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OCT 15 2014

OFFICE OF THE
SENATE COUNCIL**Course Information**

Date Submitted: 6/26/2014

Current Prefix and Number: PAS - Physician Assistant Studies , PAS 669 INTERNAL MED CLERKSHIP

Other Course:

Proposed Prefix and Number: PAS 669

What type of change is being proposed?

Major Change

Should this course be a UK Core Course? No

1. General Information

a. Submitted by the College of: HEALTH SCIENCES

b. Department/Division: Physician Assistant Studies

c. Is there a change in 'ownership' of the course? No

If YES, what college/department will offer the course instead: Select...

e. Contact Person

Name: Sharon Stewart

Email: srstew01@uky.edu

Phone: 218-0560

Responsible Faculty ID (if different from Contact)

Name: Bradford Schwarz

Email: bradford.schwarz@uky.edu

Phone: 218-0514

f. Requested Effective Date

Semester Following Approval: Yes OR Effective Semester:

2. Designation and Description of Proposed Course

a. Current Distance Learning (DL) Status: Already approved for DL*

b. Full Title: INTERNAL MEDICINE CLERKSHIP

Proposed Title: no change

c. Current Transcript Title: INTERNAL MED CLERKSHIP

Proposed Transcript Title: no change

d. Current Cross-listing: none

Proposed – ADD Cross-listing :

Proposed – REMOVE Cross-listing:

e. Current Meeting Patterns

CLINICAL: 320

Proposed Meeting Patterns

CLINICAL: 160

f. Current Grading System: Graduate School Grade Scale

Proposed Grading System: *Letter (A, B, C, etc.)*

g. Current number of credit hours: 6

Proposed number of credit hours: 3

h. Currently, is this course repeatable for additional credit? No

Proposed to be repeatable for additional credit? Yes

If Yes: Maximum number of credit hours: 6

If Yes: Will this course allow multiple registrations during the same semester? No

2i. Current Course Description for Bulletin: This is an eight-week clinical course designed to provide physician assistant students with experience in evaluating and treating common problems encountered in Internal Medicine. Experience is provided at the level of a primary care physician assistant, and emphasis is placed on performing a history and physical exam, selecting and interpreting laboratory exams, establishing a logical differential diagnosis, conducting research on clinical programs, performing selected studies, and establishing a tentative treatment plan.

Proposed Course Description for Bulletin: This is an four-week clinical course designed to provide physician assistant students with experience in evaluating and treating common problems encountered in Internal Medicine. Experience is provided at the level of a primary care physician assistant, and emphasis is placed on performing a history and physical exam, selecting and interpreting laboratory exams, establishing a logical differential diagnosis, conducting research on clinical programs, performing selected studies, and establishing a tentative treatment plan. Students are required to repeat the course for a total of eight weeks and six credits.

2j. Current Prerequisites, if any: Prereq: Enrollment in the Physician Assistant program and successful completion of the didactic portion of the PA curriculum.

Proposed Prerequisites, if any: no change

2k. Current Supplementary Teaching Component:

Proposed Supplementary Teaching Component:

3. Currently, is this course taught off campus? No

Proposed to be taught off campus? No

If YES, enter the off campus address:

4. Are significant changes in content/student learning outcomes of the course being proposed? No

If YES, explain and offer brief rationale:

5a. Are there other depts. and/or pgms that could be affected by the proposed change? No

If YES, identify the depts. and/or pgms:

5b. Will modifying this course result in a new requirement of ANY program? No

If YES, list the program(s) here:

6. Check box if changed to 400G or 500: No

Distance Learning Form

Instructor Name:

Instructor Email:

Internet/Web-based: No

Interactive Video: No

Hybrid: No

1. How does this course provide for timely and appropriate interaction between students and faculty and among students? Does the course syllabus conform to University Senate Syllabus Guidelines, specifically the Distance Learning Considerations?

2. How do you ensure that the experience for a DL student is comparable to that of a classroom-based student's experience? Aspects to explore: textbooks, course goals, assessment of student learning outcomes, etc.

3. How is the integrity of student work ensured? Please speak to aspects such as password-protected course portals, proctors for exams at interactive video sites; academic offense policy; etc.

4. Will offering this course via DL result in at least 25% or at least 50% (based on total credit hours required for completion) of a degree program being offered via any form of DL, as defined above?

If yes, which percentage, and which program(s)?

5. How are students taking the course via DL assured of equivalent access to student services, similar to that of a student taking the class in a traditional classroom setting?

6. How do course requirements ensure that students make appropriate use of learning resources?

7. Please explain specifically how access is provided to laboratories, facilities, and equipment appropriate to the course or program.

8. How are students informed of procedures for resolving technical complaints? Does the syllabus list the entities available to offer technical help with the delivery and/or receipt of the course, such as the Information Technology Customer Service Center (<http://www.uky.edu/UKIT/>)?

9. Will the course be delivered via services available through the Distance Learning Program (DLP) and the Academic Technology Group (ATL)? NO

If no, explain how student enrolled in DL courses are able to use the technology employed, as well as how students will be provided with assistance in using said technology.

10. Does the syllabus contain all the required components? NO

11. I, the instructor of record, have read and understood all of the university-level statements regarding DL.

Instructor Name:

SIGNATURE|KOSKAF0|Karen O Skaff|PAS 669 CHANGE Dept Review|20140623

SIGNATURE|SRSTEW01|Sharon R Stewart|PAS 669 CHANGE College Review|20140626

SIGNATURE|ZNNIKO0|Roshan N Nikou|PAS 669 CHANGE Graduate Council Review|20141015

Courses	Request Tracking
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Course Change Form

<https://myuk.uky.edu/sap/bc/soap/rfc?services=>

Generate F

[Open in full window to print or save](#)

Attachments:

Upload File

ID	Attachment
Delete 3505	PAS 669.pdf
Delete 3517	CHS Recommendation.pdf
Delete 3519	PAS 669 Syllabus FINAL.docx

Select saved project to retrieve...

NOTE: Start form entry by choosing the Current Prefix and Number
(*denotes required fields)

Current Prefix and Number: PAS - Physician Assistant Studies PAS 669 INTERNAL MED CLERKSHIP		Proposed Prefix & Number: (example: PHY 401G) <input type="checkbox"/> Check if same as current PAS 669
* What type of change is being proposed?		<input checked="" type="checkbox"/> Major Change <input type="checkbox"/> Major - Add Distance Learning <input type="checkbox"/> Minor - change in number within the same hundred series, except 799 is the same "hundred series" <input type="checkbox"/> Minor - editorial change in course title or description which does change in content or emphasis <input type="checkbox"/> Minor - a change in prerequisite(s) which does not imply a change in course content or emphasis, or which is made necessary by the elimination or significant alteration of the prerequisite(s) <input type="checkbox"/> Minor - a cross listing of a course as described above
Should this course be a UK Core Course? <input type="radio"/> Yes <input checked="" type="radio"/> No If YES, check the areas that apply: <input type="checkbox"/> Inquiry - Arts & Creativity <input type="checkbox"/> Composition & Communications - II <input type="checkbox"/> Inquiry - Humanities <input type="checkbox"/> Quantitative Foundations <input type="checkbox"/> Inquiry - Nat/Math/Phys Sci <input type="checkbox"/> Statistical Inferential Reasoning <input type="checkbox"/> Inquiry - Social Sciences <input type="checkbox"/> U.S. Citizenship, Community, Diversity <input type="checkbox"/> Composition & Communications - I <input type="checkbox"/> Global Dynamics		
1. General Information		
a. Submitted by the College of: HEALTH SCIENCES		Submission Date: 6/26/2014
b. Department/Division: Physician Assistant Studies		
c.* Is there a change in "ownership" of the course? <input type="radio"/> Yes <input checked="" type="radio"/> No If YES, what college/department will offer the course instead? <input type="button" value="Select..."/>		
e.* Contact Person Name: Sharon Stewart Email: srstew01@uky.edu Phone: 218-0560		
* Responsible Faculty ID (if different from Contact) Bradford Schwarz Email: bradford.schwarz@uky.edu Phone: 218-0514		
f.* Requested Effective Date:		<input checked="" type="checkbox"/> Semester Following Approval OR <input type="checkbox"/> Specific Term: 2
2. Designation and Description of Proposed Course.		
a. Current Distance Learning(DL) Status:		<input type="radio"/> N/A <input checked="" type="radio"/> Already approved for DL* <input type="radio"/> Please Add <input type="radio"/> Please Drop
*If already approved for DL, the Distance Learning Form must also be submitted unless the department affirms (by checking this box) that the proposed change affect DL delivery.		
b. Full Title: INTERNAL MEDICINE CLERKSHIP		Proposed Title: * no change

c.	Current Transcript Title (if full title is more than 40 characters):	INTERNAL MED CLERKSHIP			
c.	Proposed Transcript Title (if full title is more than 40 characters):	no change			
d.	Current Cross-listing:	<input checked="" type="checkbox"/> N/A	OR	Currently ³ Cross-listed with (Prefix & Number):	none
	Proposed – ADD ³ Cross-listing (Prefix & Number):				
	Proposed – REMOVE ^{3,4} Cross-listing (Prefix & Number):				
e.	Courses must be described by at least one of the meeting patterns below. Include number of actual contact hours ⁵ for each meeting pattern				
Current:	Lecture	Laboratory ²	Recitation	Discussion	Indep. Study
	Clinical 320	Colloquium	Practicum	Research	Residency
	Seminar	Studio	Other:	Please explain:	
Proposed: *	Lecture	Laboratory ²	Recitation	Discussion	Indep. Study
	Clinical 160	Colloquium	Practicum	Research	Residency
	Seminar	Studio	Other:	Please explain:	
f.	Current Grading System:	Graduate School Grade Scale			
	Proposed Grading System:*	<input checked="" type="radio"/> Letter (A, B, C, etc.) <input type="radio"/> Pass/Fail <input type="radio"/> Medicine Numeric Grade (Non-medical students will receive a letter grade) <input type="radio"/> Graduate School Grade Scale			
g.	Current number of credit hours:	6	Proposed number of credit hours:*	3	
h.*	Currently, is this course repeatable for additional credit?				<input type="radio"/> Yes <input checked="" type="radio"/> No
*	Proposed to be repeatable for additional credit?				<input checked="" type="radio"/> Yes <input type="radio"/> No
	If YES:	Maximum number of credit hours:		6	
	If YES:	Will this course allow multiple registrations during the same semester?			<input type="radio"/> Yes <input checked="" type="radio"/> No
i.	Current Course Description for Bulletin:				
	This is an eight-week clinical course designed to provide physician assistant students with experience in evaluating and treating common problems encountered in Internal Medicine. Experience is provided at the level of a primary care physician assistant, and emphasis is placed on performing a history and physical exam, selecting and interpreting laboratory exams, establishing a logical differential diagnosis, conducting research on clinical programs, performing selected studies, and establishing a tentative treatment plan.				
*	Proposed Course Description for Bulletin:				
	This is an four-week clinical course designed to provide physician assistant students with experience in evaluating and treating common problems encountered in Internal Medicine. Experience is provided at the level of a primary care physician assistant, and emphasis is placed on performing a history and physical exam, selecting and interpreting laboratory exams, establishing a logical differential diagnosis, conducting research on clinical programs, performing selected studies, and establishing a tentative treatment plan. Students are required to repeat the course for a total of eight weeks and six credits.				
j.	Current Prerequisites, if any:				
	Prereq: Enrollment in the Physician Assistant program and successful completion of the didactic portion of the PA curriculum.				
*	Proposed Prerequisites, if any:				
*					

	no change	
k.	Current Supplementary Teaching Component, If any:	<input type="radio"/> Community-Based Experience <input type="radio"/> Service Learning <input type="radio"/> Both
	Proposed Supplementary Teaching Component:	<input type="radio"/> Community-Based Experience <input type="radio"/> Service Learning <input type="radio"/> Both <input type="radio"/> No Change
3.	Currently, is this course taught off campus?	<input type="radio"/> Yes <input checked="" type="radio"/> No
*	Proposed to be taught off campus?	<input type="radio"/> Yes <input checked="" type="radio"/> No
	If YES, enter the off campus address:	
4.*	Are significant changes in content/student learning outcomes of the course being proposed?	<input type="radio"/> Yes <input checked="" type="radio"/> No
	If YES, explain and offer brief rationale:	
5.	Course Relationship to Program(s).	
a.*	Are there other depts and/or pgms that could be affected by the proposed change?	<input type="radio"/> Yes <input checked="" type="radio"/> No
	If YES, identify the depts. and/or pgms:	
b.*	Will modifying this course result in a new requirement ² for ANY program?	<input type="radio"/> Yes <input checked="" type="radio"/> No
	If YES ² , list the program(s) here:	
6.	Information to be Placed on Syllabus.	
a.	<input type="checkbox"/> Check box if changed to 400G or 500.	If changed to 400G- or 500-level course you must send in a syllabus and you must include the differentiation between under and graduate students by: (i) requiring additional assignments by the graduate students; and/or (ii) establishing different gra in the course for graduate students. (See SR 3.1.4.)

¹See comment description regarding minor course change. *Minor changes are sent directly from dean's office to Senate Council Chair.* If Chair deems the change as "not minor," the form will appropriate academic Council for normal processing and contact person is informed.

²Courses are typically made effective for the semester following approval. No course will be made effective until all approvals are received.

³Signature of the chair of the cross-listing department is required on the Signature Routing Log.

⁴Removing a cross-listing does not drop the other course – it merely unlinks the two courses.

⁵Generally, undergrad courses are developed such that one semester hr of credit represents 1 hr of classroom meeting per wk for a semester, exclusive of any lab meeting. Lab meeting gene least two hrs per wk for a semester for 1 credit hour. (See SR 5.2.1.)

⁶You must also submit the Distance Learning Form in order for the course to be considered for DL delivery.

⁷In order to change a program, a program change form must also be submitted.

Submit as New Proposal Save Current Changes



UNIVERSITY OF KENTUCKY

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MEMORANDUM

TO: Dr. Phyllis Nash
CHS Interim Associate Dean for Academic Affairs

FROM: Bradford Schwarz,
Director, Physician Assistant Studies Division

DATE: June 13, 2014

TOPIC: Proposed major course change for PAS 669: Internal Medicine Clerkship

The Division of Physician Assistant Studies is proposing a major course change for PAS 669: Internal Medicine Clerkship. We propose to change the credit hours awarded from six credit hours, nonrepeatable, to three credit hours, repeatable, for a total of six credit hours. This change will not entail a program change. Students will continue to take a total of six credits of PAS 669, just as they have in past years.

The rationale for the change is two-fold:

Evaluation: PAS 669 is presently conducted much like two 3-credit hour clerkships. That is, students are assigned to a 4-week clerkship in which they spend a minimum of 160 hours on-site, engage in a mid-term evaluation with the preceptor at mid-term, receive a final evaluation by the preceptor and take an exam at the end of the 4 weeks. They are then assigned a second 4-week clerkship which follows the same format as the preceding one. Their performance is averaged over the two 4-week assignments to determine the final grade for the 6-credit hour course. This is the grade that appears on the transcript. Dividing the course into two 3-credit courses will allow greater specificity in evaluation which will be helpful to students, the program, and future employers. Since students will be assigned a grade after the first 3-credit course instead of after the completion of all 6 credits, both students and the PAS program will be able to monitor student progress more effectively. In addition, having grades for each 3-credit clerkship will be more discrete and informative; it will mitigate concerns about the information lost in the present practice of grade averaging across the two placements. Grades for each placement will better demonstrate the consistency or lack of consistency in performance across sites.

Consistency and Scheduling: All PAS students take the same 11 clinical clerkships. Nine of the clerkships are for 3 credits; two are for 6 credits (PAS 669: Internal Medicine Clerkship and PAS 660: Family Medicine Clerkship). The reason for the two 6-credit clerkships is that the content and experiences in those clerkships are foundational to the remaining clerkships. Having all clerkships scheduled for 3 credits, 4-weeks each, is a more accurate representation of how the clerkships are conducted and will make scheduling less cumbersome. Making PAS 669 and PAS 660 repeatable preserves the opportunity for more experience in these clerkship environments. (NOTE: We concurrently are requesting a similar change in PAS 660: Family Medicine Clerkship.)

I would be happy to provide you any additional information that would be helpful to you. Please feel free to contact me at 218-0514 or bradford.shwarz@uky.edu.

MEMO

June 25, 2014

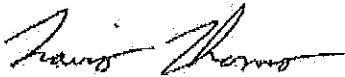
TO: Sharon R. Stewart, Ed.D., Interim Dean and Professor
FROM: Travis Thomas – Chair Academic Affairs
RE: AA approval of PAS 660 and PAS 669

6-26-14
approved
Sharon Stewart,
Interim Dean

Dear Dr. Stewart,

The Academic Affairs (AA) Committee has thoroughly reviewed your responses to reviewer inquiries and the Committee recommends approval of the course change proposals for PAS 660 and 669. Please remember to use the revised syllabus submitted to the AA committee on June 25th, 2014. Thanks for the opportunity to review this proposal. Please let me know if I can help clarify anything regarding this approval.

Sincerely,



Travis Thomas, PhD, RD, CSSD, *Chair – CHS Academic Affairs Committee (2013-14)*

PAS 669
Internal Medicine Clerkship Syllabus
3 credit hours (repeat for 6 credits)

Division of Physician Assistant Studies
Department of Clinical Sciences
College of Health Sciences
University of Kentucky

Course Director

TBD

Charles T. Wethington Building, Rm. 205
900 South Limestone Street
Lexington, Kentucky 40536
Office phone: TBD
Email: TBD

Office Hours

Please contact me by email with your questions, concerns, or a request for an appointment. Email subject line should include "Internal Medicine Clerkship: Topic". You should expect a confirmation of my receipt of the email within 24 hours; if you do not, you should assume I have not received the message.

Course Description:

This is a four-week clinical course designed to provide physician assistant students with experience in evaluating and treating common problems encountered in Internal Medicine. Experience is provided at the level of a primary care physician assistant, and emphasis is placed on performing a history and physical exam, selecting and interpreting laboratory exams, establishing a logical differential diagnosis, conducting research on clinical programs, performing selected studies, and establishing a tentative treatment plan. Students are required to repeat the course for a total of eight weeks and 6 credits. Prereq: Enrollment in the Physician Assistant program and successful completion of the didactic portion of the PA curriculum.

Additional course information: This course is designed to provide the Physician Assistant student with experience in evaluating and treating medical problems encountered in adult patients. A significant distance learning component is also a part of this clerkship. This will include written assignments, either utilizing the BlackBoard system or in hard-copy to be turned in at EOC. Since there are significant other written assignments, no patient profile is required for this clerkship. Finally, the End-of-Clerkship (EOC) day will feature various presentations and activities on campus to further enhance your learning experience. You will take an end-of-clerkship examination over the rotation you just completed as detailed in the section of this syllabus covering examinations and grading criteria.

In addition to the clinical experiences you will have under the supervision of your preceptor, you are expected to read extensively, using the assigned textbook. You may supplement this with other textbooks, journals, or online resources as you wish. Your preceptor may choose to assign additional readings. It is a good idea to discuss topics from your reading with the preceptor when time permits to gain the benefit of their expertise and experience. It will also demonstrate to them that you are engaged and interested in learning. Your clinical experiences alone will not be adequate to pass your end-of-clerkship examination. It will be necessary to read your assigned textbooks and study the specific learning objectives listed in this syllabus.

Textbook and Online Resources

The required textbooks for this course are:

McPhee, et al. **Current Medical Diagnosis and Treatment**, (McGraw-Hill, latest edition or one from your didactic year)

Steven S. Agabegi and Elizabeth D. Agabegi, **Step-Up to Medicine** (Philadelphia: Lippincott Williams & Wilkins, 3rd Ed. 2013). I recommend using this as your primary resource for daily studying. Use your "Current" textbook for more detailed reading later about select topics. The "Step Up to Medicine" is nicely organized and concise.

Recommended References:

Sanford Guide to Antimicrobial Therapy 2013 (a must-have reference for practice)

The Practitioner's Pocket Pal, Jim Hancock (you should already have this from your didactic year)

Marc S. Sabatine, ed., **Pocket Medicine: The Massachusetts General Hospital Handbook of Internal Medicine**, (Philadelphia: Lippincott Williams & Wilkins, 4th Ed. 2010) This is a nice, quick reference to carry in your white coat pocket. You can do a quick review before or after going in to see a patient, or during hospital rounds.

Other Optional References:

Here is a great tip. Most of the best known medical textbooks can be accessed through the UK Library online for free using your UK login information. Go to the link below and log in to access "E-Books"
<http://libguides.uky.edu/content.php?pid=168936&sid=1444503#Int>

Whether you choose to access these books from the site above, or purchase them, here are a couple of my favorite medical books which will serve you well, both for this rotation and in your career.

Klaus Wolff, Richard Allen Johnson, **Fitzpatrick's Color Atlas and Synopsis of Clinical Dermatology**, (New York: McGraw-Hill, 6th Ed. 2009) ISBN-10: 0071599754 (This is a spectacular book. I strongly recommend you own a copy of this at some point)

Dan L. Longo, et al. **Harrison's Principles of Internal Medicine**, (McGraw-Hill, 18th Ed. 2012) (One of the legendary textbooks of medicine, this is a good reference to own, either in book form, or electronically)

BlackBoard

Online assignments will be posted on BlackBoard in the "Assignments" section. The BlackBoard site is located at <https://elearning.uky.edu/>. Optional material may be posted in the "Course Content" area.

Examinations and Grading Criteria

<u>Evaluation and Grading</u>	<u>%</u>	<u>Points</u>	<u>Due</u>
Assignments	20%	200	Wednesday before the EOC
Preceptor Evaluations	40%	400	EOC
Exams (2 at 20% each)	40%	400	EOC
Total:	100%	1000	
Mid Rotation Evaluations		Pass/Fail	EOC
Typhon Patient Log		Pass/Fail	EOC
Professionalism		Pass/Fail	

Grades will be assigned on a standard scale:

A = 90.0-100.0

B = 80.0- 89.9%

C = 70.0- 79.9%

E = < 70%

There will be an examination in this course (1 each time you take the course for a total of 2) as follows:

Exam#1 will be administered during the end-of-clerkship call-back day upon completion of the first time you take PAS 669. It will include the following topics:

- o Cardiac
- o Pulmonary
- o Gastrointestinal
- o EENT
- o Hematology

Exam #2 will be administered during the end-of-clerkship call-back day upon completion of the second time you take PAS 669. It will include the following topics:

- o Genitourinary
- o Neurology
- o Infectious Disease
- o Endocrine
- o Dermatology
- o Musculoskeletal

Each examination will consist of 60 questions.

Course Grading:

Grading for this course is as follows:

1. End of Clerkship Examinations: total **40% - 400 points** of final grade This course has two exams (each are 20% of grade): one for the first 4 weeks and one for the second 4 weeks. *A score of less than 60% on an End-of-Clerkship examination is considered failure, necessitating a make-up examination*

2. Preceptor evaluation: **40% - 400 points** of grade (make sure this is completed and either hand-carried or otherwise sent to me on or before EOC day.) Each student will submit two evaluations (each are 20% of the overall grade): one for the first 4 weeks and one for the second 4 weeks. Each rotation you will complete a mid- evaluation form with your preceptor to get feedback regarding your progress.

3. Written assignments: **20% - 200 points** of grade (must be completed before End of Clerkship Day unless otherwise specified)

The assignments are as follows:

1. Case scenario packet - **15% - 150 points** of final grade
 - a. Due at the end of the second week of the clerkship
 - b. More detailed information about the case scenario packet and submission is found on the first page of the case scenario packet
2. Complete inpatient or outpatient note - **5% - 50 points** of final grade
 - a. Due at the end of the third week of the clerkship
 - b. The complete patient (inpatient or outpatient) note will be graded on correct format and completeness and should include the detailed history, physical examination, assessment, and plan. This assignment should reflect your own actions (history and physical exam) and thoughts (assessment and plan).
 - c. More detailed information about the patient note and submission will be provided in a separate document

4. **Patient Logs:** pass/fail. In order to pass the clerkship, you must submit patient logs via Typhon by the EOC day. Failing to enter your patient contacts in Typhon and to turn in Patient Logs will result in a failing grade for the clerkship, regardless of performance in other areas. This is because of our accreditation requirements for keeping a record of patient contacts.

Make up Exams

Make-up exams will be given only for excused absences. Standard University policies contained in the Student Rights and Responsibilities Handbook will be followed. (See paragraph below)

Attendance

You are expected to be present at your clerkship site during the working hours as designated by your preceptor and within program guidelines. All absences must be approved by both your preceptor and Course Director. No unexcused absences are allowed. Definition of excused absence is as per University regulations which can be found on page 129, paragraph 5.2.4.2 Excused Absences [US: 11/11/85; 2/9/87; 4/12/04], located at: http://www.uky.edu/Faculty/Senate/rules_regulations/Rules%20Versions/MASTER%20RULES%20from%20February%202012_clean.pdf The Program has specific procedures for obtaining approval for absences. Follow the procedures as outlined in the clerkship manual.

Dress Code

Professional dress is required at all times during your clerkship. In general, this would include dress shirt and tie for males, or equivalent professional clothing for females. You should wear your white coat with appropriate ID badge(s) visible. No jeans, No T-shirts, No shorts, No flip-flops/sandals or open toed shoes, no revealing tops or skirts. Your preceptor may modify this policy if scrubs or other protective clothing is required, or if local standards allow for more casual dress, within reasonable bounds of professionalism. As your default, however, remember that you are representing your profession and the University of Kentucky and tend toward more formal dress, regardless of what others may be doing.

Professionalism

Professionalism is a crucial quality of being a PA student and future practicing clinician. You will be evaluated on professionalism by your preceptor as well as Course Director. Be aware that Program policy is that a grade of "unsatisfactory" in any of the "Professional Standards" items listed on your Preceptor Evaluation will result in a failing grade for the clerkship, without regard to your other performance. These "Professional Standards" are: Truthfulness, Punctuality, Dependability, Patient rapport, Professional relations, and Awareness of professional limitations.

Policy Regarding Late Work

Assignments are due no later than 1600 hours (4:00 p.m.) on the first End-of-Clerkship day. No credit will be given for assignments turned in later than 1600 on EOC day.

Academic Accommodations

If you have a documented disability that requires academic accommodations, please contact me as soon as possible. In order to receive accommodations in this course, you must provide me with a "Letter of Accommodation" from the Disability Resource Center. See this website for information regarding campus disability services available to students with disabilities: <http://www.uky.edu/StudentAffairs/DisabilityResourceCenter/index.html#>

Academic Integrity, Cheating and Plagiarism

See the home page for the Office of Academic Ombud Services (<http://www.uky.edu/Ombud>) for the definition of plagiarism, how to avoid plagiarism and UK's academic offense policy. See also: Student

Rights and Responsibilities, Part II, Section 6.3 (<http://www.uky.edu/StudentAffairs/Code/part2.html>) for the University of Kentucky's policy on academic integrity.

Information on Distance Learning Library Services

See the website at <http://www.uky.edu/Libraries/DLLS> Phone number 859-257-0500 ext 2171 or toll free at 800-828-0439 (option #6) Email: dllservice@email.uky.edu ; Distance Learning Interlibrary Loan Service: http://www.uky.edu/Libraries/libpage.php?lweb_id+253&llib_id+16 The UK Library E-Book collection of medical textbooks is an extremely valuable resource. Use this for additional study and reference as desired: <http://libguides.uky.edu/content.php?pid=168936&sid=1444503>

Technical Problems

For technical problems with the UK or BlackBoard sites contact <http://www.uky.edu/UKIT/>
Or phone 859-257-1300

Expected Learning Outcomes

Introduction:

The goals and learning objectives of this course are organized within the framework of established Physician Assistant Competencies. These competencies are listed below. Not all PA competencies will be addressed in this course. Some will be addressed elsewhere in the didactic or clinical curriculum. The goals and objectives specific to this Internal Medicine Clerkship will be identified with the corresponding competency by the abbreviations MK, IP, PC, PF, PB or SB as appropriate.

Medical Knowledge (MK)

Medical knowledge includes the synthesis of pathophysiology, patient presentation, differential diagnosis, patient management, surgical principles, health promotion, and disease prevention. Physician assistants must demonstrate core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care in their area of practice. In addition, physician assistants are expected to demonstrate an investigative and analytic thinking approach to clinical situations.

Physician assistants are expected to understand, evaluate, and apply the following to clinical scenarios:

1. evidence-based medicine
2. scientific principles related to patient care
3. etiologies, risk factors, underlying pathologic process, and epidemiology for medical conditions
4. signs and symptoms of medical and surgical conditions
5. appropriate diagnostic studies
6. management of general medical and surgical conditions to include pharmacologic and other treatment modalities
7. interventions for prevention of disease and health promotion/maintenance
8. screening methods to detect conditions in an asymptomatic individual
9. history and physical findings and diagnostic studies to formulate differential diagnoses

Interpersonal & Communications Skills (IP)

Interpersonal and communication skills encompass the verbal, nonverbal, written, and electronic exchange of information. Physician assistants must demonstrate interpersonal and communication skills that result in effective information exchange with patients, patients' families, physicians, professional associates, and other individuals within the health care system. Physician assistants are expected to:

1. create and sustain a therapeutic and ethically sound relationship with patients
2. use effective communication skills to elicit and provide information
3. adapt communication style and messages to the context of the interaction
4. work effectively with physicians and other health care professionals as a member or leader of a health care team or other professional group demonstrate emotional resilience and stability, adaptability, flexibility, and tolerance of ambiguity and anxiety

5. accurately and adequately document information regarding care for medical, legal, quality, and financial purposes

Patient Care (PC)

Patient care includes patient- and setting-specific assessment, evaluation, and management. Physician assistants must demonstrate care that is effective, safe, high quality, and equitable. Physician assistants are expected to:

1. work effectively with physicians and other health care professionals to provide patient-centered care
2. demonstrate compassionate and respectful behaviors when interacting with patients and their families
3. obtain essential and accurate information about their patients make decisions about diagnostic and therapeutic interventions based on patient information and preferences, current scientific evidence, and informed clinical judgment
4. develop and implement patient management plans
5. counsel and educate patients and their families
6. perform medical and surgical procedures essential to their area of practice
7. provide health care services and education aimed at disease prevention and health maintenance
8. use information technology to support patient care decisions and patient education

Professionalism (PF)

Professionalism is the expression of positive values and ideals as care is delivered. Foremost, it involves prioritizing the interests of those being served above one's own. Physician assistants must acknowledge their professional and personal limitations. Professionalism also requires that PAs practice without impairment from substance abuse, cognitive deficiency or mental illness. Physician assistants must demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population, and adherence to legal and regulatory requirements. Physician assistants are expected to demonstrate:

1. understanding of legal and regulatory requirements, as well as the appropriate role of the physician assistant
2. professional relationships with physician supervisors and other health care providers
3. respect, compassion, and integrity
4. accountability to patients, society, and the profession
5. commitment to excellence and on-going professional development
6. commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
7. sensitivity and responsiveness to patients' culture, age, gender, and abilities
8. self-reflection, critical curiosity, and initiative
9. healthy behaviors and life balance
10. commitment to the education of students and other health care professionals

Practice-based Learning & Improvement (PB)

Practice-based learning and improvement includes the processes through which physician assistants engage in critical analysis of their own practice experience, the medical literature, *Competencies for the PA Profession*, and other information resources for the purposes of self- and practice-improvement. Physician assistants must be able to assess, evaluate, and improve their patient care practices. Physician assistants are expected to:

1. analyze practice experience and perform practice-based improvement activities using a systematic methodology in concert with other members of the health care delivery team
2. locate, appraise, and integrate evidence from scientific studies related to their patients' health
3. apply knowledge of study designs and statistical methods to the appraisal of clinical literature and other information on diagnostic and therapeutic effectiveness
4. utilize information technology to manage information, access medical information, and support their own education
5. recognize and appropriately address personal biases, gaps in medical knowledge, and physical limitations in themselves and others

Systems-based Practice (SB)

Systems-based practice encompasses the societal, organizational, and economic environments in which health care is delivered. Physician assistants must demonstrate an awareness of and responsiveness to the larger system of health care to provide patient care that balances quality and cost, while maintaining the primacy of the individual patient. PAs should work to improve the health care system of which their practices are a part. Physician assistants are expected to:

1. effectively interact with different types of medical practice and delivery systems
2. understand the funding sources and payment systems that provide coverage for patient care and use the systems effectively
3. practice cost-effective health care and resource allocation that does not compromise quality of care
4. advocate for quality patient care and assist patients in dealing with system complexities
5. partner with supervising physicians, health care managers, and other health care providers to assess, coordinate, and improve the delivery and effectiveness of health care and patient outcomes
6. accept responsibility for promoting a safe environment for patient care and recognizing and correcting systems-based factors that negatively impact patient care
7. apply medical information and clinical data systems to provide effective, efficient patient care
8. recognize and appropriately address system biases that contribute to health care disparities
9. apply the concepts of population health to patient care

(Adopted 2012 by ARC-PA, NCCPA, and PAEA Pending adoption by AAPA)

Goals and Specific Learning Objectives:

Upon completion of the Internal Medicine Clerkship:

Goal 1.0: The Physician Assistant student will be able to take an appropriate history and perform a physical examination. (MK3, 4, 8, 9; IP 1-5; PC 1-4; PF 3, 5, 6, 7)

How Measured: Preceptor observation and written evaluation

Specific Learning Objectives

1.0.1 Elicit the patient's chief complaint as well as a complete list of the patient's concerns

1.0.2 Obtain a patient's history in a logical, organized and thorough manner. When necessary, obtain supplemental historical information from collateral sources, such as significant others or previous physicians. The history should cover the following:

- History of present illness
- Past medical history (including usual source of and access to health care, childhood and adult illnesses, injuries, surgical procedures, obstetrical history, psychiatric problems, sexual history and hospitalizations)
- Medications with dosages and frequencies, including herbals, supplements and over-the-counter medications
- Allergies with specific details of the reaction
- Substance use including tobacco, alcohol and illicit drugs
- Family history
- Social history with attention to cultural background
- Occupational history
- Review of systems

1.0.3 Demonstrate proper universal precautions and handwashing procedures whenever examining a patient.

1.0.4 Perform a physical examination for a patient in a logical, organized, respectful, and thorough manner.

1.0.5 Adapt the scope and focus of the history and physical exam appropriately to the medical situation and the time available

- 1.0.6 Formulate a differential diagnosis based on the history and physical examination.
- 1.0.7 Prepare legible, comprehensive, and focused new patient workups
- 1.0.8 Formulate an oral presentation of a new patient's case in a manner that includes the following characteristics:
 - o Patient history of the present illness
 - o Pertinent positives and negatives
 - o Pertinent past medical history, family history, social history
 - o A logical, organized and prioritized differential diagnosis
 - o Diagnostic and therapeutic plans
- 1.0.9 Formulate an oral presentation of a follow-up patient's case in a manner that includes the following characteristics:
 - o Focused and very concise
 - o Problem-based
 - o Emphasizes pertinent new findings
 - o Diagnostic and therapeutic plans
- 1.0.10 Produce progress notes in a manner that includes the following characteristics:
 - o Appropriately titled
 - o Includes a brief subjective that addresses new or changed patient symptoms
 - o Provides an accurate and succinct accounting of the objective data (e.g. vital signs, in/outs, telemetry monitoring, focused physical examination, laboratory results, and diagnostic tests)
 - o Includes a prioritized problem list with a concise assessment and plan for each

Goal 2.0: The Physician Assistant student will be able to order basic laboratory and radiologic studies as appropriate and to know how to interpret the results of these studies. (MK 1-9, PC 3, 4 PB 3)

How measured: Preceptor observation and written evaluation, online quizzes and end-of-clerkship written exams

Specific Learning Objectives

- 2.0.1: Demonstrate probability-based thinking and pattern recognition to identify the most likely diagnoses
- 2.0.2 Apply differential diagnosis to help guide diagnostic test ordering and sequencing
- 2.0.3 List factors to consider when performing diagnostic testing, including pretest probability, performance characteristics of tests (sensitivity, specificity, and likelihood ratios), cost, risk and patient preferences
- 2.0.4 Interpret specific diagnostic tests and procedures that are ordered to evaluate patients who present with common symptoms and diagnoses encountered in the practice of internal medicine:
- 2.0.5 Interpret the results of the following laboratory/diagnostic tests:
 - a. CBC with diff and blood smear
 - b. UA
 - c. Electrolytes
 - d. BUN/Cr.
 - e. Glucose
 - f. Thyroid function tests
 - g. Hepatic function panel
 - h. Cardiac biomarkers (e.g. myoglobin, CK-MB, and Troponin I/T)
 - i. Routine coagulation tests (e.g. PT/PTT and INR)
 - j. Routine Chest X-Ray
 - k. 12 Lead electrocardiogram
 - l. Spirometry

Goal 3.0: The Physician Assistant student will demonstrate knowledge of general medical conditions encountered in adult patients in an outpatient or inpatient setting to include clinical features, differential diagnosis and management. (MK 1-9, IP 1-5, PC 1-8, PF 1-10, PB 2, 4)

How measured: Preceptor observation and written evaluation, online quizzes and end-of-clerkship written exams

Specific Learning Objectives:

3.0.1 Cardiac: Identify the clinical features, differential diagnosis, and management of the following Cardiac disorders or presentations:

3.0.1.1 Cardiomyopathy

- a. Dilated Cardiomyopathy
- b. Hypertrophic Cardiomyopathy
- c. Restrictive Cardiomyopathy

3.0.1.2 Conduction disorders

- a. Atrial fibrillation/flutter
- b. Atrioventricular block
- c. Bundle branch block
- d. Paroxysmal supraventricular tachycardia
- e. Premature beats
- f. Sick sinus syndrome
- g. Ventricular tachycardia
- h. Ventricular fibrillation
- i. Torsades de pointes
- j. Wolf-Parkinson-White (WPW)

3.0.1.3 Congenital Heart Disease

- a. Atrial septal defect
- b. Coarctation of the aorta
- c. Patent ductus arteriosus
- d. Tetralogy of Fallot
- e. Ventricular septal defect
- f. Marfan Disease

3.0.1.4 Hypertension

- a. Essential
- b. Secondary
- c. Hypertensive emergencies

3.0.1.5 Hypotension

- a. Cardiogenic shock
- b. Orthostatic hypotension

3.0.1.6 Coronary Heart Disease

- a. Acute myocardial infarction
- b. Angina pectoris
 - i. Non ST segment elevation
 - ii. ST segment elevation
 - iii. Stable and unstable
 - iv. Prinzmetal's variant
- c. Lipid disorders
 - i. Hypercholesterolemia
 - ii. Hypertriglyceridemia

3.0.1.7 Vascular Disease

- a. Aortic aneurysm/dissection
- b. Arterial embolism/thrombosis
- c. Giant cell arteritis
- d. Peripheral arterial disease
- e. Phlebitis/thrombophlebitis
- f. Varicose veins
- g. Venous insufficiency
- h. Venous thrombosis

3.0.1.8 Valvular Disease

- a. Aortic stenosis

- b. Aortic regurgitation
- c. Mitral stenosis
- d. Mitral regurgitation
- e. Mitral valve prolapse
- f. Tricuspid stenosis
- g. Tricuspid regurgitation
- h. Pulmonary stenosis
- i. Pulmonary regurgitation

3.0.1.9 Other forms of Heart Disease

- a. Acute and subacute bacterial endocarditis
- b. Acute pericarditis
- c. Cardiac tamponade
- d. Pericardial effusion
- e. Congestive Heart Failure

3.1 Pulmonary: Identify the clinical features, differential diagnosis, and management of the following pulmonary disorders or presentations:

3.1.1 Infectious disorders

- a. Acute bronchitis
- b. Acute bronchiolitis
- c. Acute epiglottitis
- d. Influenza
- e. Pertussis
- f. Pneumonias
 - i. Bacterial
 - ii. Viral
 - iii. Fungal
 - iv. HIV-related
- g. Tuberculosis

3.1.2 Neoplastic Disease

- a. Carcinoid tumor
- b. Lung cancer

3.1.3 Obstructive Pulmonary Disease

- a. Asthma
- b. Bronchiectasis
- c. Chronic bronchitis
- d. Cystic fibrosis
- e. Emphysema

3.1.4 Pleural diseases

- a. Pleural effusion
- b. Pneumothorax

3.1.5 Pulmonary circulation

- a. Cor pulmonale
- b. Pulmonary embolism
- c. Pulmonary hypertension

3.1.6 Restrictive pulmonary disease

- a. Idiopathic pulmonary fibrosis
- b. Pneumoconiosis
- c. Sarcoidosis

3.1.7 Other pulmonary disease

- a. Acute respiratory distress syndrome

3.3 Gastrointestinal: Identify the clinical features, differential diagnosis, and management of the following gastrointestinal disorders or presentations:

3.3.1 Esophagus

- a. Esophagitis

- b. Motility disorders
- c. Achalasia
- d. Mallory-Weiss tear
- e. Neoplasms
- f. Strictures
- g. Varices

3.3.2 Stomach

- a. Gastroesophageal reflux disease
- b. Gastritis
- c. Neoplasms
- d. Peptic ulcer disease
- e. Pyloric stenosis

3.3.3 Gallbladder

- a. Acute/chronic cholecystitis
- b. Cholangitis
- c. Cholelithiasis

3.3.4 Liver Disease

- a. Acute/chronic hepatitis
- b. Non-alcoholic steatohepatitis
- c. Cirrhosis
- d. Portal hypertension
- e. Neoplasms/Hepatocellular carcinoma
- f. Primary Sclerosing Cholangitis
- g. Primary Biliary Cirrhosis
- h. Hepatic Encephalopathy

3.3.5 Pancreas

- a. Acute/chronic pancreatitis
- b. Neoplasms

3.3.6 Small intestine/colon

- a. Appendicitis
- b. Celiac disease
- c. Constipation
- d. Diverticular disease
- e. Inflammatory bowel disease
- f. Irritable bowel disease
- g. Ischemic bowel disease
- h. Lactose intolerance
- i. Neoplasms
- j. Obstruction
- k. Polyps
- l. Toxic megacolon

3.3.7 Rectum

- a. Anal fissure
- b. Hemorrhoids
- c. Abscess/fistula
- d. Fecal impaction
- e. Neoplasms

3.3.8 General Gastrointestinal disease

- a. Hernia
- b. Infectious and non-infectious diarrhea
- c. Vitamin and Nutritional deficiencies
- d. Metabolic disorders
- e. Phenylketonuria

3.4 Musculoskeletal Disorders: Identify the clinical features, differential diagnosis, and management of the following musculoskeletal disorders or presentations:

3.4.1 Disorders of the shoulder

- a. Fractures/dislocations
- b. Soft tissue injuries

3.4.2 Disorders of the Forearm/Wrist/Hand

- a. Fractures/dislocations
- b. Soft tissue injuries

3.4.3 Disorders of the Back/Spine

- a. Ankylosing spondylitis
- b. Back strain/sprain
- c. Cauda equina
- d. Herniated nucleus pulposus
- e. Kyphosis
- f. Low back pain
- g. Scoliosis
- h. Spinal stenosis

3.4.4 Disorders of the hip

- a. Avascular necrosis
- b. Development dysplasia
- c. Fractures/dislocations
- d. Slipped capital femoral epiphysis

3.4.5 Disorders of the knee

- a. Fractures/dislocations
- b. Osgood-Schlatter disease
- c. Soft tissue injuries

3.4.6 Disorders of the ankle and foot

- a. Fractures/dislocations
- b. Soft tissue injuries

3.4.7 Infectious diseases

- a. Acute/chronic osteomyelitis
- b. Septic arthritis

3.4.8 Neoplastic Disease

- a. Bone cysts/tumors
- b. Ganglion cysts
- c. Osteoarthritis
- d. Osteoporosis
- e. Compartment syndrome

3.4.9 Rheumatologic Conditions

- a. Fibromyalgia
- b. Gout/pseudogout
- c. Juvenile rheumatoid arthritis
- d. Polyarteritis nodosa
- e. Polymyositis
- f. Polymyalgia rheumatic
- g. Reactive arthritis (Reiter syndrome)
- h. Rheumatoid arthritis
- i. Systemic lupus erythematosus
- j. Systemic sclerosis (Scleroderma)
- k. Sjogren syndrome

3.5 Eyes, Ears, Nose, Throat: Identify the clinical features, differential diagnosis, and management of the following EENT disorders or presentations:

3.5.1 Eye disorders

- a. Blepharitis
- b. Blowout fracture

- c. Cataract
- d. Chalazion
- e. Conjunctivitis
- f. Corneal abrasion
- g. Corneal ulcer
- h. Dacryoadenitis
- i. Ectropion
- j. Entropion
- k. Foreign body
- l. Glaucoma
- m. Hordeolum
- n. Hyphema
- o. Macular degeneration
- p. Nystagmus
- q. Optic neuritis
- r. Orbital cellulitis
- s. Papilledema
- t. Pterygium
- u. Retinal detachment
- v. Retinal vascular occlusion
- w. Retinopathy
- x. Strabismus

3.5.2 Ear disorders

- a. Acute/chronic otitis media
- b. Acoustic Neuroma
- c. Barotrauma
- d. Cholesteatoma
- e. Dysfunction of the Eustachian tube
- f. Foreign body
- g. Hearing impairment
- h. Hematoma of external ear
- i. Labyrinthitis
- j. Mastoiditis
- k. Meniere disease
- l. Otitis externa
- m. Tinnitus
- n. Tympanic membrane perforation
- o. Vertigo

3.5.3 Nose/Sinus disorders

- a. Acute/chronic sinusitis
- b. Allergic rhinitis
- c. Epistaxis
- d. Foreign body
- e. Nasal polyps

3.5.4 Mouth and throat disorders

- a. Acute pharyngitis
- b. Aphthous ulcers
- c. Diseases of the teeth and gums
- d. Epiglottitis
- e. Laryngitis
- f. Oral candidiasis
- g. Oral herpes simplex
- h. Oral leukoplakia
- i. Peritonsillar abscess
- j. Parotitis
- k. Sialadenitis

3.6 Endocrine: Identify the clinical features, differential diagnosis, and management of the following endocrine disorders or presentations:

3.6.1 Diseases of the thyroid gland

- a. Hypoparathyroidism
- b. Hyperparathyroidism
- c. Hyperthyroidism
- d. Hypothyroidism
- e. Neoplastic disease
- f. Thyroiditis

3.6.2 Diseases of the pituitary gland

- a. Acromegaly/gigantism
- b. Diabetes insipidus
- c. Neoplastic disease
- d. Pituitary adenoma

3.6.3 Diabetes Mellitus

- a. Type 1
- b. Type 2

3.6.4 Diseases of the Adrenal Glands

- a. Cushing's Syndrome
- b. Pheochromocytoma
- c. Primary Hyperaldosteronism
- d. Adrenal insufficiency

3.7 Genitourinary: Identify the clinical features, differential diagnosis, and management of the following genitourinary disorders or presentations:

3.7.1 Genitourinary tract conditions

- a. Benign prostatic hyperplasia
- b. Congenital abnormalities
- c. Cryptorchidism
- d. Erectile dysfunction
- e. Hydrocele/varicocele
- f. Urinary incontinence
- g. Nephro/uroolithiasis
- h. Paraphimosis/phimosis
- i. Testicular torsion

3.7.2 Infectious/Inflammatory Conditions

- a. Cystitis
- b. Epididymitis
- c. Orchitis, urethritis
- d. Prostatitis
- e. Pyelonephritis

3.7.3 Neoplastic Diseases

- a. Bladder carcinoma
- b. Prostate carcinoma
- c. Renal cell carcinoma
- d. Testicular carcinoma
- e. Wilms tumor

3.7.4 Renal diseases

- a. Acute renal failure
- b. Chronic kidney disease
- c. Glomerulonephritis
- d. Hydronephrosis
- e. Nephrotic syndrome
- f. Nephritic syndrome
- g. Polycystic kidney disease

- h. Renal vascular disease

3.7.5 Fluid and Electrolyte disorders

- a. Hypervolemia
- b. Hypovolemia

3.7.6 Acid/Base Disorders

3.8 Neurology: Identify the clinical features, differential diagnosis, and management of the following neurology disorders or presentations:

3.8.1 Diseases of Peripheral Nerves

- a. Complex regional pain syndrome
- b. Peripheral neuropathies

3.8.2 Headaches

- a. Cluster headache
- b. Migraine
- c. Tension headache

3.8.3 Infectious Disorders

- a. Encephalitis
- b. Meningitis

3.8.4 Movement Disorders

- a. Essential tremor
- b. Huntington disease
- c. Parkinson disease

3.8.5 Vascular disorders

- a. Cerebral aneurysm
- b. Intracranial hemorrhage
- c. Stroke
- d. Transient ischemic attack

3.8.6 Other Neurologic Disorders

- a. Altered level of consciousness
- b. Cerebral palsy
- c. Concussion
- d. Dementias
- e. Delirium
- f. Guillain-Barre syndrome
- g. Multiple sclerosis
- h. Myasthenia gravis
- i. Post concussion syndrome
- j. Seizure disorders
- k. Status epilepticus
- l. Syncope
- m. Tourette disorder

3.9 Dermatology: Identify the clinical features, differential diagnosis, and management of the following dermatology disorders or presentations:

3.9.1 Eczematous eruptions

- a. Dermatitis
- b. Dyshidrosis
- c. Lichen simplex chronicus

3.9.2 Papulosquamous Disease

- a. Drug eruptions
- b. Lichen planus
- c. Pityriasis rosea
- d. Psoriasis

3.9.3 Desquamation

- a. Erythema multiforme
- b. Stevens-Johnson syndrome

- c. Toxic epidermal necrolysis
- 3.9.4 Vesicular bullae**
 - a. Bullous pemphigoid
- 3.9.5 Acneiform lesions**
 - a. Acne vulgaris
 - b. Rosacea
- 3.9.6 Verrucous lesions**
 - a. Actinic keratosis
 - b. Seborrheic keratosis
- 3.9.7 Insects/Parasites**
 - a. Lice
 - b. Scabies
 - c. Spider bites
- 3.9.8 Neoplasms**
 - a. Basal cell carcinoma
 - b. Kaposi sarcoma
 - c. Melanoma
 - d. Squamous cell carcinoma
- 3.9.9 Hair and Nails**
 - a. Alopecia
 - b. Onychomycosis
 - c. Paronychia
- 3.9.10 Viral Diseases**
 - a. Condyloma acuminatum
 - b. Exanthems
 - c. Herpes simplex
 - d. Molluscum contagiosum
 - e. Varicella-zoster virus infection
 - f. Verrucae
- 3.9.11 Bacterial infections**
 - a. Cellulitis
 - b. Erysipelas
 - c. Impetigo
- 3.9.12 Fungal Infections**
 - a. Candidiasis
 - b. Dermatophyte infections
- 3.9.13 other dermatologic conditions**
 - a. Acanthosis nigricans
 - b. Burns
 - c. Hidradenitis suppurativa
 - d. Lipomas/epithelial inclusion cysts
 - e. Melasma
 - f. Pilonidal disease
 - g. Pressure ulcers
 - h. Urticaria
 - i. Vitiligo

3.10 Hematology: Identify the clinical features, differential diagnosis, and management of the following hematologic disorders or presentations:

- 3.10.1 Anemia**
 - a. Anemia of chronic disease
 - b. Aplastic anemia
 - c. Folate deficiency
 - d. G6PD deficiency
 - e. Hemolytic anemia
 - f. Iron deficiency
 - g. Sickle cell anemia

- h. Thalassemia
- i. Vitamin B12 deficiency

3.10.2 Coagulation Disorders

- a. Clotting factor disorders
- b. Hypercoagulable states
- c. Thrombocytopenia
 - i. Idiopathic thrombocytopenic purpura
 - ii. Thrombotic thrombocytopenic purpura

3.10.3 Malignancies

- a. Acute/Chronic lymphocytic leukemia
- b. Acute/Chronic myelogenous leukemia
- c. Lymphoma
- d. Multiple myeloma

3.10.4 Other

- a. Hemochromatosis

3.11 Infectious Disease: Identify the clinical features, differential diagnosis, and management of the following infectious diseases:

3.11.1 Fungal disease

- a. Candidiasis
- b. Cryptococcosis
- c. Histoplasmosis
- d. Pneumocystitis

3.11.2 Bacterial disease

- a. Acute rheumatic fever
- b. Botulism
- c. Chlamydia, Cholera
- d. Diphtheria
- e. Gonococcal infections
- f. Salmonellosis
- g. Shigellosis
- h. Tetanus

3.11.3 Mycobacterial disease

- a. Atypical mycobacterial disease
- b. Tuberculosis

3.11.4 Parasitic Disease

- a. Helminth infestations
- b. Malaria
- c. Pinworms
- d. Toxoplasmosis

3.11.5 Spirochetal disease

- a. Lyme disease
- b. Rocky Mountain spotted fever

3.11.6 Viral disease

- a. Cytomegalovirus infection
- b. Epstein-Barr virus infections
- c. Erythema infectiosum
- d. Herpes simplex
- e. HIV infection
- f. Human papillomavirus infections
- g. Influenza
- h. Measles
- i. Mumps
- j. Rubella
- k. Rabies
- l. Roseola
- m. Varicella-zoster virus infections