



## SYLLABUS

### FOR

COURSE NUMBER & NAME: PAS 6508 Women's Health

Clinical Year of 2024

CATALOG DESCRIPTION: This course is a five week supervised clinical practice experience in women's health, including prenatal and gynecologic care in various clinical settings, and is designed to provide encounters necessary to acquire the requisite competencies of a practicing physician assistant.

PREREQUISITES: Successful completion of the didactic portion of the MS-PAS program

NUMBER HOURS CREDIT: Five (5) semester hours

MODE OF DELIVERY: ☐ Online ☒ On Ground ☐ Hybrid

COURSE DIRECTOR: Rebecca Johnson, MSPAS, PA-C

CHAIR: Brittany Syner, DMSc, PA-C

DEAN: Dave Rampersad, Ph.D.

#### **Disability Services**

Center for Disability Services serves as the central contact point for all students with disabilities at Faulkner University including Alabama Christian College of Arts and Sciences, College of Education, Harris College of Business, V. P. Black College of Biblical Studies, Jones School of Law, and all extended campuses. Students are responsible for informing the University of their need for services and accommodations. Contact Disability Services at 334-386-7185, 1-800-879-9816, x7185, email Nichole Fussell at [nfussell@faulkner.edu](mailto:nfussell@faulkner.edu), or visit <http://www.faulkner.edu/undergrad/student-life/living-on-campus/student-services/project-key-for-disabilities/>.

#### **Student Access to Faculty and Administration**

Students may contact the appropriate director, dean, department chair, or the Vice President for Academic Affairs as needed; contact information is posted on the web and available at <http://www.faulkner.edu/studentlife/documents/FacultyandAdministration.pdf>.

#### **The Academic Center for Excellence (ACE)**

The ACE provides academic support to all Faulkner students in all disciplines. To learn about ACE services, schedule a face to face appointment with a tutor, or learn more about TutorMe (24/7 online tutoring) please visit the ACE website [www.faulkner.edu/ace](http://www.faulkner.edu/ace). You are welcome to visit the ACE in Brooks Hall 405. If you have questions after reading the website, please email them to [ace@faulkner.edu](mailto:ace@faulkner.edu).

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I. COURSE GOALS (PURPOSE):

- A. Apply the knowledge developed throughout the didactic courses to evaluate patients' history, physical findings, and diagnostics, in order to obtain a working diagnosis and in concert with their supervisor (s), create a treatment plan in the care of patients in a women's health setting, including prenatal care.
- B. Develop the attitudes, knowledge, and skills for competent care of individuals of various ages, socioeconomic statuses, and ethnic backgrounds; including disease prevention, recognition of disease presentation, and promotion of optimal health habits.
- C. Develop procedural and physical exam skills pertinent for the assessment and management of women's health patients.
- D. Demonstrate the appropriate behaviors related to the core values of professionalism (fostering patient-centered care, integrity and accountability, commitment to excellence, and fair and ethical stewardship of healthcare resources) in women's health.

II. OUTCOMES AND OBJECTIVES:

- A. STUDENT LEARNING OUTCOMES: (B3.03a-c,e, B4.01) At the completion of this course, the student will have attained the following knowledge; interpersonal, clinical and technical skills; professional behaviors; and clinical reasoning and problem-solving abilities **as it relates to prenatal and gynecologic care:**

|   | Student Learning Outcome (SLO)   | Assessment  |
|---|--|---|
| <b>Medical Knowledge</b>                      |  |   |
| WH 1.<br>B3.03a                               | Demonstrate medical knowledge of the sciences necessary to provide preventive, acute, and chronic patient care.  | SCPE Preceptor<br>Evaluation of the<br>Student, End of<br>Rotation<br>Examination |
| WH 2.<br>B3.03a<br>B3.03c                     | Apply knowledge of published guidelines by providing clear and accurate patient education in prenatal and gynecological care for the prevention of illness, harm and/or accidents, including: health promotion, health maintenance, disease prevention, risk factor identification, and lifestyle/behavioral modification. | SCPE Preceptor<br>Evaluation of the<br>Student, End of<br>Rotation<br>Examination |
| WH 3.   | Apply knowledge of pharmacotherapeutics in the medical management of prenatal and gynecologic conditions.  | SCPE Preceptor<br>Evaluation of the<br>Student, End of<br>Rotation<br>Examination |
| <b>Interpersonal and Communication Skills</b> |  |   |
| WH 4.   | Establishes professional, interpersonal and communication skills with preceptors and clinical staff.   | SCPE Preceptor<br>Evaluation of the   |

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|                                      |  |  |
|--------------------------------------|--|--|
|                                      |  | Student  |
| WH 5.                                | Integrates preceptor feedback and self-awareness to improve clinical performance.  | SCPE Preceptor Evaluation of the Student   |
| <b>Clinical and Technical Skills</b> |  |  |
| WH 6.<br>B3.03c                      | Perform a focused or comprehensive physical exam as indicated by the clinical presentation for prenatal and gynecologic care.  | SCPE Preceptor Evaluation of the Student   |
| WH 7.<br>B3.03c                      | Perform routine technical skills and procedures utilized in the care of prenatal and gynecologic patients. <ul style="list-style-type: none"> <li>• Pelvic Exam- speculum/bimanual</li> <li>• Cervical Swab</li> <li>• Breast Exam</li> <li>• Doppler FHTs</li> <li>• Measure Fundal Height</li> </ul> | SCPE Preceptor Evaluation of the Student, Rotation Specific Skills Checklist Examination |
| WH 8.<br>B3.03c                      | Select and interpret appropriate diagnostic studies indicated for the evaluation of common prenatal and gynecologic conditions.  | SCPE Preceptor Evaluation of the Student, End of Rotation Examination                    |
| WH 9.                                | Demonstrate ability to present an accurate and concise oral patient presentation.  | SCPE Preceptor Evaluation of the Student   |
| WH 10.                               | Compose accurate and ethical medical record documentation.   | SCPE Preceptor Evaluation of the Student   |
|                                      | <b>Clinical Reasoning and Problem-Solving abilities</b>  |  |
| WH 11.<br>B3.03 c<br>B3.03 e         | Synthesize medical knowledge obtained during the didactic year to diagnose common medical and/or behavioral problems likely to be seen in prenatal and gynecologic patients.   | SCPE Preceptor Evaluation of the Student, End of Rotation Examination                    |
| WH 12.                               | Integrate clinical findings to formulate a differential diagnosis and implement a plan of care for the prenatal and gynecologic patient.   | SCPE Preceptor Evaluation of the Student, End of Rotation Examination                    |
|                                      | <b>Patient Care and Professional Behaviors</b>   |  |
| WH 13.<br>B3.03c                     | Provide patient counseling, resources, and referrals for the prenatal and gynecologic patient.   | SCPE Preceptor Evaluation of the Student   |
| WH 14.                               | Demonstrates patient centered care that conveys compassion, respect, integrity, empathy for others, as well as sensitivity and openness to a diverse (religious, cultural, ethnic, gender, and sexual orientation) patient population.   | SCPE Preceptor Evaluation of the Student   |

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|        |   |  |
|--------|---|--|
| WH 15. | Maintains professionalism and patient confidentiality in all interactions with patients and other healthcare workers. | SCPE Preceptor<br>Evaluation of the<br>Student |
|--------|---|--|

B. INSTRUCTIONAL OBJECTIVES:

1. Interact with a patient in order to obtain an accurate problem-oriented history based on a patient's purpose for the visit during a focused or comprehensive patient encounter.
2. Perform a prenatal assessment to include:
  - a. Dopplering FHTs
  - b. Measuring fundal height
3. Perform common gynecologic procedures noted below:
  - Pelvic exam
  - Wet prep culture
  - Breast exam
4. Demonstrate appropriate use of any required instruments or equipment such as:
  - a. Vaginal speculum
  - b. Cervical swabs
  - c. Fetal doppler
5. Provide the rationale for ordering clinical studies and interpret the findings of clinical studies such as:
  - a. EKG
  - b. Radiologic studies: KUB, AAS, US, Ct w/ or w/o contrast, MRIs
  - c. Lab studies: CBC w/ Diff, CMP, Coagulation panel, LFTs, Thyroid panel, prenatal-OB/GYN screening, UA, Urine C&S, Genetic screening during pregnancy, ABO Rh, Kellinheuer Betke, DNA/ Wet prep Cultures, HSV cultures
6. Identify indications, techniques, and possible complications of commonly performed gynecologic and obstetric procedures such as:
  - a. Colposcopy
  - b. Dilatation and curettage
  - c. Cerclage placement
  - d. Hysterectomy
  - e. Hysterosalpingogram
  - f. Amniocentesis
  - g. Chorionic Villus sampling
7. Counsel women's health patients on common diagnostic and laboratory tests such as patient preparation, procedure, possible complications, purpose of testing, risk/ benefits, alternatives, and cost effectiveness.
8. Utilize critical thinking skills to assimilate pertinent findings from your patient encounter (historical/ exam) to formulate differential and working diagnoses.
9. Integrate clinical findings and any external resources (text, journals, colleagues etc.) to differentiate between the following common obstetric and gynecologic conditions such as:
  - a. Urinary Incontinence
  - b. Bladder, Uterine, or vaginal prolapse
  - c. Sexually transmitted diseases

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- d. Pelvic inflammatory disease
  - e. Infertility
  - f. Uterine cancer
  - g. Breast cancer
  - h. Cervical cancer
  - i. Ovarian Cancer
  - j. Endometrial Cancer
  - k. Menopause
  - l. Vaginitis
  - m. Congenital infections
  - n. Sexual abuse, sexual assault
  - o. Premenstrual Dysphoric Disorder
  - p. Postpartum depression
  - q. Breast Disorders
  - r. Ovarian disorders
  - s. Menstrual disorders
  - t. Cervical Disorders
  - u. Pregnancy
  - v. Complications of Pregnancy
  - w. Labor and delivery
10. Participate in the appropriate selection of the following common pharmaceutical and/or non-pharmaceutical therapies involved in the management of the above-mentioned women's health conditions such as:
- a. Hormonal Contraceptives
  - b. Other form of contraceptive- barrier, surgical
  - c. Hormone Replacement Therapy
  - d. SERMs
  - e. NSAIDS used in treatment of PMS or dysmenorrhea
  - f. Osteoporosis agents
  - g. Menorrhagic agents
  - h. Infertility agents
  - i. Antibiotics
  - j. Antivirals
  - k. Tocolytics
  - l. Prenatal vitamins and supplements
  - m. Antihypertensives
  - n. Magnesium
  - o. Antidepressants
11. Provide appropriate patient counseling for the selected pharmaceutical and/or non-pharmaceutical management.
12. Demonstrate your ability to write an initial history, exam, and final disposition for a patient encounter.
13. Recognize, where appropriate, the need for formally trained language interpreters.
14. Provide culturally aware, non-judgmental, patient-oriented care.

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15. Deliver accurate patient oral presentation, with subjective and objective components, to preceptors and/or other medical professionals involved in the care of the patient.
16. Adapt communication style and message to the context of the interaction.
17. Demonstrate your ability to write an initial History and Physical exam and final disposition for a patient encounter in the women's health setting.
18. Create and sustain a therapeutic and ethically sound relationship with patients, including following all HIPAA guidelines.
19. Include patients in the decision- making process about clinical interventions
20. Apply the principles of health maintenance, disease prevention and, health promotion in the patient centered care of a women such as:
  - a. Selecting the appropriate counseling, as well as patient and/or family education aimed at disease prevention and health maintenance.
  - b. Providing counseling on family planning to include issues of contraception, infertility, sexual health, preconception/ prenatal care and medical and psychological impact of pregnancy on the body.
  - c. Recognizing risk factors for common women's health conditions amenable to prevention or detection in asymptomatic patients
  - d. Utilizing USPTFS recommendations, identify and implement screening procedures as a part of the patient's health maintenance plan.
  - e. Counseling patients on the risks/benefits of screening tests, immunizations, and available management options.
  - f. Assessing patients' understanding of their diagnosis/ prognosis, access to treatment and willingness to modify harmful behaviors.
  - g. Utilizing information technology to support patient care decisions and patient education.
21. Exhibit integrity, accountability, and a commitment to excellence in the treatment of obstetric and gynecologic patients.
22. Demonstrate appropriate professional demeanor, ethics, and respect for patient confidentiality.
23. Identify errors, assume accountability in order to make appropriate corrections
24. Provide a rationale for clinical decision making in the delivery of health care
25. Communicate in a patient centered and culturally sensitive manner to accurately obtain, interpret, and utilize subjective information
26. Demonstrate professionalism at all times in patient/colleague interactions such as in dress, demeanor, attendance, and participation.
27. Review and expand core knowledge by reading suggested/ recommended textbooks, journal articles and/or other medical literature resources based on problems for optimal delivery of care in the obstetric and gynecology clinical setting
28. Locate, appraise, and assimilate scientific evidence, in order to improve the practice of medicine and ensure the safety and quality of patient care.
29. Apply medical standards and clinical practice guidelines appropriately to clinical cases in the Women's health setting.

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30. Identify cost effective healthcare and resource allocation strategies that do not compromise quality of patient care.
31. Partner with supervising preceptor and/or other members of the healthcare team to deliver effective health care such as: utilizing health care technology, providing clinical reasoning for interventions, assessing patient outcomes, improving the delivery and effectiveness of health care.
32. Advocate for and assist patients in obtaining resources (case management, referrals, financial aid etc.) to improve patient compliance and outcomes.

III. COURSE PREMISE, PHILOSOPHY, AND METHODOLOGY:

- A. This course is a five week supervised clinical practice experience in women's health and is designed to provide exposures to patients across the lifespan and include management of acute and chronic conditions as well as opportunities to provide preventive care and patient education. Unique opportunities to be an integral part of a multidisciplinary team are expected. Education may occur in varied clinical settings and is designed to provide encounters necessary to acquire the requisite competencies of a practicing physician assistant.

IV. OUTLINE OF TOPICS TO BE COVERED:

- A. Students are responsible for the topics covered in the PAEA EOR Topic list for Women's Health. See attached appendix.

V. RESOURCES:

- A. REQUIRED TEXTBOOKS:
  - i. Didactic Textbooks

VI. METHODS OF STUDENT EVALUATION/ASSESSMENT: Student success in the course will be determined based on their performance on the following assessment methods:

- A. Formal:
  1. End-of-Rotation Examination (EOR): At the end of each core rotation, students are required to complete a comprehensive exam on the knowledge and skills they acquired on that rotation. Students failing to achieve a first time pass rate are required to take a second EOR to earn a passing score. The EOR grading scale is based on the SD from the national mean. The End of Rotation exam must be passed for successful completion of the course, thus providing sufficient stopgaps that will require students to remediate the course if the EOR is not successfully passed. The scale is as follows:

+1.5 SD = 100%

+ 1 SD = 95

+0.5 SD = 90%

National Mean = 85%

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-0.5 SD = 80%  
- 1 SD = 75%  
-1.5 SD = 70%

- o If the student scores < 80% on an EOR exam, he/she must create a self study guide for the missed PAEA EOR content using the High Yield Topic Outline format for each topic.
  - o If a student scores < 70% on the EOR, the student must retake the EOR and achieve a score of 70% or greater to pass the course. If the student fails to score a 70% on the EOR re-take, then the student must repeat the entire clinical course/rotation.
  - o Remediation activities may also include written assignments, additional PANCE review questions, case studies, oral presentation, simulation exercises, OSCEs, or retake of the written exam.
2. End of Rotation Preceptor Evaluation of the Student: This evaluation is part of the Student Clinical Performance Evaluation Form. The end-of-rotation evaluation, or final evaluation, is a summative assessment of the student's performance using the Student Clinical Performance Evaluation Form. It is a required assessment of the student from the preceptors to help demonstrate that student learning objectives are being met at the end of each rotation. This evaluates the student's general performance, ability to meet student learning objectives, and demonstration of professional values at the SCPE site.
3. Written Assignment: The student must complete and submit a women's health SOAP note. The student will be provided a rubric on Canvas.
4. Assignments:
- o Mid-rotation Preceptor Evaluation of the Student: This evaluation is part of the Student Clinical Performance Evaluation Form. The mid-term evaluation is a formative assessment completed using the Student Clinical Performance Evaluation Form that allows the student to discuss their performance half way through each clinical rotation. The mid-term evaluations are required from the preceptors to help demonstrate that course objectives are being met. This allows the program to address deficiencies in a timely manner. If a student receives a category determined as "below average" or "unacceptable," the student must email the DCE within 48 hours of the evaluation so that any remediation can be initiated. The preceptor evaluates the student based on student learning objectives specific to each individual course. The mid-rotation evaluation form is completed by the preceptor. This form allows for dialogue with the preceptor regarding the student's performance, up to this point and if the student was prepared



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for the rotation. It provides guidance for the student on areas that need to be improved.

- Student Evaluation of the Rotation: The student evaluates the preceptor, clinical site, and course after each rotation. The evaluation is used to ensure that the supervised clinical practice experience is continuing to satisfy learning outcomes and maintain safety of the rotation.
- Rotation Specific Skills Checklist: This is a formative assessment of the student's clinical and technical skills. The preceptor indicates proficiency by signing their initials by the procedure that has been performed.
- Kaplan: The student will complete two, 60 question Kaplan tests, in test mode, during the rotation. The first test will be due by Wednesday of week three, and the second test will be due by Wednesday of week 5.
- Patient Encounter Tracking Data: The student will document all patient encounters in CORE, a software system that tracks demographics, conditions, diagnostic codes, etc
  - Patient logs should be entered daily, and students should log every patient encounter.
- Clinical hours: The student will document all clinical experience hours in CORE. The student is required to document at least 1,200 clinical hours by the end of the clinical year.

B. Informal Assessment:

- i. Students are expected to exhibit professional behavior in areas of ongoing professional development, attendance and punctuality, communication, attire, respect and cultural intelligence, critical curiosity and reflection. The professionalism rubric delineates expectations and consequences of behavior which does not meet expectations within this course. More severe consequences may be necessary for instances of serious professionalism infractions or persistent unprofessional behavior. All students are encouraged to refer to the College of Health Sciences handbook's Student Conduct policy (linked below) for a comprehensive understanding of potential actions and measures in response to such behavior. This policy outlines the steps to be taken and emphasizes the significance of upholding professionalism standards within the College of Health Sciences.
  - 1. [CHS Graduate Student Handbook](#)
- ii. NO late assignments will be accepted in the clinical year. Any assignments not turned in by their due date will result in a zero.
- iii. Repeat late assignments will result in a zero and professionalism infraction.

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- iv. Any documents uploaded for an assignment must be scanned. Pictures taken of documents will not be accepted. Submissions submitted in any other format on the due date will be considered a zero.

1. There are a number of free apps that will scan documents.

- VII. COURSE GRADING: Students must achieve a course grade of 80% or higher overall to pass the course.

A: 90-100%

B: 80-89.9%

C: 70-79.9%

D: 60-69.9%

F: < 59.9 %

Successful graduation is dependent on passing all courses in the Physician Assistant Studies Program with a final grade of 80% and above in all didactic and clinical year courses. However, a student will be allowed to receive two final grades of a "C" (70-79%) and still be allowed to progress in the program without delay in graduation. A student receiving a final course grade of "D" or below in didactic or clinical year will be automatically dismissed by the program. A student receiving a third final course grade of a "C" in the didactic or clinical year will be automatically dismissed by the program. Note: There is no rounding of final course grades. Final course grade values with decimal points will be truncated to the whole number, for instance, a 72.2 will reflect as a 72 and a 72.9 will also reflect as a 72.

| COMPONENT   | %   |
|---|-----|
| End-of-Rotation Examination                         | 65  |
| End of Rotation Preceptor Evaluation of the Student | 15  |
| Written Assignment                                  | 10  |
| Assignments   | 10  |
| Totals  | 100 |

- VIII. COURSE CALENDAR: See clinical rotation schedule. Students will be expected to work shifts that align with the preceptor's schedule.

IX. COURSE DIRECTOR CONTACT INFORMATION

Name: Rebecca Johnson, MSPAS, PA-C

City: Montgomery

Office Location: 1429

Access Hours: M-F 8-5

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Phone: 334-386-7655

Email: rjohnson@faulkner.edu

Response Time to Grading: Will return graded assignments within seven (7) working days from the due date.

Response Time to Emails: Will respond to pertinent course related emails within 2 working days.

X. ACADEMIC POLICIES

Refer to the PA Student Handbook, as well as the CHS Handbook and general Faulkner publications, for a list of all policies.

1. Attendance and Professionalism: While on rotations, the student is expected to be an attentive, active participant as well as cordial, courteous, and respectful to preceptors, ancillary staff, and fellow students. Active participation is expected and will be notated during the evaluation. The operation of cell phones or other electronic devices must be limited to an inaudible mode so as not to disrupt patients or staff. If the student is consistently late for a rotation or absent without an excuse points may be deducted from the final evaluation for acting in an unprofessional manner.
2. A specific note related to the use of technology within this program is provided here for reference:
  - A. Use of technology in the classroom: Student use of cell phones, messaging devices and other technology and/or electronic devices (for example, but not limited to: recording devices, music players, PDAs, computers) is prohibited in classes unless specifically permitted by the instructor, and at public events (for example, but not limited to: concerts, convocations, theater productions, lectures) unless specifically permitted by the event sponsor.
  - B. Electronic Mail: Email is the official form of communication at Faulkner University. Every Faulkner student is assigned an email account. Students are required to read their Faulkner email every day and to maintain an email mailbox that is not "full," to accept incoming emails. The School does not use personal email accounts to communicate with enrolled students. Just as the instructor has provided a response time to emails, the student is expected to respond to emails in a timely manner. Emails should be checked daily (multiple times a day) in order to ensure students are receiving all communications.
  - C. Canvas: Quizzes and many exams will be administered via Canvas, the University's Learning Management System (LMS). Students should be proficient in the use of Canvas. If issues are experienced, the student may contact Faulkner Online's Educational Technology Specialist for assistance.
  - D. Other classroom technology: Many classes utilize technological study tools (e.g. CORE, Kaplan). All students should become familiar with these platforms and use them during the course.

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Women's Health End of Rotation™  
EXAM TOPIC LIST

**GYNECOLOGY**

**MENSTRUATION**

|                                |                                 |
|--------------------------------|---------------------------------|
| Amenorrhea                     | Normal physiology               |
| Dysfunctional uterine bleeding | Premenstrual dysphoric disorder |
| Dysmenorrhea                   | Premenstrual syndrome           |
| Menopause                      |                                 |

**INFECTIONS**

|  |  |
|--|--|
| Cervicitis (gonorrhea, chlamydia, herpes simplex, human papilloma virus) | Pelvic Inflammatory disease  |
| Chancroid  | Syphilis   |
| Lymphogranuloma venereum   | Vaginitis (trichomoniasis, bacterial vaginosis, atrophic vaginitis, candidiasis) |

**NEOPLASMS**

|                    |                          |
|--------------------|--------------------------|
| Breast cancer      | Endometrial cancer       |
| Cervical carcinoma | Ovarian neoplasms        |
| Cervical dysplasia | Vaginal/vulvar neoplasms |

**DISORDERS OF THE BREAST**

|                     |                     |
|---------------------|---------------------|
| Breast abscess      | Fibrocystic disease |
| Breast fibroadenoma | Mastitis            |

**STRUCTURAL ABNORMALITIES**

|                 |                  |
|-----------------|------------------|
| Cystocele       | Rectocele        |
| Ovarian torsion | Uterine prolapse |

**OTHER**

|                       |                                    |
|-----------------------|------------------------------------|
| Contraceptive methods | Ovarian cyst                       |
| Endometriosis         | Sexual assault                     |
| Infertility           | Spouse or partner neglect/violence |
| Leiomyoma             | Urinary incontinence               |

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## OBSTETRICS

### PRENATAL CARE/NORMAL PREGNANCY

|                    |   |
|--------------------|---|
| Apgar score        | Normal labor and delivery (stages, duration, mechanism of delivery, monitoring) |
| Fetal position     | Physiology of pregnancy   |
| Multiple gestation | Prenatal diagnosis/care   |

### PREGNANCY COMPLICATIONS

|  |                                |
|--|--------------------------------|
| Abortion   | Placenta abruption             |
| Ectopic pregnancy  | Placenta previa                |
| Gestational diabetes   | Preeclampsia/eclampsia         |
| Gestational trophoblastic disease (molar pregnancy, choriocarcinoma) | Pregnancy induced hypertension |
| Incompetent cervix   | Rh incompatibility             |

### LABOR AND DELIVERY COMPLICATIONS

|                     |                                |
|---------------------|--------------------------------|
| Breech presentation | Premature rupture of membranes |
| Dystocia            | Preterm labor                  |
| Fetal distress      | Prolapsed umbilical cord       |

### POSTPARTUM CARE

|   |                                     |
|---|-------------------------------------|
| Endometritis                            | Perineal laceration/episiotomy care |
| Normal physiology changes of puerperium | Postpartum hemorrhage               |

\*Updates include style and spacing changes, and organization in content area size order.

### DISCLAIMER

The End of Rotation Topic Lists, Blueprints, and Core Tasks and Objectives are resources used by PAEA to guide the development of exam content and construction of exam forms. Questions on the exam are considered only a sample of all that might be included for the clinical experience, they are not intended to be all-inclusive, and may not reflect all content identified in the Topic Lists.

These resources will be useful to faculty when determining which other supervised clinical education experience objectives may require additional assessment tools. These resources may also be useful to students when studying for the exam; however the Topic Lists are not a comprehensive list of all the exam question topics. PAEA's goal is not to provide a list of all the topics that might be on the exams, but rather to provide students with a resource when preparing for the exams. PAEA recommends that students review the Topic List, Blueprint, and Core Tasks and Objectives in conjunction when preparing for the exam.