

The PA profession has adopted six core standards by which all PA professionals should possess in order to practice in the healthcare field. These standards are known as core competencies, which address medical knowledge, patient care, practice-based learning and improvement, systems-based practice, professionalism, and interpersonal and communication skills. Life-long, continued learning and professional behavior is emphasized throughout each of these domains.

Competency-based education focuses on student-learner performance (learning outcomes) in reaching specific objectives (goals and objectives of the curriculum). In this setting, learning and teaching are dynamically combined to help the student achieve the expected learning outcomes and instructional objectives.

During the clinical rotations, the student will meet program expectations and acquire the competencies needed for clinical PA practice. At a minimum, the student will have emergent and acute patient encounters.

UNC CHAPEL HILL MHSPAS SPECIFIC COMPETENCIES

For successful completion of the course of study for the degree of Master of Health Sciences (MHS) at the University of North Carolina at Chapel Hill Physician Assistant Studies program, candidates for graduation must possess the knowledge, skills, attitudes and judgment to function in a broad variety of clinical

situations and to render a wide spectrum of patient care. Candidates must demonstrate the capacity to develop academic and emotional maturity and leadership skills to function in a medical team.

The UNC PA Program competencies addressed in the emergency medicine course are:

Medical Knowledge

- Acquire and demonstrate medical knowledge.

Student learning experiences include basic science skills such as normal anatomy & physiology, pathophysiology, and the mechanisms of disease. Through a variety of learning modalities, including case-based learning, lectures, and hands-on activities, students will learn to use critical thinking and reasoning to evaluate patients, develop a sound differential diagnosis, and provide competent patient management. Health promotion and disease prevention are prioritized to improve health outcomes.

Patient Care

- Develop and demonstrate patient care skills.
- Demonstrate proficient knowledge and skills of Primary Care practice.

Students will be exposed to patients who are representative of the cultures and diversity of North Carolina. Students will also learn to care for patients of all ages. Students will be exposed to age-appropriate patient assessment, evaluation and management and acquire skills for caring for patients in a variety of settings (e.g., age spectrum, operative spectrum, ambulatory vs. acute). Patient and provider safety are emphasized throughout their training.

Professionalism and Cultural Sensitivity & Humility

- Demonstrate and model professionalism and ethical behavior.
- Demonstrate respect and awareness of the impact of cultural considerations in the provision of healthcare delivery.

Professional and ethical behavior in the classroom and clinic is demonstrated through role modeling of the faculty and staff, in lectures and workshops, and during clinical clerkships. Students will learn skills that support collaboration with patients, their families, and other health professionals, emphasizing the team approach to patient-centered care.

Interpersonal and Communication Skills

- Develop effective interpersonal and communication skills.
- Communicate effectively through telehealth modalities.

Students will be presented with learning opportunities to develop their communication skills, encompassing verbal, nonverbal and written exchanges of information, in a culturally/ethnically sensitive manner and among diverse communities of patients.

Systems-Based Practice

- Develop knowledge of healthcare delivery systems and health policy.

Students will be exposed to the current trends in health care delivery, including methods of coding and reimbursement, North Carolina healthcare systems, North Carolina PA rules and regulations, and both national and local PA organizations.

Self-Assessment and Ongoing Professional Development

- Acquire practice-based learning and life-long improvement skills.

Students will be exposed to and expected to demonstrate skills in the elements of using peer-reviewed evidence to evaluate the best practices of health care. Students will learn to search, interpret and evaluate medical literature, and apply this knowledge to individualized patient care.

COURSE APPEALS POLICY

If you feel you have been awarded an incorrect grade, please discuss with the course director. If together the issue cannot be resolved, you may pursue the [formal grade appeal process](#) based on the grounds of arithmetic/clerical error, arbitrariness, discrimination, harassment, or personal malice.

ALLIED HEALTH SCIENCES DIVERSITY POLICY

This course promotes and values mutual respect, diversity, and inclusion in the classroom. Diversity includes consideration of, for example, social backgrounds, economic circumstances, personal characteristics, philosophical outlooks, life experiences, perspectives, beliefs, expectations, and aspirations, to mention some salient factors. Learning to understand and appreciate views different from our own can create a sense of community and promote excellence in the learning environment.

ATTENDANCE POLICY

- **University Policy:**

No right or privilege exists that permits a student to be absent from any class meetings, except for these University Approved Absences:

1. Authorized University activities
2. Disability/religious observance/pregnancy, as required by law and approved by [Accessibility Resources and Service](#) and/or the [Equal Opportunity and Compliance Office](#) (EOC)
3. Significant health condition and/or personal/family emergency as approved by the [Office of the Dean of Students](#), [Gender Violence Service Coordinators](#), and/or the [Equal Opportunity and Compliance Office](#) (EOC).

- **UNC-CH MHSPAS Program Policy:**

The UNC-CH MHSPAS Program works with students to meet attendance needs that do not fall within university approved absences. The UNC CH MHSPAS Program has a [Clinical Phase attendance policy](#) for situations when an absence is not University approved, to include requirements for make-up missed supervised clinical practice experiences. Any absence that is not approved by the Director of Clinical Education/Clinical Team will be considered an unexcused absence. **The Director of Clinical Education/Clinical Team will notify the Clinical Site/Preceptor of any absence.**

Please communicate with the Director of Clinical Education early about potential absences or being late for clinicals. **Only the Director of Clinical Education can approve absences; preceptors are not allowed to approve any absence and will be considered unexcused.** Please be aware that you are bound by the [Honor Code](#) when making a request for a university approved absence.

IN-CLASS AND CLINICAL SETTING DRESS ATTIRE POLICY

During all clinical encounters, a short white lab coat and name tag are required unless the preceptor asks that the student not wear a lab coat due to special patient populations. Student name tags MUST be always worn. Business casual dress is appropriate. No open-toed shoes are allowed.

During clinical seminar days, business casual dress is the required attire, unless otherwise specified by the Director of Clinical Education. Please refer to the [UNC-CH MHSPAS Classroom and Clinical Setting Dress Policy](#) for the detailed dress code policy.

ACCESSIBILITY RESOURCES AND SERVICES

The University of North Carolina at Chapel Hill facilitates the implementation of reasonable accommodations, including resources and services, for students with disabilities, chronic medical conditions, a temporary disability, or pregnancy complications resulting in barriers to fully accessing University courses, programs, and activities.

Accommodations are determined through the Office of Accessibility Resources and Service (ARS) for individuals with documented qualifying disabilities in accordance with applicable state and federal laws. See the ARS Website for contact information: <https://ars.unc.edu> or email ars@unc.edu.

COUNSELING AND PSYCHOLOGICAL SERVICES

CAPS is strongly committed to addressing the mental health needs of a diverse student body through timely access to consultation and connection to clinically appropriate services, whether for short or long-term needs. Go to their website: <https://caps.unc.edu/> or visit their facilities on the third floor of the Campus Health Services building for a walk-in evaluation to learn more.

TITLE IX RESOURCES

Any student who is impacted by discrimination, harassment, interpersonal (relationship) violence, sexual violence, sexual exploitation, or stalking is encouraged to seek resources on campus or in the community. Reports can be made online to the EOC at <https://eoc.unc.edu/report-an-incident/>. Please contact the University's Title IX Coordinator (Elizabeth Hall, interim – titleixcoordinator@unc.edu), Report and Response Coordinators in the Equal Opportunity and Compliance Office (reportandresponse@unc.edu), Counseling and Psychological Services (confidential), or the Gender Violence Services Coordinators (gvsc@unc.edu; confidential) to discuss your specific needs. Additional resources are available at safe.unc.edu.

POLICY ON NON-DISCRIMINATION

The University is committed to providing an inclusive and welcoming environment for all members of our community and to ensuring that educational and employment decisions are based on individuals' abilities and qualifications. Consistent with this principle and applicable laws, the University's [Policy Statement on Non-Discrimination](#) offers access to its educational programs and activities as well as employment terms and conditions without respect to race, color, gender, national origin, age, religion, creed, genetic information, disability, veteran's status, sexual orientation, gender identity or gender expression. Such a policy ensures that only relevant factors are considered and that equitable and consistent standards of conduct and performance are applied.

If you are experiencing harassment or discrimination, you can seek assistance and file a report through the Report and Response Coordinators (see contact info at safe.unc.edu) or the [Equal Opportunity and Compliance Office](#), or online to the EOC at <https://eoc.unc.edu/report-an-incident/>.

STUDENT EXPOSURE TO INFECTIOUS AND ENVIRONMENTAL HAZARDS

The UNC-CH MHSPAS Program has created a [student exposure policy](#) with the recommendations of UNC Campus Health regarding exposure to infectious and environmental hazards during student learning activities.

PERSONAL SECURITY AND SAFETY

The UNC-CH MHSPAS Program has created a [adverse event](#), [personal security policy](#), and [hostile intruder policy](#) articulating the policy and procedures addressing personal security and safety of faculty, staff, and students in all locations where instruction occurs while enrolled in the program.

PROFESSIONAL BEHAVIOR

Professional behavior is an expectation and requirement of all UNC Chapel Hill MHSPAS students. Such behavior (but is not limited to): appropriate dress, arriving on time for class/clinic, demonstrating respect for lecturers and for fellow classmates, avoidance of disruptive classroom behaviors such as whispering, talking, late entry into the classroom, or engaging in non-course related computer or studying activities during class. Expectations of professional behavior also applies to social media, online presence and online communications.

Students are expected to communicate with one another and all instructors in a professional and appropriate manner. Professional comportment is one of the most important components of preparation for and behavior within the medical profession and is taken very seriously. Unprofessionalism behavior will be referred to the UNC-CH MHSPAS Program Clinical Affairs Committee and/or UNC-CH MHSPAS Program Academic Excellence Committee resulting in a professionalism concern, warning, probation, and/or potentially dismissal from the program.

All UNC Chapel Hill MHSPAS students are subject to academic integrity and behavioral expectations of the University and the DAHS.

UNC- CHAPEL HILL HONOR CODE STATEMENT

As a condition of joining the Carolina community, Carolina students pledge “not to lie, cheat, or steal” and to hold themselves, as members of the Carolina community, to a high standard of academic and non-academic conduct while both on and off Carolina’s campus. This commitment to academic integrity, ethical behavior, personal responsibility, and civil discourse exemplifies the “Carolina Way,” and this commitment is codified in both the [University’s Honor Code](#) and in other University student conduct-related policies.

ACCEPTABLE USE POLICY

By enrolling as a student in this course, you agree to abide by the University of North Carolina at Chapel Hill policies related to the acceptable use of IT systems and services. You may be asked to participate in online discussions or other online activities that may include personal information about you or other students in the course. The rights and protection of other participants are protected under the UNC-Chapel Hill [Information Technology Acceptable Use Policy](#), which covers topics related to using digital resources, such as privacy, confidentiality, and intellectual property.

Consult the University website “[Safe Computing at UNC](#)” for information about the data security policies, updates, and tips on keeping your identity, information, and devices safe.

CLINICAL PHASE POLICIES AND STUDENT RESPONSIBILITIES

All students must follow the policies and procedures that are included in the UNC Chapel Hill MHSPAS Student Handbook and located on the [UNC Chapel Hill MHSPAS Homepage](#) that are not included in this syllabus.

SYLLABUS MODIFICATIONS

The UNC-CH MHSPAS Program reserves the right to make changes to the syllabus, including project due dates and test dates. These changes will be announced as early as possible.

APPENDIX A



General Surgery End of Rotation™

EXAM TOPIC LIST

GASTROINTESTINAL/NUTRITIONAL

Abdominal pain	Heartburn/dyspepsia
Acute/chronic cholecystitis	Hematemesis
Acute/chronic pancreatitis	Hemorrhoids
Anal disease (fissures, abscess, fistula)	Hepatic carcinoma
Anorexia	Hernias (inguinal, femoral, incisional)
Appendicitis	Hiatal hernia
Bariatric surgery	Inflammatory bowel disease
Bowel obstruction (small, large, volvulus)	Jaundice
Cholangitis	Melena/hematochezia
Cholelithiasis/choledocholithiasis	Nausea/vomiting
Colorectal carcinoma	Pancreatic carcinoma
Diarrhea/constipation/obstipation/change in bowel habits	Pancreatic pseudocyst
Diverticular disease	Peptic ulcer disease
Esophageal cancer	Pyloric stenosis
Esophageal strictures	Small bowel carcinoma
Gastric cancer	Toxic megacolon

PREOPERATIVE/POSTOPERATIVE CARE

Acid/base disorders	Metabolic disease (history of diabetes, adrenal insufficiency)
Cardiac disease (history of myocardial infarction, unstable angina, valvular disease, hypertension, arrhythmias, heart failure)	Pulmonary disease (history of asthma, chronic obstructive pulmonary disease)
Deep venous thrombosis	Risk assessment
Electrolyte disorders	Substance use disorder
Hematologic disease (history of clotting disorders, anticoagulant use)	Tobacco use/dependence
Fluid/volume disorders (volume overload/depletion)	Postoperative fever
	Wounds/infections



CARDIOVASCULAR

Aortic aneurysm/dissection	Dyspnea on exertion
Arterial embolism/thrombosis	Peripheral arterial disease
Arterial/venous ulcer disease	Syncope
Chest pain; history of angina	Varicose veins
Claudication	

ENDOCRINOLOGY

Adrenal carcinoma	Palpitations
Fatigue	Pheochromocytoma
Heat/cold intolerance	Thyroid carcinoma
Hyperparathyroidism	Thyroid nodules
Hyperthyroidism	Tremors

DERMATOLOGY

Basal cell carcinoma	Pressure ulcers
Burns	Rash
Cellulitis	Redness/erythema
Discharge	Squamous cell carcinoma
Drug eruptions (postoperative)	Urticaria (postoperative)
Melanoma	

NEUROLOGY

Change in speech	Subarachnoid hemorrhage
Change in vision	Subdural hematoma
Epidural hematoma	Vascular disorders (carotid disease)
Motor and/or sensory loss	



UROLOGY/RENAL

Acid/base disorders	Orthostatic hypotension
Bladder carcinoma	Renal cell carcinoma
Chronic renal failure (shunts/access)	Renal vascular disease
Dysuria	Testicular carcinoma
Edema	Urinary retention
Fluid and electrolyte disorders	Wilms tumor
Nephrolithiasis	

HEMATOLOGY

Anemia	Fatigue
Easy bruising/bleeding	

PULMONOLOGY

Hemoptysis	Pneumothorax
Lung carcinoma	Shortness of breath
Pleural effusion	Weight loss, fatigue
Pneumonia (postoperative)	

OBSTETRICS/GYNECOLOGY

Adenopathy	Nipple discharge
Benign breast disease (fibroadenomas, fibrocystic breast disease)	Pain
Breast carcinoma	Skin changes

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

APPENDIX B



General Surgery End of Rotation™ Exam Blueprint

General Surgery 100-Question Exam		History & Physical	Diagnostic Studies	Diagnosis	Health Maintenance	Clinical Intervention	Clinical Therapeutics	Scientific Concepts	Totals
		(16%)	(20%)	(25%)	(4%)	(23%)	(8%)	(4%)	(100%)
Gastrointestinal/nutritional	(50%)	10	10	12	2	12	2	2	50
Preoperative/postoperative care	(12%)	2	2	2	2	1	2	1	12
Cardiovascular	(9%)	2	2	2	0	2	1	0	9
Endocrinology	(8%)	1	2	2	0	2	0	1	8
Dermatology	(5%)	0	0	2	0	2	1	0	5
Neurology	(5%)	0	1	2	0	1	1	0	5
Urology/renal	(5%)	1	1	1	0	2	0	0	5
Hematology	(3%)	0	1	1	0	0	1	0	3
Pulmonology	(3%)	0	1	1	0	1	0	0	3
Totals:	(100%)	16	20	25	4	23	8	4	100

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