



Department of Physician Assistant Education  
Master of Science in Medicine  
5 units

### MSM 6504 SURGERY

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### COURSE DESCRIPTION

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This is a 5-week full time required clinical experience during which the student will have the opportunity to evaluate and treat a variety of surgical conditions. Students will be trained in preoperative and post-operative patient care, outpatient evaluation of surgical candidates, surgical inpatient management, operating room protocol and techniques, emergent surgical cases, and documentation specific to surgical patients. Students will learn common surgical procedures and the description, indications, contraindications, and complications of each. Additionally, students will gain experience in interpreting diagnostic tests utilized in the surgical environment. Students will be expected to mirror the Preceptor's schedule and may be assigned to any shift on any day of the week, including holidays.

### COURSE GOALS

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Within this five-week rotation, the supervised students will:

1. Have the opportunity to expand upon their didactic knowledge of medical conditions that appear across the life span both acutely and chronically in the Surgery setting;
2. Learn to synthesize the didactic knowledge and skills gained into clinical applications in situations presented during the rotation;
3. Be provided ongoing opportunities to use the skills they have obtained in the evaluation of medical literature, and its use in evidence-based medicine and research;
4. Have the opportunity to increase their differential diagnoses;
5. Increase their ability to recommend, select and interpret appropriate diagnostic studies;
6. Gain proficiency in the diagnosis and management of conditions commonly encountered in surgery.
7. Have the opportunity to interact with a diverse population of patients and a variety of disorders involving all organ systems commonly encountered in the surgery environment.

### PROGRAM LEARNING OUTCOMES

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**The content in this course will contribute to the student's proficiency in this/these area(s):**

1. Gather a history and perform a physical examination. MK, IC, PC, PR, PB, SB
2. Prioritize a differential diagnosis following a clinical encounter. MK, IC, PC, PB
3. Recommend and interpret common diagnostic and screening tests. MK, IC, PC, PR, PB, SB
4. Enter and discuss orders and prescriptions. MK, IC, PC, PR, PB, SB
5. Document a clinical encounter in the patient record. MK, IC, PC, PR
6. Provide an oral presentation of a clinical encounter. MK, IC, PC, PR
7. Form clinical questions and retrieve evidence to advance patient care. MK, IC, PC, PR, PB, SB
8. Give or receive a patient handover to transition care responsibilities. MK, IC, PC, PR, PB, SB
9. Collaborate as a member of an inter-professional team. MK, IC, PC, PR, PB, SB
10. Recognize a patient requiring urgent or emergent care and initiate evaluation and management. MK, IC, PC, PR
11. Obtain informed consent for tests and/or procedures. MK, IC, PC, PR, PB
12. Perform the general procedures of a physician assistant. MK, IC, PC, PR, PB, SB
13. Identify system failures and contribute to a culture of safety and improvement. MK, IC, PR, PB, SB

*Initials indicate PA core competency required to meet the PLO.*

PA Core Competencies:

MK = Medical Knowledge

IC = Interpersonal Skills & Communication

PC = Patient Care

PR = Professionalism

PB = Practice-based Learning

SB = Systems-based Practice

**INSTRUCTIONAL OBJECTIVES**

The following are the required learning objectives for the Surgical rotation. Students are responsible for meeting these objectives whether or not clinical examples are seen during the rotation experience. At the conclusion of the rotation, it is expected that the student will be able to do the following:

**Alignment to Core Competencies and Program Learning Outcomes**

Core Competencies	Specific Learning Objectives	PLOs
Medical Knowledge	<ul style="list-style-type: none"> <li>● Generate differential and final diagnoses based on the history of the patient, the physical examination, various diagnostic studies performed, and clinical knowledge of common surgical presentations.</li> <li>● Distinguish between the surgical presentation of common disease processes and propose an appropriate pre-operative work-up and post-operative care.</li> <li>● Select and interpret appropriate diagnostic studies used to evaluate the surgical patient.</li> </ul>	1,2,3,4,7,10,11,12

	<ul style="list-style-type: none"> <li>● Select appropriate pharmacologic agents used in pre-operative, intra-operative, and post-operative care based on patient presentation and clinical findings.</li> <li>● Demonstrate knowledge of common surgical procedures including their expected outcomes</li> </ul>	
Patient Care	<ul style="list-style-type: none"> <li>● Elicit comprehensive patient history on <u>pre-operative</u> surgical patients with attention to medications, supplements, and allergies to blood products and anesthesia</li> <li>● Perform a comprehensive physical examination on pre-operative patients including contraindications to operative intervention</li> <li>● Participate in the intra-operative care of a patient adhering to operating room protocols (scrubbing, gowning and maintenance of sterile field).</li> <li>● Perform a focused post-operative physical examination</li> <li>● Recognize need for appropriate interventions in surgical patients requiring acute or emergent care.</li> <li>● Obtain informed consent for any tests, examinations, and/or procedures that are performed in the clinic and educate the patient on tests and procedures to be performed.</li> <li>● Demonstrate procedural skills as appropriate for the clinical setting.</li> </ul>	1,2,3,7,8,9,11,12,13
Practiced-Based Learning & Improvement	<ul style="list-style-type: none"> <li>● Critique medical evidence from appropriate literature sources regarding findings and diagnoses.</li> <li>● Apply up to date evidence-based medicine principles to care for patients requiring surgical intervention.</li> <li>● Demonstrate self-directed learning by identifying and resolving learning issues in a timely manner.</li> <li>● Recognize and appropriately address personal biases, gaps in medical knowledge, and physical limitations in themselves and others.</li> </ul>	1,2,3,4,10,12,13

Interpersonal & Communication Skills	<ul style="list-style-type: none"> <li>● Accurately and succinctly document a patient encounter in the surgical practice's medical record keeping system as directed by the preceptor and/or document a patient encounter in a SOAP note format (omitting personal identifying information) in a Microsoft Word document as directed by clinical faculty.</li> <li>● Present cases to the preceptor or clinical faculty for review or continuity of care, integrating further testing recommendations based on sound diagnostic probabilities and providing evidence-based treatment recommendations as indicated</li> <li>● Communicate the therapeutic medical and/or surgical plan to the patient according to the patient's educational and social level and check to see if the patient clearly understands the plan.</li> <li>● Demonstrate cultural competency through comprehensive understanding and integration of a multicultural approach to all surgery patients.</li> </ul>	1,5,6,9,11,13
System Based Practice	<ul style="list-style-type: none"> <li>● Contribute to a culture of safety and improvement by identifying actual or potential system failures and notify the responsible person. Identify proper referral strategies for patients to other services for clinical interventions as appropriate.</li> </ul>	13
Professionalism	<ul style="list-style-type: none"> <li>● Works well with team assuming responsibility when appropriate.</li> <li>● Demonstrate respect, honesty, integrity and adherence to ethical behavior and legal standards</li> <li>● Punctual for all scheduled events meeting all deadlines; dependable and communicates promptly when delayed</li> </ul>	9

**Alignment of Organ System Based Conditions**

For the following conditions the student must define the etiology, identify the signs and symptoms, generate appropriate differential diagnoses, recommend a diagnostic work up, recognize risk factors and recommend prevention strategies, treatment and provide patient

education as appropriate. Students are responsible for meeting this knowledge whether or not clinical examples are seen during the rotation experience.

<b>Organ System</b>	<b>Symptoms</b>	<b>Conditions</b>
Cardiovascular	chest pain syncope dyspnea on exertion claudication	Aortic aneurysm /dissection, Arterial embolism /thrombosis Peripheral artery disease Arterial/venous ulcer disease Varicose veins
Dermatologic	rash, erythema, discharge,	Cellulitis, Burns, Pressure ulcers, Pilonidal cyst, Dermoid cyst, Hidradenitis suppurativa, Basal cell carcinoma Squamous cell carcinoma, Melanoma
Endocrine	tremors, fatigue, palpitations, heat/cold intolerance	Hyperparathyroidism, Hyperthyroidism, Thyroid nodule Thyroid carcinoma, Adrenal carcinoma, Pheochromocytoma
GI/nutritional	abdominal pain, anorexia, heartburn/dyspepsia, nausea/vomiting, jaundice, hematemesis, diarrhea constipation obstipation change in bowel habits, melena hematochezia	Hernias (inguinal, femoral, incisional, umbilical), Internal/external hemorrhoids, anal disease (fissures, abscess, fistula), Bowel obstruction (small, large, volvulus), Diverticular disease, Inflammatory bowel disease, Pancreatic pseudocyst, Peptic ulcer disease, Hiatal hernia, Esophageal stricture, Pilonidal cyst, polyps Carcinoma (colorectal, small bowel, gastric, pancreatic, esophageal, and hepatic) Toxic megacolon, Appendicitis, Acute/chronic pancreatitis, Pancreatic pseudocyst, Cholangitis,

		Cholelithiasis/choledocholithiasis, Acute/chronic cholecystitis, Pyloric stenosis, Intussusception, Incarcerated or strangulated hernia, Hirschsprung's disease
Hematology	easy bruising/bleeding, fatigue	Anemia Hemorrhage
Neurology	change in vision, change in speech, motor and/or sensory loss	Vascular disorders (carotid disease) Subarachnoid hemorrhage Subdural hematoma Epidural hematoma
Ob/Gyn	pain, skin changes, nipple discharge, axillary lymph-adenopathy	Cervical dysplasia, Cystocele, Uterine prolapse, Rectocele, Endometriosis, Ovarian cyst, Leiomyoma Breast abscess, Breast fibroadenomas, Fibrocystic disease, Mastitis Breast, ovarian, Cervical and endometrial cancer, Vaginal/vulvar neoplasms, Ovarian torsion Abruptio placentae, Ectopic pregnancy, Placenta previa, Gestational trophoblastic disease
Pulmonology	shortness of breath, hemoptysis, weight loss, fatigue,	Pleural effusion, Pneumonia Pulmonary embolism, Lung carcinoma, Pneumothorax
Urology/Renal	edema dysuria	Orthostatic hypotension, Urinary retention, Chronic renal failure, Renal vascular disease, Nephrolithiasis, Varicocele Testicular carcinoma, Wilms tumor, Bladder carcinoma,

		Renal cell carcinoma, Testicular torsion
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\* Based on PAEA examination

## RECOMMENDED STUDY RESOURCES

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**Note:** Although there are no required textbooks for these rotations, students are encouraged to use textbooks and resources that are pertinent to the discipline of their study. The titles below are recommendations provided through Access Medicine.

\*\*Title: Current Diagnosis & Treatment: Surgery, 14e<sup>th</sup> Edition

Author: Gerald M. Doherty

Publisher: McGraw – Hill

ISBN 978-0-07-179211-0

ISSN: 0894-227

\*\*Title: Clinician’s Pocket Reference

Author: Leonard Gomella MD, FACS

Publisher: McGraw-Hill

ISBN: 978-00711602822

Recommended downloads for handheld devices:

- Epocrates
- Medscape
- PubSearch
- Medical Calc

NOTE: Individual preceptors may include other resources. You will be notified of these resources by each preceptor. *If your preceptor does not offer additional resources, ask them what resources they like to use.*

## HEALTH PROMOTION & DISEASE PREVENTION OBJECTIVES

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1. Define primary, secondary and tertiary prevention.
2. Identify patients at risk for the diseases listed above and discuss appropriate screening methods.
3. Provide patient counseling including education on patients at risk for the chronic conditions listed above to delay disease progression.
4. Apply current CDC guidelines for adult immunization.
5. Provide patient education of adults and elders relative to the most common injuries and illness in a given age group.

## ROTATION EVALUATION PROCESS

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Students must maintain a grade of 70% or better throughout the clinical year. A final score below 70% is considered failing. Grades are calculated on a percentage basis. All final course grade percentages are rounded to the nearest number. Rotation assessment grades are based on the following standards:

Rotation Preparatory Exam	20%
End of Rotation OSCE Skills Exam	30%
End of Rotation Examination	35%
Preceptor Evaluation	15%
Total 100%	

- A. Rotation Preparatory Exam: An open source, written assessment used to evaluate the student’s current level of knowledge prior to the end of rotation examination. Comprised of multiple choice questions with content based on the rotation’s instructional objectives appropriate, the student is expected to complete the questions with a grade of 85% and submit it at the completion of the rotation.
- B. End of Rotation OSCE: This performance-based test is used to objectively measure the student’s clinical competence. During the OSCE, students will be observed and evaluated as they address a clinical issue or skill relevant to the student’s completed rotation.
- C. End of Rotation Examination: A comprehensive written assessment to determine if the student has met the goals and objectives outlined for the clinical rotation.
- D. The Preceptor Evaluation of the Student is graded on a Pass/Fail basis and is worth 15% of the course grade. Overall rotation grade at “novice” in any of the main competency areas will result in a failing mark for the Preceptor Evaluation
  - a. Medical Knowledge
  - b. Patient Care
  - c. Interpersonal and Communication Skills

**In addition, any student who receives a failing mark for the Preceptor Evaluation will be referred to the SPPC for review:**
- E. In addition, any of the following may be criteria for failing the rotation:
  - Failure of course components with a grade < 70%
  - Failure to log and submit electronic entries and patient encounters
  - Failure to submit student evaluation of preceptor and clinical site
  - Unacceptable evaluation for professionalism (*refer to Clinical Manual*)
  - Excessive or unexcused absences from the rotation site (*refer to Clinical Manual*)

Grading will be in keeping with Point Loma Nazarene University policy for graduate programs and grading will be as follows:

A = 93-100	C =73-76
A-= 92-90	C-=70-72
B+= 87-89	D+=67-69
B = 83-86	D= 63-66
B-= 80-82	D-=60-62
C+=77-79	F= 0-59

**INCOMPLETES AND LATE ASSIGNMENTS**

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All assignments are to be submitted/turned in by the beginning of the class session when they are due—including assignments posted in Canvas. No partial credit will be given for late assignments. Incompletes will only be assigned under extremely unusual circumstances. Late assignments receiving no credit must still be submitted.

**REMEDICATION**

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If a student’s final grade falls below the required 70% needed to pass the rotation or the student receives a failing rotation evaluation, the student’s case will be referred to the MSM PA Program Student Progress and Promotion (SPPC) Committee. During the Clinical Phase, students have the opportunity to retake a maximum of one (1) failed EOR exam. Due to the unique nature of the clinical year, the dialed exam must be retaken within 7 days of notification of the failed exam. Students have the opportunity to repeat only one (1) failed rotation. The PA SPPC committee will consider requests for remediation plans and/or recycle options and make these recommendations to the full PA program faculty. For further details on this process, please refer to the *PLNU PA Program Student Handbook*.

**END OF ROTATION STUDENT EVALUATIONS**

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All students are expected to complete the evaluations of their preceptor and clinical site the week preceding the completion of their rotations. Failure to submit the evaluation will result in a failing grade for the rotation. These evaluations, which are delivered online, are an important part of rotation assessment and improvement efforts, so your cooperation in completing them is greatly appreciated.

**PLNU COPYRIGHT POLICY**

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Point Loma Nazarene University, as a non-profit educational institution, is entitled by law to use materials protected by the US Copyright Act for classroom education. Any use of those materials outside the class may violate the law.

**PLNU ACADEMIC HONESTY POLICY**

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Students should demonstrate academic honesty by doing original work and by giving appropriate credit to the ideas of others. Academic dishonesty is the act of presenting information, ideas, and/or concepts as one's own when in reality they are the results of another person's creativity and effort. A faculty member who believes a situation involving academic dishonesty has been detected may assign a failing grade for that assignment or examination, depending on the seriousness of the offense, for the course. Faculty should follow and students may appeal using the procedure in the university Catalog. See Academic Policies in the Graduate and Professional Studies Catalog for definitions of kinds of academic dishonesty and for further policy information.

## **PLNU ACADEMIC ACCOMMODATIONS POLICY**

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While all students are expected to meet the minimum standards for completion of this course as established by the instructor, students with disabilities may require academic adjustments, modifications or auxiliary aids/services. At Point Loma Nazarene University (PLNU), these students are requested to register with the Disability Resource Center (DRC), located in the Bond Academic Center. ([DRC@pointloma.edu](mailto:DRC@pointloma.edu) or 619-849-2486). The DRC's policies and procedures for assisting such students in the development of an appropriate academic adjustment plan (AP) allows PLNU to comply with Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. Section 504 (a) prohibits discrimination against students with special needs and guarantees all qualified students' equal access to and benefits of PLNU programs and activities. After the student files the required documentation, the DRC, in conjunction with the student, will develop an AP to meet that student's specific learning needs. The DRC will thereafter email the student's AP to all faculty who teach courses in which the student is enrolled each semester. The AP must be implemented in all such courses.

If students do not wish to avail themselves of some or all of the elements of their AP in a particular course, it is the responsibility of those students to notify their professor in that course. PLNU highly recommends that DRC students speak with their professors during the first two weeks of each semester about the applicability of their AP in that particular course and/or if they do not desire to take advantage of some or all of the elements of their AP in that course.

**ARC-PA standards (5th edition) addressed in this course: B3.03a (preventive, emergent, acute, chronic) B3.03d, B3.04b, c, & d (inpatient, outpatient and surg), B4.01a, b**

## **SPIRITUAL CARE AND CHAPLAIN SERVICES**

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PLNU strives to be a place where you grow as a whole person. To this end we provide resources for our Graduate students to encounter God and grow in their Christian faith. We have an onsite chaplain, Rev. Gordon Wong, at the Mission Valley (MV) campus to service Graduate students at the Mission Valley and Balboa Campuses.

Rev. Gordon Wong is available during class break times across the week. If you have questions for, desire to meet with, or want to share a prayer request with Rev. Wong you can contact him directly at [mvchaplain@pointloma.edu](mailto:mvchaplain@pointloma.edu) or [gordonwong@pointloma.edu](mailto:gordonwong@pointloma.edu). Rev. Wong's cell number is 808-429-1129 if you need a more immediate response.

**This syllabus is subject to change. Students are encouraged to check course messages and emails in order to remain current.**