University of North Carolina at Chapel Hill
Department of Health Sciences
Division of Physician Assistant Studies

PASC 801: INTERNAL MEDICINE
SUPERVISED CLINICAL PRACTICE EXPERIENCE (SCPE)

COURSE DIRECTOR
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UNC-CH MHSPAS PROGRAM OFFICE
Bondurant Hall, Suite 2084
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Office Hours (virtual via Microsoft Teams):
Monday’s (During SCPEs): 9 am – 11 am (20-minute appointment slots, via Microsoft Bookings)

Effective on 1 January 2022
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 inpatient medicine. The focus of this rotation is to educate the UNC Chapel Hill MHSPAS physician assistant student in the diagnosis, management, and treatment of a variety of complex acute and chronic diseases in hospitalized patients. During this clinical learning experience, the students will learn the indications for admission to the hospital and the care of a hospitalized patient. The student will actively participate in the ongoing 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.

**COURSE INSTRUCTOR**
During each corresponding SCPE, the UNC-CH MHSPAS Director of Clinical Education designates a main clinical instructor (preceptor) to assess and supervise the student’s progress in achieving the learning outcomes of each corresponding SCPE. The name and contact information of the designated clinical instructor is in the edusched section of eMedley located in each of the student’s homepages.

The Director of Clinical Education will serve as the Course Director for each corresponding SCPE.

During some rotations, the main clinical instructor may also assign the student to additional preceptors. The main clinical instructor will continue to oversee the learning experience of the student, receive feedback from other preceptors the student is assigned to and provide continuous feedback during the SCPE in meeting the learning outcomes and program-defined competencies.

Based on qualitative feedback from all the assigned preceptors, the designated clinical instructor will complete and submit the midpoint and final assessment of the student.

**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 internal medicine 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 internal medicine clinical learning experiences include:*

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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 Shifts (located 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.

OPTIONAL CLINICAL PHASE BI-WEEKLY CHECK-INS
During each corresponding SCPE, there are two optional 30-minute clinical phase group check-ins. The purpose of the optional check-ins is to answer any questions, discuss any housekeeping items, address

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any administrative concerns, and for the group to meet during lunch. The first check-in is scheduled on Thursday of Week 1 from 12:00 pm to 12:30 pm of the corresponding SCPE and the second check-in is scheduled on Wednesday of Week 3 from 12:00 pm to 12:30 pm.

The check-ins will be held virtually using Webex meetings. Calendar invites for the check-ins are sent out to all students. If a date needs to change due to a last-minute meeting/clinical day on my part, an updated calendar invite will be sent out followed by an email to the group regarding the change.

Due to the variability of everyone’s schedule and understanding that not everyone will be able to attend the optional check-ins all the time, the bi-weekly check-ins will be recorded and made available to all students the same day. Recordings will be uploaded into the folder labeled “Clinical Phase Check-Ins (Recordings)” in the class materials files for the corresponding Clinical Seminar course for that semester.

- January – April: PASC 820: Clinical Seminar I
- May – July: PASC 821: Clinical Seminar II
- August – November: PASC 822: Clinical Seminar III

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 focusing on the PAEA EOR learning objectives and topic list for the corresponding rotation in preparation for examinations
- reviewing feedback from prior SCPEs assessments located in the evaluate section of eMedley
- reviewing previous performance reports from completed PACKRATs and EOR examinations located in PAEA ExamDriver.
- completing any assignments and/or assessments for the corresponding SCPE.
- Actively seek out feedback from clinical instructors (preceptors) and program faculty regarding ways to continuously improve on the program-defined competencies.

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.

INTERNAL MEDICINE SCPE PREPARATION:
Students should review the following prior to the beginning of the internal medicine rotation:

I. Journal Articles/reading material provided by the preceptor in eMedley (if available)
II. Syllabus and Clinical Presentation and Skills Portfolio (It is highly recommended students review Clinical Presentation and Skills Portfolio on the first day with the preceptor to set up a plan to ensure requirements are met during the rotation).
III. Documentation:
   - Admission H&P
   - Progress SOAP/APSO note
   - Admission orders
   - Knowledge/Skills
   - Interpretation of Diagnostic tests

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• Laboratory tests (use and interpretation)
• Use of “living wills” and DNR orders

IV. Evaluation and Management of:
• HTN
• DM (Type I and II)
• Hyperlipidemia
• COPD
• Stroke
• CHF

COURSE REQUIRED TEXTBOOK

COURSE RECOMMENDED RESOURCES
• Fauci A. Harrison’s Principles of Internal Medicine. McGraw Hill. (Current Series)
• Goldman L. Goldman’s Cecil Medicine. Saunders/Elsevier. (Current Series)
• Hamilton RJ. Tarascon Pharmacopoeia. (Current Series) (Pocket or App version)
• Gilbert DN, Chambers HF, Eliopoulos GM. Sanford Guide to Antimicrobial Therapy. (Current Series) (Pocket or App version)
• Bickley, L. Guide to Physical Examination and History Taking. (Current Series)
• Mosby’s Medical Diagnostic and Laboratory Test Reference. (Current Series)
• Kochars’ Clinical Medicine for Students (Current Series)
• Internal Medicine Clerkship Guide (Current Series)
• Internal Medicine Essentials. (Current Series)
• Pocket Medicine: The Massachusetts General Hospital Handbook of Internal Medicine. (Current Series)

<table>
<thead>
<tr>
<th>Recommended Websites</th>
<th>Address</th>
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<tbody>
<tr>
<td>UpToDate</td>
<td><a href="http://www.uptodate.com">www.uptodate.com</a></td>
</tr>
<tr>
<td>American College of Physicians</td>
<td><a href="http://www.acponline.org">www.acponline.org</a></td>
</tr>
<tr>
<td>American Medical Association (AMA)</td>
<td><a href="http://www.ama-assn.org/ama">www.ama-assn.org/ama</a></td>
</tr>
<tr>
<td>American Academy of Physician Assistants (AAPA)</td>
<td><a href="http://www.aapa.org">www.aapa.org</a></td>
</tr>
<tr>
<td>Patient-Centered Primary Care Collaborative</td>
<td><a href="https://www.pcpcc.org">https://www.pcpcc.org</a></td>
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COURSE TEACHING METHODOLOGIES
The content in the clinical phase will be presented through a variety of methods that include

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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 internal medicine 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 internal medicine 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:

<table>
<thead>
<tr>
<th>PROGRAM COMPETENCY DOMAIN</th>
<th>PROGRAM LEARNING OUTCOMES</th>
<th>METHOD OF ASSESSMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Knowledge</td>
<td>Demonstrate medical knowledge of the sciences essential for one's level of training of common patient presentations seen in an inpatient general medicine setting.</td>
<td>Preceptor evaluation, Case Logs, Aquifer Case-Based, Clinical Presentation &amp; Skills Portfolio</td>
</tr>
<tr>
<td>Patient Care</td>
<td>Performs an organized and accurate problem-focused or complete history as indicated by the clinical presentation in the internal medicine inpatient setting.</td>
<td>Preceptor Evaluation, Case Logs, Aquifer Case-Based, Clinical Presentation &amp; Skills Portfolio</td>
</tr>
<tr>
<td>Patient Care</td>
<td>Performs an organized problem-focused or complete physical examination as indicated by the clinical presentation in the internal medicine inpatient setting.</td>
<td>Preceptor Evaluation, Aquifer Case-Based, Case Logs, Clinical Presentation &amp; Skills Portfolio</td>
</tr>
<tr>
<td>Patient Care</td>
<td>Demonstrates the ability to synthesize information and articulate medical decision-making for a working diagnosis and prioritized differential.</td>
<td>PAEA End of Rotation Exam, Aquifer Case-Based, &amp; Preceptor Evaluation</td>
</tr>
<tr>
<td>Patient Care</td>
<td>Formulates an appropriate plan and recommend diagnostic studies in the context of the clinical presentation and patient preference</td>
<td>PAEA End of Rotation Exam, Aquifer Case-Based, &amp; Preceptor Evaluation</td>
</tr>
<tr>
<td>Patient Care</td>
<td>Interprets diagnostics in the context of the patient information, the clinical presentation, patient preferences, evidence-based medical literature, and clinical judgement.</td>
<td>PAEA End of Rotation Exam, Aquifer Case-Based, &amp; Preceptor Evaluation</td>
</tr>
<tr>
<td>Patient Care</td>
<td>Demonstrate diagnostic &amp; therapeutic procedures with preceptor supervision (when appropriate and possible)</td>
<td>Clinical Presentation &amp; Skills Portfolio</td>
</tr>
<tr>
<td>Interpersonal &amp; Communication Skills</td>
<td>Accurately and concisely communicate the findings of a given patient encounter in written forms to all members of the health care team, to</td>
<td>Preceptor Evaluation</td>
</tr>
</tbody>
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Include an Admission H&P, Admission orders, Progress Note, and Discharge Summary.

| Interpersonal & Communication Skills | Delivers succinct, accurate, organized, and complete oral presentations to all members of the health care team. | Preceptor Evaluation |

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<tr>
<td>Interpersonal &amp; Communication Skills</td>
<td>Develops rapport with patients using verbal and non-verbal communication skills to facilitate shared decision-making and information exchange.</td>
<td>Preceptor Evaluation</td>
</tr>
<tr>
<td>Practice-Based Learning and Improvement</td>
<td>Develops learning and improvement goals and strives to meet those goals</td>
<td>Preceptor Evaluation</td>
</tr>
<tr>
<td>Systems-Based Practice</td>
<td>Provides advocacy and support to assist patients in obtaining quality care and in dealing with the complexities of health care delivery systems.</td>
<td>Preceptor Evaluation</td>
</tr>
<tr>
<td>Professionalism (Professional Responsibility)</td>
<td>Demonstrate the professional behaviors expected of a medical professional (e.g., the student attended clinic on time, addressed the staff with respect, was receptive to feedback, completes all course assignments, assessments, and requirements, etc.).</td>
<td>Preceptor Evaluation &amp; Completion of Course Professionalism Requirements</td>
</tr>
<tr>
<td>Professionalism and Cultural Sensitivity &amp; Humility</td>
<td>Demonstrates behaviors that convey compassion, respect, integrity, empathy for others, as well as sensitivity and openness to a diverse patient population.</td>
<td>Preceptor Evaluation</td>
</tr>
<tr>
<td>Interprofessional Professionalism</td>
<td>Collaborates with other health professionals to promote a climate of mutual respect and trust, communication, accountability, ethics, excellence, altruism &amp; caring, as well as patient-centered care.</td>
<td>Preceptor Evaluation/Interprofessional Assessment</td>
</tr>
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**PAEA END OF ROTATION (EOR) ASSESSMENT: LEARNING OBJECTIVES**

Upon successful completion of the internal medicine 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 B & C) 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 in order 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.

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• 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.

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• **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.

**AQUIFER VIRTUAL CLINICAL LEARNING**
Aquifer is an excellent case-based, multimedia learning tool that will help you develop some of the most challenging skills needed to become a great PA. These include critical thinking, developing differential diagnosis lists, putting together a patient encounter from beginning to end, and effective

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communication with patients and families. It takes time and practice to develop these skills, and we hope these cases will facilitate your journey.

The cases listed below must be completed by 11:59 pm EST on Wednesday of Week 4 of the corresponding rotation. Ideally you should do 1-2 cases per week. Please take advantage of this resource and give yourself the time you need to adequately learn from these cases!

Each of these Aquifer cases will be graded as Complete or Incomplete. In order to obtain a ‘Complete’ for an individual case, you must:

1. Complete ALL sections of the case. Once you get to the bottom of each section, you will know there is more material in the section if there is a blue ‘Continue’ button. If the continue button is gray, you have completed the section.
2. Complete ALL questions (both multiple choice and essay) and ALL summary statements.
3. Click the ‘Finish Case’ button when you are done (under Case Summary Download section).

We recommend (although this is not required), that you also complete the ‘Deep Dive’s and Feedback sections.

We recommend you review and compare the expert summary statements to yours to further develop your critical reasoning and medical decision-making competencies.

You do not have to submit any paperwork after completion; this information is provided to the Program electronically by Aquifer.

The assigned cases required to be completed:

- Cases located In Aquifer learning platform system: PASC 801 Internal Medicine
  [Required]: [You will receive an email notification on the first day of the SCPE notifying you have been assigned to the course]

Optional cases students can complete during the SCPE:

- Cases located In Aquifer learning platform system: PASC 801 Internal Medicine
  [Optional]: [You will receive an email notification on the first day of the SCPE notifying you have been assigned to the course]
- Cases located in Aquifer learning platform system: Clinical Phase FY2022 (Highly Recommended, Optional Cases): [You will receive an email notification on the first day of the Clinical Phase notifying you have been assigned to the course]
- List of cases are also available in Appendix A of this syllabus

Getting to Aquifer:
Go to https://aquifer.org

You can access each SCPE (aquifer course) by selecting the assigned course corresponding with your SCPE.

If you want to do more than your assigned cases, feel free! Many students have completed dozens of extra cases and reported a significant improvement in their skills.

Feel free to contact Jason Hrdina (jason_hrdina@med.unc.edu) if you have any questions.

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Q-STREAM MICROLEARNING TECHNOLOGY APP
During each corresponding SCPE, students will be receiving automated Rosh Review multiple-choice (MCQ) questions using the Q-stream platform system. Each question will include an explanation of the answer and a Rapid Review. This microlearning platform system engages learners, reinforces medical knowledge through repetition, spacing & testing and provides the program with real-time data to analyze student’s engagement and performance during the corresponding SCPE.

Students will receive three (3) MCQ’s at a time, three to four times a week. Incorrect answers will automatically be repeated at pre-determined set points for re-assessment. Students are allowed three attempts before the questions is automatically retired. Additional questions may be added by the Director of Clinical Education based on students’ performance.

RAMSES MEDICAL JOURNAL OF CLINICAL PRESENTATIONS & SKILLS PORTFOLIO
Over the course of the clinical phase, MHSPAS students are expected to evaluate at least one (1) patient for each program-defined clinical presentation or program-defined clinical skill in various age groups, setting and levels of acuity. Many of these presentations, skills, age groups and/or acuity levels may occur during clinical experiences at your practice.

The MHSPAS programs’ pre-clinical phase curriculum is based on clinical presentations and the clinical phase curriculum mirrors that design in order to maintain a longitudinal learning experience and competency assessment for students.

Students should continually seek out opportunities to complete each of the clinical presentations and clinical skills. The main clinical instructor (preceptor) as well as any additional preceptors assigned by main preceptor for the corresponding SCPE (i.e., attending physician, physician assistant, nurse practitioner, or resident) can complete the Ramsee Medical Journal. The only exception is an intern. Students are required to complete all clinical presentations and clinical skills to meet program completion requirements.

Students should familiarize themselves with the UNC-CH MHSPAS Clinical Presentations & Skills Portfolio Guidelines.

LOGGING OF CLINICAL CASES AND HOURS
During each corresponding SCPE, students are required to log all patient cases in eMedley. The UNC-CH MHSPAS program has set minimum benchmark requirements to ensure sufficient patient exposure within required supervised clinical practice experiences. The use of eMedley web-based student tracking system will ensure students are meeting program expectations and able to acquire the competencies needed for clinical practice. Students’ progress will be monitored each Monday during SCPEs throughout the clinical year to confirm exposure to key patient encounters and settings for the rotations is occurring early. This will ensure adequate time for participating in available experiences or reassignment if significant site-related deficiencies are identified. Students should review the UNC-CH MHSPAS Patient Exposure Benchmark Guidelines for more information on expectations.

During each corresponding SCPE, students are required to log all clinical hours in Shifts (located in Microsoft Teams). The UNC-CH MHSPAS program requires students to have a minimum of 152 hours during each corresponding SCPE. The use of Shifts schedule tracking system will ensure students are obtaining enough hours to maximize their clinical learning experiences.

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Documentation of SCPE patient care encounters will ensure students obtain an adequate amount of patient diversity and exposure to meet the required benchmarks and clinical presentations & skills requirements. Students’ hours will be monitored weekly during SCPEs throughout the clinical year to confirm adequate hours are being documented in comparison to the submitted calendar in week 1 of the corresponding SCPE. Students should review the UNC-CH MHSPAS Student Duty Hour Policy for more information on expectations.

**PAEA END OF ROTATION MCQ EXAMINATION**

PAEA End-of-Rotation examinations will cover material from the PAEA EOR Exam Blueprint & Topic List for that exam of the corresponding SCPE. PAEA EOR examinations are considered Final Examinations as defined by UNC-CH Graduate School. Exams will be 120 multiple choice questions. Exams will be remote proctored using MonitorEDU live remote proctoring service. Exams will be administered on Friday of Week 4, starting at 9:00 am EST. Exams are 2 hours in length (1 minute a question), no breaks are allowed during the exam. Students should review the UNC-CH MHSPAS PAEA EOR Policy for further details on examination rules and procedures, passing thresholds, Individualized Development Plans (IDPs), and academic eligibility according to the UNC Graduate School based on written examination performance.

**EXAM ATTENDANCE**

Attendance is required at all examinations. There will be NO make-up examinations given except at the discretion of the Clinical Education Team and ONLY after a valid reason has been identified.

**COURSE ASSIGNMENTS AND ASSESSMENTS**

*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. **PAEA End of Rotation Internal Medicine Exam Score of ≥385.**

2. **Preceptor Assessments (Formative Midpoint and Summative Final) assessing competency in internal medicine learning outcomes**

3. **Documenting in the eMedley web-based software daily clinical hours. (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).**

4. **Documentation in the eMedley web-based software all patient encounters over the course of the corresponding SCPE 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, based on the UNC-CH MHSPAS Patient Exposure Benchmarks).**
   a. Acute medical problems
   b. Chronic medical problems
   c. Across a lifespan (adults & geriatrics)
   d. Management of multiple health problems
   e. Routine health care (including preventive care)

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5. Actively seeking opportunities for completing the required Clinical Presentations and Clinical Skills tasks in the UNC-CH MSHAPS Medical Journal. Students are required to update their completion status for each task in the Microsoft Classroom, in Clinical Seminar I, II, or III Courses, “Portfolio Tab” – under Progress – select “COMPLETE” from the drop down.

6. Additional requirements provided by the Clinical Instructor (Preceptor).

COURSE PROFESSIONALISM REQUIREMENTS
As part of the Professionalism Competency (Professional Responsibility) learning outcome, all students must complete the following requirements during the supervised clinical practice experience:

1. Submission of SCPE Check-In Assessment in eMedley by 11:59 pm EST on Thursday of Week 1 of corresponding SCPE.

2. Submission of Calendar (with daily schedule of hours/preceptors) in Microsoft Teams Internal Medicine Assignments Folder by 11:59 pm EST on Thursday of Week 1 of corresponding SCPE.

3. Active participation in Q-stream microlearning system (MOCK PANCE & Internal) during the entire corresponding rotation.

4. Submission of all Patient Case Logs and Time logs (Actual Clinical Work Hours for each day) in eMedley from the following week by:
   - Monday of Week 2 at 8:00 am EST (For Week 1 Cases/Hours)
   - Monday of Week 3 at 8:00 am EST (For Week 2 Cases/Hours)
   - Monday of Week 4 at 8:00 am EST (For Week 3 Cases/Hours)
   - Friday of Week 4 at 8:00 am EST (for Monday, Tuesday, Wednesday, and Thursday of Week 4 Cases/Hours)

5. Submission of 50 Internal Medicine Rosh Review Questions (in Tutor Mode to facilitate active learning) in Internal Medicine Microsoft Teams Assignments Folder by the following due dates: (submit a screen shot from Rosh Review showing 50 questions were completed)
   - Sunday of week 1 at 11:59 pm EST
   - Sunday of week 2 at 11:59 pm EST
   - Sunday of week 3 at 11:59 pm EST

6. Complete the Internal Medicine Mock (Formative) Rotation Exam (Assigned by the Program in Tutor Mode to facilitate active learning) in Rosh Review Platform System by [11:59 pm EST on Wednesday of Week 4 of corresponding SCPE].

7. Complete all the required Aquifer Virtual Patient Cases for Internal Medicine Supervised Clinical Practice Experience by [11:59 pm EST on Wednesday of Week 4 of corresponding SCPE]. (Aquifer Platform System).
   - Internal Med 2: 60-year-old- woman with chest pain
   - Internal Med 7: 53-year-old man with leg swelling

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• Internal Med 8: 55-year-old man with chronic disease management
• Internal Med 10: 55-year-old man with low back pain
• Internal Med 16: 45-year-old man who is overweight

8. Actively seeking opportunities for completing the required Clinical Presentation and Clinical Skills tasks in the UNC-CH MHSPAS Medical Journal.

9. Submission of the following evaluations located in evaluate section of eMedley by [11:59 pm EST on Friday of Week 4 of corresponding SCPE]:
   • Student Evaluation of Clinical Site
   • Student Evaluation of Main Clinical Instructor (Preceptor)
   • Student Self-Assessment on PA Competencies

10. Coordination with preceptor regarding completion of midpoint assessment and final preceptor evaluations located in eMedley. Students must notify the Clinical Education Team in advance regarding any delays in submission of evaluation and estimated submission date by preceptor.
   • Midpoint Assessment due by 11:59 pm EST on Friday of Week 2
   • Final Preceptor Assessment due by 11:59 pm EST on Friday of Week 4

11. Contact clinical site/preceptor 2 weeks before beginning of the next SCPE.

12. Complete all onboarding and orientation requirements set forth by the SCPE site in CastleBranch (CB) Bridges two weeks before beginning of the next SCPE.

13. Demonstrate Professionalism and Compassion at all times.

14. Complete any individual additional assignments assigned by Clinical Faculty (e.g., Rosh Questions, Aquifer Virtual Patients). [This will be annotated in an Individualized Learning Plan (ILP) during a meeting with the Clinical Education Team and/or Academic Excellence Committee (AEC).


16. Contact Clinical Education Team at any point in rotation to discuss concerns regarding the ability to achieve course requirements.

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<td>50 Rosh Review Questions for corresponding SCPE</td>
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<tr>
<td><strong>WEEK 2</strong></td>
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<td>Formative Mid-point assessment by Main Preceptor</td>
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<td>50 Rosh Review Questions for corresponding SCPE</td>
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<td>Rosh Review Formative Mock Exam Assessment for corresponding SCPE</td>
<td>Rosh Review Platform System</td>
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<tr>
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<td>Submission of the following assessments:</td>
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<tr>
<td></td>
<td>(1) Student Assessment of Clinical Site</td>
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<td>(3) Student Self-Assessment of Program Competencies</td>
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Preceptor Final Assessment of Student
Preceptor submits evaluation in eMedley evaluate or student can email a signed completed paper copy to Clinical Team
Friday of Week 4 by 11:59 p.m. EST

PATIENT AND TIME LOGS for Week 4
eMedley evals
Friday of Week 4 by 8:00 a.m. EST

COURSE GRADING SCALE
P = ≥ 70
F = <70
N = Incomplete
*There is no rounding of grades

LATE ASSIGNMENTS
I do not accept late course assignments or course professionalism requirements, except in very limited situations (e.g., you have a medical emergency and cannot communicate with me before the due date). Time management is integral during the clinical phase so plan ahead.

COURSE COMPLETION
All students must successfully 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.

Because each assignment and assessment are a must pass component, each individual assignment/assessment does not have a specific weight toward a final grade.

All students must complete all the course professionalism requirements for course completion. Students who do not complete the course professionalism requirements or are late in submitting the course professionalism requirements will be required to meet with the Clinical Education Team and/or Academic Excellence Committee (AEC) regarding professionalism concerns

INDIVIDUALIZED LEARNING PLAN (ILP)
To foster student development, the UNC-CH MHSPAS Program incorporates Individualized Learning Plan (ILPs) into the curriculum focusing on self-reflection and action plans, enhancing student success in the program. Students should review the UNC-CH MHSPAS Student Handbook for a detailed description of the Clinical Phase ILP’s on examinations, preceptor evaluations, and course failures.

EXAM DATE CHANGE POLICY
N/A

SCPE FIRST WEEK CHECK-IN SURVEY
During each corresponding SCPE, students are required to complete a first week check-in survey. The survey provides the program with important information on clinical site orientation, safety, expected hours, expected patient exposure, feedback/evaluation completion plan with main clinical instructor (preceptor), and plan to meet faculty advisor during the SCPE. The program will use this information to

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verify students will be able to meet the program defined learning outcomes and/or reach out to the main preceptor to make sure students are obtaining an adequate clinical learning experience to meet the program defined learning outcomes. The survey is completed in eMedley web-based platform system and will be available starting Monday of the first week. The first week check-in survey is due by 11:59 pm EST on Thursday of the first week.

Students will receive an email with a link to complete the assessment. Students can also go into the eMedely web-based platform system to complete the survey by either going to “evaluate” or clicking on notifications bell on the top of the page. The survey must be completed to receive a passing grade in the corresponding SCPE and meet the professional responsibility learning outcome.

**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 in the eMedley web-based platform system. 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 Education 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. 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, signed by preceptor, scanned, and email to the UNC-CH MHSPAS Clinical education Team. If you continue to have difficulty after trying the above steps, please let the Clinical Education Team know. To avoid this problem in the future, it is advisable to kindly and professionally remind the preceptor the timeline you agreed on during the first week SCPE Check-In assessment regarding completing and reviewing the assessments by the appropriate due dates for the corresponding SCPE.

**CLINICAL SITE/PRECEPTOR/SELF ASSESSMENTS OF PROGRAM COMPETENCIES POLICY**

During each corresponding SCPE, students are required to complete assessments on the clinical site, preceptor, and complete a self-assessment on the UNC-CH MHSPAS Program competencies. The surveys are completed in eMedley web-based platform system and will be available to be completed during the last week of each SCPE. Clinical instructors use the evaluations to improve instruction and include them in their promotion and tenure dossiers, while the program uses them in the self-study report for continuous process improvement. The reports are included in instructors’ personnel files and are considered confidential.

Students will receive an email with a link to complete the assessments. Students can also go into the eMedely web-based platform system to complete the survey by either going to “evaluate” or clicking on notifications bell on the top of the page. All evaluations must be completed to receive a passing grade in the corresponding SCPE and meet the competency requirement for the professional responsibility learning outcome. Incomplete evaluations will result in an “Incomplete” grade on your transcript until completed.

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

Effective on 1 January 2022
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:
   • preventive, emergent, acute, and chronic patient encounters.
   • medical care across the life span to include infants, children, adolescents, adults, and the elderly.
B3.04: Supervised clinical practice experiences must occur in the following settings:
   • inpatient
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:
   • internal medicine
B4.01: The program must conduct frequent, objective, and documented evaluations of students related to learning outcomes in the supervised clinical education component.
   • eMedley patient case and procedure logging (UNC-CH MHSPAS Program Patient Exposure Benchmarks)
   • Q-Stream Multiple Choice Questions (MCQ’s)
   • Aquifer Virtual Patient Learning Cases
   • Rosh Review Corresponding SCPE Mock Exam
   • Rosh Review Corresponding SCPE MCQ Questions
   • Mid-Point Preceptor Formative Evaluation of Student
   • Final Preceptor Evaluation of Student
   • Completion of Clinical Presentations & Clinical Skills Tasks in the UNC-CH MHSPAS Medical Journal
   • 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:

Effective on 1 January 2022
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 acute, chronic and preventive
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 internal medicine SCPE 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

Effective on 1 January 2022
• 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 though 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.

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CLINICAL PHASE POLICIES AND STUDENT RESPONSIBILITIES
To foster a productive learning environment, the UNC-CH MHSPAS program requires that all students adhere to the policies and procedures published in the UNC Chapel Hill MHSPAS Student Handbook and located on the UNC Chapel Hill MHSPAS Homepage that are not included in this syllabus.

E-MAIL ETIQUETTE
Communication is an essential skill. As a health profession student, you want to build your professional identity. Make a good impression with your professors, clinical instructors, and staff by sending messages that are professional and respectful in tone and civility. All students should adhere to the UNC-CH MHSPAS Email Standard Etiquette Policy.

CLINICAL TEAM RESPONSE TIME
We will return emails as soon as possible (usually within 24 hours during business hours). If we don’t email you back in a timely manner, something went wrong – so please email again. If you have an urgent need/emergency, your first call or text message should be to the Director of Clinical Education (DCE) (919) 886-8638. If you cannot contact the DCE, your second call or text message should be to the Director of Evaluation and Assessment (984) 364-7505.

During normal business hours, the Clinical Team can also be easily reached via Microsoft Teams Chat/Video Call for non-urgent questions and/or urgent needs/emergencies.

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.

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. Once the Director of Clinical Education approves the absence, students can email the preceptor/clinical site.

Effective on 1 January 2022
Students are required to call/email the Clinical Education Team and the clinical rotation site/clinical instructor as soon as possible in the event of missing clinic due to illness or emergency.

While on SCPE’s, students must only observe holidays that are observed by their respective clinical site. If a student is assigned or may be assigned by a clinical site and/or preceptor to work on a holiday, the student may NOT request off for the holiday.

All students must submit any Absence Request via the Shifts app.

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](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/](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/](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](safe.unc.edu).

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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 MISTREATMENT AND LEARNING ENVIRONMENT CONCERN POLICY
The University of North Carolina School of Medicine takes allegations of student mistreatment very seriously. Examples of mistreatment include sexual harassment; discrimination based on race, color, gender, national origin, age, religion, creed, disability, veteran’s status, sexual orientation, gender identity or gender expression; purposeful humiliation, verbal abuse, threats, or other forms of psychological mistreatment; and physical harassment, physical endangerment and/or physical harm.

Students should review the UNC School of Medicine student mistreatment and learning environment concern policy. This policy also covers students in all assigned clinical learning environments during the clinical phase of the program.

Students should contact the Program Director and Director of Clinical Education at any time if they perceive student mistreatment or learning environment concerns during any supervised clinical learning experiences.

Students also evaluate the learning environment during each end of SCPE assessment on student mistreatment and/or learning environment concerns.

The program does not take action on a report of mistreatment until the student receives final grades.

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 an 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

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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 medical, 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 HALL HONOR CODE STATEMENT**
Some assignments in this course will be analyzed by Grammarly. Grammarly generates a report on the originality of your writing by comparing it with a database of periodicals, books, online content, student papers, and other published work. The report can help you discern when you are using sources fairly, citing properly, and paraphrasing effectively—skills essential to all academic work. 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 syllabus represents a flexible agreement. The UNC-CH MHSPAS Program reserves the right to make changes to the syllabus, including due dates and test dates. These changes will be announced as early as possible.

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APPENDIX A

OPTIONAL CASES FOR CLINICAL PHASE - Note: Some of these you might have already completed during other SCPE’s.

**Optional and useful for ALL rotations**
- Oral Presentation Skills 1-4
- High Value Care 1: 45-year-old-make – The importance of clinical reasoning
- High Value Care 2: 25-year-old female – Making diagnostic testing count
- Student Learning Cultural Awareness, Medical Home, On Language, Special Healthcare Needs High Value Care 3: 65-year-old woman- adult preventative care and value
- High Value Care 4: 80-year-old woman- medications and value
- High Value Care 5: 78-year-old woman- high value care in the inpatient setting
- High Value Care 6: 65-year-old man- paying for value insurance part 1
- High Value Care 7: 7-year-old female- rooting out waste
- High Value Care 12: 17-year-old female- paying for value insurance part 2
- Diagnostic Excellence- all 12 cases
- Radiology 1: 23-year-old man chest infection
- Radiology 4: 65-year-old woman chest vascular COPD
- Any other radiology cases

**Optional Internal Medicine SCPE Cases**
- Internal Medicine 6: 45-year-old male with hypertension
- Internal Medicine 11: 45-year-old male with abnormal liver chemistries
- Internal Medicine 12: 55-year-old male with lower abdominal pain
- Internal Medicine 13: 65-year-old female for annual physical
- Internal Medicine 18: 75-year-old male with memory problems
- Internal Medicine 19: 42-year-old female with anemia
- Internal Medicine 32: 39-year-old female with joint pain
- Wise OnCall [Click on Launch WiseOnCall tab on top page of Aquifer]:
  - Hypertension
  - Hypotension
  - Oliguria

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APPENDIX B
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Angina pectoris</td>
<td>Myocardial infarction</td>
</tr>
<tr>
<td>Cardiac arrhythmias/conduction disorders</td>
<td>Myocarditis</td>
</tr>
<tr>
<td>Cardiomyopathy</td>
<td>Pericarditis</td>
</tr>
<tr>
<td>Congestive heart failure</td>
<td>Peripheral vascular disease</td>
</tr>
<tr>
<td>Coronary vascular disease</td>
<td>Rheumatic fever</td>
</tr>
<tr>
<td>Endocarditis</td>
<td>Rheumatic heart disease</td>
</tr>
<tr>
<td>Heart murmurs</td>
<td>Valvular heart disease</td>
</tr>
<tr>
<td>Hyperlipidemia</td>
<td>Vascular disease</td>
</tr>
<tr>
<td>Hypertension</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PULMONOLOGY</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute/chronic bronchitis</td>
<td>Pneumoconiosis</td>
</tr>
<tr>
<td>Asthma</td>
<td>Pneumonia (viral, bacterial, fungal, human</td>
</tr>
<tr>
<td>Bronchiectasis</td>
<td>immunodeficiency virus-related)</td>
</tr>
<tr>
<td>Carcinoid tumor</td>
<td>Pulmonary hypertension</td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease</td>
<td>Pulmonary neoplasm</td>
</tr>
<tr>
<td>Cor pulmonale</td>
<td>Sarcoidosis</td>
</tr>
<tr>
<td>Hypoventilation syndrome</td>
<td>Solitary pulmonary nodule</td>
</tr>
<tr>
<td>Idiopathic pulmonary fibrosis</td>
<td></td>
</tr>
</tbody>
</table>
# Gastrointestinal/Nutritional

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

# Orthopedics/Rheumatology

<table>
<thead>
<tr>
<th>Condition</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fibromyalgia</td>
<td>Reactive arthritis</td>
</tr>
<tr>
<td>Gout/pseudogout</td>
<td>Rheumatoid arthritis</td>
</tr>
<tr>
<td>Polyarteritis nodosa</td>
<td>Sjögren syndrome</td>
</tr>
<tr>
<td>Polymyalgia rheumatica</td>
<td>Systemic lupus erythematosus</td>
</tr>
<tr>
<td>Polymyositis</td>
<td>Systemic sclerosis (scleroderma)</td>
</tr>
</tbody>
</table>

# Endocrinology

<table>
<thead>
<tr>
<th>Condition</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acromegaly</td>
<td>Hypocalcemia</td>
</tr>
<tr>
<td>Addison's disease</td>
<td>Hyponatremia</td>
</tr>
<tr>
<td>Cushing disease</td>
<td>Hypoparathyroidism</td>
</tr>
<tr>
<td>Diabetes insipidus</td>
<td>Hypothyroidism</td>
</tr>
<tr>
<td>Diabetes mellitus (type I &amp; type II)</td>
<td>Paget disease of the bone</td>
</tr>
<tr>
<td>Hypercalcemia</td>
<td>Pheochromocytoma</td>
</tr>
<tr>
<td>Hypernatremia</td>
<td>Pituitary adenoma</td>
</tr>
<tr>
<td>Hyperparathyroidism</td>
<td>Thyroid cancer</td>
</tr>
<tr>
<td>Hyperthyroidism/thyroiditis</td>
<td></td>
</tr>
</tbody>
</table>
### NEUROLOGY

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

### UROLOGY/RENAL

<table>
<thead>
<tr>
<th>Condition</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acid base disturbances</td>
<td>Nephritic syndrome</td>
</tr>
<tr>
<td>Acute and chronic renal failure</td>
<td>Nephritis</td>
</tr>
<tr>
<td>Acute interstitial nephritis</td>
<td>Polycystic kidney disease</td>
</tr>
<tr>
<td>Benign prostatic hyperplasia</td>
<td>Prostate cancer</td>
</tr>
<tr>
<td>Bladder cancer</td>
<td>Prostatitis</td>
</tr>
<tr>
<td>Epididymitis</td>
<td>Pyelonephritis</td>
</tr>
<tr>
<td>Erectile dysfunction</td>
<td>Renal calculi</td>
</tr>
<tr>
<td>Glomerulonephritis</td>
<td>Renal cell carcinoma</td>
</tr>
<tr>
<td>Hydrocele</td>
<td>Renal vascular disease</td>
</tr>
<tr>
<td>Hydronephrosis</td>
<td>Testicular torsion</td>
</tr>
<tr>
<td>Hypervolemia</td>
<td>Urinary tract infection</td>
</tr>
<tr>
<td>Hypovolemia</td>
<td>Varicocele</td>
</tr>
</tbody>
</table>
### CRITICAL CARE

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

### HEMATOLOGY

<table>
<thead>
<tr>
<th>Acute/chronic leukemia</th>
<th>Lymphoma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anemia of chronic disease</td>
<td>Multiple myeloma</td>
</tr>
<tr>
<td>Clotting factor disorders</td>
<td>Sickle cell anemia</td>
</tr>
<tr>
<td>G6PD deficiency anemia</td>
<td>Thalassemia</td>
</tr>
<tr>
<td>Hypercoagulable state</td>
<td>Thrombotic thrombocytopenic purpura</td>
</tr>
<tr>
<td>Idiopathic thrombocytopenic purpura</td>
<td>Vitamin B12 and folate acid deficiency anemia</td>
</tr>
</tbody>
</table>
## INFECTIOUS DISEASE

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

**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.”**
### APPENDIX C

**Internal Medicine End of Rotation™ Exam Blueprint**

<table>
<thead>
<tr>
<th>Internal Medicine 100-Question Exam</th>
<th>History &amp; Physical (15%)</th>
<th>Diagnostic Studies (10%)</th>
<th>Diagnoses (25%)</th>
<th>Health Maintenance (10%)</th>
<th>Clinical Intervention (10%)</th>
<th>Clinical Therapeutics (20%)</th>
<th>Scientific Concepts (10%)</th>
<th>Totals (100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular</td>
<td>(20%)</td>
<td>3</td>
<td>2</td>
<td>5</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Pulmonology</td>
<td>(15%)</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Gastrointestinal/nutritional</td>
<td>(12%)</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Orthopedics/rheumatology</td>
<td>(12%)</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Endocrinology</td>
<td>(8%)</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Neurology</td>
<td>(8%)</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Urology/renal</td>
<td>(8%)</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Critical care</td>
<td>(7%)</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Hematology</td>
<td>(5%)</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Infectious diseases</td>
<td>(5%)</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Totals:</strong></td>
<td><strong>(100%)</strong></td>
<td><strong>15</strong></td>
<td><strong>10</strong></td>
<td><strong>25</strong></td>
<td><strong>10</strong></td>
<td><strong>10</strong></td>
<td><strong>20</strong></td>
<td><strong>10</strong></td>
</tr>
</tbody>
</table>

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

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Effective on 1 January 2022