



Department of Physician Assistant Education
Master of Science in Medicine

5 units

MSM 6504 SURGERY

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PLNU MISSION

To Teach ~ To Shape ~ To Send

Point Loma Nazarene University exists to provide higher education in a vital Christian community where minds are engaged and challenged, character is modeled and formed, and service is an expression of faith. Being of Wesleyan heritage, we strive to be a learning community where grace is foundational, truth is pursued, and holiness is a way of life.

COURSE DESCRIPTION

This is a 5-week full-time clinical practicum 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. 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

The goal of the 5-week Surgical rotation is to:

1. Utilize innovative systems within the surgical rotation that prepare students for clinical practice while enhancing their performance on standardized national exams, meeting or exceeding NCCPA PANCE expectations for conditions in the subsdiscipline of surgery.

2. Place students at surgical sites that will give them the opportunity to apply knowledge of patient care in the pre- op, intra-op, and post-op setting.
3. Promote interdisciplinary collaboration in the surgical setting.
4. Foster critical thinking and advanced medical problem-solving skills.

PROGRAM LEARNING OUTCOMES

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

- PLO 1. Gather a history and perform a physical examination. ^{PC, KP, ICS, P, PPD}
- PLO 2. Prioritize a differential diagnosis following a clinical encounter. ^{PC, KP, PBLI, ICS, PPD}
- PLO 3. Recommend and interpret common diagnostic and screening tests. ^{PC, KP, PBLI, SBP, PPD}
- PLO 4. Enter and discuss orders and prescriptions. ^{PC, PBLI, ICS, SBP, PPD}
- PLO 5. Document a clinical encounter in the patient record. ^{PC, ICS, P, SBP, PPD}
- PLO 6. Provide an oral presentation of a clinical encounter. ^{PC, PBLI, ICS, P, PPD}
- PLO 7. Form clinical questions and retrieve evidence to advance patient care. ^{KP, PBLI, ICS, P, PPD}
- PLO 8. Give or receive a patient handover to transition care responsibilities. ^{PC, PBLI, ICS, P, PPD}
- PLO 9. Collaborate as a member of an inter-professional team. ^{ICS, P, SBP, IPC, PPD}
- PLO 10. Recognize a patient requiring urgent or emergent care and initiate evaluation and management. ^{PC, ICS, PPD}
- PLO 11. Obtain informed consent for tests and/or procedures. ^{PC, ICS, SBP, PPD}

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

PA Core Competency Domains: Patient Care (PC), Knowledge for Practice (KP), Practice-based Learning and Improvement (PBLI), Interpersonal and Communication Skills (ICS), Professionalism (P), Systems-Based Practice (SBP), Interprofessional Collaboration (IC), Personal and Professional Development (PPD)

COURSE LEARNING OUTCOMES

Successful completion of this course requires demonstration of the skills and knowledge outlined here at, minimally, the COMPETENT level:

CLO 1. Elicit focused histories and physical examinations for a surgical patient.
CLO 2. Prioritize a differential diagnosis that incorporates history, physical examination, and diagnostic data for surgical patients.
CLO 3. Recommend and interpret appropriate laboratory, diagnostic, and screening studies to support the differential diagnosis and management of conditions commonly seen in surgical patients.
CLO 4. Develop management plans for surgical patients.
CLO 5. Presents a surgical patient encounter, including discussion of the pathology, laboratory, and/or imaging results, and justification of the proposed management plan.

CLO 6. Recognize and initiate appropriate management for urgent or emergent conditions commonly encountered in surgical patients.
CLO 7. Communicates clearly and respectfully with patients and families, regarding tests, diagnoses, treatment, and follow-up plans.
CLO 8. Document a clinical encounter appropriate to the surgical setting.
CLO 9. Collaborate with the interprofessional healthcare team to enhance care coordination and improve patient outcomes in the surgical setting.
CLO 10. Form clinical questions and retrieve evidence to guide decision-making in the care of surgical patients.

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

IO 1a. Gather a complete and accurate focused history for a pre-operative surgical patient.
IO 1b. Gather a complete and accurate focused history for a post-operative surgical patient.
IO 2a. Perform and record a focused physical exam on a pre-operative surgical patient.
IO 2b. Perform and record a focused physical exam on a post-operative surgical patient.
IO 3. Generate a differential diagnosis based on the history, the physical examination, results of any diagnostic studies performed, and clinical knowledge of common surgical disorders.
IO 4. Order and interpret laboratory, diagnostic, and screening studies commonly used in the surgical setting.
IO 5. Develop an appropriate management plan for a surgical patient in the inpatient setting.
IO 6. Select appropriate pharmacological agents, incorporating knowledge of side effects, risks, benefits, drug interactions, and patient safety parameters.
IO 7. Differentiate between the surgical patient requiring urgent care and an emergent condition and initiate management as appropriate.
IO 8. Demonstrate broad fundamental medical knowledge regarding common medical problems for the surgical patient.

IO 9. Communicates effectively and respectfully with patient and families, demonstrating sensitivity to social and cultural traditions.
IO 10. Written documentation is clear, accurate, organized and thorough.
IO 11. Presents cases accurately reflecting chronology, details of physical findings, differential diagnoses, lab or imaging results and proposed treatment plan.
IO 12. Educates patients and families regarding common surgical conditions and confirms understanding of follow-up plan, including treatments, testing, referrals, and continuity of care.
IO 13. Confirms the patient's understanding of the follow-up plan, including treatments, testing, referrals, and continuity of care.
IO 14. Demonstrates effective collaboration with other members of the healthcare team in the intra-operative setting.
IO 15. Obtain, analyze, and use the medical literature and other information resources to address medical questions and to sustain professional growth.
IO 16. Identify strengths and weaknesses in knowledge and skills based on self-evaluation; seeks opportunities to increase knowledge and skills.
IO 17. Solicits, accepts, and acts on feedback to make effective improvements.
IO 18. Demonstrates appropriate respect, honesty, integrity, adherence to ethical standards of behaviors and legal standards
IO 19. Demonstrates accountability through timeliness and attends events as scheduled; meets all deadlines; dependable; punctual; communicates promptly when delayed.
IO 20. Readily assumes responsibility. Works well with the team; is self-motivated.

ALIGNMENT OF ORGAN SYSTEM-BASED CONDITIONS

For the conditions linked below, the student must define the etiology, identify the signs and symptoms, generate appropriate differential diagnoses, recommend a diagnostic workup, recognize risk factors, recommend prevention strategies and treatment, and provide patient education as appropriate. Students are responsible for this knowledge whether or not clinical examples are seen during the rotation experience.

- [PAEA END OF ROTATION TOPIC LIST: GENERAL SURGERY](#)
- [PANCE MEDICAL CONTENT LIST](#)
- [PAEA END OF CURRICULUM CONTENT LIST](#)

RECOMMENDED STUDY RESOURCES

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, 14th 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.*

ROTATION EVALUATION PROCESS

Rotation assessment grades are based on the Clinical Competency Modules listed below.

A. Rotation and Callback Activities	25%
B. End of Rotation OSCE Exam	25%
C. End of Rotation PAEA Examination	25%
D. Clinical Performance Evaluation	25%

Each Clinical Competency Module comprises 25% of the final course grade and is evaluated on a pass/fail basis.

All grades are determined using a competency-based rubric with defined levels of performance: Novice, Advanced Beginner, Competent, and Proficient. Refer to Canvas for detailed rubric criteria.

A pass is defined as completing all module components at a level of Competent or above.

Failure to meet the level of Competent or above in any content area will result in Primary Remediation. If the Primary Remediation outcome meets the Competent level or higher as specified in the rubric, the student will receive a pass.

An unsuccessful Primary Remediation will result in a secondary remediation. While the secondary remediation must demonstrate competency, no credit (0%) will be awarded for the module.

If a student is unable to demonstrate competency after the secondary remediation, the student will be subject to SPPC referral, which may result in course failure or dismissal.

Faculty will define and document remediation outcomes within Canvas.

Given the unique structure of the clinical year, remediation for the identified deficiency may take place **within 24 hours**.

For further details on course remediation, please refer to the [PLNU PA Program Student Handbook](#) and the [24/25 Clinical Manual](#).

A. Rotation and Callback Activities:

- a. Rotation activities include instructional and assessment activities.
(Refer to Canvas for further details of the specific rotation activities)
- b. Callback activities include the **Transition to Practice (TTP)/Capstone** curriculum and **Grand Rounds**.
(Refer to Canvas for specific details, schedules, and requirements)

Professionalism Expectation:

Incomplete or missed assignments and/or failure to attend Callback activities are considered a professionalism concern and will trigger a Professionalism Violation as outlined in the PLNU PA Student Handbook (2024–2025).

Failure to meet professionalism standards initiates the following 4-step process (Handbook, p. 24):

1. Verbal warning (documented)
2. Written warning (referred to SPPC and documented)
3. Final written warning and SPPC appearance
4. Dismissal from the program

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:

This comprehensive written assessment is used to determine if the student has obtained the medical knowledge consistent with the instructional objectives.

D. Clinical Performance:

This pass/fail assessment reflects and integrates the students' performance at the clinical site through multiple forms of communication and data gathering, including but not limited to the Preceptor Evaluation Form, Faculty Communication with the Clinical Site, Student Progress and Feedback, and the Mid Rotation Preceptor Evaluation Form:

- The clinical year is divided into three grading blocks: **Block A (Rotations 1-3), Block B (Rotations 4-6), and Block C (Rotations 7-9)**. Student performance will be assessed using a competency-based rubric specific to each block with defined levels of performance: Novice, Advanced Beginner, Competent, and Proficient.

Grading Progression:

The expectations for clinical performance on the **preceptor evaluation** will increase across Blocks A, B and C to reflect the student's growth in knowledge, skills, and professionalism.

Pass/Fail Requirements: As defined below, students must achieve a >70% Competent for each rotation in Block A, >85% Competent in each rotation for Block B, and 100% Competent in each rotation for Block C to successfully complete the clinical year.

A "Novice" level in any category, in any rotation, will result in failure of the clinical evaluation and referral to SPPC. The grading progression for each block is reflected below:

Block A (Rotation 1-3)	70% of all preceptor evaluation components must be at the Competent level or higher.
Block B (Rotation 4-6)	85% of all preceptor evaluation components must be at the Competent level or higher.
Block C (Rotation 7-9)	100% of all preceptor evaluation components must be at the Competent or higher level.

- **Faculty Communication with Clinical Site:** Faculty engage in ongoing dialogue with the clinical site, including the preceptor, to gather qualitative and contextual insights about the student's performance.
- **Student Progress and Feedback:** Discussions with the student about their clinical experiences and any relevant documentation provided to the faculty.
- **Mid Rotation Preceptor Evaluation Form:** Students must complete a Mid-Rotation Preceptor Evaluation with the preceptor most familiar with their performance to receive constructive, actionable feedback, identify areas for improvement, and make necessary

adjustments before the End-of-Rotation Evaluation. *Refer to the Canvas Course for specific details.*

The following Student Evaluation tasks are mandatory and will be graded on a complete/incomplete basis:

- Electronic entries of timesheets
- Electronic entries of patient encounters
- Course surveys, including but not limited to:
 - Safety check-in
 - Mid rotation Reflection
 - Mid-rotation Preceptor Evaluation
 - Student evaluation of site and preceptor.

Please refer to the Canvas Course for specific task details.

Faculty retain the authority to issue a failing grade for the rotation if any task is marked incomplete or is submitted late. Exceptions or extensions will only be granted under documented extenuating circumstances and at the sole discretion of the faculty. For further details, schedules, and specific requirements, refer to the Canvas course materials.

In addition, faculty retain the authority to issue a failing grade for the rotation if the student:

- Demonstrates unacceptable evaluation for professionalism
- Has excessive or unexcused absences from the rotation site

Exceptions or extensions will only be granted under documented extenuating circumstances and at the sole discretion of the faculty. *Refer to the Clinical Manual for specific details.*

The Final Course Grade 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

PLNU COPYRIGHT POLICY

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

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, or, depending on the seriousness of the offense, for the course. For all student appeals, faculty and students should follow the procedures outlined in the University Catalog. See [Graduate Academic and General Policies](#) for definitions of kinds of academic dishonesty and for further policy information.

ARTIFICIAL INTELLIGENCE (AI) POLICY

You are allowed to use Artificial Intelligence (AI) tools (e.g., ChatGPT, Gemini Pro 1.5, Grammarly, Perplexity, etc.) in this course. Any work that utilizes AI-based tools must be clearly identified as such, including the specific tool(s) used. Please use the following sources to guide your citations when using AI.

[MLA Style Center: Citing Generative AI](#)

[APA Style: How To Cite ChatGPT](#)

[Chicago Manual of Style: Citing Content Developed or Generated by AI](#)

PLNU ACADEMIC ACCOMMODATIONS POLICY

PLNU is committed to providing equal opportunity for participation in all its programs, services, and activities in accordance with the Americans with Disabilities Act (ADA). Students with disabilities may request course-related accommodations by contacting the Educational Access Center (EAC), located in the Bond Academic Center (EAC@pointloma.edu or 619-849-2533). Once a student's eligibility for an accommodation has been determined, the EAC will work with the student to create an Accommodation Plan (AP) that outlines allowed accommodations. Professors are able to view a student's approved accommodations through Accommodate.

PLNU highly recommends that students speak with their professors during the first two weeks of each semester/term about the implementation of their AP in that particular course. Accommodations are not retroactive so clarifying with the professor at the outset is one of the best ways to promote positive academic outcomes.

Students who need accommodations for a disability should contact the EAC as early as possible (i.e., ideally before the beginning of the semester) to assure appropriate accommodations can be provided. It is the student's responsibility to make the first contact with the EAC. Students cannot assume that because they had accommodations in the past, their eligibility at PLNU is automatic. All determinations at PLNU must go through the EAC process. This is to protect the privacy of students with disabilities who may not want to disclose this information and are not asking for any accommodations.

PLNU ATTENDANCE AND PARTICIPATION POLICY

Regular and punctual attendance at all class sessions is considered essential to optimum academic achievement. Therefore, regular attendance and participation in each course are minimal requirements.

If the student is absent for more than 10 percent of class sessions, the faculty member will issue a written warning of de-enrollment. If the absences exceed 20 percent, the student may be de-enrolled without notice until the university withdrawal date or, after that date, receive an "F" grade.

Students who anticipate being absent for an entire week of a course should contact the instructor in advance for approval and make arrangements to complete the required coursework and/or alternative assignments assigned at the discretion of the instructor. Acceptance of late work is at the discretion of the instructor and does not waive attendance requirements.

Refer to [Academic Policies](#) for additional detail.

Please note that PA Department attendance policy supercedes the University attendance policy.

LANGUAGE AND BELONGING

Point Loma Nazarene University faculty are committed to helping create a safe and hospitable environment for all students. As Christian scholars we are keenly aware of the power of language and believe in treating others with dignity. As such, it is important that our language be equitable, inclusive, and prejudice free. Inclusive/Bias-free language is the standard outlined by all major guides, including MLA, APA, and Chicago, and it is the expected norm in university-level work. Good writing and speaking do not use unsubstantiated or irrelevant generalizations about personal qualities such as age, disability, economic class, ethnicity, marital status, parentage, political or race, gender, sex, or sexual orientation. Inclusive language also avoids using stereotypes or that demeans persons or groups based on age, disability, class, ethnicity, gender, race, language, or national origin. Respectful use of language is particularly important when referring to those outside the religious and lifestyle commitments of those in the PLNU community. By working toward

and clarity of language, we mark ourselves as serious and respectful scholars, and we model the Christ-like quality of hospitality.

If you (or someone you know) have experienced other forms of discrimination, you can find more information on reporting and resources at www.pointloma.edu/nondiscrimination.

SPIRITUAL CARE AND CHAPLAIN SERVICES

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. At the Balboa campus, we have an onsite chaplain, Rev. Kevin Portillo, who is available during class break times across the week. If you have questions, a desire to meet or share any prayer requests with Rev. Portillo, you may contact him directly at KevinPortillo@pointloma.edu. Rev. Portillo's cell number is 760-594.4957 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.

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