



PHYSICIAN ASSISTANT PROGRAM

INTERNAL MEDICINE ROTATION I (3 CREDIT HOURS)

INTERNAL MEDICINE ROTATION II (3 CREDIT HOURS)

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OFFICE LOCATION: 201 Front Street, Berea, Ohio

OFFICE HOURS: By appointment

COURSE DESCRIPTION & RATIONALE: Each Internal Medicine Rotation (two 4-week rotations) is designed to expose the PA student to adult and geriatric patients seeking care for acute and chronic conditions in either an inpatient or outpatient setting. Emphasis is placed on developing the skills necessary to recognize clinical presentations of common disease processes, develop a differential diagnosis and implement an effective treatment plan. Students will further refine professionalism and interprofessional communication skills. This rotation will encompass a total of approximately 150 hours of patient care time.

COURSE LEARNING OUTCOMES (CLOs): ARC-PA defines course learning outcomes as “the medical knowledge, interpersonal, clinical and technical skills, professional behaviors, clinical reasoning, and problem-solving abilities that have been attained by the student at the completion of a course.” CLOs are formative and measurable. Methods for assessment of course learning outcomes include EOR exams, EOC exam, final OSCE, preceptor evaluations.

The CLOs for the **Internal Medicine Clinical Rotation** are as follows (with Related Program Competencies):

#	Course Learning Outcomes (CLOs)	Related Program Competencies
1	Elicit and interpret a comprehensive, detailed and accurate history from adult and aging patients in a variety of settings	1c, 2a
2	Perform the appropriate comprehensive or problem-oriented physical examination of a patient	1c, 2a

#	Course Learning Outcomes (CLOs)	Related Program Competencies
3	Record and present pertinent patient data	3a, 3b
4	Demonstrate effective communication skills	3b, 3c, 3d
5	Identify, order, perform and/or interpret routine diagnostic studies	1c, 1g
6	Formulate a differential diagnosis	1c, 1d
7	Prepare a problem list	1c, 1d
8	Formation of diagnostic and/or management plans	1e, 1f, 2e
9	Implement and monitor patient treatment plans and recommend or prescribe medications or other therapy for the treatment of internal medicine patients	1e, 1f, 2e
10	Instruct and counsel patients	2f
11	Arrange appropriate patient follow-up	2e, 3e
12	Function as a member of the interprofessional healthcare team	3d, 3e
13	Critically evaluate the medical literature, policies and systems	1g, 4b, 5b
14	Demonstrate professionalism, responsibility, ethical practice and sensitivity to a diverse patient population	2c, 2d, 5a, 5c
15	Demonstrate a commitment to continuing medical education and ongoing professional development	5b, 5c
16	Demonstrate critical and creative thinking skills	1g, 5b
17	Participate in the care of patients requiring continuing care in homes, nursing homes and extended care facilities	2e, 4b

INSTRUCTIONAL OBJECTIVES: According to ARC-PA, instructional objectives (IOs) provide the details necessary to help students progress to acquisition of the Course Learning Outcomes. IOs are specific, observable, and measurable.

The Instructional Objectives for the **Internal Medicine Clinical Rotation** are as follows (with Related Learning Outcomes):

#	Instructional Objectives	Related Course Learning Outcomes (CLOs)
1	Expose the student to a wide variety of acute and chronic medical problems	1, 2, 6, 9
2	Allow the student to develop skills in patient rapport, psychiatric history taking, mental status examination, formulating a differential diagnosis and management plans for the problems identified in an internal medicine setting	1, 2, 4, 6, 8, 9, 10
3	Provide the student with an understanding of indications, limitations, and the scope of diagnostic procedures useful in the evaluation of patients with acute and chronic illness	5, 6, 8, 9
4	Develop an understanding of the indications, benefits, and risks of various therapeutic treatments used in the internal medicine setting	8, 9
5	Allow the student to develop skills in medical record documentation, counseling patients regarding the natural progression of their condition, the treatment selected, and the importance of active participation of the patient	3, 4, 10
6	Familiarize student with indications for appropriate referral and acquaint student with available community resources to meet the patients' needs	11, 12
7	Allow the student to identify and understand the influences of family, culture, and personality dynamics on the health and illness behavior of the patient in the internal medicine setting	14
8	Provide the student with an understanding and empathy for the needs of patients in the internal medicine setting	14, 15

ASSESSMENT METHODS:

Assessment of student performance while in the clinical setting is determined by the Final Preceptor Evaluation of Student, performance on End of Rotation Examinations, Clinical Competency Encounter, , and completion of various required assignments.

The final rotation grade for all rotations, is derived from the following assessment methods:

Preceptor Evaluation of Student Performance --	60%
End of Rotation Examination --	30%
Completion of Assignments*--	10%
	=100%

***Assignments:** Failure to complete the following assignments will result in a 10% deduction of the rotation grade for each incomplete assignment.

- 1) Patient Encounter Logging in Whitecoat (All encounters must be logged (in-person and virtual))
- 2) Evaluations – Student is responsible for evaluations being completed for each rotation.

- 3) Clinical log of hours in Whitecoat
- 4) Participation in monthly journal club

END OF ROTATION EXAMS - End of Rotation Exams (EOR exams) cover 8 required core clinical areas (IM x2 rotation), as well as general medicine for elective rotations (elective x 3 rotations). Each exam is comprised multiple choice questions and will represent 30% of the students final rotation grade. The EOR exams are peer-reviewed with questions typically in a vignette format to assess critical thinking skills. They are electronically-based exams conducted in a platform chosen by the program. A score of 75% or greater on an end of rotation exam is required for passing. Exams will be delivered in an unproctored format, meaning students are expected to complete them independently and without supervision. All students are expected to uphold the highest standards of academic integrity by refraining from the use of unauthorized materials, collaboration with others, or the use of unapproved tools or resources. Adherence to these expectations is essential to maintaining a fair and equitable academic environment.

EVALUATION PROCESS:

Midpoint Evaluation (same form as the final evaluation form)- As part of the assessment process during clinical rotations, preceptors are required to complete a midpoint evaluation. At the midpoint, students are encourage to reflect of their level of performance and discuss with their preceptor. This is intended to initiate dialogue between the student and preceptor in an effort to identify strengths, and to determine potential areas of concern that need to be improved upon during the remainder of the rotation. At the discretion of the clinical director, the preceptor and/ or the student may be contacted for additional details. The midpoint evaluation is not incorporated into the final rotation grade, and is intended to promptly identify deficiencies that may require remediation. Should the student receive a “U”= unsatisfactory in any category(s) on the midpoint evaluation, that is not ultimately improved upon by the end of the rotation as indicated by a “satisfactory” or “honors” in the same category on the final evaluation, the student will be required to meet with the clinical director to initiate a formal performance improvement plan which may span throughout the remainder of the clinical year. Categories of assessment for the midpoint are listed below (see below).

Final Preceptor Evaluation of Student - Preceptor evaluations allow the program to determine whether or not students are meeting the program defined expectations including medical knowledge, patient care abilities, interpersonal communication and professionalism and, ultimately, demonstrate the students’ level of competence while in the clinical setting. These evaluations constitute 60% of the students’ final rotation grade. The clinical director will review each evaluation as it is submitted and address any areas of concern immediately. Final Evaluation categories of assessment are listed below (see below).

The final preceptor evaluation of the student grade for all rotations, is derived from the following:

- **Overall assessment of Honors:** equivalent to 100% of final preceptor evaluation grade
- **Overall assessment of Satisfactory:** equivalent to 91% of final preceptor evaluation grade
- **Overall assessment of Unsatisfactory:** equivalent to 74% of the final preceptor evaluation grade

Midpoint and final evaluation form assessment:

<i>Please assess the student's competency <u>for their level of training.</u></i>	H	S	U	NA
Elicits a comprehensive history from adult patients in a variety of settings	—	—	—	—

Performs the appropriate physical examination of an adult patient	—	—	—	—
Identifies, orders, performs and/or interprets routine diagnostic studies	—	—	—	—
Formulates appropriate differential diagnoses	—	—	—	—
Prepares a problem list	—	—	—	—
Able to form and manage treatment plans for patients	—	—	—	—
Recommends / prescribes medications or other therapy for the treatment of adult patients	—	—	—	—
Performs diagnostic and/or therapeutic procedures	—	—	—	—
Records pertinent patient data	—	—	—	—
Demonstrates effective oral communication	—	—	—	—
Instructs and counsels patients and their caregivers	—	—	—	—
Arranges appropriate patient referrals and follow-up	—	—	—	—
Applies critical and creative thinking skills	—	—	—	—
Demonstrates initiative for learning	—	—	—	—
Incorporates efficient time management and organization	—	—	—	—
Displays respectful behaviors when interacting with patients and diversity	—	—	—	—
Displays empathy and respect in patient and team interactions	—	—	—	—
Understands role on the interprofessional healthcare team	—	—	—	—
Accepts feedback and adapts behavior(s) appropriately	—	—	—	—
Knows limitations and acts responsibly	—	—	—	—
Follows through on patient care and tasks	—	—	—	—
The student has achieved the program's learning outcomes expected of students for the Internal Medicine course.	Yes —	No —	Please provide comments for a "No" response	
Comments				

CLINICAL COMPETENCY ENCOUNTER – Students will conduct a formal patient encounter under the direct observation of the preceptor for each core rotation. Prior to graduating, students are required to complete a total of 11 Clinical Competency Encounters, one per each rotation.

The primary function of this exercise is to provide each student the opportunity to demonstrate to their preceptor that they have achieved competency as a result of exposure to patients seeking care for conditions pertaining to that particular rotation. Additionally, this exercise will provide evidence to the program that the student has been formally assessed by an expert in the specific discipline and has determined whether or not the student has the skill set necessary for entry-level practice within that discipline. This process serves to further demonstrate compliance with ARC-PA Standard B3.03. During each core rotation, the student will select a patient encounter specific to the discipline and also address the type of encounter. Under the supervision of the preceptor and during the last half of the rotation, the student will perform an appropriate H&P, present the patient to preceptor and complete written documentation of the encounter. Student will discuss their interpretation of any associated diagnostic studies, state their differential diagnosis, final diagnosis and formulate a treatment plan. Initiated by the student, the Preceptor will then complete the clinical competency encounter evaluation form in Whitecoat. While completing the Clinical Competency Encounter, the preceptor will evaluate student proficiency on program defined expectations related to the PA competencies. Students are responsible for tracking their encounters to ensure they have 11 over the course of the year (one per each rotation). Students are required to ensure their preceptor formally observes their performance while completing the Clinical Competency Encounter and confirm the preceptor completes the corresponding evaluation. The final OSCE will be comprised of the last four clinical competency encounters and evaluation forms completed by the preceptors (each worth 25% of the final OSCE grade).

PA PROGRAM GRADING SCALE:

A = 92 – 100%

B = 82 – 91%

C = 75 – 81%

F = below 75%

REMEDIATION PROCESS: Specific remediation policies for clinical courses are as follows:

1) Final Rotation Grade of “F”: Successful completion of ALL rotations is required for graduation from the BW Physician Assistant Program. Should a student fail one rotation as indicated by a final rotation score of less than 75%, they will be required to repeat the same rotation, in lieu of one elective rotation, at a time to be determined later in the clinical year for a passing grade. In the event there are no remaining elective rotations, the students’ graduation will be delayed in order to repeat the rotation in May. A student may not fail and repeat more than a total of two rotations during the clinical phase. A failure of a repeated rotation will be considered unsatisfactory performance and is grounds for dismissal. Failure of >2 rotations will be considered unsatisfactory overall performance and is grounds for dismissal.

2) Final Rotation Grade of “C” in 2 clinical rotations: This will result in the student meeting with the PAPC and/ or face potential dismissal from the program. As is the case during the didactic phase, students must maintain a minimum semester GPA of 3.0. Should the student obtain less than 3.0 in a semester, they will be placed on academic probation. Students that have not maintained a 3.0 cumulative GPA at the completion of the program will not graduate. Although recommendations are specifically constructed for each student’s particular situation, the PAPC reserves the right to recommend the following:

- a. Dismissal
- b. Deceleration

- c. Suspension
- d. Probation
- e. Warnings
- f. Leave of absence
- g. Mandatory utilization of support services (i.e. tutoring, counseling, study-skills evaluation, etc.)
- h. Referral to the Vice President of Academic Affairs office for violations of student code of conduct or other University-wide policies.

3) EOR Exam Remediation: A score of equivalent to <75% on an EOR Examination will be considered a failing grade and the student will be required to remediate. As part of the remediation process, the clinical director and student will have formal correspondence, whether in person, via phone or email, in an effort to determine the root cause of the poor performance on the exam. A strategy for improvement will be developed. A remediation exam will be administered within 3 weeks of taking the initial exam. Passing the remediation exam will be a score equal to or greater than 75%. The exam score recorded for final grade purposes after successfully passing the remediation exam will not be greater than 75%. If, however, in the event the student again achieves a score <75% on the remediation exam, the student will then be required to complete a subsequent remediation exam. If a passing score (75% or greater) is not achieved during a subsequent remediation exam, then an oral exam with PA program faculty will be administered. If remediation is not successful, the student will then be required to meet with the PAPC to determine further proceedings for remediation, including consideration for repeating the clinical rotation which may result in delayed graduation.

4) Clinical Competency Remediation Policy: Any student receiving a “Lacks Proficiency” score as determined by the clinical preceptor, will be required to meet with the Clinical Director to review specific areas of weakness and determine a performance improvement plan. The clinical competency encounter and evaluation form is to be repeated during a rotation month to demonstrate competency. Future clinical competency encounter evaluations will be monitored for improvement and, should concerning trends continue either in a specific category or globally, despite an active performance improvement plan in place, the student will then meet with the PAPC in an attempt to develop a remediation plan to allow the student to ultimately demonstrate proficiency. If the clinical competency encounter is repeated for remediation purposes and is part of the final four clinical competencies comprising the final OSCE grade, then the remediation clinical competency encounter grade will not exceed 75% for that evaluation upon successful completion.

5) Clinical Evaluation Remediation Policy: Corrective action will be implemented in cases in which the Final Evaluation for a student reflects a score that is below program expectations (overall grade of unsatisfactory on the final evaluation form). To ensure that corrective actions are effective, the systematic investigation of the root causes of failure is pivotal. For this reason, attempts will be focused on obtaining details from the preceptor in an effort to further clarify the unacceptable level of performance. In addition, the student will also be asked to provide their interpretation of the preceptors’ evaluation. Ultimately, a plan of action will be negotiated between the student and clinical director in an attempt to improve the students’ performance of the skill(s) in subsequent clinical rotations. If the student is subsequently noted to continue having deficient scores in the same skill area, the student will meet with the PAPC at which time a plan for improvement will be generated and student will be closely monitored thereafter. Should the student continue to experience difficulties, they will again meet with the PAPC to determine a course of action which may result in a formal deceleration process or possibly dismissal at the discretion of the program.

Clinical Skills Assessment:

Assessment Levels (as listed on midpoint/final student evaluation form, completed by the preceptor)

- **Honors:** Consistently performs skill at professional level. Seldom requires supervision.
- **Satisfactory:** Needs direction but appears to be on-track to be ready for practice at graduation
- **Unsatisfactory:** Performance is inconsistent. Requires frequent direction.
- **Not Assessed:** Insufficient opportunity to assess the student in skill area

Professional Skills Assessment:

Assessment Levels (as listed on midpoint/final student evaluation form, completed by the preceptor)

- **Honors:** Consistently performs skill at professional level. Seldom requires supervision.
 - **Satisfactory:** Needs direction but appears to be on-track to be ready for practice at graduation
 - **Unsatisfactory:** Performance is inconsistent. Requires frequent direction.
 - **Not Assessed:** Insufficient opportunity to assess the student in skill area
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OUTLINE OF TOPICS TO BE COVERED:

- Refer to PAEA Internal Medicine EOR Exam Topic List and Blueprint [here](#)
- Refer to NCCPA PANCE content blueprint [here](#)

In accordance with ARC-PA Standard B1.03 For each didactic and clinical course (including required and elective rotations), the program must define and publish for students the following detailed information in syllabi or appendix to the syllabi: a) course name, b) course description, c) faculty instructor of record, d) course goal/rationale, e) learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies, f) outline of topics to be covered that align with the learning outcomes and instructional objectives, g) methods of student assessment/evaluation, and h) plan for grading.

MISCELLANEOUS:

TEXTBOOKS & REQUIRED MATERIALS: There is no required textbook for the course. At times, supplemental readings will be posted and available through AccessMedicine or Canvas.

ATTENDANCE POLICY: Mandatory attendance is required for all courses. Please refer to the BW PA Program Student Handbook for detailed programmatic policies (Section: Professional Student Responsibilities).

CELL PHONES: To be turned off during class or while on rotation.

ACADEMIC SUPPORT: While students are highly encouraged to meet individually with PA program faculty for assistance with academic concerns, the university also offers academic support. The Center for

Academic Success & Achievement (CASA) provides services including: academic coaching, tutoring, and reading and writing support. <https://jacketconnect.bw.edu/casa/home/>

COUNSELING SERVICES: Baldwin Wallace University offers counseling services for all students. They accept appointments ((440) 826-2180) as well as 24/7 access to crisis counseling ((440)-260-4399). <https://jacketconnect.bw.edu/counselingservices/home/>

ACCESSIBILITY OFFICE: Baldwin Wallace University is committed to providing all students equal access to learning. Students with a diagnosed disability that would like to determine if they are eligible for reasonable accommodations should contact the Office of Accessible Educations at (440) 826 – 2090 or disability@bw.edu.

ADDITIONAL SYLLABUS STATEMENTS: All of the following statements, policies and resources can be accessed through Canvas in “BW Campus Resources” under the “Academic Affairs” tab (<https://bw.instructure.com/courses/7115/pages/academic-affairs>.) This includes information regarding:

- Academic Honesty
- BW Sexual Misconduct Reporting
- Concussion Management
- Processes for dropping or withdrawing from courses

TECH SUPPORT: Tech support for a variety of technological issues can be accessed through Canvas (<https://bw.instructure.com/courses/7115/pages/tech-support>), at (440) 826-7000, or by email at helpdesk@bw.edu.

TENTATIVE COURSE SCHEDULE:

Rotation Dates 2025 - 2026			
Rotation	Month	Dates	Call Back Day
1	June	Mon, June 2 – Thurs, June 26	Fri June 27
2	July	Mon, June 30 – Thurs, July 24	Fri July 25
3	August	Mon, July 28 – Thurs, Aug 21	Fri Aug 22
4	September	Mon, Aug 25 – Thurs, Sept 18	Fri Sept 19
5	October	Mon, Sept 22 – Thurs, Oct 16	Fri Oct 17
6	November	Mon, Oct 27 – Thurs, Nov 20	Fri Nov 21
7	December	Mon, Nov 24 – Thurs, Dec 18	Fri Dec 19

8	January	Mon, Jan 5 – Thurs, Jan 29	Fri, Jan 30
9	February	Mon, Feb 2 – Thurs, Feb 26	Fri, Feb 27
10	March	Mon, Mar 2 – Tues, Mar 24	Wed March 25
11	April	Mon, Mar 30 – Thurs, April 23	Fri, April 24